

Review of the Home Help Service

Final Report

by

Mayo Home Help Review Group
Western Health Board

Authors:

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Ms Phil Mc Cool

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December 2000

EXECUTIVE SUMMARY

Home Help services both in Ireland and internationally have been recognised as making a significant contribution to maintaining older and dependant people in their own homes (Lundstrom and Mc Keoun, 1994).

The service has been in operation in Mayo since 1972. Although there have been reviews of Home Help Service in other counties (e.g. Southern Health Board, 1995, Midland Health Board, 1997) and at a national level (Lundstrom and Mc Keoun, 1994, Haslett et al, 1998), to date there has not been an extensive review of the service in county Mayo. It is against this background that a group was formed to examine the service to establish clear protocols as to how the service might best operate.

The aim of the study was to provide a 'root and branch' review of the Home Help Service in county Mayo. A review group was set up to 'brainstorm' the key issues of concern. The review process utilised all available literature on Home Help Services in Ireland, plus the experiences of those organising and delivering the service locally.

The review highlighted a number of areas that have implications for the future delivery of the service. The following recommendations are made to facilitate the establishment of clear protocols as to how the service should operate in the future:

1. The needs assessment form should be modified in terms of the hours allocated for each dependency category. The following categories are suggested:

Low	0-5 hours per week
Medium	6-11 hours per week
High	12-21 hours per week

The modified needs assessment form (appendix 3) should be piloted over a three month period to ensure that the categories are appropriate.

2. The need to undertake a means test for those applying to use the Home Help Service should be examined.
3. If means tests are continued in the future, they should be processed by the Community Welfare Office.
4. The client application form/means test should be reviewed to ensure that only the information required is collected, and that it is designed in a way that is easy to complete.
5. Three full time Home Help Co-ordinators (one for each proposed distinct geographic area of county Mayo) should be employed to co-ordinate recruitment and monitor service delivery.

6. In undertaking assessments of need, a mechanism should to be put in place to ensure clear communication and better co-ordination between the Home Help and Public Health Nursing services in the future.
7. Rates of pay for Home Helps should be increased in line with similar employment positions within the Western Health Board.
8. Clarification from the Personnel Department should be sought in terms of developing an appropriate procedure for obtaining police clearance for part time Home Helps.
9. Regulations governing the employment of relatives as Home Helps should be reviewed nationally to facilitate the provision of Home Help Services in communities where most people are related.
10. A new mechanism of confirming the level of service should be developed. It is proposed that the hours a Home Help provides a service and the quality of service should be treated separately and that the following is adopted:

⌘ Hours

The Home Help should sign a form stating the hours they provide a service. This should then be countersigned by the client or another family member.

⌘ Quality of Service

A system of performance appraisal of Home Helps should be adopted to ensure that a quality service is provided. This should include bi-annual review of everyone receiving the service by a Home Help co-ordinator. In addition feedback about the service should be obtained by periodically undertaking a survey of customers and of Home Helps.

11. Public Health Nurses should regularly receive lists of Home Helps and clients of the Home Help Service in their area. This will facilitate the provision of an integrated service.
12. Additional full time Home Helps should be recruited to serve north county Mayo.
13. A mechanism should be developed to facilitate referral to the Home Help Service by other health professionals in addition to Public Health nurses.
14. A formalised system of supervision of service delivery should be established. This should incorporate a written agreement of duties and hours of service and an official mechanism for dealing with complaints.
15. A formalised training programme for Home Helps should be introduced. This should include personal care, confidentiality, legal aspects, duties and responsibilities, and health promotion. Refresher training in these areas should also be provided annually.

16. Part time Home Helps should be eligible to receive travel expenses incurred in the course of their duties.
17. Consideration should be given to charging out the cost of the Home Help service to all services benefiting it.
18. The Home Help Service should organise regular meetings with managers of different client groups. These would aim to establish if the Home Help Service is meeting the needs of their client group.
19. Computerisation of the filing system should be made an immediate priority.
20. A formalised carer relief scheme should be developed by the Home Help Service in collaboration with the carer co-ordinator.

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1. INTRODUCTION

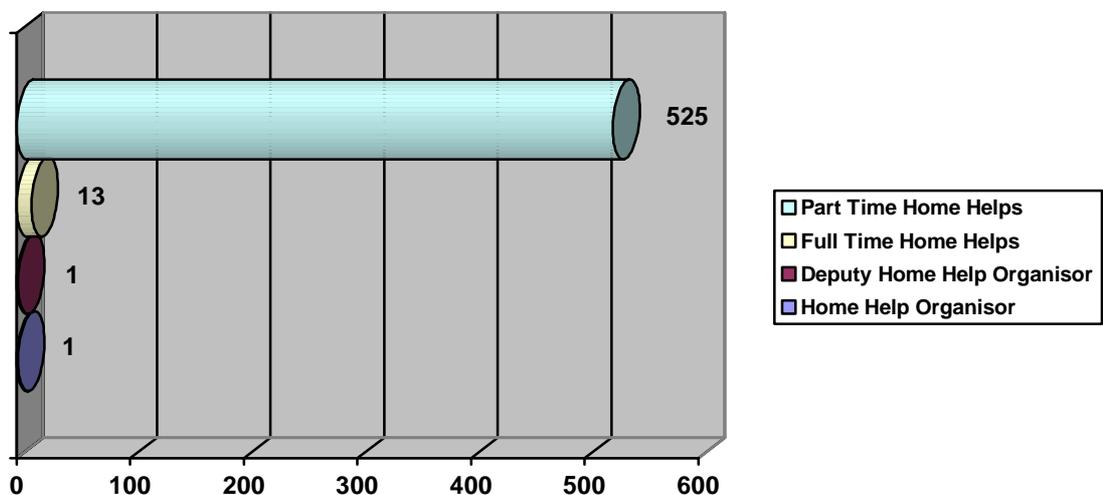
1.1 Research Background

The population of over 65's in Ireland is higher than ever before and is steadily increasing. Population projections indicate that there will be a 26% increase in the number of people over the age of 65 years by the year 2011 (Fahy, 1995). This increase is a particular issue within the Western Health Board because it has a higher proportion of older people than Ireland as a whole (14% compared to 11%). Within the Western Health Board projections indicate that by 2011 counties Mayo and Roscommon will experience the highest proportion of older people (5% above the national average).

