THE INDEPENDENT LIVING PROJECT

SUMMARY REPORT
June, 2007.

Moreland
Home care tasks made easier

balance
the work
new habits
plan ahead
rest
the right equipment

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Introduction

The Moreland Independent Living Project (ILP) began as a quest to find a new approach to cope with ongoing, unmet and increasing demand for home care services.

The project findings now challenge Council to go beyond the established Home and Community Care service model and refocus its home care services on building the capacity of each client to better manage their individual circumstances, thus enhancing their ability to live independently.

On the basis of the ILP findings, traditional models of HACC assessment and service provision, especially in the case of home care, may often contribute to a functional decline in clients' abilities rather than facilitating independence and promoting wellbeing through capacity building.

The challenge for the future is how to transform a service which has, up until now, been predicated on the need for passive service provision into one based on an active service model.

Like many HACC providers, Moreland City Council is having increasing difficulty meeting demand for its services, a situation which is being exacerbated as the population ages and the complexities of maintaining older people in their own homes become more entrenched.

Several strategies for improving demand management have been tried in the past. These include:-

- prioritising services to those most at risk;
- reducing the average amount of service provided, and,
- reviewing existing clients to see whether their need for the service had reduced.

These measures have had very little impact on the length of waiting lists for assessment and service provision.

In 2004, Moreland decided to test a new approach, focused instead on people who had been assessed as low priority for home care services.

This new approach was informed by the growing body of evidence that regular physical activity, including housework and gardening, helps protect the physical and mental health of older people.

Its underlying premise was that people would be better able to manage their own home care if they were aware of alternative cleaning methods and willing to trial lightweight cleaning equipment and/or undertake modifications to their homes – especially if they were also encouraged and assisted to undertake health promoting physical activities.

The Independent Living Project (ILP), conducted between September 2004 and September 2006, was originally regarded as a demand management strategy and funded internally.

However, the trial evolved into a capacity building project, which attracted HACC Active Service Model funding from the Victorian Department of Human Services (DHS).

This summary report outlines the project aims, its methodology and outcomes, as well as discussing the potential implications for Moreland City Council and the HACC program more generally.

Background

Home and Community Care (HACC)

The Home and Community Care program funds basic home maintenance and support services to frail aged, people with a disability and their carers. It is funded and administered jointly by Commonwealth and State governments, with additional financial support from service providers, including local government, and client fees.

Its major goal is to “enhance the independence of people in these groups and to avoid their premature or inappropriate admission to long term residential care”.1

In Victoria, local government is the major provider of a number of HACC services — home care, home maintenance and delivered meals. More than 216,000 Victorians received a HACC service in 2003-04. The majority of clients were female and aged 70 years and more, 40% of whom lived alone.

Of all HACC services in Victoria, home care was the most used, with more than 72,387 clients receiving an average of 33 hours each per year.2

Demand for HACC services is growing, and particularly for home care, largely as a result of the ageing population.

Currently, the program gives priority to clients with the greatest need for support. This means some people who are eligible for HACC services but not classified as high priority do not receive any service at all.

There is considerable debate about whether this priority targeting strategy achieves the most appropriate and effective use of available resources.

Some evidence suggests providing even a small amount of service to people eligible for the program and assessed as low priority can have positive impacts for individuals — and the service system as a whole — by reducing or delaying the need for more intensive and costly interventions, such as admissions to hospitals or residential care.

There is also a growing body of evidence highlighting the importance and positive impact of regular physical activity, including housework and gardening, in protecting the physical and mental health of older people.

It could be argued that traditional models of HACC assessment and service provision, especially in the case of home care, are more likely to contribute to functional decline than to focus on facilitating independence and wellbeing through capacity building.

This is particularly the case in Victoria where HACC services are divided among a range of agencies — local government provides HACC home care services, generally on the implicit or explicit basis of a social model of care, while health services provide HACC allied health services.

The Moreland City Council Independent Living Project (ILP) is one of a number of HACC projects in Victoria and other States attempting to address how HACC services may help maintain or improve the functional independence of clients, especially those with low level needs.

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[1] Victorian HACC Program Manual, February 2003:4

[2] Department of Human Services (2004) *Who Gets HACC: a statistical overview of the Home and Community Care Program in Victoria 2002-03*

Moreland Council HACC services profile

The City of Moreland has a large and diverse older population. Almost 17% of residents are aged 65 years or more, compared to the metropolitan Melbourne average of slightly more than 12%. Whilst the total number of older people in Moreland is not expected to increase significantly over the next five to 10 years, the proportion of people in the very old category (80+) will increase.

More than half (51%) of people in Moreland aged 65+ do not speak English at home and of these 25% are not proficient in English. Italian and Greek born people make up the largest non-English speaking older groups, with people born in Italy representing more than a quarter of Moreland's 65+ population.

