



3Rs

Respite Recreation Revitalisation

Program Review Executive Summary

A HACCC funded
Eastern Collaborative Project

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About the Program Review

The 3Rs (Respite, Recreation and Revitalisation) program was established in 2003 to address an identified gap in respite care and social connection services for Home and Community Care (HACC) eligible people living in the Eastern Region of Adelaide. Over the years, the program has supported almost 400 socially vulnerable people.

Initial concepts for the program included a type of 'floating' clientele – where people who were socially isolated (or at risk of social isolation) were accepted into the program; received appropriate services and supports; and then transitioned out of 3Rs as they became connected (or reconnected) with their community.

The HACC funded program is managed under the auspices of City of Burnside and, in late 2013, the Council commissioned an independent review of the program to appraise its operations over the last decade. A particular focus of the review was to understand transitioning outcomes and to identify opportunities to improve the program or introduce new elements of innovation.

The review was conducted over a two-month period and involved direct interviews with 17 stakeholders (including partnering Councils and service providers); observation of group-based activities; informal interviews with 3Rs Key Workers; participation in a Steering Committee meeting; conversation with clients; and extensive desktop research (including a review of Steering Committee Minutes over the ten years).

The review ultimately found the 3Rs program to be well-managed, appropriately resourced and operating effectively – with the program's claim of being flexible and innovative entirely valid. Because of the plasticity of the 3Rs program, it has successfully evolved throughout the years to remain responsive to its communities and, in the writer's opinion, remains contemporary and inventive.

About the Current 3Rs Program

The current (2013) program has 63 regular clients participating in one of eight groups – each of approximately eight people – meeting weekly at one of seven locations across four Local Government Areas (LGAs). A ninth group draws participants from each of the other groups to participate in a weekly art-specific program with professional artists.

Specific groups support HACC-identified priority clients. The current program offers four groups for frail aged people – three are ladies-only groups and one has both male and female participants. There are three groups specifically for participants with memory loss – one ladies-only, one men-only and one with both male and female participants. Another group is specifically for younger people with an Acquired Brain Injury.

Participants are supported to reconnect to the community through activities, outings and social interaction, with a fundamental objective to encourage individual goal achievement within the group setting.

Clients are encouraged to have appropriate independence, choice, flexibility and control over their 3Rs activities. The focus is on empowering participants to maximise their quality of life, reintegrate into communities, re-establish skills, and improve wellness, health and fitness – so clients are also encouraged and supported to initiate and sustain social interaction independent of 3Rs.

Each group is staffed by at least two brokered Key Workers and, in most cases, a regular volunteer. The program is run by an appropriately qualified and experienced 3Rs Coordinator (with shared administration support) and managed through City of Burnside's Community Services Department. A twelve-member 3Rs Steering Committee comprises representation from five Councils, the Eastern Collaborative Project and four service providers.

Transport is a significant barrier to client participation and this is currently provided for more than 90% of clients through a combination of volunteer-driven private vehicles, paid employee driven Council vehicles, commercial taxis and community buses.

An application has been submitted for additional funding to expand programming for existing and new members.

Strengths of the current program

One of the most significant strengths of the 3Rs program is the plasticity of the model. Over the years groups have open, closed, changed their target client group, moved to different LGAs in the region and moved location within LGA boundaries – all to accommodate identified regional community needs. This responsiveness to demand has not been found evident in other centre-based or even community-based programs researched during the review.

The responsiveness of 3Rs is facilitated by the collaborative structure of the model – among five Councils; five specialist service providers; the Eastern Collaborative Project and other community programs such as the Regional Men's Shed, the Pepper Street Arts Centre and the Eastwood Community Garden. Again, this structure appears unique.

The model is also internally flexible to accommodate specific group dynamics and individual goals – so that 3Rs does indeed deliver on its overriding goal of person-centred social support, despite its group setting. This is evidenced by elective movement of clients between groups according to personal needs; client-led activity scheduling and selection of outing venues; and composite groups for music and art to allow extended participation for those with a stronger interest than other members of their regular group.

The transport model adds to the flexibility of 3Rs – because clients are not restricted to a group in their specific locality. Common needs and interests therefore become the link between group members, rather than location.

The staffing model to broker in people with expertise to support clients' specific needs is another innovation of 3Rs – and the program will benefit from a continued focus on ensuring an appropriate balance between this expertise and general careworkers. All staff, however, are trained in the specifics of supporting group members (such as components in managing challenging behaviours) and the program addresses any identified gaps in this required training for brokered staff.

There is a consistent record of connecting clients with other community activities – although many concurrently remain attached to their comfortable and confidence-building 3Rs group. However, these concurrent community connections need to be more clearly acknowledged, documented and promoted.