In line with government strategy (Department of Health, 1994) the Western Health Board aim to encourage the care of older people in their own homes for as long as possible. One of the ways that this is achieved is via the Home Help Service. Home Helps provide physical, social, and personal care in the home. Home Help services both in Ireland and internationally have been recognised as making a significant contribution to maintaining older and dependant people in their own homes (Lundstrom and Mc Keoun, 1994).

In county Mayo (as with Ireland as a whole) the Home Help service is primarily provided by individuals who offer the service on a part time basis. Figure 1.1 gives the staff breakdown of the current home help service in Mayo.

Figure 1.1: Staff Breakdown of Home Help Service in County Mayo



Whilst most of the clients of Home Helps are older people, additional client groups include people with physical and sensory disability, families and people suffering from psychiatric illnesses (Haslett et al, 1998). The current breakdown of people receiving the service in county Mayo consists of:

- €# 39 families receiving family support/child care
- €# 44 people with physical and sensory disability
- €# 20 psychiatric clients
- €# 620 older people

The service has been in operation in Mayo since 1972. Although there have been reviews of Home Help Service in other counties (e.g. Southern Health Board, 1995, Midland Health Board, 1997) and at a national level (Lundstrom and Mc Keoun, 1994, Haslett et al, 1998), to date there has not been an extensive review of the service in county Mayo. It is against this background that a group was formed to examine the service to establish clear protocols as to how the service might best operate.

1.2 Aims and Objectives

The aim of the study was to provide a ‘root and branch’ review of the Home Help Service in county Mayo. More specifically, the objectives of the research were to review:

- €# The initial assessment of need
- €# Confirmation of level of service
- €# Equity issues between areas
- €# Quality of service delivered
- €# Method of supervision of service delivery
- €# Adequacy of hours for certain categories (need for flexibility)
- €# Recruitment
- €# Training

2. METHOD

Bearing in mind that the review was required in a relatively short timeframe (3 months), a review group was set up to 'brainstorm' the key issues of concern. The review group comprised key members of the Home Help Service, in addition to the Public Health Nurse Service whom the Home Help Service closely liases with. Finally, a researcher experienced in service review and needs analysis was also included in the group. As such, the group comprised the following members:

Ms Maura Cawley-Doherty	Assistant Director of Public Health Nursing
Ms Breege Doodes	Public Health Nurse
Dr David Evans	Senior Research Officer, Department of Public Health
Ms Phil Mc Cool	Home Help Organiser
Ms Brid Quinn	Deputy Home Help Organiser

The review process utilised all available literature on Home Help Services in Ireland, plus the experiences of those organising and delivering the service locally. The review was undertaken in November/December 2000.

3. RESULTS OF REVIEW

3.1 Introduction

The following review is the outcome of a series of meetings of the review group which aimed to 'brainstorm' the key areas of concern. The key findings are now discussed, outlining their implications for the future delivery of the service in county Mayo.

3.2 Initial Assessment of Need

Referrals to the Home Help Service are made mainly by the Public Health Nurse, who would then undertake the initial assessment of need. When referrals are made from the public or another health discipline, the initial assessment of need may be directly undertaken by the Home Help Service.

The Public Health Nurse, having assessed the client, would recommend the need for the service, or alternatively the person being visited may ask about the availability of the service. The Public Health Nurse then completes an application to the Home Help Service (appendix 1) which explains why the service is required and also provides an assessment of their dependency level. This is used to determine the number of hours per week a Home Help is required. The completed form is then sent to the Home Help Service where a client application form/means test (appendix 2) is undertaken.

A number of concerns were raised in terms of the initial assessment of need:

3.2.1 Need Assessment Form

The need assessment form (appendix 1) employs a scoring system which is based on the level of dependency and category of individual. From this, the number of hours a Home Help would be required is determined. Whilst the form was relatively easy to complete and was believed to provide an accurate assessment of need, a number of changes were suggested for improvement:

1. The assessment form was primarily based on the level of dependency with considerably less emphasis on the category of client. It was believed that the form should be modified to take greater consideration of the category of patient.
2. The assessment form determines the number of hours a home help is required. The time allocated is based on whether a client is classified as low, medium, or high dependency. The current number of hours for each dependency category is:

Low	Up to 5 hours per week
Medium	Up to 7 hours per week
High	9 hours per week

It was felt that this classification needed to be modified, particularly for the high dependency category, and also to facilitate the provision of weekend cover. The following hours were suggested (and a revised assessment form is given in appendix 3):

Low	0-5 hours per week
Medium	6-11 hours per week
High	12-21 hours per week

The need to extend the hours of service is reaffirmed in a study by Haslett et al (1998) which revealed that older people receiving the Home Help service reported that they needed their Home Help to make longer visits. In addition, a recent survey of older people in the Western Health Board area (Royal College of Surgeons in Ireland, 2000) found that 18% of those receiving the Home Help Service would have liked to have availed of the service more than they had.

3.2.2 Client Application Form/Means Test

The client application form/means test does provide a financial assessment of means. However, it was felt that the need to undertake a means test was debatable, particularly for clients who possessed medical cards. It is worth noting that national reviews of the Home Help Service have recommended that a means test should be abolished (Haslett et al, 1998). It is clear that the need to undertake such a financial assessment should be examined.

Concerns were also raised that the client application form/means test was not processed by the Community Welfare Office, which would be the way all other means tests are assessed within the Board. It was believed that if a means test was to take place, then it should be formalised and as such processed by the Community Welfare Office.

Finally, informal feedback from clients of the Home Help Service has indicated that the client application form/means test is not user friendly. In-fact, much of the detailed financial information collected is not used to determine whether a client is eligible to receive the service. There is a need for the form to be examined to ensure that only the information required is collected, and that it is designed in a way that is easy to complete.

