



Wellness Approach To Community HomeCare (A CommunityWest & WA HACC Initiative)

Information Booklet July 2008




hacc
home and community care
A JOINT COMMUNITYHEALTH AND AFFAIRS/INTEGRITY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIA'S ELDERLY


CommunityWest
Advancing Community Services

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Purpose of Booklet

This booklet has been developed:

- To assist HACC funded providers to understand the principles underpinning the Wellness Approach to Home & Community Care in Western Australia, and
- To inform providers of key factors that will assist them in the development and implementation of this philosophical change towards a wellness service delivery model within WA HACC.

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Preface

Background to A Wellness Approach

The Home and Community Care (HACC) Program is based on the philosophy of supporting older people and people with disabilities to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their inappropriate admission to long term residential care.

However policy development and service delivery for many years has led the HACC program to work within a dependency model of service delivery.

As a rule services are siloed into care streams, and often focused (e.g. during referral, assessment and care delivery) on a person's difficulties and what they are unable to do. This then leads HACC funded agencies to provide services that are predominantly task orientated. Clients and families have certain expectations of HACC. Over time this can result in increasing dependencies and so the cycle continues.

Emerging research and success of "Independence programs" both here in Australia and overseas suggests that:

- the historical approach of doing things 'for' people needs to be replaced by one that seeks to enable people to do as much as possible for themselves and
- a service delivery model that provides a capacity building approach by focussing on optimising an individual's functional and psychosocial independence can have positive and long reaching benefits.

With the forecasts of a growing elderly population (the larger recipients of home care services) living in the community, provision of services that focus on wellness should be a part of any organisation delivering home care.

WA HACC has adopted the concept of a Wellness Approach as its policy position. All HACC future growth funding will be targeted towards a Wellness Approach to service delivery to HACC recipients.

Wellness also underpins the National Community Care Reforms (The Way Forward) and will be reflected in the work currently in progress in WA with Access Networks, Assessment and Quality In Action.

HACC agencies are pivotal to provision of the wellness approach and whilst it may initially take time to adopt it is likely to have longer term pay offs, both in terms of user and staff morale and in increasing the effectiveness of HACC services.

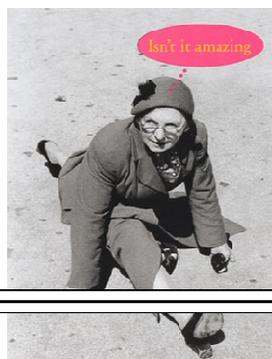
The Wellness Approach for many HACC agencies will require a philosophical change in the way they think about and work with clients, which will in turn bring about a change in work practices. This shift will need to be adopted, driven and sustained by key staff in agencies and become part of an agency's overall vision.

To support the process of change towards wellness and support HACC agencies to develop and implement a wellness service delivery model, WA HACC has been working in partnership with CommunityWest since 2006.

The primary purpose of this was to:

- (a) develop the model and the resources to support the model
- (b) facilitate a limited number of HACC funded agencies to implement wellness and to learn from their experiences.

The resources developed by the CommunityWest Wellness team include this booklet, presentations, documentation (for assessment and care planning in the wellness format) and various training workshops. In addition the Wellness team, consisting of Health professionals are able to facilitate HACC agencies to implement this philosophical change.



What is the wellness approach?

The Wellness Approach is a philosophical change in the way we think about and provide services to HACC eligible clients with poor physical or mental health. The approach assists clients to accommodate their functional disability by learning or re-learning the skills necessary for daily living. For those individuals where reskilling is not appropriate then the approach is about minimising the functional losses and future dependencies that may develop because of disease processes.

The approach needs to occur throughout an organisation and with all those involved whether it is the care recipient, or someone involved with them, (including an informal carer, hospital/other community staff) that refer or come into contact with potential users.

What is it about?

- A philosophical change across an organisation in the way staff view and work with clients
- A capacity building approach - providing support in a way that views all clients as having abilities (strengths) and the potential to improve
- A change of culture at a community, organisational and client level
- Allows for better targeting of services to those people for whom there is no alternative method of support/ independence.