Moreland City Council is one of the larger local government HACC service providers in metropolitan Melbourne. In 2004-05 it provided 150,000 hours of home care, 6,896 hours of home maintenance and 171,000 meals to 4,773 local residents.

During that year, there were 2,400 referrals to Council for HACC services while only 461 existing clients exited the service. Of those who ceased using HACC services, 52% were deceased or moved into an institution. Only 12% exited because they no longer needed the service.

The profile of Moreland's HACC clients includes:

- 64% female,
- 91% aged more than 60 years
- 45% are aged more than 80 years
- 40% live alone
- 40% were born in Australia
- 27% were born in Italy
- 4% were born in Greece.

The highest demand for HACC services at Moreland City Council is for the provision of general home care.

In 2004-05, some 3,175 clients received an average of just less than 30 hours each of home care. This is below the Victorian average of 33 hours per year per client, which indicates that home care is more rationed in Moreland than in many other parts of the State.

In the same year, 558 new clients began receiving home care, while 539 clients exited the service, a net gain of 19 clients for the year.

The situation faced at Moreland involves a large base of long-term home care service users, with turnover lower than demand.

The reasons for this include:-

- Moreland's relatively generous allocation policy in precious years
- a significant growth over the past decade in the numbers of older people living in Moreland
- CPI increments in the HACC program that are well below true wages growth, and,
- inadequate funding for assessment and review of HACC applicants and clients.

Moreover, although demand for home care now outstrips the Council's ability to supply services, there are high expectations among Moreland residents that home care will be available to them or their parents.

This appears to be particularly (but not only) the case among the Italian speaking population, who with English speakers, are overrepresented among the home care client group.

Demand management

Moreland Council manages requests for HACC services initially through its Intake telephone process.

Based on the information provided and screening criteria, HACC eligibility and relative urgency of need is established.

Services with a high impact on wellbeing and safety are instigated quickly (e.g. meals, personal care, home safety modifications).

How quickly a home based assessment for home care is made, depends on whether the referral has been assigned as urgent or standard.

The delay in starting home care depends on both the assessed level of priority need and availability of hours.

Moreland uses three levels of priority – low (3), medium (2) and high (1) – based on set criteria and the assessment officer's judgement.

Prior to the introduction of the Independent Living Project, anecdotal evidence from Council home care staff suggested that some existing clients probably no longer needed the level of service they were receiving.

However, clients were reluctant to relinquish any service as they were aware of the scarcity of hours and feared not being able to increase their hours again if their needs changed.

ILP design and methodology

Project design

The Moreland Independent Living Project was rolled out in three distinct stages:

Stage One (September 2004 – March 2005)
ILP commenced as an in-house project using existing funds to explore alternative management of demand for home care.

Stage Two (March 2005 – March 2006)
ILP received 12 months DHS Active Service Model funding and broadened focus to include capacity building and restorative care.

Stage Three (July – September 2006)
DHS funding extended its funding for three months to allow an Integration Trial, testing the service model in a mainstream context.

Goals

The initial overall goals of the project were to:

- Assist in managing unmet demand for home care services.
- Improve access to assessment services by the reduction of waiting times.
- Provide a preventative service to clients with lower, less urgent need for home care.
- Improve individual capacity to function safely at home.
- Improve satisfaction with Moreland City Council HACC services.

Over the course of the project, the project goals were broadened to include provision of a more flexible and individualized response to clients in a timely manner.

Objectives

The trial objectives fell into four distinct groups:

Clients

- To assess and enrol 30 clients to the ILP.
- To identify a range of suitable equipment and adaptive devices to minimize the strain of completing home care tasks.
- To trial a range of techniques, equipment and modifications with assessed clients to determine whether they could maintain or increase their ability to safely complete home care tasks.
- To increase client confidence in managing home care tasks safely.

Community

- To identify and assist clients to access community based, capacity building activities.
- To increase client access to and knowledge of other community services in order to meet their identified needs.
- To provide opportunities to share what had been learnt and the strategies developed with other service providers, referrers and the broader Moreland community.

Products

- To develop an Intake screening criteria tool to identify clients who may be more suited to the ILP than to standard service delivery.
- To develop an Independent Living Manual translated into appropriate community languages.

- To provide training to a pool of five home care staff so they can promote and reinforce independent living techniques with assessed clients on the program.

Impact on HACC Service

- To identify and trial alternative models of HACC services to sustain clients living at home.
- To minimise the client need for ongoing HACC services through implementation of the ILP.

These objectives remained relevant throughout the project although, with the provision of extra funding, the target number of clients was increased to 200.

This added a further objective:
To develop a model of service that is sustainable and able to be integrated into the mainstream local government and community based HACC services.

Staffing

For most of its duration, the ILP project was supported by a 0.8 dedicated project officer (or EFT equivalent).

The two people who held this position were both occupational therapists. This was considered to be the most desirable professional background because of its emphasis on functional assessment and intervention.