3.2.3 Approval/Disapproval Based on Recruitment Issues Rather Than Need

Although the decision to provide a Home Help is based on a needs assessment and means test, the main factor which determines approval is whether someone can be recruited to provide the service. It was felt that the current service was experiencing considerable difficulties in recruiting Home Helps.

At the moment, recruitment is undertaken both by the Home Help Organiser and Public Health Nurses. This is mainly achieved by asking the family and members of

the local community. This procedure takes a considerable amount of time, particularly for the Public Health Nurses. This was demonstrated by a telephone survey of Public Health Nurses in the Mayo area (appendix 4) which revealed that the majority of Public Health Nurses did not feel that recruitment should be their responsibility.

The issue of recruitment was deemed to be a significant factor in inhibiting the Home Help Service in meeting the needs of the people in county Mayo. It was felt that the best way to overcome these difficulties was to recruit additional full time Home Help Co-ordinators whose role would include co-ordinating recruitment. This would ensure a more efficient and appropriate use of Public Health nurses' time.

3.2.4 Role of Home Help in Assessment of Need

On some occasions, when the Home Help service makes their first visit to a client, two Home Helps attend this visit (an existing Home Help and a newly recruited Home Help). This is to facilitate the introduction of a new Home Help to the service and to formalise the agreement to provide the service. However, the telephone survey of Public Health Nurses in county Mayo (appendix 4) revealed that Public Health Nurses were unhappy about this process as they were of the opinion that the need for a Home Help was being reassessed. This they saw as a waste of resources as this had already been assessed by a Public Health Nurse. In addition, it also seemed wasteful of resources to have two Home Helps visiting a client when there is a shortage of Home Helps. Clearly there is a need for a mechanism to be put in place to ensure clear communication and better co-ordination between the services in the future.

3.3 Recruitment

The Western Health Board pay Home Helps the minimum allowable wage by law-£4.40 per hour. This rate of pay was believed to contribute to recruitment difficulties for the Home Help Service. This was because most other jobs currently available offer higher hourly rates of pay. Within the Western Health Board for example, care attendants in Community Nursing Units are paid £6.20, although provide a similar service. They would also be entitled to increments. The Review Group were aware that some clients of the Home Help Service 'topped up' the wages of their home help. It was also believed that in many instances that the Home Help would not provide a service if the 'topping up' of their wages was not provided. This situation was believed to be inequitable as the service appeared to be provided on the basis of a clients ability to pay as opposed to their need for the service.

Another issue believed to affect recruitment is the fact that part time Home Helps have not been given paid holidays. This acts as a disincentive to become a Home Help, and can also lead to existing Home Helps seeking employment where paid holidays were offered. However, this matter is currently being addressed (i.e. the Organisation of Working Times Act, 1998) and plans to provide holiday entitlements are currently being implemented.

The recruitment of part time Home Helps is processed directly by the Home Help Service. At the moment, this does not involve obtaining Garda clearance for applicants to the service. This has raised concern as it is possible that some people

could be put at risk (e.g. child abuse, elder abuse). There is a need for clarification from the Personnel Department in terms of developing an appropriate procedure for obtaining police clearance.

Finally, a Home Help can only provide a service to someone who is not related to them. This issue has caused recruitment difficulties in north Mayo, where many people in isolated rural communities are related to each other. There is a need for the regulations governing the employment of relatives as Home Helps to be reviewed nationally to facilitate the provision of Home Help services in communities where most people are related.

3.4 Confirmation of Level of Service

Confirmation of the level of service is the process of determining whether a client has received the level of service that was agreed in their initial needs assessment. Currently, each Public Health Nurse receives a list of all the clients in receipt of the Home Help Service in their area. The list provides:

- ☞ the clients name
- ☞ the Home Help's name
- ☞ the number of days/hours the service should be received

The Public Health Nurse has to sign the form to confirm that clients are receiving this service, highlighting any changes that had taken place. This involves the Public Health Nurse visiting the client every month before signing the form to state that they are satisfied with the service received. The following is the statement that the Public Health Nurse signs:

I hereby certify that I have seen all the above patients during the month of _____ and that the standard of care given by the Home Help was satisfactory. I have indicated the date from which the allowance should be discontinued where appropriate and in the remark column. In all cases not so marked, I certify that the allowance should be made.

A number of concerns have been raised regarding this process:

1. The quality and level of service can be difficult to determine from a visit to a client. Clients may be reluctant to complain to a Public Health Nurse about the service due to concern that the service may be withdrawn.
2. Visiting all clients receiving a Home Help service in a Public Health Nurses' area can be a very time consuming task, as many clients would not be visited as part of a Public Health Nurses regular weekly workload. Each month a Public Health Nurse receives a list which may contain up to or over 30 clients. There is concern that some Public Health nurses confirm the level of service without visiting the Home Help client. It was felt that this is due to time pressures plus the Public

Health Nurse not wishing to affect the Home Help's wages (which would not be received unless the form was signed).

There is a clear need for the development of a new mechanism to confirm the level of service. This should not place unrealistic additional demands on Public Health Nurses. The most practical and objective way of achieving this is to determine the hours a Home Help provides a service and the quality separately:

1. *Hours of service*

The most practical system of confirming hours would be for the Home Help to complete and sign a form stating the hours that they provided a service. The client or another family member would then countersign this form to confirm that the level of service was received. These would then be returned to the Home Help Service.

2. *Quality of service*

A key task of the proposed Home Help Co-ordinators (in addition to recruitment; see section 3.2.2) would be to undertake ongoing support and supervision of service delivery. This would include monitoring quality in terms of a range of key criteria. A protocol would be developed by the Home Help Service in collaboration with the Public Health Nurse Service. The form should include an overall assessment of quality and satisfaction with the service. Feedback from clients would also be obtained from a more detailed customer satisfaction survey (see section 3.6). In order for this monitoring system to be an effective mechanism for ensuring a high quality service, all Home Helps should have a review at least twice a year.

To ensure that Public Health Nurses and Home Helps provide an integrated service, it is suggested that public Health Nurses regularly receive lists of Home helps and clients in their area. The list however would no longer be used to confirm the level of service.

