

Your Life Your Wellbeing

A pilot evaluation of The Benevolent Society's community care programs



The Benevolent Society's community care programs help older people and people with a disability to live at home confidently and safely, and provide support for carers. Services provided vary according to individual needs but examples include case management, help managing housework, personal care such as help with having a shower, and social activities.

This research snapshot presents the results of a pilot evaluation of The Benevolent Society's community care programs during 2009-2010. The pilot tested measurement tools and an evaluation process, as well as exploring the impact of our community care programs on clients' social and emotional wellbeing.

The evaluation was led by the Social Policy and Research team of The Benevolent Society. For more information on our work visit our website www.bensoc.org.au

KEY POINTS

- This study, conducted with three community care programs, piloted tools to gather data on the social and emotional wellbeing of clients and their carers. The aim was to inform a larger scale future evaluation project.
- Results showed high levels of psychological distress and social isolation, and low levels of self-assessed health among clients. These aspects of wellbeing were highly interrelated.
- The aspect of the services that clients valued most was the social contact provided by staff.
- Carers of community care clients reported high levels of self-esteem relating to their caring role. The most negative aspect of the caring role was impact on time.
- It is important that services identify and support individuals who have limited social connections. Training should emphasise that living with others is not necessarily a protection against loneliness.
- The study emphasises the importance of measuring outcomes for community care clients, and engaging staff in the process.

ABOUT OUR COMMUNITY CARE PROGRAMS

The Benevolent Society's community care programs help older people and people with a disability to live at home confidently and safely. Support for carers might include advice, respite and emotional support. We offer services in the Sydney metropolitan area and in the Blue Mountains and Hawkesbury areas.

The services we provide are tailored to the needs and preferences of each individual, and are adapted as their circumstances change. Examples include help with having a shower, housework, transport, respite and social activities. We also offer case management services through which we organise services for older people and people with a disability who have multiple health problems and complex needs.

THE AIMS OF THE EVALUATION

Australian evidence of the impact of community care services on older people's social and emotional wellbeing is limited. The recent Productivity Commission inquiry into aged care recognised the importance of improving the Australian evidence base on aged care programs, recommending the development of "outcomes based data standards as a better measure of service effectiveness" (Caring for Older Australians, p.480¹).

Acknowledgments

We would like to thank all of those who so generously gave their time to the evaluation. Our thanks go particularly to the managers in the three participating programs Ann Murray, Fiona Houldsworth, Lecia Wrathall and Kathinka Linahan, the case managers and care workers who administered the survey, and the clients and carers who so generously took part in the evaluation.

The Benevolent Society conducted a pilot evaluation of three of its community care programs, with the following aims:

- test a range of tools for measuring the social and emotional wellbeing of community care clients (older people, people with disabilities and carers)
- analyse the wellbeing data
- review the evaluation process to inform a larger scale evaluation.

METHODOLOGY

The Benevolent Society's Social Policy and Research team coordinated the pilot between July 2009 and July 2010. Three community care programs took part:

- One Community Aged Care Package program. Clients receive individually planned and coordinated care services.
- Two Home and Community Care Community Options Programs. Clients of these programs tend to have complex needs. They include older people, carers, and younger people with disabilities or mental illness. A case manager coordinates services (usually provided by other organisations) and advocates on the client's behalf.

The evaluation team worked with community care staff to identify the outcomes to be measured. These were: overall quality of life; loneliness/

The Benevolent Society

The Benevolent Society is Australia's oldest charity. Established in 1813 we have been caring for Australians and their communities for nearly 200 years. We are a secular, non-profit, independent organisation working to bring about positive social change in response to community needs. Our purpose is to create caring and inclusive communities and a just society.

social connectedness; mental health; self-assessed physical health; autonomy and control; carers' quality of life and the impact of their caring role; quality of life of clients with dementia.

The evaluation team identified a number of measurement tools which were reviewed by a small group of staff. The following were selected:

- Personal Wellbeing Index to measure quality of life for clients and their carers
- UCLA Loneliness Scale
- Kessler 6 to measure psychological distress
- Impact on Participation and Autonomy questionnaire to measure autonomy and control
- Quality of Life Alzheimer's Disease scale to measure quality of life for clients with dementia
- Caregiver Reaction Assessment to measure impact of the caring role.