Five home care staff members were trained in the underlying concepts of the project. They were also informed about alternative home care practices and products, such as user-friendly cleaning equipment, and were, at times, involved in working with clients.

A steering committee, including representatives of Moreland City Council's Aged Services Branch, DHS and local primary care providers, was formed and met regularly.

Methodology

Promotion and referral

The project was well publicised and promoted, both internally and externally, to the service providers who refer clients to Moreland Council Aged Services.

It was also widely canvassed through forums, presentations, meetings, in-service sessions and mail-outs.

Target group

The first stage of the project focused on people who had already been assessed as eligible for home care services but placed on a waiting list as low priority. Some of these clients had been assessed up to five years previously and still had not received a service.

In Stage Two, the focus shifted to new applicants for home care who had been identified as low priority.

Stage Three, the Integration Trial, involved the assessment of a broader range of applicants for home care.

Assessment, intervention and care planning

The project developed its own assessment tool in the absence of a suitable existing model. The tool used an occupational performance framework, based on the assumption that the client's ability to undertake home care was determined by the following factors:

- Motivation
- Equipment and technique used
- Environment
- Physical capacity

The assessment process used this occupational performance framework along side other assessment tools required for a HACC assessment.

It entailed a demonstration by clients of the equipment and techniques they used to undertake individual home care tasks, the identification of specific problem areas and then the development of appropriate strategies and interventions.

At the conclusion of the assessment — which usually took between one and a half and two hours — the identified issues and strategies were recorded, along with an agreed implementation plan.

This included strategies specific to home care as well as strategies for other identified need areas, and included actions such as referrals to other local services.

Specific home care strategies may include:

- Advice about safe body movements
- Advice about equipment, techniques and products
- Home modifications to improve storage, safety and capacity
- Client training, skills development and confidence boosting
- Provision of an initial spring clean or intermittent home care

Two other service types were regularly discussed with clients and, where appropriate, referrals were made to:

- Encourage and assist attendance at health promotion, fitness and strength building activities, and other activities to improve social engagement;
- Connect clients to other needed health services, such as physiotherapy, and to support services, such as community transport.

Each strategy session concluded with the client signing a consent form for all identified referrals and for their data to be used in the project reports and presentations.

Monitoring, follow-up and review

Some clients were able to purchase recommended products or equipment and implement the strategies independently after this initial assessment. Other clients required support to learn new techniques or purchase equipment.

A combination of staff were used to follow up with these clients, including the occupational therapist, student occupational therapists and/or home care staff, who had been specifically trained in the ILP techniques.

Furthermore, a percentage of clients also required some form of home care service provision. Initial reviews were undertaken at three months and those clients who completed the program were reviewed again at 12 months or beyond.

Integration Trial

As the project progressed, it became apparent that the approach taken by the Independent Living Project offered an alternative assessment framework, one which could potentially be used for all applicants to home care services.

The ILP approach was put on trial during the final three months of the project by one of the Moreland Council home care team leaders, who received specific training. Five home care team members were also given basic training in this capacity building approach.

Evaluation

Quantitative outcome measures used to evaluate the project included the total number of intervention hours and cost per client.

The following indicators were measured both pre and post intervention:

- Ability to undertake instrumental activities of daily living
- Client rating of their need for a home care service
- Client rating of their confidence in performing a range of activities of daily living
- Client connectivity to other services and/or activities.

Qualitative evaluation focused on recording clients' experience of the project.

Two specific questions were added to the review process during Stage Two:

- *"Overall, what difference did the ILP make?",* and,
- *"To what extent did ILP meet your expectations?"*

In addition, two focus groups were brought together from a randomly selected group of ILP clients, working with an external facilitator to explore:

- What home care means to clients
- The relationship between the perceived cleanliness of clients' environments and their mood and sense of control
- The importance to clients of continued involvement in carrying out home care tasks
- Clients' concepts of satisfactory levels of cleaning activity in their home.

Participants were split into English and Italian speaking groups.

Outcomes

Participation

A total of 246 clients were approached by the ILP between November 2004 and July 2006. About 60% of these clients (149 individual clients; 96 households) went on to complete the ILP process to the three-month review stage, and 28% went on to a 12-month review.

Almost 10% (24 clients) were assessed by the ILP but were not due for review until after the data collection phase ended in July 2006.

About 15% (37 people) declined to participate when contacted at the client engagement phase while a further 15% (36 people) withdrew either during or after the initial assessment.

Client characteristics

Age, sex and household type

The average age of ILP participants was 73, with the largest group (46%) aged between 70 and 79 years. Although participants were distributed quite broadly across different age groups, overall they were younger than people receiving HACC services from Moreland City Council in 2004-05.

The male to female ratio was 41:59, which is consistent with the overrepresentation of women among older age groups.

One third of participants (51 people) lived on their own, while the rest resided with their spouse or other family members.