3.5 Equity Issues between Areas

One of the principles underpinning the governments' health strategy (Department of Health, 1994) is the provision of equitable services. In terms of the Home Help service, this means that everyone with the same conditions should be provided with the same level of services. For example, someone who has broken their hip should be offered the same level of service irrespective of where they live in the country.

Within county Mayo, shortages of staff however has meant that it is not always possible to provide an equitable service. On many occasions a Home Help cannot be provided in some areas due to lack of personnel. This issue is demonstrated by figure 3.1 and 3.2 which shows the distribution of full time Home Helps and the distribution of Home Help clients in county Mayo. It can be seen that whilst clients are located both in the north and south of the county, there is a complete absence of full time

Home Helps in north Mayo. It was felt that the best way to alleviate this issue was to recruit more full time Home Helps.

Figure 3.1: Distribution of Full Time Home Helps in County Mayo

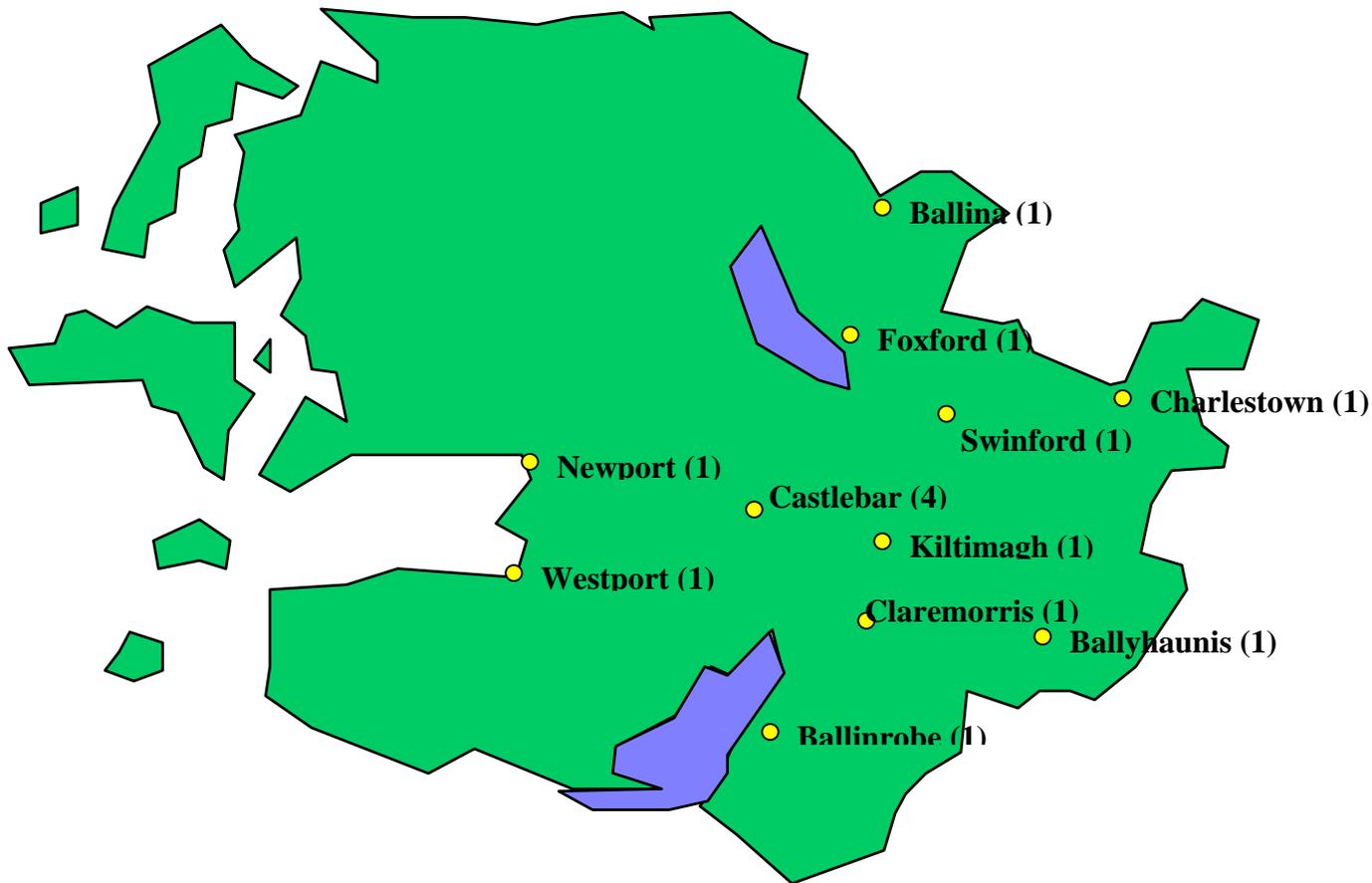
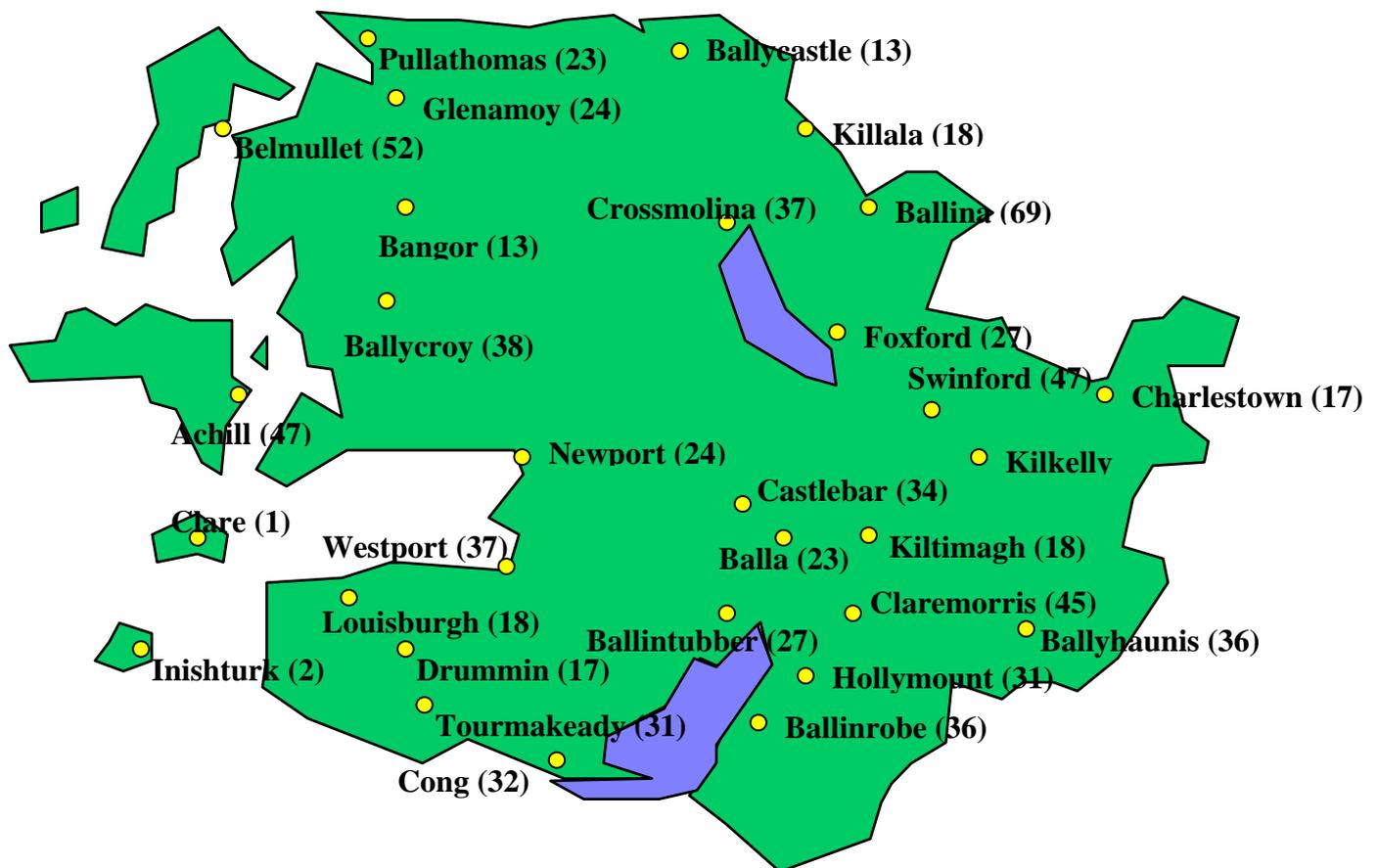


