

HACC Active Service Models Evaluation Report



HDG Consulting Group

An evaluation of the Victorian Department of Human Services, Home and Community Care Program, Active Service Model Pilot Projects, 2007

Executive Summary

The Home and Community Care (HACC) Program provides services to frail older people, people with disabilities and caregivers. Government policy supports the desire of those people to remain living as independently as possible in their own homes, which therefore impacts on the demand for home and community care services.

The HACC Active Service Model (ASM) initiative is a service enhancement strategy which seeks to increase the effectiveness of the Victorian HACC Program in maximising client independence through supporting the development of more person-centred, restorative and capacity building approaches to service delivery.

In mid 2005, one of the first steps in developing the strategy was to seek proposals from HACC service providers for a limited number of pilot projects to focus on better integrating this approach with their existing practice. This resulted in a series of active service model pilot projects being implemented in Victoria to assist in exploring whether the adoption of a more active and restorative approach to service delivery could result in improvements to client function and therefore reduce reliance on HACC services in the longer term.

The pilot projects were intended to be one strategy to further clarify how the active service model objectives could be realised. Other strategies included; commissioning a literature review of the evidence base underlying ASM and related service models that have been implemented at a national and international level; consultation and dialogue with field in Victoria; and the holding of a HACC national forum on promoting independence in February 2008.

This report summarises the evaluation of four pilot projects that represented a diverse range of interventions within the active service model philosophy:

- Moreland City Council Independent Living Program
- Baw Baw Shire Low Maintenance Gardens project
- Alpine Shire Home Independence Program
- Murrindindi Shire Look Good, Feel Good, Eat Well project.

The evaluation report describes and analyses client and organisational level outcomes. Included is information in relation to client functional status, client satisfaction, case studies, key project processes, service delivery costs and sustainability. In addition, each pilot project has either already produced or is in the process of producing an individual project report, containing additional project development and implementation detail.

The information and recommendations contained in the report are intended to provide the Department of Human Services (DHS) with advice on issues that need to be considered to further develop and implement the active service model initiative. The pilot projects have generated a wealth of information and data, which will inform the future development and implementation of active service model approaches in Victoria.

Project highlights

Moreland City Council Independent Living Program

This pilot project was targeted at HACC eligible clients assessed as low priority who would not otherwise receive a HACC service. Intervention involved detailed assessment of the client's functional capacity to perform activities of daily living, followed by recommendations in relation to equipment, environmental and technique modifications. This was delivered by an Occupational Therapist. The project commenced prior to the other pilot projects and was thus able to achieve a comparatively larger sample size of 97 households.

The evaluation data indicated that this project was successful in demonstrating the positive effect of an active service model approach with a low priority HACC target group. The interventions were most successful with four specific activities of daily living (vacuuming, sweeping, washing floors and cleaning the bathroom) in which the capacity of the client to complete the task independently increased. These four activities are the foundation of most homecare requests and are tasks commonly performed by community care workers.

The simple cost/benefit analysis indicated that, based on the cost of providing one direct hour of home care at an estimated actual cost of \$41.79¹ per hour the annual project intervention at \$173 was equivalent to 4.14 hours of home care. A low level traditional service of a minimum of 30 minutes per fortnight equivalent to 13 hours per annum, indicated a comparative ratio of 1:3 (ie. one hour of this HACC active service model intervention replaced three hours of estimated actual cost home care per person for this sub-group). Alternatively, at the DHS unit price for home care (domestic assistance) of \$26, the project intervention at \$173 was equivalent to 6.65 hours of home care. In comparison to a low level traditional service of 30 minutes per fortnight or 13 hours per annum, the comparative ratio was 1:2 (ie. one hour of this HACC active service model intervention replaced two hours of unit price based home care per person for this sub-group). There was a cumulative savings effect over multiple years. The financial data indicated that the low average cost of the intervention was a cost effective approach for this specific client group.

At an individual client level, the utilised interventions clearly reflected the principles of an active service model. The success of the project was attributed to the detailed home based assessment and task analyses followed by recommendations and changed techniques delivered to clients. Whilst not all clients accepted and implemented the recommendations, those that did tended to demonstrate positive outcomes and reduced service dependence. Project learnings indicated the importance of integrating this approach into normal assessment practice and the need for a shift in the community's expectations about HACC service delivery, away from a passive model of service. Future implementation will require both internal changes to practice as well as community education.