Birthplace

Most ILP participants were born in Australia (46%) or Italy (30%). Consistent with the ethnic profile of Moreland's older population, the next largest client groups came from Greece, Malta, Turkey, Lebanon and other European countries.

Medical diagnosis

The 149 individual ILP participants were categorised into one of eight diagnostic codes according to the main presenting health issue impacting on their ability to undertake household tasks independently.

There was a broad distribution across the categories with medical (29%), rheumatology (20%), cardiac issues (13%), orthopaedic and musculoskeletal complaints rating the highest. The medical category included people who had multiple chronic health issues.

Baseline functioning at assessment

At the initial assessment, each household was assessed for its functional capacity to complete household tasks.

Three main tasks stood out as being representative of a household's capacity to manage household tasks — vacuuming, washing the floor and cleaning the bathroom.

These are the main areas of difficulty for participants, and are often the trigger for a request for service. Only six households were managing all three tasks of vacuuming, cleaning the bathroom and washing the floors independently.

As Table 1 shows, most people were managing these tasks independently but with some difficulty. Slightly more were dependent on others for help in cleaning the bathroom than for vacuuming or for washing the floors.

Table 1: Functional capacity of households at assessment

Task	Independent (%)	Independent with difficulty (%)	Required assistance (%)	Dependent on others (%)
Vacuuming	20	67	4	6
Washing floors	28	64	3	5
Cleaning the bathroom	21	65	7	7

Improvements in functional capacity

When reviewed three months after their initial assessment, 63.5% of households had improved their capacity to undertake at least one of the three key tasks.

Just more than a quarter (26%) had improved in one area, 20% in two areas and 18% in all three areas. Nearly one third (31%) of households showed no change in their functional capacity, 3% had worsened in one or more areas, and 2% had worsened in some areas but improved in others.

There was more increase in capacity in floor washing and bathroom cleaning than vacuuming.

Vacuuming: 34 households (46%) improved;
37 households (50%) showed no improvement;
Three households declined in their ability to vacuum.

Floor washing: 40 households (54%) made a functional improvement;
26 households (38%) showed no improvement;
Three households declined in ability.

Bathroom: 41 households (54%) improved;
32 households (42%) did not improve; and
Three households declined in ability.

Improvements in functional capacity by client characteristics

Age

The age of service clients was found to be a significant factor in improvements in functional capacity. There was improvement in one or more tasks more often amongst the 65-79 year olds, with less improvement among the older and younger groups, who had less dependency in the first place and hence less scope for improvement.

Birthplace

The birthplace of clients had no significant impact on improvements in functional capacity.

Household Type

***Household type is a possible indicator of improvement, with people living alone more likely to improve in two or three areas, and less likely to improve *in one or one*.

Diagnosis

It was not possible to reliably analyse changes in functional capacity by diagnostic group because the numbers of clients in each group were too small.

Improvements in functional capacity by recruitment stage

Those people recruited in Stage One of the project were more likely to improve in two or three areas (47%) than those recruited in Stage Two (34%). This may be related to the fact that Stage One recruits were much more likely to have been assessed as falling at the lowest priority level of need for a home care service and thus may have had more capacity to improve.

Of the Stage One recruits, 62 % were assigned to priority group 3 compared to only 49% of Stage Two recruits.

Improvements in functional capacity by priority level

Clients who were initially assessed as being of lower priority for home care services were more likely to improve in all three areas – 22% of people assessed as priority group 3 improved in all three areas, compared to 14% of those assessed as priority group 2. Again, this is likely to be related to their greater scope for improvement.

Improvements in functional capacity by need for assistance

Predictably, improvement in functional capacity was strongly related to whether client's self-rated need for assistance had reduced. More than half (55%) of those who reported that their need for assistance had reduced had improved in two or three task areas, compared to 20% among those who did not report a reduced need.

Improvements in functional capacity by confidence

Similarly, those clients whose self-rated confidence had increased were more likely to have improved their functional capacity. Nearly half (49%) of those whose confidence had increased had improved in two or three areas, compared to only 13% of those whose confidence had not improved.

Improvements in functional capacity by take-up of recommendations

Improvement in functional capacity was strongly related to the proportion of the recommendations in the care plan taken up by participants.

Those people who took up all the recommendations made were the most likely (65%) to improve in two or three areas.

Less than half (46%) of those who took up between 50% and 99% of recommendations improved in two or three areas, while only 21% of those who adopted less than half the recommendations achieved this level of improvement.

Most participants took up at least some of the recommendations made – 24% took up all recommendations, 29.5% took up between 50% and 99% and 30.5% took up 1% to 49 %.

Use of services

Home care services

Of the 96 households who participated in the project, 71 (75%) received no home care services at all.

Of these, 11 households were offered a short term service, either because they were recovering from an acute illness or to establish a baseline level of cleanliness for them to maintain. This averaged 2.7 hours of service per household.