Figure 3.2: Distribution of Home Help Clients in County Mayo



In terms of variations in service provision between different care groups, in theory everyone is given equal access to the Home Help Service. The level of service provided is dependent on their needs assessment rather than their condition. At present there is no data available on the uptake of services by people in some care groups (e.g. carers). It is therefore not possible to draw conclusions in terms of whether the service is equitable for people in all of the different care groups.

At the moment, the vast majority of referrals to the Home Help Service are made by the Public Health Nurse Service. There is concern that not everyone who require the service is accessing it as the Public Health Nursing Service may not be in contact with all potential clients of the Home Help Service. A recent survey (Royal College of Surgeons in Ireland, 2000) of older people in the Western Health Board area for example demonstrated that only 16% of older people had used the Public Health Nurse Service in the last year. In addition, 14% of older people who did not use the Home Help Service reported that they would like to receive the service. To ensure equitable service provision there appears to be a need for referral systems to the service to be developed for other health professionals in addition to Public Health nurses (e.g. at discharge from hospital, from GPs).

3.6 Quality of Service Delivered

Currently, if a client is unhappy with the Quality of the Home Help Service they are receiving, they would either contact the Home Help Service directly or alternatively they would discuss the issue with the Public Health Nurse. There are no official checks on quality and it is feared that any problems have to be extreme before they are reported by a client. This leads to a system of crisis management as opposed to quality control.

There is a need for a system of performance appraisal of Home Helps to ensure that a quality service is provided. This should include a bi-annual review of everyone receiving the service by a Home Help co-ordinator. In addition feedback about the service should be obtained by periodically undertaking a survey of customers and of Home Helps (see section 3.4).

3.7 Method of Supervision of Service Delivery

It is important to ensure that each client is receiving the Home Help Service on the agreed date and that the agreed duties have been performed. At present supervision of service delivery is achieved via:

1. Confirmation of level of service by the Public Health Nurse

This involves the public health nurse signing a form to confirm clients are receiving the service. As noted in section 3.4 concerns have been raised about this process as the quality and level of service plus visiting all clients every month is problematical.

2. Clients contacting the Home Help Service

Clients can telephone the service to complain that they are not receiving the agreed level of service. As with the quality of the service (section 3.5) it is feared that any problems have to be extreme before they are reported by a client.

Overall it is felt that there is currently a lack of 'real' supervision. There is no formalised system of quality control. Although there are spot checks on quality, these are currently only undertaken on an 'ad hoc' basis.

There is a clear need for a more formalised system of supervision of service delivery to be established. The following are suggested:

1. Each client should know what is expected from their Home Help. This should be written down and agreed both by the client and the Home Help. This would ensure that everyone knows exactly what is expected of them. It can also be utilised to measure performance. A copy of the agreement should be given to the client and the Home Help by the Home Help Organiser. This agreement should be reviewed annually.

2. An official mechanism for dealing with client complaints should be established.

3.8 Adequacy of Hours for Certain Categories: need for Flexibility

The Home Help service in Mayo receives a yearly budget from which the service has to be provided. However, the Home Help service is a demand led service. Difficulties have been experienced (particularly in the latter months of the year) with the level of demand exceeding the allocated yearly budget. When this situation arises, whilst the hours of work and number of Home Helps is maintained, it is not possible to recruit additional Home Helps. Under such circumstances, people eligible to receive the service can be refused. To overcome this difficulty, a more flexible approach to budget allocation is required.

The issue of flexibility also arises in relation to adapting to an individual's changing needs. If someone's needs change, it can be difficult to provide additional hours due to staff shortages. If additional full time Home Helps were recruited, gaps could be filled more easily and the service would become more flexible to changing needs.