It is Not about

- The wellness approach is not a cost saving exercise for HACC but does have the potential to enable agencies as part of HACC to be able to offer services to more people
- It is not about getting people off services
- It is not about doing things "alone or without help", but about clients having a sense of control over ones life and being more involved in the planning and delivery of the service being provided.

HACC service provision that focuses on wellness, capacity building and promoting independence with clients can have far reaching benefits both to clients, their carers and staff.

It has the potential to enable clients to remain in their own homes for longer than if we continue to provide services in the current model. Over time it is anticipated that wellness will be the accepted way in which HACC services are delivered.



Essential Principles of a Wellness Approach

- Independence is highly valued by people and its loss can have a devastating effect;
 - maintaining a person's independence should be more than providing a service to help them remain at home. It needs to go beyond maintaining clients at their current capacity but actively work with the client to achieve improved outcomes
 - independence is not limited to physical functioning but extends to social and psychological functioning
- People want to retain their autonomy and build capacity, which in turn has a positive impact on their self esteem and ability to manage day to day life. Being an active citizen, more than a recipient of services, is an important part of being healthy
- Assessment cannot be defined by a one-off assessment but requires monitoring over a period of time
 - includes outcome focused/set goals
 - assesses the appropriateness of ongoing services
- Identifies a person's abilities up front, and doesn't focus only on their difficulties;
 - service seen as regaining/retaining skills, not creating dependencies
 - involves working in a manner that assists but doesn't take over tasks that a person can do for themselves i.e. helps people 'to do', rather than 'doing to or for' people
 - ensures success by supporting an individual to start with what they can do and then gradually extend themselves;
 - challenges service users to reach their potential
- Recognises that independence will be promoted by the way staff behave towards a person and the attributes they portray;
 - involves a mind set change
 - ensures that every opportunity to promote a person's highest level of involvement in daily activities is sustained.

Who benefits from a Wellness Approach?

The Wellness Approach to delivery of home support services is relevant to all clients referred for and receiving services, because the approach is about building capacity and recognising that people have abilities which they wish to regain, retain and/or minimise loss of, regardless of their level of frailty. For example:

- Those people who have long-term enduring conditions which lead them to be dependent on some form of care support for daily living, but this support is focused on minimising decline and development of further problems
- Those people who have conditions, which though long-term, with the right type of approach the amount of long-term support required could change and reduce over time
- Those people who have shorter-term conditions, but have been assessed as HACC eligible, who with the right type of approach will need minimal or no care support
- Those people who have minimum care needs that may be helped by sign posting elsewhere

Why the need for change?

The demand for homecare is projected to grow as those aged over 85 years is forecast to rise.

Healthy life expectancy is not rising as fast as life expectancy.

The projected proportion of people within the age bands that have historically worked within the care industry will reduce, therefore the ability to recruit, let alone retain the number of carers needed, will be progressively more difficult.

Current patterns of illness, dependency and service use suggest that HACC funded providers will experience more problems in the future in meeting service demands and that new ways of meeting demand are needed.

1 Dependency/illness Model

HACC services currently work in what could be termed a dependency or illness model. For example:

- There is an emphasis on limitations/difficulties and presenting symptoms
- Eligibility for the service plus expressed limitations creates presumption of need for service, without questioning real need, form of service or time-frame for service
- Current way of providing services assumes a continuum of negative change
- Current model provides and adds services in response to decline
- When providing services staff tend to do as much as they can for the client because that is how they see their role and that is also the client's expectation. Staff are pushed for time so it is easy to help rather than stand back and watch
- Current model does not actively work with service recipient towards preventing loss of independence and well-being
- A task-oriented approach removes independence and self-confidence; Not 'using it' results in 'losing it'
- Service recipients become reliant on services and gradually do less and less for themselves i.e. the model reinforces helplessness and dependence
- Clients and relatives have poor knowledge of ageing process and potential for preventing dependence