Baw Baw Shire Low Maintenance Gardens Project

This pilot project involved the design and implementation of low maintenance gardens for 21 existing HACC clients in their property maintenance program, most of whom also received services through a volunteer gardening program. The project intervention consisted of a client assessment, garden assessment and garden makeover based on the principles of low maintenance gardening.

¹ Estimate based on financial data provided by Moreland City Council

At the completion of the pilot project the following outcomes were reported by the project officer: a reduction in property maintenance service usage by clients; a reduction in use of the volunteer gardens program by clients; and small changes in home care provision as clients became motivated and able to undertake some indoor tasks.

The evaluation data indicated that this project was successful in terms of implementing low maintenance gardens for the sample group. Feedback from the client group was extremely positive and the satisfaction of clients, in relation to their garden and the capacity to manage it, increased as a result of the intervention. The intervention resulted in an emotional boost for clients whilst at the same time improving the safety of the physical environment and encouraging physical activity and socialisation in the garden.

The average cost of the intervention at \$2,691 per garden including both direct garden costs (labour, plants, soils, mulch etc) and indirect project costs (project officer, vehicle, tools), was a significant investment. This amount was equivalent to approximately 43 hours of property maintenance (based on the estimated actual cost of \$62² per hour of service delivery); or 71 hours of service delivery (using the HACC unit price of \$37.88 per hour of property maintenance). It is likely that this would need to be cost shared with clients to be financially sustainable and cost effective from an organisational perspective. For example, an average make-over cost to council of \$1,000 per garden would equal approximately 16 hours of service pending the costing model used (eg: half a day per quarter or season over a one year period; or half a day every six months over a two year period).

Perhaps the biggest impact on HACC service usage may be an indirect effect, through the reduction of safety hazards and potential falls plus the positive emotional and mental health outcomes. An additional outcome may be a reduction in stress for those participants who were primary carers for other aged people or younger people with disabilities in the home environment. The increased motivation to spend more time in the garden is also likely to have positive benefits to client general health and well-being.

The low maintenance garden intervention reflected the active service model principle of reducing dependence on the service system. Whilst the intervention did not directly improve the functional capacity of clients, it did minimise safety hazards and increase client or carer capacity to maintain the external home garden environment. An assessment of the external home environment was fundamental to this. The project demonstrated how a positive partnership approach between two different council units (HACC and parks and gardens) was beneficial both at the organisational and individual client level.

Alpine Home Independence Program

This pilot project sought to implement key aspects of the Western Australian Silver Chain Home Independence Program in the context of a small rural community in Victoria. The Alpine project intervention consisted of detailed client assessment, allied health intervention and development of a multi-disciplinary care plan monitored and supported by community care workers. Due to a range of factors this project did not meet initial expectations in relation to client recruitment.

² Baw Baw Shire actual unit price for property maintenance

Factors that impacted negatively included a lower than anticipated client referral rate, staff turnover, the geographical distance between project partners and competing organisational priorities. Seven clients were recruited and of these, five completed the program. Nevertheless, multiple project learnings particularly in relation to project processes and practices were gained. One of these was the importance of investing in rigorous project planning to ensure project sustainability and risk management.

The fact that this project did not meet the expectations of key stakeholders is not a reflection of Silver Chain Home Independence Program model's efficacy. Rather, unanticipated challenges meant that the Alpine project could not be implemented on a scale that resulted in conclusive evidence.

Hypothetically, the intended project intervention fitted well with the active service model approach. Whilst implementation at the operational level had limited success during the pilot project, there remains the opportunity to improve client access to allied health services. Likewise there is the opportunity for HACC staff to assess and deliver services based on an active engagement and capacity building framework of dependence minimisation and functional restoration.