3.9 Training

There is no formalised training programme available for Home Helps. For most Home Helps 'on the job' training is how they develop their skills. They would also receive information from the Home Help Organisers. This system is not adequate as it can lead to clients receiving an inferior service. In addition, there are health and safety issues as many Home Helps have not had training in manual handling and lifting techniques. It is essential to ensure everybody receives such training and that skills are updated and maintained with refresher courses.

The Home Help Service is currently addressing the issue of manual handling and lifting by sending two Home Help organisers on a course to become trainers in manual handling and lifting techniques.

A formalised training programme for Home Helps covering the following areas is also necessary:

- €# Personal care
- €# Confidentiality
- €# Legal aspects
- €# Duties and responsibilities
- €# Health promotion

3.10 Other Issues

3.10.1 Travel

Part time Home Helps do not receive travel expenses. This can act as a disincentive to become a Home Help. At the moment the Home Help service informally recommends that the clients or their families pay for the travel expenses of their Home Help. If this

cannot be provided there can be difficulties recruiting a Home Help. In addition, as full time Home Helps receive travel expenses, it could be argued that the absence of travel expenses for part time Home Helps is inequitable. It is fundamental to the future delivery of the service that the issue of travel expenses for part time Home Helps is addressed, particularly as the service is so dependent on part time staff.

3.10.2 Budget Allocation From Other Programmes

Demands for Home Help Services are received from a number of different disciplines (e.g. child care, acute services etc.). If the Home Help organiser did not provide a service, then it is anticipated that these programmes would have to incur significant additional costs. The Review Group believed consideration should be given to charging out the cost of the Home Help service to the various client groups. This system has been proposed by the “Packages of Care” project currently underway in county Mayo. In addition, it would also be useful to meet managers of different client groups to establish if the Home Help Service is meeting the needs of their client group.

3.10.3 Computerisation

The Home Help Service in Mayo have a manual filing system for organising and maintaining information about their current and previous clients. If there is a query from a particular client, it can be a time consuming task retrieving their records from the manual filing system. This is due to the extensive number of client files held on the manual system. Operating the manual filing system is believed to be an inefficient use of staff time. In addition, it is not customer friendly as customers can be left waiting on the telephone for considerable periods of time while records are obtained.

The Home Help service has discussed the issue of computerisation with the Management Services Department of the Western Health Board. However, whilst it is planned to computerise the filing system, there are no plans for this to take place in the next 12 months.

The Review Group concluded that computerisation of the filing system should be made an immediate priority. Computerisation will lead to more efficient use of staff time and also enable a profile of clients and their needs to be generated. This will be beneficial in terms of reviewing service delivery and assessing future priorities.

3.10.4 Clerical Support

One full time clerical support has been provided for the Home Help Service this year. The current level of support is believed to be satisfactory, although adequate cover cannot be provided if a member of the Home Help Service is out of the office or on leave. It is also envisaged that the need for clerical support will increase as the service develops in the future. The need for additional clerical support should therefore be reassessed if developments are made to the service in the future.

3.10.5 Coping With Emergencies

The Home Help Service experiences difficulties in coping with emergencies. It is often unable to provide out of hours and weekend cover. Extending the hours of service provision on the needs assessment form (see section 3.2.1) and increasing the

number of full time Home Helps will enable the service to cope more efficiently with emergencies.

3.10.6 Carers Relief Scheme

Carers make up a significant proportion of the population. Research within the Western Health Board indicates that within county Mayo, 24% of households contained a carer (O'Neill and Evans, 1999). Consultation with the carer co-ordinator for Mayo revealed that many of the carers in contact with the co-ordinator would benefit from some form of assistance to give the carer a break. Whilst carer relief is provided, there is no formal system for the provision of carer relief. It is proposed that a formalised system be developed in collaboration with the carer co-ordinator.

4. CONCLUSIONS AND RECOMMENDATIONS

The review provides an extensive examination of the Home Help Service in county Mayo. It has highlighted a number of areas that have implications for the future delivery of the service. The following recommendations are made to facilitate the establishment of clear protocols as to how the service should operate in the future:

1. The needs assessment form should be modified in terms of the hours allocated for each dependency category. The following categories are suggested:

Low	0-5 hours per week
Medium	6-11 hours per week
High	12-21 hours per week

The modified needs assessment form (appendix 3) should be piloted over a three month period to ensure that the categories are appropriate.

2. The need to undertake a means test for those applying to use the Home Help Service should be examined.
3. If means tests are continued in the future, they should be processed by the Community Welfare Office.
4. The client application form/means test should be reviewed to ensure that only the information required is collected, and that it is designed in a way that is easy to complete.
5. Three full time Home Help Co-ordinators (one for each proposed distinct geographic area of county Mayo) should be employed to co-ordinate recruitment and monitor service delivery.
6. In undertaking assessments of need, a mechanism should to be put in place to ensure clear communication and better co-ordination between the Home Help and Public Health Nursing services in the future.
7. Rates of pay for Home Helps should be increased in line with similar employment positions within the Western Health Board.
8. Clarification from the Personnel Department should be sought in terms of developing an appropriate procedure for obtaining police clearance for part time Home Helps.

9. Regulations governing the employment of relatives as Home Helps should be reviewed nationally to facilitate the provision of Home Help Services in communities where most people are related.
10. A new mechanism of confirming the level of service should be developed. It is proposed that the hours a Home Help provides a service and the quality of service should be treated separately and that the following is adopted:
 - ⌘ *Hours*

The Home Help should sign a form stating the hours they provide a service. This should then be countersigned by the client or another family member.
 - ⌘ *Quality of Service*

A system of performance appraisal of Home Helps should be adopted to ensure that a quality service is provided. This should include bi-annual review of everyone receiving the service by a Home Help co-ordinator. In addition feedback about the service should be obtained by periodically undertaking a survey of customers and of Home Helps.
11. Public Health Nurses should regularly receive lists of Home Helps and clients of the Home Help Service in their area. This will facilitate the provision of an integrated service.
12. Additional full time Home Helps should be recruited to serve north county Mayo.
13. A mechanism should be developed to facilitate referral to the Home Help Service by other health professionals in addition to Public Health nurses.
14. A formalised system of supervision of service delivery should be established. This should incorporate:
 - ⌘ A written agreement of duties and hours of service
 - ⌘ An official mechanism for dealing with complaints
15. A formalised training programme for Home Helps should be introduced. This should include personal care, confidentiality, legal aspects, duties and responsibilities, and health promotion. Refresher training in these areas should also be provided annually.
16. Part time Home Helps should be eligible to receive travel expenses incurred in the course of their duties.
17. Consideration should be given to charging out the cost of the Home Help service to all services benefiting it.