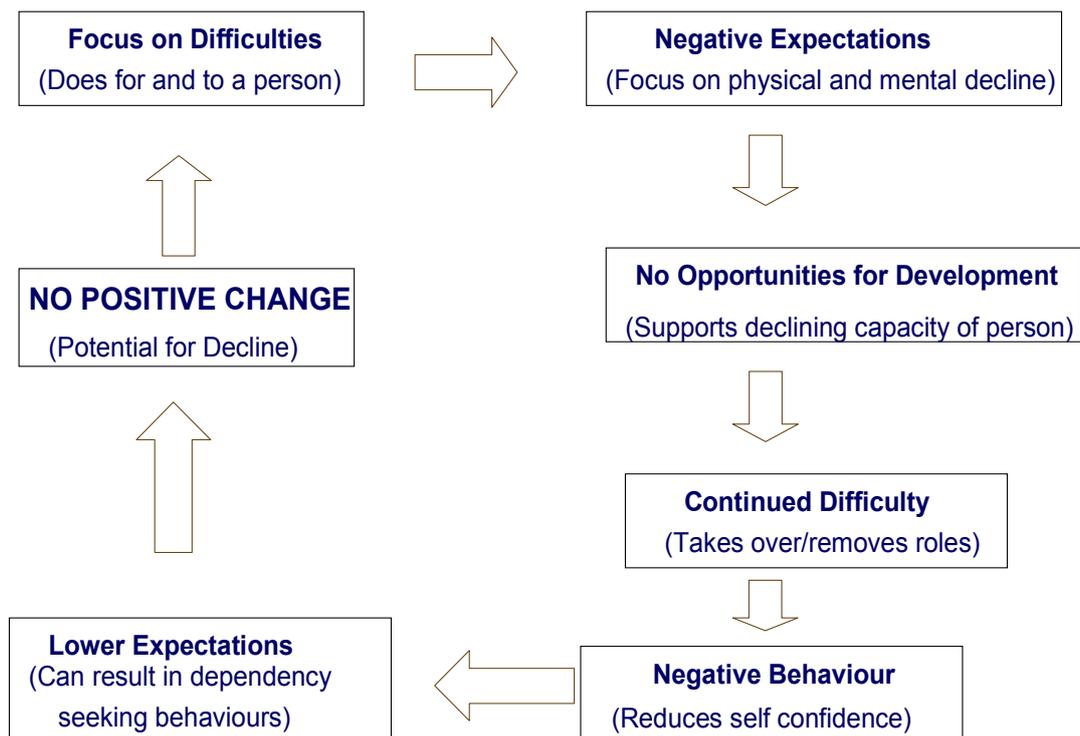
- Inadvertent ageism is present in HACC agencies and this can reinforce the lack of focus on optimising independence and well being with older HACC recipients.

Overall outcome is creation of an illness/dependency model and associated cycles of support within which few people receiving HACC services improve their independence. (See Figure One)

Figure One



Illness/Dependence Cycle



2 Independence/Wellness Model

Emerging research and service development both here in Australia and overseas has demonstrated the efficacy of models that focus on maximising a person's capacity to be independent and improve their well being. Such a focus in home support services has resulted in:

- Maintenance/improvement of physical capacity
- Maintenance of social roles
- Improved sense of autonomy and self-worth
- Improved physical and emotional health/well being
- Less need/demand for services
- Better targeting of services to those people for whom there is no alternative method of support/independence

The HACC service structure provides an opportunity to implement a different model of service delivery such as the wellness approach. Assessment, care planning and goal setting are critical in this process, as the factors underlying the persons request for a service needs to be understood and addressed and the impact of functional decline minimised in a manner that promotes independence and self efficacy.

So what's different?

Current Illness/Dependency Model

- Does for & does to a person
- Takes over/removes roles
- Supports declining capacity of person
- Takes control
- Focuses on physical and mental decline
- Can isolate from the community
- Reduces self-confidence
- Results in Illness/Dependency cycles (Figure One)

Wellness Model

- Gets the balance right between "doing with" versus "doing for"
- Identifies what a client **can** and **wants** to do, rather than only what they have difficulty with.

