



WATCH

DEVELOPING WELLNESS PROMOTING SERVICE MODELS

1 Philosophy of a Wellness Promoting Service Model

- Recognises that older people want to retain autonomy and build capacity, this in turn will have a positive impact on an older person's self esteem and ability to manage day to day life
- Recognises that "independence" is not limited to physical functioning but extends to social and psychological functioning
- Recognises the value of independence to older people, but with an understanding that it is not about "doing without help or alone", but more about having a sense of control over ones life and the reciprocal giving and receiving of assistance
- Recognises that traditionally home care services have not focussed on optimising independence and well being and in fact can contribute to functional decline
- Adopts a strength based approach (includes strengths based assessments, care planning and delivery)
- Focuses on optimising an older persons assets and abilities as opposed to deficits and difficulties
- Supports a process which enables older people receiving HACC services to move from illness to wellness, to regain, in part or full, independence which has been impaired by illness or injury, giving them back as far as possible control over their own lives
- Enhances the persons physical and mental capabilities and overall well being to the optimum level possible
- Seeks to see ageing as a process of adaptation in which older people are actively involved in adjusting to and managing the balance of gains and loses
- Supports an empowering rather than a dependency based conception of need and service response
- Addresses the negative impact of significant life changes (illness, loss, relocation) on social networks and develops new strategies (either internal to the environment or externally within their social environment) to compensate for losses
- Helps the older person to resume social roles and activities which are important to them, thereby enhancing social support systems and expanding social networks

- Adopts strategies and approaches which promote the quality of life of older people and engagement with the community
- Makes an assumption that services are a partnership and that clients and informal carers will participate in any decisions about their service/care
- Provides or instigates alternative services which may prevent or delay the need for higher levels of care and/ or more costly intensive service

(Adapted from Kings Fund and Nuffield Institute for Health 1999 and Mary Godfrey. 2001. Prevention: Developing a framework for conceptualising and evaluating outcomes of preventive services for older people)

2 Important Components of Wellness Promoting Service Models

- Individualised strength based assessments and goal orientated care planning. Recognition that such an assessment is essential to identify strengths and weaknesses and opportunities for promoting wellness/independence functioning. Assessment and development of care plans must take into account peoples own conceptions of quality of life as well as supporting the strategies required to maximise the achievement of valued and stated goals. Care Plans need to be regularly reviewed and updated as required.
- Modification of the environment and/or assistive technology to promote autonomy and independence should be essential elements of any care plan
- Foster active participation by the client in achieving goals. Building confidence and autonomy
- Focus on optimising abilities and promoting independence, healthy ageing and well being
- Looking at the reasons behind a decline in function as opposed to increasing care
- Evidence based or recognised best practice targeted interventions
- Health professional input
- Patterns of communication that is enabling and avoid exerting power and control over the clients
- Team/Partnership approach with client and informal carers as well as other services required as part of care plan
- Trained care staff with an understanding of Wellness Promoting Service Models
- Building staff awareness and confidence. Staff supervision and mentoring to continue to promote wellness approach after training. This could be via group supervision where specific “case histories” are reviewed and discussed
- Changing input over time – gradual withdrawal of formal services and introduction to community resources
- Creative use of existing services and roles and expanding skills of existing staff

- Whole agency approach –whilst the wellness promoting service model may be limited to specific programs within agencies initially, the articulation of the new message/approach needs to be incorporated and practiced across the whole organisation to improve long term effectiveness
- Articulation of a Wellness Promoting Service Model will need to be reflected within an agencies written materials

3 Aspects of Wellness/Independence versus Traditional Maintenance Service Models

Focus of wellness/independence promoting service models	Focus of traditional maintenance service models
Promotes prevention and early intervention. Service focussed on improving individual’s physical, social and psychological function and well being. Emphasis on maximising abilities, function and well being regardless of current level of function	Emphasis on maintenance of older person which overtime inadvertently can lead to will lead to deterioration and increasing dependency
Collaborative “Do with” approach. Awareness that time can be saved in the long term by enabling clients up front to optimise their potential and well being. Also maximising potential can prevent progression to higher levels of care	Emphasis on Time leading to a “Do for” approach. Perception of time being greatest detractor to promoting independence and well being. “Quicker to do for than do with”
Focus on individuals	Focus on the needs of the organisation
Optimises choice and control. Clients facilitated to take responsibility for some aspects of care plan, joint partnership in moving towards improved function, health & well being	Individual made to fit the service rather than service fit the individual. Limited emphasis on clients involvement in care planning
Identifies strengths and weaknesses. Emphasis on assessing for an individuals life strengths and abilities and seeking options and strategies to enhance and ensure the continuation of these assets and improve those areas of self care that can be improved upon	Emphasis on assessing for deficits. Policies and practices, assessments, care plans etc all set up to identify an individuals difficulties as opposed to identify assets , leads to task based assessments and care delivery
Develops skills and abilities of clients	No emphasis on reskilling of clients
Goal orientated service plans with targeted interventions delivered over a period of time	Task based service delivery, no goals established, hence no interventions or strategies to support goals. No end of care dates set

Prepared pro active trained staff in wellness promoting philosophy. Supported by supervision and mentoring	Staff untrained in philosophy supporting wellness and independence.
Adopt partnership approaches with clients and other agencies	Focus on what agency itself is funded to supply
Recognition of impact of ageism on the developing and delivery of services to older people.	Ageist culture which in itself supports concept of older people being needy and dependent on services
Emphasis on promoting independence & well being	No emphasis on promotion of independence or well being, hence enabling client to be able to function independent of formal support series. Emphasis is on maintaining client “independent” at home with services. Doesn’t move to the next level
Documentation reflects approach i.e. strength based assessments and care plans	Documentation designed to deliver a task based service
Emphasis on service provision for limited time period if appropriate. Short term interventions to recover function and well being or gradual reduction of level of service to support new level of function. Longer term service provision will emphasise continued optimising of function to prevent deterioration to a higher level of service	Perception of HACC service for life. No emphasis on short term support to get over difficulties.
Have resources that support and reflect a wellness approach	Due to lack of emphasis on wellness, providers have limited resources/information to refer too, to assist in their care planning
Emphasise role of and potential of allied health to improve client function and well being within HACC. Often have specific allied health on staffing to develop and support care staff or have a consultation role	Lack of understanding and/or emphasis on the role of allied health in joint working with HACC clients to improve function

5 POTENTIAL OUTCOMES FROM WELLNESS PROMOTING SERVICE MODELS

- Fewer limitations associated with daily living activities
- Greater independence and access to community activities
- Stronger personal support networks

- Increased utilisation of community support services
- Improved actual and perceived health status
- Improved client well being and perceived quality of life
- Decrease in falls
- Reduced usage of formal support services
- Reduced stress on informal carer
- Development of skilled staff workforce to deliver wellness/independence promoting service models
- Increased staff retention
- Development of more flexible service models that meet older peoples needs
- Increased networks and partnerships between providers and community resources
- Greater understanding by clients, informal carers and wider community of role of HACC as having potential to improve health, wellbeing and independence, as opposed to a “service for life” with limited outcomes

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