

Empowering older people and staff to implement wellness and consumer directed supports –

Eight Key Steps



Lionel tucking into his Rocky Road Cheese Cake

Step One – Get on the balcony and get everyone on the same page

Lionel is 97 and loves to hang out at the club, have a punt and eat deadly desserts. For Lionel he just wants to go out once a week and have an immaculately clean house. Recently he has been a bit disappointed because some of his workers have changed and they don't clean the house in the way that he likes. He tells me they have become a bit rigid and we have been chatting about how he could change the staff.

Isobel is 85 she is a passionate bridge player. She lives with Post-Polio Syndrome and occasionally uses a wheelchair when she is really tired. Isobel hosts a fiery Bridge session once a week. A support worker comes on the morning before her Bridge group to support Isobel in getting the lounge room and food arranged. She recently told me that the organisation has changed the roster and the worker is not coming on that day. She is really irritated and we have been chatting about how she could change her provider.

Older people are diverse. Isobel's and Lionel's ideas of what makes them happy are quite different but often organisations don't really know what it is that makes people happy and keeps them well. Too often older people are slotted into what suits the aged care service rather than what the person wants.

There are some aspects of person directed supports and wellness for older people that are an adaptive leadership challenges. Heifetz and Linsky (2002) compare and contrast technical problems with adaptive leadership challenges. They argue that adaptive leadership is the activity of mobilising people to tackle tough challenges and thrive. They demonstrate that adaptive leadership challenges are those for which there are no simple, painless solutions – problems that require us to learn new ways. In contrast, technical problems are well defined and the solutions are known and those with adequate expertise and organisational capacity can solve them. Adaptive leadership problems are entirely different, the challenge is complex and not so well defined; and the answers are not known in advance.

Implementing wellness and person directed support requires different ways of working with older people and for some staff may be an adaptive leadership challenge. The concept of ‘doing with’ rather than ‘doing for’ may be a radical concept for staff. Furthermore, some staff like ‘helping’ people and feel guilty if they step back and let the person do things for themselves.

The language of wellness and consumer directed care is confusing. Most front-line workers only have a basic care plan that is task focused with limited information about the person they are supporting. Run some workshops, start conversations that really practically explain what it means for people in their work. As part of these conversations give people permission to talk about things they find difficult and why they don’t think they can prompt people like Lionel or Isobel to do things for themselves. Sometimes allowing difficult conversations can deepen people’s thinking and learning.

For Lionel and Isobel, the term “wellness” may not mean that much too them. They may also not see what is possible which could be reinforced by their informal carers or sons and daughters. Engaging older people and their allies and educating about what is possible is important.

Step Two – Engage Older People as Citizens - Nothing about us without us

Older people have been told what to do by providers and professionals for too long. People either ‘educate’ or ‘coerce’ older people to accept services being delivered in a particular way. Rather than ‘doing to’ older people we need to think about how staff and providers encourage older people to do things for themselves and organise and support each other in their local community.

There are different mechanisms for engagement of people at an individual level, system and community level. There are some wonderful examples of co-ownership and co-delivery that are happening internationally and in Australia. At the [Manchester Institute for Collaborative Research on Ageing](#) a research project examining age friendly cities in Manchester used a co-ownership model. Older people living in the three different communities across Manchester were recruited as co-researchers to interview people about their experiences of ageing. The co-researchers played a key role in identifying questions, recruiting participants and interviewing older people and analysing data. Older people reported becoming politicised through this process and building connections with people in their community. You can watch a video which explains the [research project](#). In Australia in Sydney, [the Waverton Hub](#) is an example of older people creating an organisation for the community by the community. The Waverton Hub connects people together into the local community and provides opportunities for people to develop relationships and connections. The [Home Care Today](#) project is also running peer support training for older people across Australia.



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February 2016

There are some community development and leadership models being developed by people with disability in NSW. [My Choice Matters](#) is an initiative established to prepare people with disability for the transition to the National Disability Insurance Scheme. They are funded by the NSW Government and have on-line education programs, run leadership programs and fund initiatives for people with disability to establish projects. The [Community Disability Alliance](#) in the Hunter region of NSW is run by people with disability for people with disability. They run a range of initiatives to connect people including planning cafes and build the skills and capacities of people to be in charge.

Every organisation working with older people need to consider how they engage with older people and their allies to design and deliver the types of support, in the way that older people their allies want. Be creative, think laterally and push the boundaries of what is possible. Engagement is more than asking people what they want on their support plan; it can happen at the individual or community level.

Step Three – Critically read research and share it with your staff

There is a strong evidence base that wellness and restorative approaches improve the health and wellbeing for older people from Australia, the United Kingdom and New Zealand (Lewin et al, 2013, Parsons et al, 2013, Parsons et al, 2014). It can also reduce people's dependence on paid supports (King & Parsons, et al 2012, Lewin & Alfonso 2013, Lewin & De San Miguel, 2013). The skills of your staff in working with people to support them to identify their strengths and supports of people are also important (Department of Family and Community Services, Ageing, Disability and Home Care, 2012).