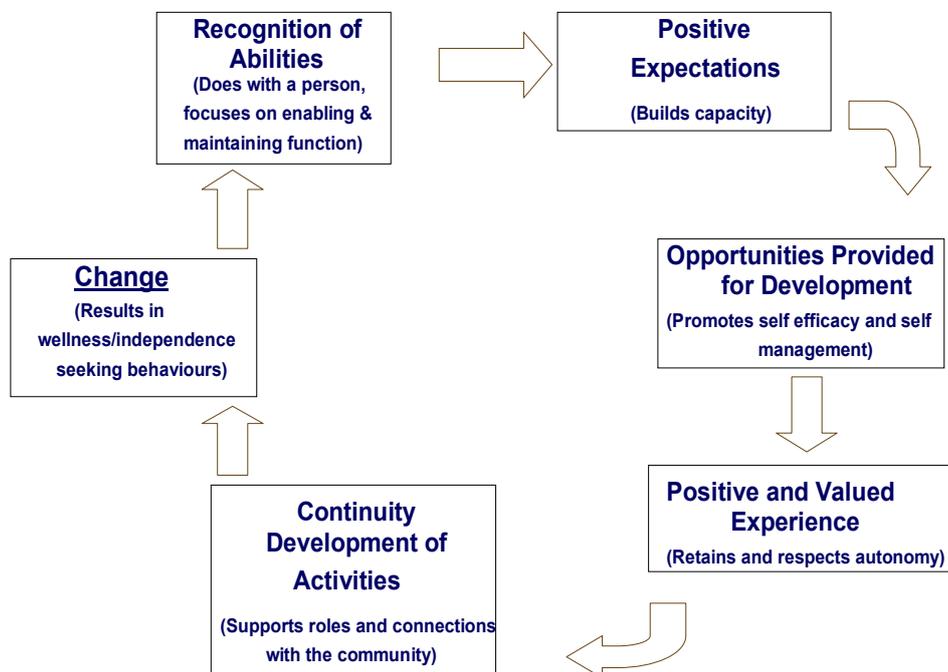
- Gradually encourages clients who are having difficulty with activities of daily living to increase their ability
- Supports roles
- Builds capacity, self management & compensates for decline
- Increases self-confidence
- Retains and respects autonomy
- Focuses on re-enabling and maintaining function , minimising the impact of functional loss
- Looks at ongoing appropriateness of service
- Supports connections with the community

Overall outcome is creation of a Wellness/Independence Model and associated cycles of support which have a capacity building focus. (Figure Two)

Figure Two



Wellness/Independence Cycle



What strategies support the approach?

Key Strategies

The following have been identified as the key strategies that have assisted agencies currently implementing wellness to develop the approach.

They include:

- Change of mind set for all - Changes in the way people are viewed as regards their capacity to improve their overall functioning
- Ability based assessments and support plans
- Goal planning in partnership with client
- Time limited interventions/services (where appropriate)
- Looking at the reason behind a request for assistance or change in function instead of just providing or increasing service
- Staff training in the principles of a Wellness Approach and assessment and support plan training
- Client and carer education in principles of optimising function and well being
- Regular reviews and changes to support plans to accommodate progress, including ongoing appropriateness of service
- Building staff awareness, skills and confidence to promote the approach
- Emphasis on social networks/community connections to optimise the success of the model and link client back into the community
- End of service review where appropriate and reconnection with community.



Benefits of The Wellness Approach

The HACC agencies in the process of implementing the wellness approach have noted the following benefits to their clients, staff and the organisation as a whole.

Client benefits

- Maintains dignity
- Partnership rather than carer role
- Promotion of positive mental and physical health
- Sense of achievement
- Based on need not want
- Potential to remain longer at home

Staff benefits

- Utilises training resources more appropriately
- Satisfaction to actively have helped a client to remain physically and mentally at their optimum level
- More professional approach rather than being viewed as a "shower person or cleaner"
- Reduction of dependences in clients
- Boosting confidence of client to manage more activities

Organisation benefits

- More equitable
- More efficient use of time
- More clients benefit from service funds
- Based on best practice
- Reduction in waiting lists
- Reinforces agencies belief that this will be the way home support services will be delivered in the future
- Provides the best possible service to the clients
- Gives agencies the scope to meet a greater range of client needs.

Key learning's from our lead agencies

The following are a summary of the key learnings from the initial planning and implementation stages with the lead agencies.

