



CASE STUDY: MOUNTAIN VIEW COTTAGE, LEARNING TO LET GO.

This case study illustrates the principles of client-centredness, flexibility and creativity.

Use the reflective questions at the end of the case study to help you assess whether your service is able to take on some of the initiatives put in place at Mountain View Cottage, whether they are suitable for your group and what needs to happen for these changes to be possible.

CASE STUDY

Sussy Vasquez-Lozano, Coordinator of Community Programs (HACC PYP and CHSP) for the City of Whitehorse and her team are leading a small revolution. The fifteen Social Support Groups (SSG) run by the local council under her coordination are empowering clients to plan activities, ensure affordability and participate in risk assessments for the programs. This is regardless of the clients' cultural background, their English-language proficiency or whether they are experiencing dementia.

Identifying the need for change

It all started in 2012: participant numbers were low and the team were planning to implement the Active Service Model. Sussy and her team, with the assistance of Anna Makedonskaya (Service Development, Business Quality and Training Coordinator for City of Whitehorse) initiated a review of the programs and consulted current and potential participants and staff.

The review was conducted over five months and included surveys, questionnaires, workshops and focus groups. More than 200 people were consulted, from HACC staff, existing clients and local senior groups.

An important aspect of the review was consultation with potential clients (through senior groups) about their experience accessing services and what may interest them in the future.

What surfaced was the great diversity of older people in the area – not just of cultural backgrounds but also of interests. HACC programs at the time were traditionally developed with a service focus, rather than the diverse needs and interest of clients.

The review led to wide-ranging changes to the way services were designed and delivered. Amongst many improvements, the phone system was re-designed to improve responsiveness; a community transport framework was developed; staff position descriptions were reviewed; training and resources in person-centred practice developed and provided; and a risk management strategy designed and implemented.

At the core of the review's recommendations was the desire to respect 'clients' rights to make their own decision and lifestyle choices'. Over the course of three years, the team developed and implemented Service Principles, 'balancing risk-management with flexibility and dignity of choice'. Anchored in State and Federal Acts and Charters (eg the Age Discrimination Act 2004), they have given Whitehorse City Council HACC Community Programs focus and direction, and a framework to evaluate their practice.

The Service Principles are provided to clients joining the programs as a document outlining their rights and responsibilities, as well as ways to provide feedback.

The client planning element was introduced mid-2015, and, while it is still a 'continuous improvement' process, it sees clients meeting every two months to develop a schedule of activities for their group, ensuring they are affordable, checking staff availability, and assessing general feasibility. A schedule is then produced for each group, allowing for possible changes in mind, mood... and weather.

Outcomes of the review in practice

Today, Mountain View Cottage is bright and beautifully decorated, with fresh flowers, new garden settings and colourful cushions throughout, but more importantly with no separation between staff and client areas, and few office spaces. Clients can choose between three outdoors areas, a quiet room, an arts room, a domestic kitchen and a commercial kitchen to prepare meals, and meeting areas for activities. The fifteen SSGs are at full capacity and the staff form a cohesive team, dedicated to a person-centred approach that builds on clients' and staffs' strengths and clients' wishes.

While this could seem costly, it has in fact enabled the programs to achieve efficiencies. As Sussy explains: 'We only purchase what is needed for each activity, which has reduced program costs. Other benefit is that

we have increased client's satisfaction and introduced new programs within the same budget allocation.'

As for cultural diversity and language proficiency, they are accommodated in the groups and treated like any other individual trait. 'When you look at affinities' says Sussy, 'language is secondary because you are focusing on what people have in common rather than their differences'.

Recently, a Montessori trainer visited from Alzheimer Australia and made some recommendations that will be implemented over the next few months. 'What Montessori has done' explains Sussy, 'is reinforce the message that the setting up and preparation are as much part of the activity as the outcome'. If people want to create something as an activity, planning and buying materials are just as part of the activity as creating the final product. And if it takes time and they cannot start on their craft work on the day, then so be it, they will do it the following week. In the meantime, they will have been shopping, on an outing, managing expenses and interacting with others – each of these an activity in itself.

Managing risk and duty of care

In the past three years, Mountain View Cottage has developed a tight process for risk assessment, with a series of 'checkpoints' at the intake, care plan and program delivery stages. This is complemented by a reflective practice approach where positive and negative incidents are examined and learnings are drawn for future practice.

An example of the involvement of clients in the management of risk can be found in the planning of outings. In a recent instance, clients were discussing the possibility of going to a venue that presented physical challenges, as accessing the site could only be done by walking on gravel - this would have been difficult for client with walkers. Staff had concerns about the outing. Clients were able to explore this outing as an option and while doing the risk assessment, arrived at the conclusion that it was not suitable.

Clients reported feeling fully informed and supported making the decision and an alternative venue was found by them. In the past, if this had been a decision made by staff, clients may have expressed dissatisfaction at not knowing how the decision was made and the factors that were considered.

Reflections

The journey undertaken by Mountain View Cottage to maximise clients' autonomy and decision-making include consideration of the following:

Physical Environment: How might the room/s best be set up for multiple activities to be conducted concurrently? Are there quiet areas? Are their safety issues for people who do not speak English, and how will you address them?

Program Planning: How do you engage people in program planning at present? In which area might you increase their involvement and maximise their level of decision-making in the planning process (e.g. activities, physical environment, how to be inclusive of new participants)? What costs will be associated with a change of approach? There are many areas worth exploring and adapting at no or low cost to agencies.

Risk-management: how does your service's risk-management strategy incorporate clients making decisions about planning and delivery? What risks does this pose and how can they be mitigated? Think of who you need to discuss this with in your agency.

Areas can include: practical risks such as using utensils during food preparation and safety during outings; psychological risks such as conflict-resolution and negotiating disagreements between clients involved in decision-making.

Communication: such changes cannot happen without the support of the whole organisation, and of families and carers. Within your organisation, how will you consult and publicise what you are doing? Are there concerns that you need to address, how will you do this? With families and carers, how will you explain your new approach? How will you address their possible apprehension about the level of autonomy granted to their family member? Do you have examples you can use in your communication with them to demonstrate the benefits of your approach?

RECOMMENDED RESOURCES

- The Centre for Culture, Ethnicity and Health at the North Richmond Community Health Centre offers practical and specialist training to help organisations and individual staff to be more responsive to clients from migrant backgrounds. <http://www.ceh.org.au/training/> It also has a range of fact sheets available on its website to increase cultural competence at the individual and systemic levels.
- Connecting the Pieces – video and reflective resource explaining how diversity, person-centre care and the relationship between them. <http://www.emralliance.org/connecting-the-pieces.html>
- Pathway of the Innovative Multicultural PAG partnership in Brimbank <https://www.ahaconsulting.com.au/wp-content/uploads/2016/06/Multicultural-Planned-Activity-Group.pdf>
- The Centre for Cultural Diversity in Ageing offers a range of resources, from practice guides to census data and multicultural resources: <http://www.culturaldiversity.com.au/resources/practice-guides/cultural-awareness>
- The Ethnic Communities Council of Australia's Aged Care Policy Committee can be contacted for policy advice: <http://www.eccv.org.au/policy/committees/aged-care-committee/>
- The Montessori method, with its focus on independence, is increasingly applied as a model of care in the aged care sector. Information and resources can be found at: <http://montessorifordementia.com.au/>
- <http://www.australianageingagenda.com.au/2013/07/25/montessori-method-for-dementia-care-resources/>
- <https://vic.fightdementia.org.au/education/dementia-training-australia> (Alzheimer Australia training, including using the Montessori model of care)