

CASE STUDY: LI JING

Li Jing, aged 76, is proud of her Chinese heritage and sees herself as the family matriarch. She had been managing most things herself but was limited by arthritis and mobility problems. This was affecting Li Jing's ability to cook – an activity that was central to her self-worth and family role. Her hearing loss meant she often didn't hear her doorbell or phone ringing.

LI JING'S LEVEL 1 PACKAGE

Li Jing took up a level 1 package with a Chinese-specific provider. Knowing their budget limitations, Li Jing and her Case Manager, Mo Yee, designed a care plan that matched her package funds with her care needs in a very practical and efficient way. Li Jing's family offered to take care of the home cleaning chores that Li Jing couldn't manage anymore, but she still could slowly get through most day-to-day tasks for herself. Li Jing and Mo Yee also came to an arrangement where she would only purchase occasional case management from Mo Yee when needed rather than a traditional, on-going case management arrangement.

Li Jing's detailed care plan included a home visit consultation with an Occupational Therapist specialising in assistive equipment. Li Jing's package then purchased new lightweight and specialised pots, pans and utensils, and leased an adjustable-height chair for taking a rest in the kitchen. Li Jing didn't need delivered meals now that she was cooking for herself again.

Later, following the recommendations of the Occupational Therapist, Li Jing's package purchased a new doorbell with a ringer in all main rooms; sensor lighting in the hallway; and strong external lighting for safety whilst outside. She is now saving her package funds to replace her old hard-to-turn taps with mixer taps and easy-open door handles throughout the entire house. Li Jing's package is purchasing or leasing aids and equipment and funding basic home modifications instead of providing actual 'hours' of care.



CASE STUDY: GEORGE

George lives alone in rural NSW. As the secretary for many local committees over the years, he has a bit of computer knowledge and enjoys researching on the internet. George's severe rheumatoid arthritis and some vision problems are quite debilitating but his positive attitude and willingness to try new things help him maintain the independence he values so much. George's son, Andrew, lives in Sydney, though he is very involved in his care – albeit at a distance.

GEORGE'S LEVEL 3 HOME CARE PACKAGE

George is self-managing his home care package. George communicates with his Sydney-based package provider by email, Skype or telephone.

George needs assistance every morning with his personal care routine. Other than that, he prefers not to be tied to a particular day and time to do other things, George has contracted local people to provide his care. He is happy knowing he is having his needs met whilst providing valuable employment in a small town. George knows his package budget in detail so he and his staff manage the roster between themselves. George simply submits their timesheets to his provider for payment every week.

George's flexible package pays for his annual hydro-pool membership which supports his physical wellness and mobility. The package also helps him to stay online, covering a modified keyboard and enlarged computer monitor as well as half his ongoing internet connection costs. These are all essential tools for self-management and for staying in touch with his provider and other service providers. George also likes to keep himself informed of the medical and pharmaceutical advances in treating his health conditions by subscribing to various online publications and forums.

George's most useful self-management tool is his Home Care Debit Card. Each week, his provider transfers \$400 into this account, which George uses to pay for services and products in his care plan including a therapeutic masseuse for weekly in-home massages for joint and pain relief, plus occasional taxi fares to the doctor, and extra continence supplies from the pharmacy if he needs them. Once a month, George gathers up and scans the receipts, tallies it up against the online debit card statement, and sends the whole lot to his provider.



CASE STUDY: RAY & NORMA

Ray and Norma recently celebrated their golden wedding anniversary. Ray has advancing Alzheimer's Disease, but is otherwise fit and healthy. With their family living overseas, they've had to make some significant adjustments to their previously busy life. Ray is often anxious and tends to follow Norma around like a shadow. Norma loves Ray, but she feels alone and at times finds his behaviour very difficult to deal with.

RAY'S LEVEL 4 HOME CARE PACKAGE

Norma is self-managing Ray's home care package and plays a major role in care planning to best meet Ray's needs and her needs as his carer. Four times a week, a male care worker helps Ray shower and shave. Afterwards, they take a long walk together. Norma arranged a consultation with a dementia behaviour specialist to better understand Ray's disease. The consultant gave her useful tips on how to respond to his behaviour and provided information about the free Dementia Behaviour Management Advisory Service. The dementia specialist recommended that Ray's package purchase an iPad which the care worker uses to take photos of things that interest Ray whilst out on his walks. In the afternoons, Norma settles Ray by using the iPad to play his favourite music, and together they flick through the photos he has taken.

Following home visits from an Occupational Therapist and a Continence Nurse Advisor, Norma arranged for the package to lease an electric recliner chair, purchase a new four-wheel walker and a range of continence aids and products for Ray. Ray goes to a Day Centre once a week, which means Norma has valuable time to visit friends, go shopping, or just have some time at home. As a former nurse, Norma likes to keep informed about dementia research and treatments, so Ray's package is paying for her to attend a Dementia workshop in the city. Norma can learn new information and then share this with her Carer Support Group.

Norma is not able to get additional in-home respite care funding because of Ray's level 4 package, so she banks a few hours from Ray's package wherever possible to plan a special day out with friends. To help support Norma with her changing role from 'wife' to 'carer', her GP arranged six free sessions with a counselling psychologist to explore the many emotions she is feeling. Norma is also part of a monthly Carer Support group where she has met others who are living in similar situations as herself.