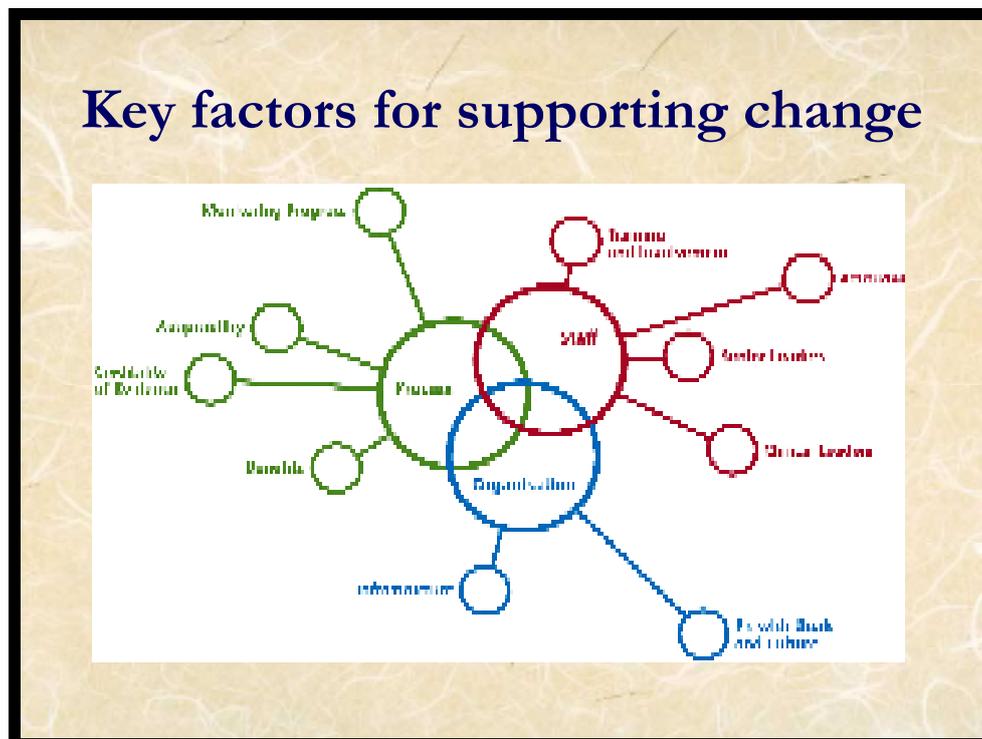
Planning stages

- The receptive context is very important
 - Needs support from senior management and key drivers in each organisation to implement and sustain approach
 - A 'can do culture" needs to be part of an organisation and its leadership
 - A previous history of successful change is beneficial along with ability of an agency to be flexible
- The goals of the change need to be clear and shared
 - Staff need to believe in the benefits and any concerns discussed
- Communication is essential when implementing a new approach. It requires a change of culture at an organisational and client level.
 - Early and consistent messaging to staff, users and others is vital. Do not forget to include volunteers in this early dissemination of information, they are also pivotal to the success of this change process
- Wellness is a philosophical change and needs to be part of an agency's overall vision and approach to all services. A whole organisation approach
- Early establishment of a development/steering group that have decision making powers is critical for timely and responsive implementation. This is best led by a senior manager and needs to include a cross section of staff
- Home Care Managers and Supervisors are critical in persuading care workers of the merits of the approach
- Time spent working with staff at the beginning is well spent as they gain confidence in this way of working
- Important to establish a staged implementation rather than a big bang approach as this allows for evolution and safe testing and development

- Policies and procedures need to support the new way of working
- A strategy for staff to be educated and trained to understand and take the approach forward needs to be developed
- Mapping the processes and having action items helps to resolve any issues
- Implementing the approach with new clients has proved easier than existing clients as you can start as you mean to go on, however approach has been successful with longer term clients by slowly introducing changes in work practices and encouraging and supporting clients to increase their capabilities over time.

Figure Three depicts the key factors that have supported our lead agencies in their process of change towards the wellness approach.

Figure Three



Examples of Wellness Approach

Scenario One

A long term client receiving social support, had become very dependant on the service, and had lost all motivation to participate in her care.

At annual review, the Wellness Approach was explained and the client's services were reviewed on this basis.

Prior to her Wellness assessment the client had not left her Homes West unit for 5 years, apart from the occasions when she was taken to hospital by ambulance.