In addition, 12 households experienced a change in circumstances, which warranted providing them with ongoing home care services, either at the standard level of 1.5 hours per fortnight or at a reduced level.

Although the numbers of households involved was small, the findings suggests those households receiving any home care service at all were more likely to improve in all three functional areas than those who received none.

Other community services
The ILP assessment process also identified and recommended other community services, such as home maintenance and carer support services, which might be of assistance to clients.

At assessment, 47 households (45%) already had contact with other community services, at an average of 1.4 services each.

At the three month review, 37 households (39%) reported an increase in the number of community services they were accessing while 53 households (55%) were using the same number of services, and six households were using fewer community services.

Capacity building and social activities
Another objective of the ILP process was to encourage clients to participate in physical capacity building and socialisation activities, such as exercise groups and programs at local leisure centres.

At assessment, 72 households (75 %) were already engaged in activities of this type, with walking being the most common activity.

At the three month review, 17 households (18 %) had increased the number of activities they participated in, with 74 households (77 %) reporting no change and five taking part in fewer activities.

Physiotherapy
During their time on the ILP program, 24 (25%) were actively involved in physiotherapy, including some clients who were referred to physiotherapy as a result of the ILP assessment.

Although the numbers are small, physiotherapy did appear to have an impact on improved capacity — 42 clients (42 %) who undertook physiotherapy improved in two or three functional areas, compared to 36% of those who did not.

Client Perspectives and Satisfaction

Self rated responses

Nearly two-thirds (65%) of households reported they were either very satisfied or satisfied when asked to rate their satisfaction with the ILP program.

A further 21% reported neither satisfaction nor dissatisfaction and 14% indicated they were dissatisfied.

At review, 67% reported an increase in confidence following their involvement with the program. A substantial number (39%) reported an increase in confidence despite not making any improvement in functional capacity or improving in only one area.

Of the 48 participants who responded to a question about what overall difference participating in the ILP program had made for them, 12 people reported that it had made no difference, with many reiterating that they still wanted a home care service.

"Showing me has helped nothing; only difference you could make is to send someone."

By contrast, 16 people reported that participation in ILP made things easier or that they experienced less discomfort or pain during home care tasks.

"I can manage with a few variations … it has made my work easier – I've seen other people doing it but I didn't think to.

I think it's important to keep your independence as long as you can."

Twelve people responded with comments reflecting appreciation of being heard, reassured and encouraged, giving them increased confidence:

"You encouraged me a lot. I now have hope I will be helped in the future (when needed) … you explained things to me."

Seven people reported they were now more aware of alternative equipment and ways of doing things:

"You don't know that aids are available and that you need them … you don't think."

Focus Groups

The two externally facilitated focus groups were formed involving seven English-speaking and eight Italian-speaking participants.

The key themes that emerged from these focus groups were:

- perceptions about satisfactory levels of cleanliness in the home differ greatly between individuals, and are influenced by upbringing and personality traits;
- some people's attitude to housework relaxes as they age and they accept that they are less able to complete tasks to the same standard;
- a desire for periodic assistance with bigger or more difficult tasks such as cleaning curtains and moving furniture (to clean behind or underneath);
- a clean house can have a positive psychological and emotional impact on how people feel and their attitude to aspects of life (such as socialising, mood, etc.)
- part of the positive impact of a clean house is related to people being able to maintain the house through their own efforts; a sense of powerlessness ensues when they can't prevent deterioration in their property;
- a sense of inequity in relation to access and allocation of home care services;
- a lack of understanding about how home care is funded and the arrangements between Commonwealth, State and Local Government, as well as the limitations of funding.

Visits from the ILP project officer and occupational therapist were generally seen as positive and useful, although some participants would have preferred an ongoing homecare service.

Integration Trial (Stage 3)

The final stage of the project tested the ILP approach on a group of households that had been allocated an "urgent" status at referral intake.

The purpose of this trial was to assess the potential for integrating ILP into the general home care system.

Seven households were assessed and in some cases provided with further assistance, with the following results:

- two households did not require or receive a home care service following the ILP focused assessment and intervention process;
- one household required a reduced ongoing home care service of 0.5 hours a month;
- one household, which had high needs and was at risk of being placed in residential care, received a standard ongoing home care service;
- one household was resistant to a functionally based assessment and capacity building approach and was provided with a standard service;
- one household was provided with respite rather than home care because it emerged that the referral had been triggered by carer stress rather then difficulty in completing home care tasks, and,
- one household had a care recipient and two residents who had no difficulties in engaging in home care tasks. The original referral was based on a belief of entitlement. They declined to participate in an ILP approach.

During the same period, 33 other households requesting home care from Moreland Council and deemed urgent at intake received a standard HACC assessment.

Of these, 19 households (57.5%) were assessed as high priority and provided with a standard ongoing home care service. A further 13 households (40%) declined an assessment, stating they no longer required a home care service, and one household was ineligible for HACC services.

