

Research insights – At a glance

Scoping review of best practice home modifications service delivery

Introduction

“Home modifications change everything. If I did not have all my things adapted, I could not do anything and would need daily help.” Heywood, F (2001)

In 2015 -2016 the Independent Living Centre WA (ILC) and the Curtin University School of Occupational Therapy and Social Work, in partnership with WA Home and Community Care (HACC), conducted a scoping review on best practice for home modifications (HMs) service delivery.

The purpose of the review is to inform the further development of a sustainable and equitable home modification and assistive technology (AT) service delivery model for HACC eligible people to access throughout WA.

Goals of the HACC HM program include optimising independence and safety, minimising carer stress and reducing admissions to long-term residential care.

This research has arisen through an increasing awareness of the benefits of HMs/AT and a rising demand for these services as a result of the ageing demographic trend where older adults want to remain living at home for as long as possible, regardless of any ageing-related declines in health and mobility.

In WA there are a number of access points and pathways to HM's and due to a range of different funding sources and their respective criteria, clients, service providers and professionals can experience confusion, frustration and inconsistent approaches. Navigating these areas can also be timely and result in reduced access.

This scoping review, carried out within the context of major disability, health and aged care reforms, examines innovative practice in HM's with particular focus on service delivery and referral processes.

Underlying the approach to the review was a focus on reablement through exploring current practices for HM's that promote capacity for community living in individuals accessing support.

An understanding of innovative practice with this focus on reablement will inform development of a best practice model for people in WA.

The findings from this scoping review highlight the importance of effective HM service delivery for consumers, carers and society. The review provides practical guidance and suggestions for implementation at the societal context, service delivery process and individual levels.

Summary of key findings

Overview of current home modifications practice

- HMs can achieve significant benefits for clients, caregivers, society and the economy.
- Most common demographics of HM users are female, individuals over 65 years, people who live alone and have lived in their home for 10+ years. Conditions include diabetes, stroke, hip fracture, fall or joint replacement.

- Most frequently obtained HMs include lighting installations; facilitators to self-care such as bathroom and kitchen accessories; and mobility and accessibility enablers such as ramps and handrails.
- On average, the number of barriers in the home can be as many as 4.7.
- There is an increasing prevalence of psychological resistance to HMs i.e. lack of support, stress associated with HM process and stigma.
- Around 50% of difficulties with daily activities can be overcome by HM.
- Common barriers to accessing HMs include lack of decision making power throughout HM process; lack of knowledge; poor fit between the proposed HMs, the home environment and the client's perception of home; financial constraints; and poor access to HM services.
- Common problems clients perceived with the HM process include health professionals using mainly a medical model approach; lack of continuity between services; and poor workforce knowledge in the areas of soft technology, benefits of HM and referral pathways.
- Outcomes of HMs are significantly improved when underpinned in a reablement approach, however a key issue is that HM services are often provided within siloed settings, without consideration of other solutions, or embedded within a reablement approach.
- Person-environment-occupation (P-E-O) fit increases the capacity of the person and decreases environmental demands.

How do clients want to be supported?

- Clear and independent advice and information in order to make informed decisions i.e. clear visuals of complex HMs, resources available, likely wait times, alternatives to HM when ineligible or service is not available, funding processes.
- Assessment that considers preferences and lifestyle.
- Outcomes = improved independence and quality of life.
- Reduced wait times for HM services and funding.
- Easy access to support and to be informed throughout HM process.

How can this research be used to strengthen best practice home modification service delivery?

The research explored the key factors that influence best practice HM service delivery and clear themes emerged, including:

- harnessing a reablement approach;
- accessibility for consumers across a range of backgrounds;
- referral management;
- empowering clients;
- refining assessment;
- follow up methods;
- expanding workforce training and education;
- funding;
- ongoing service evaluation and improvement; and
- clear governance frameworks for HM service delivery.

See Table A for more detail on the key factors that influence best practice HM service delivery.

Recommendations for a best practice service model based on the review findings

- A reablement, person-centred practice and person-environment-occupation (P-E-O) framework to provide the central focus for service providers.
- A single point of contact, initial screening, clear and streamlined pathway processes to help clients navigate pathways to HMs with options to quickly resolve immediate minor HM requirements.
- A focus on good consumer outcomes as a result of the modification.
- Consumers and care givers at the centre of all planning.
- Good alignment with Assistive Technology, from simple to complex aids and equipment.
- Coordinated collaboration and communication between HM team members and other relevant providers is essential.
- Equipping all team members in the HM workforce with the skills to perform their roles. Workforce development must be aligned to service delivery roles.
- Teams must focus on efficiency and reasonable turnaround times for minor and major HM.
- Co-location of the HM team and technology should be considered to facilitate effective collaboration.
- Use of formalised objective and subjective assessment tools, including self-assessment to assist in identifying and resolving barriers in the home and empower clients to review their own wellness.
- Implement consistent review processes for minor and major HMs, measuring usage, functional changes over time, quality of life, and the need for further assistance.
- Considerations for rural / remote and vulnerable populations are linked in with relevant policies to ensure equitable HM access and service provision.

Policy Development

A significant finding to emerge from the review was that, to be effective, HM must move towards a coordinated, integrated nationally recognised policy unique to HMs.

Currently much work is needed to create a single HM policy that is informed by both consumers and professionals and addresses many of the barriers and challenges introduced in this review. Work is also required to integrate elements of previous ageing, health, community care and housing policies to minimise existing confusion and develop a better match between client needs and service provision.

Conclusion

The scoping review results are findings from reported literature at a given time and place and are not necessarily able to be generalised. The findings are, however, able to guide future service planning and offer evidence for practice and a platform on which to base development work around HM and AT processes, roles and workforce competencies.

**The Executive Summary and full report can be downloaded in
About - Resources - Research and Projects
<http://ilc.com.au/research-and-projects/>**

Table A

Key themes and findings from the research question:

What are the key factors that influence best practice HM service delivery?

Referral management / access: Reliable screening or 'triage' that determines level of need and identifies risk - early referral and intervention effectively captures individuals with conditions shown to commonly require HMs, before more significant issues occur.

Assessment: Traditional outcome measures may not provide sufficient insight into the broader impacts of HMs. Client perceptions and the meaning of home incorporated into the assessment process can increase the likelihood of HM uptake.

Follow-up / review: Follow-up is essential for each service pathway, either in person or over the phone. There was no evidence on training and education for best practice follow-up practices.

Empowering clients: Greater involvement throughout the planning and implementation stages to increase choice and control.

Workforce: Non-health professionals under occupational therapy supervision have a key role in minor HM. Outcomes can include reduced wait times, faster access to HMs, reduced risk of health decline or injury and significant cost savings.

Service evaluation: Good client outcomes should include increased safety and reduction of falls; greater capacity for independent living; ability to stay at home and restored access to all areas of the home; and improved physical and mental health.

Policy: HM service delivery should have clear governance frameworks which incorporate controls, checks, and appropriate reporting.

Funding: fast-track systems can maximise available funding i.e. use technology to aid assessment and self-assessment to help prioritise cases.

Rural / remote / vulnerable groups: There is a need for improved access and understanding of HM needs for vulnerable groups and the development of cultural competence in delivery of HM services.