All her shopping, banking, and laundry had been done by Support workers from two HACC agencies.

As the client suffered from an anxiety disorder, she was also visited regularly by a mental health community nurse.

In consultation with the mental health nurse and the client, small goals were set to achieve an increased level of independence in some of her care areas.

Client was encouraged to participate in making up shopping list, to accompany worker to the bank, to do own banking, to start putting away small amounts of shopping, to load the washing machine and assist the support worker to hang out the laundry.

These goals were quite a challenge for the client, and only began to be achieved through constant encouragement, on a step by step basis.

The banking was tackled first. The client, who also is obese, could only initially cope with travelling in the car to and from the bank, without actually getting out of the car.

The next step was to physically get out of the car and go into the bank. After several months, the client now goes to the bank regularly with a support worker, withdraws her own cash and even interacts with the guard at the bank.

The bulk of the shopping is still physically done by the support workers, but the client is encouraged more and more to put small items away, in her own time. To achieve this, a calico bag was made by a volunteer, to be attached to the client's walking frame, so she can now carry items from the kitchen bench to her fridge or pantry.

The client loads and unloads the washing, wheels a laundry trolley to the line and hands to the support worker to hang up.

- By encouraging these changes the client has:
 - Regained some of her dignity, self esteem and independence.
 - By preparing her own shopping list she has become aware of food items she is purchasing and is more interested in preparing own meals.
 - This may in time lead to weight loss, as before she paid little interest in what was being bought for her.
 - She also now goes out once weekly and this may increase over time
 - Her activity levels have increased

Scenario Two

A 72 year old lady with osteoarthritis had been receiving a domestic assistance once weekly for 1.30 hr for general housework and laundry. Client requires no other assistance. Client reviewed from a wellness aspect.

- Identified that the client can do light dusting, wipe over surfaces, do her own dishes, use a light weight carpet sweeper and put laundry on, during/prior to domestic assistance visits.
- Over a two month period client has been encouraged to do all of the above activities.
- A domestic assistance service now goes in once fortnightly only
- Client now more involved and has increased activity levels

Scenario Three

An 87 year old female, day centre client had become very dependant on support staff and her confidence had declined to the point where she was not confident in tending to her own toileting without assistance to and from the toilet at the centre.

After much discussion between centre staff and the client, it was agreed that the lady was perhaps well enough to do more for herself in the centre and over time was encouraged to do so. Staff were educated to enable her to tackle her toileting independently rather than attempt to assist as previously.

Over time client has become more confident and is independent at centre. This confidence has extended to transport arrangements to and from the day centre. The client did not like to travel on the centre bus, so has arranged her own transport on the days she attends.

Client has commented on how proud she feels of herself and her achievements and is now more actively involved with the centre, rather than a passive recipient.

Scenario Four

An 83 year old man was referred for personal care. He had fallen a fortnight ago and although he sustained no specific injuries, he was now lacking in confidence to shower himself independently.

Client was assessed by a Care Co-ordinator using wellness based documentation. This assisted the coordinator to identify; that the gentleman was previously independent and was motivated to regain his independence, that he was independent in many daily activities but struggling with his personal care and the strategies required to support him back to independence.

- ◆ A support plan with goals of care was developed to guide direct care staff to work with the gentleman to regain his independence
- ◆ Support staff were educated in the goals of care and over time were able to build the gentlemen's capacity and confidence
- ◆ After four weeks of a three times a week service, the gentleman was independent and the services withdrawn
- ◆ As part of the end of service review the gentlemen was referred to the Community Physiotherapy for a mobility review and falls education

Next Steps

What does it mean for your organisation?