Although it is difficult to compare the two groups because the ILP assessment group was so small, it is worth noting only two of the seven households undertaking the ILP approach were consequently provided with a standard home care service.

Costs

The cost of direct staff service, including salary on-costs, amounted to an average of $204 per ILP client. Management time, worker training and supervision, corporate overheads and vehicle use were estimated at an additional 18%, bringing the total average cost per client to about $240.

As previously explained, most participants in the ILP were not eligible for ongoing standard home care service at Moreland, unless their needs changed, as they had previously been assessed and classified as low priority.

Given the total cost of a home-based assessment is about $54, the financial cost of the ILP approach with these clients was almost four times greater than the current approach.

However, it is also worth comparing the costs of ILP with the costs of standard general home care, given it is possible, in theory, to use the ILP approach to assess all new requests for home care and to review all existing home care clients (some of whom would have been assessed at the time as only low to medium priority).

It is estimated than an episode of ILP intervention at $204 is equivalent to 4.8 hours of general home care service.

On average, home care clients receive 33 hours of service per year. Thus, for every client seen using the ILP approach with an outcome that does not involve the need for an ongoing general home care service, there would be a saving of 34.2 hours per annum, worth $1,436.

Discussion

The Independent Living Project substantially achieved its objectives and made some progress in meeting the last three of its five goals (refer page 7).

Most households involved were assisted to continue managing their own home care, to varying degrees. This was clearly preferable to remaining on a waiting list for a service they were not likely to receive unless or until their needs increased.

Moreover, of those households that went on to receive a home care service, 75% required less than the standard service.

Whether the ILP approach substantially reduces the demand for mainstream home care services, or frees up more resources for assessment, is more difficult to assess because the clients involved in this project were tracked for three months to one year only.

However, there are grounds for arguing that the ILP approach of focusing on functional capacity building is likely to benefit quite a broad range of clients requesting home care services, and to reduce the average quantum of service required by clients.

Clients

Client characteristics as predictors

It was assumed at the outset of the project that the data generated would assist in identifying characteristics which could be used at intake to discriminate those clients most likely to benefit from a capacity building approach from those needing a standard home care service. However, the data suggest that there are no particular client characteristics that consistently indicate the likelihood of success in adopting a capacity building approach.

The findings related to client characteristics that should be taken into consideration in deciding future service development include **age and household type**.

Although age alone does not appear to be a strong predictor of outcome, ILP participants aged 65 to 79 years improved in their capacity to undertake household chores more than older participants, as did people living alone.

Priority rating

Those assessed as having a lower priority need for home care services had a slightly higher rate of improvement for all tasks, although the results of the Integration Trial suggest that the capacity building approach may be beneficial for a wider spectrum of clients.

Physiotherapy

Clients who accessed physiotherapy during the project began at a lower functional level than the overall ILP client group but made greater improvements across all three functional areas. It is therefore desirable that people requesting home care services are screened and referred for physiotherapy assessment and treatment, to regain maximum physical functioning, before being offered an ongoing home care service.

Cost of equipment

There was a reluctance to take up some equipment recommendations which may have been associated with the cost (about $90 on average). Options for trialling and loaning equipment at low cost are important in maximising client take up of recommendations.

Responsiveness

At review, ILP clients emphasized their appreciation for the limited waiting time associated with this option, the clarity of the service response, and the follow up and review.

Given one of the main reasons clients do not relinquish unneeded services is the length of waiting time for assessment and service provision, this finding highlights for need for Council services to respond to all requests in a more timely, engaging and reassuring manner.

Sustainability of outcomes

At 12 months, 28 households (29% of the total) were reviewed to assess how well they had sustained the recommended interventions and their functional capacity over this longer period.

Of this group, 71% had sustained their overall functional ability, with 29% declining in at least one area.

One factor contributing to this successful outcome may have been the fact that 61% of households had maintained uptake of the recommendations made at assessment and 80% had maintained at least half of the recommendations.

There was little change in the households' self-reported rating of the impact the ILP had on their confidence in their abilities to continue to function at home and their need for a home care services.

Meaning of Home Care

Three key themes emerged from the focus groups, which have potential implications for HACC service provision in Moreland and more generally.

Entitlement and equity

Participants, particularly those born in Italy, felt entitled to home care services. This is believed to have been influenced by earlier HACC Access projects, at a time when there was less pressure on resources and the simplifying of key messages, which linked ageing and use of services as standard practice.

There is not a lot of understanding of how services are funded or how and why people are prioritised for access.

There is also a view that there is some inequity in who receives services and who misses out.

There is a strong argument for reviewing Council's communication strategy about community care services in consultation with Italian and other ethnic community organizations, as well as providing more information about the purpose of these services and how people are assessed and prioritized.

The use of a formal capacity building approach to reassess all existing service users may also help to address perceptions of inequity.