Community care staff collected data from 51 clients and 22 carers. The evaluation team conducted six in-depth qualitative interviews with clients to explore what a happy life meant to them, the extent to which they felt that they were the boss of their own life, and what they valued about the services.

THE FINDINGS

Client wellbeing

Clients had lower levels of wellbeing than the Australian population, particularly in relation to health and social connectedness.

Social connectedness/loneliness

Levels of isolation were generally high and tended to be highest among men; those classified as financially disadvantaged; and, those living with family and others. The finding for the third group suggests an important distinction between perceived isolation and feelings of loneliness, and physical proximity to others.

Isolation was the most common theme in the qualitative interviews. Asked what they valued most about The Benevolent Society's services, the

majority of clients described having someone to talk to and the opportunity to get out and about.

"And she took me out, didn't she? She took me out for my first time in eight years and do you know what, it was so funny. She came and I was in my pyjamas as usual. But she says to me, now look, go and get dressed and put your make up on. I'm not leaving here 'til you've got a chance to...and you know, she took me to the markets....We had a ball, an absolute ball."

Mental health

Clients reported high levels of psychological distress (particularly in the Community Options Programs). Most clients who were interviewed mentioned poor mental health. They spoke about the links between their physical ill-health, social isolation, and mental health decline.

Interconnected aspects of wellbeing

The evaluation found that aspects of wellbeing were highly interrelated. For example, clients with poor self-assessed health and higher levels of psychological distress tended to be more isolated and have lower levels of wellbeing. Those with higher loneliness scores also tended to have lower wellbeing scores.

Qualitative interviews revealed the interaction between feelings of autonomy and control, and mental and physical health. One client described how their fluctuating health condition made them feel as though they would never be able to gain control over their own life.

"No, I don't think that I'll ever feel in control of my own life because I never know what's around the corner. I mean, like last week I was fine I was absolutely fine. In the afternoon, I turned blue and you know, and they said another day and you would've been in intensive care, you know...I think the hard part on top of that is that I've got to be careful because I can slip into a depression very easily."

Clients with dementia

Clients with dementia were the most content with their family, living situation and marriage/close relationship, and the least happy with their memory, energy and physical health. A small data sample found that clients consistently self-reported a higher quality of life than their carers did on their behalf.

Carer wellbeing

Carers reported high levels of self-esteem in relation to their caring role, although the most negative aspect of the caring role was impact on time. Carers reported lower levels of wellbeing than carers of 'elderly or disabled' in Australia as a whole.

Aspects of wellbeing were also found to be interrelated for carers. Those with lower self-assessed health tended to report that caring had a greater impact on their time, finances and health. Carers with a higher self-esteem score relating to their caring role tended to rate the quality of life of the person they care for more highly.

The evaluation process

Aspects of the process that were identified as successful included staff commitment, the partnership between operational staff and the evaluation team, the support of managers from the three pilot sites, and frequent communication between sites and the research team. Overall the tools worked well, with the exception of the Impact on Participation and Autonomy tool which failed to provide useful data.

NEXT STEPS

A larger scale longitudinal evaluation is being conducted with 21 programs across four locations. As well as a final analysis report, the evaluation provides staff with client wellbeing scores throughout the process to inform case planning. The evaluation process incorporates support and training for staff administering the survey.

IMPLICATIONS FOR POLICY AND PRACTICE

Social isolation

The evaluation results suggest that addressing social isolation should be an integral component of community care services and health promotion programs. There should be a focus on identifying individuals who have limited social connections. Orientation and training for community care staff should raise awareness of social isolation, particularly among men and the financially disadvantaged. Training needs to emphasise that living with others is not necessarily a protection against loneliness.

Mental health

The findings highlight the importance of training about mental health for the community care workforce, to educate workers on the signs, symptoms and responses to depression and other mental health issues. There is a need for improved access to mental health services for community care clients, and better coordination between mental health services and community care services.

Investment in evaluation

The pilot evaluation emphasises the importance of outcome measures in assessing the effectiveness of community care services. State and federal governments should invest in program outcome evaluations in order to inform practice. The Productivity Commission inquiry into the future of aged care found that measuring outcomes would improve our understanding of clients' needs, identify gaps in services, highlight the impact of services on the wellbeing of clients from different socio-economic backgrounds, and ultimately provide a practical approach to quality improvement. This study highlights the importance of involving staff in the evaluation process as it increases the relevance and accuracy of evaluation findings, and can support the implementation of final recommendations.