1 Commitment to the Wellness Approach

- ✓ Understanding of the principles
- ✓ Promotion of, and focus on capacity building, independence and well-being for service recipients
- ✓ Philosophical change across the organisation
- ✓ Recognising the need to actively work with clients to achieve improved outcomes
- ✓ Build staff expertise and confidence in the delivery of the model by providing relevant training, at all levels
- ✓ Attitudinal change of clients and their carers
- ✓ Changes to work practices
- ✓ Conduct ability based assessments (expansion of HNI) and support plans with service goals in partnership with client
- ✓ Consider time-limited interventions/services where appropriate
- ✓ Use enabling techniques and assistive technology to promote independence
- ✓ Changes to care plans to accommodate progress
- ✓ Refer to relevant health professionals to obtain necessary interventions for clients when appropriate to do so
- ✓ Prevent social isolation by using social networks and community links to reconnect client to community
- ✓ Educate clients and carers about the model
- ✓ Look at ongoing appropriateness of service and where appropriate, reduce or terminate service

In Conclusion

The wellness approach is a philosophical change in the way of thinking and delivering services. It supports a move within the WA HACC Program towards developing and implementing service models that go beyond maintaining clients at their current capacity, but actively works with the client to achieve improved outcomes. The focus being on capacity building to optimise a client's independence and well being.

The WA HACC Program has adopted the concept of a Wellness Approach as its policy position for future growth in service delivery for HACC recipients. Wellness will form an integral part of the developing Models of Aged Care in WA and is being supported as a National HACC direction. It will be reflected in the work currently in progress in WA to implement the National Community Care reforms (The Way Forward) through Access Networks, Assessment and Quality In Action.

From the 2008/09 HACC Growth Funding Round all HACC funded agencies applying for growth will need to reflect a wellness approach in the service delivery model being applied for. Agencies will also need to be working towards the implementation of a wellness approach in their current service delivery.

The Wellness Approach model provides a framework for change to wellness service delivery for WA HACC-funded providers. Over time it is expected that wellness will become the accepted way in which HACC services are delivered.

The CommunityWest Wellness team in partnership with WA HACC have developed the model and the resources to support agencies in a move towards planning and implementation of a wellness service delivery model. These resources include this booklet, presentations, alternative documentation (for assessment and care planning in the wellness format) and training workshops.

In addition the Wellness team are able to assist HACC agencies if required to implement this philosophical change.

To assist you to commence this planning process, a check list is included at the back of this booklet.

The points detailed are some of the key factors that have contributed to the successful planning and implementation of wellness in those agencies who have already commenced the process of change.

An information session on the Wellness Approach is available to organisations on request. The purpose of this information session is to introduce an organisation to the concepts behind the wellness approach and support your organisation to commence the process of change.

More information about the Wellness Approach is available on our web site. www.communitywest.com.au

If you have any queries or wish to know more, please feel free to contact Hilary O'Connell, Karen Harris or Bev Wheeler (Wellness team) on 9309 8180.

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WELLNESS APPROACH TO COMMUNITY HOMECARE



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Things to Consider

This check list is to assist HACC funded agencies who are contemplating the planning, development, and implementation of a wellness service delivery model within their organisation. The points detailed under 'Things to Consider' are some of the key factors that have contributed to the successful implementation in those agencies who have commenced service delivery in the wellness model.

| | | Comment |
|----|--|---------|
| 1. | <p>How the Wellness Approach fits in with your organisation's strategic aims and culture.</p> <ul style="list-style-type: none"> • Is change important to your organisation? • Has your organisation successfully implemented a change process in the past? • Does management/board support the direction? • Is it part of your strategic plan? <p><i>The agencies currently implementing the model report that a philosophical change across the whole organisation ensures success of the change process.</i></p> <p><i>Requires a change of mind set for all.</i></p> | |
| 2. | <p>Identification of a team within your Organisation, i.e. Steering Group who will undertake to develop and implement the Approach.</p> <ul style="list-style-type: none"> • Need a cross section of: Operational/Management/Snr.Management/Board. <p><i>Home Care Managers and Supervisors are crucial in persuading support staff of the merits of the Approach.</i></p> | |

| | | |
|----|--|--|
| 4. | <p>What you need to do to implement a Wellness Service Delivery Model.</p> <ul style="list-style-type: none"> • The operational processes - i.e. potential work practice/process changes required • Change of use of documentation i.e. Assessment Tool, Support Plans • A phased implementation/realistic time frame • Staff Training needs (phased) • Staff support required to adopt and implement • How you might sustain the change process over time | |
| 5. | <p>A review of your current Policies and Procedures to ensure they support this way of working.</p> | |
| 6. | <p>Any specific changes individual to your organisation you may identify to support the planning and implementation of a wellness service delivery model.</p> | |

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