The outcomes of the ILP suggest that this process should begin with the reassessment of clients under 80 years of age, who live alone, have an original priority status of 2 or 3, and who are identified by their care workers as having poor equipment and limited capacity to undertake a range of other activities.

Importance of a clean and ordered environment
A clean house can have a positive impact on people's sense of wellbeing, especially if they are able to maintain it themselves.

At the same time, perceptions about satisfactory levels of cleanliness are very personal and differ greatly between individuals.

These views reinforce the need for an approach to assessment and care planning that is flexible, able to acknowledge individual differences and preferences and provides support without undermining independence.

On the other hand, few focus group participants expected their family would, or should, help with the cleaning. No-one had used a regular private service, believing it was too expensive, although none had explored the cost.

This suggests Moreland residents also need help to better understand some of the limitations on publicly funded services and to look creatively at what resources they can also bring to bear for the results they want.

Type of assistance required
Focus group participants expressed a desire for periodic assistance with bigger or more difficult tasks, such as cleaning curtains and moving furniture in order to clean behind or underneath it.

Council home care services need to offer a wider range of more flexible services to people assessed as low priority for standard home care services. For example, some households might be willing and able to pay for occasional spring cleaning at a higher rate than that charged for ongoing fortnightly home care.

The Integration Trial (Stage 3)

The Integration Trial was an attempt to understand whether and how the Council's whole home care service could be transformed to a capacity building or active service approach.

As previously discussed, although the number of clients involved in the trial was small, the variation in outcomes for this group compared to those receiving a standard assessment was noteworthy.

In both groups, a high percentage of households referred to the Council no longer needed the service by the time they were assessed, indicating that inappropriate referrals are either not being screened out at intake or not being assessed quickly enough to provide care at the time that it is needed.

It is suggested Council's Assessment and Intake Service review its referral practices in order to improve response times for urgent and short term requests and reduce the number of inappropriate referrals proceeding to assessment.

On the other hand, assessment and client engagement using the ILP approach required more assessor time than a "standard" HACC assessment carried out by Council aged care staff.

This broader issue of how additional assessment time is to be resourced and a more active service approach introduced should be raised by Council with the funding body, the Victorian Department of Human Services.

Another critical issue arising from the Integration Trial is the additional skills and training required by both assessment and home care staff in order to move to a capacity building approach.

As far as assessment is concerned, the trial experience indicates the need for future training in order to assess the impact of the client's psychosocial, physical and medical status on functional capacity.

Assessors will also require clinical reasoning skills in order to identify not only the causes of dysfunction but also the interventions most appropriate to improve capacity.

Links with the HACC-funded allied health team at the Moreland Community Health Service should be strengthened and streamlined.

Further work on appropriate and common assessment tools that can be integrated into the electronic data collection systems used by HACC service providers is necessary.

The model of service

Service engagement

During Stage One of the project, recruitment generally involved contacting people who had been on the waiting list for home care for some time. Not surprisingly, these clients were frequently disgruntled with Council and did not welcome the ILP as it did not offer them what they believed they were entitled to or needed, namely a regular home care service.

Recruitment during Stage Two of the project, on the other hand, involved new referrals to home care and was more successful.

Among this group, there was a higher take-up rate among clients who were referred directly to an ILP assessment than among those who received a standard HACC assessment and were then told that they were not a high priority for a home care service and that ILP could be of some benefit.

The ILP approach is likely to be better taken up by clients and provide a more consistent service if it is the approach taken to all referrals rather than being offered as a stand alone or alternate service type.

Referral agencies or practitioners also need to be encouraged to explore capacity building approaches themselves before suggesting home care or, at least, to refer their clients for a home based assessment rather than for a predetermined service outcome.

Assessment

The standard HACC assessment for home care at Moreland Council is based on the client's reporting of difficulties and the assessor's observations.

It is focused more on the client's need for assistance than on the potential to regain capacity, and is not as thorough or detailed as the functional assessment undertaken for the ILP.

Although the ILP process took twice as long as a standard HACC assessment, it did include care planning and intervention elements.

Most ILP clients had their issues dealt with at the initial assessment, with about half requiring a further phone or visit follow up, either by the project officer, an occupational therapist or an ILP assistant, to reinforce or demonstrate recommendations.

Care planning

The care plan detailed the strategies that were recommended to the client and those that the client had agreed to implement to minimise the difficulties they were having with home care tasks.

Complementing each Care Plan was information about and connectivity to other support services, discussion with GPs, when this was appropriate and consented to, and details about any proposed service provision.

Intervention

As previously described, the ILP offered a range of interventions aimed at minimising the need for an ongoing home care service.

The interventions were kept simple and affordable to maximise the possibility of clients being able to integrate these into their home care routine and were generally focused around patterns and habits and related specifically to equipment and techniques for individual tasks. Environmental factors, such as storage or floor surfaces, were also taken into consideration.

