

Australasian Association of Parenting & Child Health

PERSON CENTRED CARE

AAPCH

The Australian Association of Parenting and Child Health (AAPCH) is an international organisation of key agencies in Australia and New Zealand providing early parenting education, guidance and support for professionals working with families and young children. AAPCH is committed to optimising the physical, social and emotional health and wellbeing of children.

AIM

This position paper seeks to outline the principles for Person (Infant/young child and parent) centred care which is recognised as fundamental to the delivery of high quality^{i,ii} modern healthcare, regardless of the context in which this care is delivered.

This is not a new concept for healthcare organisations, but the emphasis that is now placed on involving the person in their care has increased over recent times in Australia, particularly since the introduction of the National Standards for Safety and Quality in Health Servicesⁱⁱⁱ. These and other accreditation standards have changed the focus of health by shifting the object of health care delivery from the organisation to the person^{iv}, requiring health services to redefine how care is planned, delivered and evaluated.

DEFINITION

Person centred care can be defined as:

... health care that establishes a partnership among practitioners, ... [person/infant or young child and main caregiver], and their families (when appropriate) to ensure that decisions respect [the person's] wants, needs, and preferences and that ... [they] have the education and support they need to make decisions and participate in their own care^v

This approach assists health services in viewing the infant/young child and main caregiver (parent) as an individual, rather than focussing on their illness or disease, and working in a collaborative relationship to deliver care that meets both the client and the health service's requirements.

KEY PRINCIPLES FOR PERSON CENTRED CARE IN CHILD AND FAMILY HEALTH (ADAPTED FROM⁴)

1. Care process must include a wide range of activities to allow the health service to support the development of a therapeutic relationship with the child, caregiver, family and the care delivery team.
2. Relationships must be nurturing: relationships are changed in focus to ensure that the needs of the individual are met in all interactions between the child, caregiver, family and the care delivery team.

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3. Person centred care should promote the development of connections with the wider community and support reinforcement of existing social networks and systems in place for the child, caregiver, and family.
4. The environments in which care are delivered are conducive to care delivery and are meaningful spaces and/or spaces for the child, caregiver, family and the care delivery team.
5. Individual growth and development is encouraged and supported. This may require services to develop creative approaches to care delivery to support the child flourish and develop to their potential.
6. To be effective, care environments must encourage active participation of families and adopt a problem solving approach by providing opportunity for involvement in decision making regarding their care.

HOW DOES PERSON CENTRED CARE DIFFER IN THE CHILD AND FAMILY HEALTH ENVIRONMENT?

Within the child and family context, the child is the “patient/client” and, in most cases, is not able to fully participate in decisions about their care. The child is able in many respects to provide feedback (using cues) to the skilled professional, as to whether their individual needs are being met during a care interaction. However, it is often the caregiver who assumes responsibility for decision making on their behalf.

Child and family health providers need to ensure that they balance the economic requirements of their health service with the importance of delivering high quality care^{vi}. This care needs to be focused on the child, within the context of the caregiver, family and wider community within which the child will grow and flourish. Care must be delivered using an ecological^{vii} model to support person centred care within the confines of this complex environment. Person centred care in the child and family health context supports the translation of care provision from expert to a co-delivery model, collaborative in both care design and delivery.

WHY IS PERSON CENTRED CARE IMPORTANT IN CHILD AND FAMILY HEALTH?

The AAPCH recognises the importance of person centred care and supports implementation within partner organisations. Through the implementation of person centred care, the AAPCH believes child and family health service organisations will be provided with opportunity to develop improved relationships with the child, care giver, family and the care delivery team. This in turn will augment the use of evidence based care and contribute to the growing evidence base supporting the importance of person centred care in underpinning high quality healthcare.

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The AAPCH also acknowledges that, following the implementation of person centred care by health services, additional benefits for the service emerge that contribute to better care delivery for all. These additional benefits include the development of learning organisations, where staff are supported and encouraged to develop their understanding of the role they provide within child and family health services, and as a result there is a tangible enhancement to workplace culture. This enhancement reinforces the principles and practice of delivering person centred care for the child, care giver, family and the care delivery team.

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^{vi} Australian College of Nursing Patient (2014). *Person-centred care Position Statement*
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