Murrindindi Shire Look Good, Feel Good, Eat Well Project

This was one of two projects initially funded to trial implementing Well for Life objectives into the delivery of HACC in home support services. The DHS Well for Life initiative provided grants to HACC Planned Activity Groups (PAGs) and those living in Public Sector Residential Aged Care to improve their focus on improving physical activity and nutrition among frail older people. The additional active service model funding targeted agencies that had successfully run well for life projects within their PAG services and were able to adapt those principles to a broader range of HACC services

The Murrindindi pilot project involved the design and implementation of a time limited program with, educational sessions, and physical activity provided on a weekly basis following an assessment. Weekly information sessions covered; physical activity, eating well, cooking, aids and equipment for homecare, community based physical activity options and the development, implementation and follow up of a personal activity plan.

The project was successful in implementing two short programs with a total of 21 participants. Overall the data set was too small to draw any conclusive statistical evidence. However, the timed 'up and go' test result indicated improved walking and strength of clients in the sample group. The data also indicated that participation in the program resulted in increased motivation levels for participants. Qualitative findings were positive with numerous examples of improved physical functioning and improved capacity to perform activities of daily living and participate in regular physical activity.

Pending the number of participants, the average cost per client for the program is estimated at between \$453 and \$906. Based on each weekly session including 2.5 hours of service delivery, this equates to between \$29 and \$72 per session of service delivery per client, or between \$28.93 and \$11.60 per hour per client. The hourly rate of \$11.60 (for 15 clients over 5 weeks) is marginally higher than the PAG unit price (core) of \$10.58 per hour, and marginally less than the PAG unit price (high) of \$14.91 per hour.

The project intervention reflected an active service model approach by actively engaging and educating clients and providing information, exercises and strategies to improve physical health and well-being. Community carers were utilised to support client interests thus providing a coordinated, integrated approach to delivery of services.

Conclusion

The HACC active service model approach is within a conceptual development phase. It challenges long-held and established attitudes, systems, practices and processes. Similar to action learning approaches, it was fair to expect that the pilot projects would involve a degree of trial, error and learning, especially given the project proposals were sought early in the active service model development process.

Three of the four pilot projects achieved success in meeting the project objectives and demonstrated potentially positive outcomes of an active service model approach with their client groups within their specific settings. In particular, one project demonstrated how an active service model approach and specific interventions could substantially improve the functional capacity of clients to complete key activities of daily living often performed by community care workers (vacuuming, sweeping, cleaning the bathroom) and two of the projects resulted in a high level of client satisfaction from the active service model approach.

Overall, a total of 190 clients took part in the four pilot projects. The client participation rate ranged from as few as five clients in one project to 146 clients in another. Hence, a key finding of the evaluation was in relation to the scale of the pilot projects. One of the four pilot projects was sufficiently large in terms of client numbers to demonstrate clear evidence of increased functionality and independence in activities of daily living, with the potential to reduce reliance on HACC services, whilst due to the small sample size in two projects, the objective functional measures used were inconclusive. However, the subjective satisfaction measures used in these projects suggested a high level of client satisfaction with the active service model approach and a positive attitude to managing independently. At an organisational level, the evidence reinforces the importance of good project design. Many of the challenges faced by the projects arose as a result of project design, planning or partnership processes.

Whilst not all of the pilot projects provided the opportunity to demonstrate the outcomes of the interventions to the extent originally anticipated, all pilot projects added to the body of knowledge and confirmed the potential of the active service model approach. Next steps for the initiative would point to DHS exploring the development of larger and more tightly specified trial projects.

Recommendations

The HACC active service model has the potential to significantly impact over time on the provision of HACC services in Victoria and improve the capacity of services to maintain and enhance clients' independence. At an intervention level, the range of approaches that can be taken are many and varied and can be tailored to a wide range of HACC service types, service delivery settings and local situations.

The four pilot projects evaluated in this report have provided a promising start in terms of exploring the implications of implementing a number of possible active service model approaches and interventions.

Following this initial set of pilot projects, a continued approach of trialling and evaluation, (with more tightly controlled parameters) will continue to generate findings and thus add to the evidence base and adoption of an incremental approach to implementing change.

The continual questioning and scrutinising of behaviours and assumptions that underpin how services are delivered will assist to identify those steps in service delivery that allow for a more active and capacity building approach. The results of the pilot projects can contribute to development of a set of key criteria that can be used by organisations wishing to initiate and trial further active service models. The development of tools, resources and workforce strategies will assist active service model approaches to become integrated into mainstream HACC service delivery and provide the workforce and the clients with the skills and enthusiasm to adopt them.