Other interventions focused on strategies to maximise the client's functional capacity. These included referral to physiotherapy and other capacity building programs.

The uptake of these interventions by the ILP participants was lower than expected. Clients cited factors such as motivation, cost, transport, confidence and not regarding these activities as important as barriers to their participation.

In retrospect, this was an area that needed greater focus and resourcing than the ILP was able to provide.

Future initiatives in the area of capacity building should offer home-based exercise, transport assistance and lower cost options.

Capacity building

The ILP did not aim to duplicate existing capacity building programs in the local community, but rather to facilitate interest in and access to these programs.

The two main potential connection points were the community health services and leisure centres. Both posed barriers for potential participants.

The community health service runs appropriate programs and was able to meet the demand generated by the ILP but had difficulty moving people on to community based options.

The leisure centres offered a good variety of programs of interest to many of the participants looking for activities but there were barriers associated with costs and the large numbers in many classes (and hence lack of direct staff support).

Further discussions are required between the health services, LINK and Council Community Transport and leisure services about the development, funding and pricing of transition programs.

Reviews

The Moreland HACC service has not been able to undertake routine reviews due to a shortage of resources. Reviews of clients are conducted following feedback from Direct Care Staff or following a change of service request for the client.

Clients tend to receive an ongoing service unless they, another service or their home carer reports a significant change in circumstances, or they have specifically allocated a short term service.

In contrast, the ILP provided a standard three- and 12-month review. The review process was designed to establish:

- what strategies the client had adopted;
- whether the support provided was appropriate;
- whether a change in the care plan was required;
- whether any other referrals were required;
- any required changes in home care service delivery, and,
- whether other problems need to be addressed.

The question of how more regular reviews can be provided and funded needs progressing by Council with the Department of Human Services.

Lessons from the ILP

Assess all referrals using same approach
Even ILP clients with high support needs were able to take up some strategies and make functional gains.

Use an assessment tool measuring functional ability
This provides a consistent method of assessing client capacity and prioritising accordingly, as well as measuring changes over time. Having a tangible measure of improvement can also be very re-assuring and motivating for individuals.

Respond to post acute and other short term needs quickly, with a restorative focus
This ensures timely support when needed but can reduce the need for ongoing homecare services as confidence and capacity is re-built.

Adopt a multidisciplinary approach
Although Council should aim to employ staff from a range of disciplines as assessment staff, there is competition for nursing, allied health and social work staff and it isn't always possible to achieve the optimum skill mix.
The wage parity issues between local government and the other employment sectors does need to be reviewed, and kept competitive, particularly in light of salary packaging tax advantage some of the not for profit services can offer.
Given most HACC funded allied health workers in Victoria are employed through community health services, strong cross-agency processes for referrals, joint assessments and care planning are required.

Provide staff training that embraces a conceptual shift
Although it is possible to implement in house training as was used in the ILP project, the design and development of appropriate courses really requires the expertise and resources of a State wide approach supported by the Department of human Services.

Passive service provision should be a last resort, not the first
Many benefits accrue from helping people regain or maintain their capacity for undertaking household tasks but there are costs involved in keeping service responses flexible and changing as needs change.

Give clear messages about entitlements to home care and the assessment process
Concepts and processes, such as assessment and priority, are not easy to explain and it is difficult for individuals to understand the subtleties of how their need for a service is viewed differently from someone else's.

Conclusion and recommendations

The Moreland Independent Living Project began as part of a demand management strategy, targeting people with a low level need for home care and offering them an alternative approach focused on improving their capacity and confidence to complete their own housework.

For about two-thirds of this group of people, improvement in ability to perform some or all household tasks was possible. There was a reduction in perceived need for assistance and an increase in confidence.

Improvements were closely related to the uptake of recommendations and, when recommendations were sustained, it appears that improvements were also sustained, at least over a 12-month period.

The most significant finding of the project was that a capacity-building approach was relevant to the wider group of people requesting a home care service, not only those seen to have low priority needs.

The challenge for the future is therefore how to transform a service, which has up until now been predicated on the need for passive service provision, into one based on an active service model.

The following recommendations are designed to address this challenge.

- That Moreland Council develop an implementation plan to further develop a capacity-building approach to assessment for community care services. The plan should cover communication with clients and referrers, a revised assessment, review and priority of access policy, and staff development and training.

- That Moreland Council and Moreland Community Health Service develop an inter-agency agreement to address how HACC-funded resources can best be used to ensure residents can access capacity-building options, and how step-down or transition programs, such as health service and leisure programs, can be developed and sustained.

- That the Department of Human Services be asked to address how training programs can be developed and funded for both home care and assessment staff, to ensure the skills to implement active service approaches.

- That the Department of Human Services be asked to consider how a capacity-building, assessment may be funded and supported by appropriate tools, given the additional time requirement and the importance of reviews.