18. The Home Help Service should organise regular meetings with managers of different client groups. These would aim to establish if the Home Help Service is meeting the needs of their client group.
19. Computerisation of the filing system should be made an immediate priority.
20. A formalised carer relief scheme should be developed by the Home Help Service in collaboration with the carer co-ordinator.

On November 16, 2000, the government announced that in 2001 there would be an additional allocation of £21 million to implement improvements for Home Helps throughout the country. It is suggested that within county Mayo, the additional allocation is utilised to implement the recommendations of the review.

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Southern Health Board, Review of Home Help Service in the Southern Health Board, Discussion Document, February 1995.

APPENDIX 1

Community Care Offices,
Co. Clinic,
Castlebar.
Tel: (094) 22333 Fax: (094) 24535

APPLICATION FOR HOME HELP

Name of Applicant: _____ D.O.B. _____

Address: _____ Tel. No. _____

Residents: _____

Name of Home Help _____

Address: _____ Tel.No _____

Report of Public Health Nurse

State Reasons: _____

General Observations: _____

Date service commenced or to commence on: _____

Number of days per week: _____ Number of hours ~~days~~ per day: _____

Signed: _____ Date: _____

Public Health Nurse.

For Official Use Only:

Application received on: _____

Application approved from: _____

Amount per week: _____ Amount per month: _____

Application refused for the following reasons: _____

Signed: _____ Date: _____

Home Help Organiser.

RELATIVES NOT ELIGIBLE

DEPENDENCY LEVELS

ASSESSMENT FOR HOME HELP SERVICE

PERSONAL CARE

3 POINTS

- Incontinence**
- Washing/Dressing**
- Getting out of bed**
- Feeding**
- Assisting to Toilet/Commode**
- Family Care**

PRACTICAL CARE

2 POINTS

- Ashes/Fire/Fuel**
- Preparation of Hot Meal**
- Changing Bed Linen/Room**
- Shopping/Pension/Paying Bills**
- Prescriptions Etc.**
- Check Medication Taken as Prescribed**
- Laundry Service.**

SOCIAL CARE

1 POINT

- Social/Geographic/Isolation**
- Companionship-Social/Emotional Contact**
- Assisting Letter Writing/Reading/Telephone Calls**

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- Active Listening to Clients Needs/Hopes/Concerns**
- Monitoring Clients/Reporting any changed to Appropriate Health Personal.**

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SCORE

TOTAL

Up to 11 Points	Low Dependency	Up to 5 hrs
From 12 Points - 22 Points	Medium Dependency	Up to 7 hrs
23 Points and over-	High Dependency	9 hrs per week

APPENDIX 2



Western Health Board



COURTY CLINIC,
Castlebar,
Co. Mayo.

Telephone (094) 22333

Fax (094) 24535

HEALTH ACT - 1970 - APPLICATION FOR HOME HELP SERVICE (Part-time)

NAME OF APPLICANT _____ PHONE NO. _____

ADDRESS _____

OCCUPATION: _____ AGE: D.O.B.

STATE WHETHER MARRIED/SINGLE/WIDOWED: _____

IS APPLICANT/SPOUSE, EMPLOYED, SELF-EMPLOYED OR A PENSIONER? _____

	OCCUPATION	ANNUAL/WEELY INCOME	NAME OF EMPLOYER OR OTHER SOURCE OF INCOME	SOCIAL WELFARE INSURANCE NO: PENSION NO: D.A.P
APPLICANT				
SPOUSE				

Is applicant/spouse in occupation of land? _____

If yes, state:-

Total rateable valuation of all land and buildings:- _____

Receipt No. of Health Contribution under Health Con Act '71 _____

Is applicant/spouse or other dependant in receipt of any Social/Welfare/Health Public Assistance or other allowance? _____

If yes, give particulars:- _____

Is any person in receipt of Carers Allowance on your behalf: Yes No

Please state Medical Card No. (if any) _____ Doctor's No. _____

Does applicant/spouse or other dependant have any property, investments or savings: _____

If yes, give particulars:- _____

P.T.O

Details of all persons residing with applicant:

NAME	AGE	RELATIONSHIP	OCCUPATION OR SOURCE OF INCOME	YEARLY/WEEKLY GROSS INCOME

Nearest Relative: _____ Relationship: _____

Address: _____

State briefly why Home Help is required: _____

Name of Prospective Home Help: _____

Relationship to applicant (if any) _____

Could Home Help be provided by relative? _____

I hereby declare that the particulars given on this application are true to the best of my knowledge and belief.

Signed: _____ Date: _____

WARNING:

Knowingly to make any false statement, representation or conceal any material fact, in making this application is an offence punishable by a fine not exceeding £100 or a term of (Section 75 - Health Act 1970)

Please complete and return to:-

**COMMUNITY CARE OFFICES,
COUNTY CLINIC,
CASTLEBAR,**

APPENDIX 3

Community Care Offices,
Co. Clinic,
Castlebar.
Tel: (094) 22333 Fax: (094) 24535

APPLICATION FOR HOME HELP

Name of Applicant: _____ D.O.B. _____
Address: _____ Tel. No. _____
Residents: _____

Please tick appropriate category of client:

Older People	Families	Physical & Sensory	Psychiatric

Name of Home Help _____
Address: _____ Tel.No _____

Report of Public Health Nurse

State Reasons: _____

General Observations: _____

Date service to commence : _____

Hours per day: _____ Days per week: _____ Total hours per week: _____

Signed: _____ Date: _____

Public Health Nurse.