There are significant research and evidence gaps for people living with dementia and for engaging older and their carers in the process of enablement. For people living with dementia understanding what wellness looks like requires further research. A recent literature review by Alzheimers' Australia identified the benefits of physical exercise for people living with dementia (Alzheimer's Australia NSW, 2014) however, further research is needed. Carers and older people often don't understand the benefits of restorative approaches and wellness (Wilde & Glendenning, 2012).

For the social care workforce the move to self-directed and individualised funding systems may lead to the increased casualization and de-professionalisation of the front-line workforce (Glendenning 2012; Cortis, Meagher et al. 2013). This can have significant impact on the front-line workforce and can lead to underemployment and create significant anxiety for front-line workers. This needs to be acknowledged and discussed with your front-line staff.

Engage with the research and research community and share this with your staff and talk about how to translate some of the research findings into their practice. Questions you could ask include:

- What should they change?
- What should they keep doing?
- How do they feel about letting go of some things that are not working?



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Step Four – Get behind your front-line staff

The front-line staff are the greatest asset of a social care agency. How do you support them to be effective in their work? When was the last time you asked them about what is working and what is not working for them? How involved are they in developing support plans with older people?

Too often the front-line staff are the most undervalued in organisations. However, front-line staff are the heart and soul of any social care agency. If you don't support them and work with them to have a shared understanding of how to implement key changes then whatever you try to implement won't work.

I have facilitated over 200 workshops with front-line staff, many staff have great ideas for how things could change or be delivered differently. Front-line staff connect with older people every day; they know what works and what does not work. They are a walking advertisement for your organisation – support, empower and engage them to adjust to the changing external landscape.

Step Five – Think Politically

The external policy changes in aged care and disability services are driving internal changes in the way that aged and community care services work. You need to think politically about the potential impact of some of these changes in your organisation. There may be some losses and you need to accept these as part of the change process and manage these. It is important to map out who are your allies and how you can engage them in this process.

Talk to older people and their allies about how your organisation makes a difference in their lives. Share the stories via social media, you tube or videos. Encourage the people who use your services to share their stories.

Step Six – Connect and include people in their community

In hundreds of workshops I have heard all the barriers that staff report in terms of getting people to connect into the community. Many front-line workers have reported how people really like doing things in the community but their managers don't allocate enough resources or think creatively to enable people to connect to their community.

The research and evidence demonstrates that as people age they value building relationships and community connections. Supporting people to age well is about building community connections and relationships. Use the existing resources in the local community to build connections and enable people to access community facilities. Be creative, think outside the square and build partnerships with people to make these conversations happen.



Step Seven – Form Partnerships

The outcomes you get for people are often heavily reliant on the networks and connections that you have with key partners. Use a mindmap to explore what partnerships your organisation currently has and who you could partner with in the future. Be creative. You don't just have to partner with other social care agencies, you could partner with people in totally different fields to build a strategic relationship to improve the lives of older people

Step Eight – Be Curious, Test Ideas and Share the lessons

Agencies that work with older people are wonderful sites to explore new paradigms and ways of working. For too long, social care agencies have not focused on how they work with people and the kind of outcomes that people want.

If you really want to lead change then get curious and don't be afraid to test out your hunches or ideas. Small steps can make significant changes, even the smallest step can change the way that people think or view the world.

Empower your staff and older people to be active participants in this process. Partner with universities and researchers who can support your organisation through this journey.

Sometimes you might need to orchestrate the conflict to shift people's thinking and to start a different conversation in your organisation. Don't be afraid to turn up the heat to start a different conversation in your organisation.

Things you should really read

Alzheimer's Australia NSW. (2014) *The Benefits of Physical Activity for People living with Dementia*, Sydney, Alzheimer's Australia NSW downloaded from <https://nsw.fightdementia.org.au/nsw/news/the-benefits-of-physical-activity-and-exercise-for-people-living-with-dementia>

Australian Government Department of Social Services (2015) *Living Well at Home: CHSP Good Practice Guide*, pg 11-13, downloaded from <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/commonwealth-home-support-programme/living-well-at-home-chsp-good-practice-guide>

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Wilde, A., & Glendinning, C. (2012). 'If they're helping me then how can I be independent?' The perceptions and experience of users of home-care re-ablement services. *Health & Social Care in the Community*, no-no. doi: 10.1111/j.1365-2524.2012.01072.x



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Things your front –line staff should read

WA HACC Program Wellness Approach at Work *Sharing Client Stories*

Available by download or order from:

<http://www.communitywest.com.au/>

Alzheimer's Australia NSW. (2014) *The Benefits of Physical Activity for People living with Dementia*, Sydney, Alzheimer's Australia NSW downloaded from <https://nsw.fightdementia.org.au/nsw/news/the-benefits-of-physical-activity-and-exercise-for-people-living-with-dementia>

Information and stories you can share with older people and their allies

Christine Bryden (2015), Before I forget

<http://www.christinebryden.com/>

WA HACC Program Wellness Approach at Work *Sharing Client Stories*

Available by download or order from:

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