The recommendations below provide suggestions, based on the evaluation of the four pilot projects, for enhancing the success of the future development and implementation of the HACC active service model initiative. Suggested strategies for each recommendation are included in the report.

Recommendation 1: Designing projects to succeed

It is recommended that additional emphasis is placed on the planning and design of any future active service model pilot projects to maximise the likelihood of success. This includes clearly defining the project parameters, carefully calculating sample size, clearly defining interventions, ensuring measurable objectives, using assessment and data collection tools and scales with adequate sensitivity to pick up changes, and ensuring quality project monitoring and management.

Recommendation 2: Improved access to allied health

Three of the four pilot projects incorporated aspects of allied health service provision. In two of the projects, the partnership arrangements for access to allied health proved challenging. The investment of time and resources required to develop inter-agency partnerships and guarantee access to allied health where it is a necessary component of an active service model, should not be underestimated. It is recommended that future active service model projects involving access to allied health ensure that arrangements are agreed at a senior management level and that allied health staff have the imprimatur to participate in projects and respond to referrals as an acknowledged part of their case load.

Recommendation 3: Continue progress and proceed to demonstration projects where appropriate

For those projects that have been successful at the small scale action-learning pilot project level, there may be the opportunity to progress to rigorously planned larger scale demonstration projects. Likewise, for potential new projects, where research and planning information provides robust evidence, the design and implementation of larger scale demonstration projects may be an appropriate starting point. Larger scale demonstration projects will assist HACC agencies in more accurately determining the health and independence value to clients and the economic value to organisations, and the HACC Program overall, thus providing evidence for integration of active service model approaches into the mainstream HACC service system.

Recommendation 4: Continual learning to determine what works for particular client groups

The HACC target group is not a homogenous group and reflects diverse and complex characteristics. Within HACC it has been acknowledged that there is no single service solution that will suit the needs of all clients and hence a segmentation approach is increasingly being adopted. From an active service model perspective, this implies that multiple active service models approaches are required to reflect the diversity of client needs and preferences and the characteristics of local service systems. A careful and continual approach of trial and evaluation is recommended to build the body of evidence and continue to assess which approaches are most effective and to what extent for particular client segments.

Recommendation 5: Assessment

The assessment process is fundamental to an active service model approach. Assessment is the starting point at which the principles of an active service model can be applied. Whilst the outcome of the assessment will differ for each individual client, the most health promoting, independence-enhancing, restorative, problem-solving and least restrictive alternative should be offered. The active service model is central to the HACC Assessment Framework, which is currently being rolled out across Victoria. The findings of this evaluation are supportive of DHS continuing to promote the implementation of an active service model approach as part of ongoing improvement in assessment practice.

Recommendation 6: Financial analysis

It has not been within the scope of the project to undertake detailed financial analysis. Whilst some financial information was provided as part of the evaluation data, more detailed data is required to provide case studies that demonstrate the financial impact of HACC active service model interventions. Further financial analysis could examine financial considerations such as return on investment, sustainability of specific approaches within existing resources, and key parameters for identifying critical economic indicators for a range of intervention types. Whilst the economic context for each organisation will differ due to a range of organisational factors, use of HACC unit prices as a common denominator will enable indicative financial analysis for use by organisations to consider the impact and value of active service model approaches.

Recommendation 7: Workforce development and resources

To promote and support the implementation of the active service model approach and culture, it is recommended that active service model information, practical resources and training are made available to the HACC workforce. This would include education for assessment staff (refer Recommendation 5) and allied health staff and supporting community care staff in developing a thorough understanding of the philosophy and principles of active service models approaches and addressing their concerns or fears about the initiative for example the active service model is perceived to be about providing less service to clients or a cost cutting exercise. Tangible examples and processes for front line workers (eg: training in aids and equipment to facilitate independence in activities of daily living, practical HACC active service model information resources or workbooks that can be used by staff or clients) would assist the workforce to achieve the attitudinal and cultural changes required and equip them to better make service delivery decisions within an active service model framework.