For Official Use Only:

Application received on: _____

Application approved from: _____

Amount per week: _____ Amount per month: _____

Application refused for the following reasons: _____

Signed: _____ Date: _____

Home Help Organiser.

RELATIVES NOT ELIGIBLE

DEPENDENCY LEVELS

ASSESSMENT FOR HOME HELP SERVICE

PERSONAL CARE **3 POINTS**

- | | | |
|-----------------------------|--|--------------------------|
| Incontinence | | <input type="checkbox"/> |
| Washing/Dressing | | <input type="checkbox"/> |
| Getting out of bed | | <input type="checkbox"/> |
| Feeding | | <input type="checkbox"/> |
| Assisting to Toilet/Commode | | <input type="checkbox"/> |
| Family Care | | <input type="checkbox"/> |

PRACTICAL CARE **2 POINTS**

- | | | |
|--------------------------------------|--|--------------------------|
| Ashes/Fire/Fuel | | <input type="checkbox"/> |
| Preparation of Hot Meal | | <input type="checkbox"/> |
| Changing Bed Linen/Room | | <input type="checkbox"/> |
| Shopping/Pension/Paying Bills | | <input type="checkbox"/> |
| Prescriptions Etc. | | <input type="checkbox"/> |
| Check Medication Taken as Prescribed | | <input type="checkbox"/> |
| Laundry Service. | | <input type="checkbox"/> |

SOCIAL CARE **1 POINT**

- | | | |
|--|--|--------------------------|
| Social/Geographic/Isolation | | <input type="checkbox"/> |
| Companionship-Social/Emotional Contact | | <input type="checkbox"/> |
| Assisting Letter Writing/Reading/Telephone Calls | | <input type="checkbox"/> |
| Active Listening to Clients Needs/Hopes/Concerns | | <input type="checkbox"/> |
| Monitoring Clients/Reporting any changed to Appropriate Health Personal. | | <input type="checkbox"/> |

SCORE	TOTAL	
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Up to 11 Points	Low Dependency	0-5 hours per week
From 12 Points - 22 Points	Medium Dependency	6-11 hours per week
23 Points and over-	High Dependency	12-21 hours per week

APPENDIX 4

HOME HELP SERVICE:~ THE VIEWS OF THE PHNS

The Public Health Nurses (PHNs.) were contacted by phone and their opinions sought with regard to their views on the Home Help (HH) service

On the whole the Public Health Nurses were all in agreement that the Home Helps did a very good job, working hard, in *sometimes* difficult situations. Clients greatly appreciated their help.

Assessment

The PHN should continue to do this

Sometime5 clients may feel intimidated when two people come together from the HH office to reassess.

Role of HH clarified with family /*client/HH*

Relationship development between HH & PHN.

Should be part of the discharge planning k set up prior to discharge if client requires immediate service.

Title

Does this need changing? In light of the various roles the HH has to carry out.

Personal care. All should be trained prior to commencing this work particularly in personal care & manual handling Lift the status of the job

Recruitment

Most felt that this was no longer the role of the PHN,

PHN spends lot of time contacting people to see if they are *willing* to do the work.

Strong safety procedures for people working with children, elderly should have the same network in place.

Recruitment is the role of the personnel dept. why are they not doing this?

Recruitment drive to attract local people

Bank / pool of people available to fill vacancies easily and quickly

Every P;HN area should have at least one *full* time HH & bigger towns have 2 *full* time HHs.

If no HH available at present its left back to the PHN to sort out.

Since increase in minirnum wages HH are being-asked for their P.RS.l. nos. & many end up paying taxes so this reduces number available to do this work

People on benefit no longer allowed to work An information leaflet should be available with general outline of benefits ,taxes etc. for PHN to give to HH.

PHN. Role Erosion.

Small number of PHNs. expressed concern about giving up recruitment of HH as they feared we might *lose* a vital part of our role in maintaining contact with HH, being able to advise on their duties in particular with personal care.

Regular meetings and contact between HH & PHNs must continue.
Reporting relationship between the HH & PHN is very important and must continue.

Relatives

Relatives not allowed to be HHs. Too strict a barrier.

Some small villages & isolated areas very difficult to get someone who is not related. People won't travel to / from another village because no travel expenses.

Clients left with no HH. Often ends up having to go into a nursing home.

Some clients not happy to use neighbours & should have ~ choice of unknown person who is permanent HH.

Payment.

Difficulty in getting people to do the work must be looked at seriously, problem is getting worse and won't go away!

Minimum wage not enough, We don't expect the client to top up wages of O. T. S. T. S. W. or PHN so why should they have to do so for HH?

Some families don't want to pay even £1 to HH while others may pay more and it is not clear what is expected of them

PHN often caught in the middle of this and should not be

Written contract should be drawn up by HH office-& client, stating how much the client is expected to pay HH.

Monthly returns

We are bound by the wording on the letter at the end of the month to see every client who has, a HH. This should be changed immediately.

Impossible to visit everyone as some PHNs have over 30 HH,

Confirmation of duties /working hours should be between--the client & H.H-

Should be a duplicate / triplicate form left in the clients house which is signed by client each time the HH—comes & HH sends into HH office or Wages Dept. the completed top copy at end of month, then both the HHI & client keep their copy.

Evening~& Weekend Service.

There is a great need for this and should be developed

A lot of elderly are alone with-no family members nearby and to enable them -!0 remain in their own homes they need help at weekends and evenings

No relief at present for HH. Are not all part time workers-entitled to holiday-s?

Stop all Friday hospital discharges of people needing package of care.

Meals on wheels.

Residents in big towns may benefit at the moment but people living in rural and isolated areas are discriminated against.

Many are unable to have a hot meal daily or put themselves at risk from fire, falls etc. trying to cook.

This needs to be developed urgently.

Lot of new proposals & initiatives & health promotion issues for improving care of elderly...mostly on a short term basis. We would like to see a flexible Home Help service with sufficient staff to cope with individual needs to enable the older person to stay in their own homes instead of being forced to go into a nursing home ...

18-12-00

Breege Doodes