Respite for carers is an obvious strength of 3Rs – although there is potential for expansion in this area – but the dominant strength of the program is the enjoyment and social connectivity clients derive from it. Strong and lasting friendships within the groups may not have been an objective of 3Rs, but it certainly has become an outcome.

Weaknesses in the current program

The strength of friendships formed within groups concurrently becomes a weakness for 3Rs. Clients are reluctant to leave the group even when they achieve goals to connect with other community activities and, for some clients, 3Rs can become almost a 'sterile' environment because clients are connecting with the same people all the time. One-third of the current client base has been attending 3Rs for more than three years and three clients in the Acquired Brain Injury group have been attending for more than nine years.

Enhancement of 'facilitation' rather than 'support' skills in paid staff and volunteers will help to address this issue and, although training workshops on the philosophy of 3Rs have occurred, this is an area that should be expanded – and may lead to an increase in transitions as staff more fully embrace the concept of 'moving people on'.

The focus on transitions as a key success marker, however, has impacted on appropriate translation of other outcomes. While clients' participation in external community-based activities as a direct result of their involvement in 3Rs is recorded individually, there is currently no system to capture these social connections as an overall outcome for 3Rs. Enablement is a significant outcome, worthy of systematic documentation.

Perhaps there is also some impatience for outcomes, in order to meet funding requirements. However, the characteristics of the 3Rs target group must necessarily impact on this – illness can cause prolonged absence from groups and, by their nature, memory loss and ageing issues are likely to worsen rather than improve.

Some Steering Committee members are looking to have more influence in strategic planning for the overall program.

Threats to the current program

Although the 3Rs program is currently well-resourced with a planning time-frame to June 2015, stability is threatened by recent changes in the HACC program. Sustainability without HACC funding is considered impossible and the 3Rs program will need to strongly state its case for continued funding.

Because 3Rs is structured around a 'small groups' model, there is always a risk that group goals may be met at the expense of personal goals, despite best efforts.

Service gaps in the community also threaten the program's capacity to transition clients.

Internally, the program could be considered most at risk from risk aversion. Local Government and Aged Care providers are conservative risk-takers – yet innovation is high risk. Risk aversion may restrict the selection of activities and outings and, possibly in the future, prevent clients bringing in home-baked goods to share with the group. The recent introduction of zero tolerance in appreciation gift-giving (in response to South Australia's new ICAC legislation) is an example of over-zealous risk management.

Transport is such a vital component of 3Rs that any risk to transport sustainability is a significant threat for the program as a whole – and any difficulties in expanding transport would certainly be an impediment to growth.

Opportunities for the current program

The 3Rs program has growth potential – in the number and size of groups and operating hours. Extension outside the Monday-to-Friday 10am-to-2pm model – into evenings, weekends and even short-break holidays – would enhance respite for carers and expand social interaction for clients.

This growth could not occur without resourcing impacts – although these impacts could be relieved through a form of consumer-directed 'budget' for access and there is at least one opportunity for partnering in a short-break holiday program involving both carers and clients.

Increased interaction with the broader community – perhaps through a series of short-term educational programs inviting participation from non-3Rs clients or neighbourhood 'picnic in the park' style events with clients of other HACC funded programs – would not only expand the socialisation opportunities for clients, but become an excellent marketing tool for 3Rs.

Opportunity also exists to better 'sell the product' of 3Rs – promoting specific vacancies or waiting lists (rather than generally) so 3Rs is badged as a 'desirable' program worthy of early attention. This may attract people with more capacity or earlier memory loss, so that transitions become more viable. Ideally, higher functioning groups could be supported to become 'friendship groups', with incrementally reduced support until they ultimately become independent of 3Rs.

Although health and wellbeing is a clear focus for 3Rs, there is opportunity for a more dedicated approach to embed it into every 3Rs session for every client – through a more formal policy around catering and exercise.

One of the innovations of 3Rs has been to produce ‘tangible’ art – such as silk screens for public display and decorated park benches for public use. There is some potential to take this element a step further to develop small ‘cottage industries’ where outputs are not only exhibited, but sold – to recycle funds into 3Rs or donate to client-nominated charities. Generated funds would be but a by-product of the increased interest and sense of self-worth stimulated in clients.

Exploring the future: Recommendations for Consideration

Despite the fact 3Rs is a decade old, there is no need for radical change. Reinvention has occurred fluidly throughout its lifetime – so that recommendations emanating from the Program Review fall only into enhancement or exploration categories.

This review has not found other models that provide the same degree of flexibility and choice to clients to deliver on a person-centred service in a group-based setting. One-on-one social support programs provide flexibility and personal choices, while other centre-based programs provide activities and friendships for clients and respite for carers. However, the 3Rs program continues to provide a combination of all these services concurrently.

Recommendation 1 is about Translation of Outcomes.

Enablement outcomes for 3Rs’ clients appear to be quite significant and should be quantified so as to be easily articulated. This should be easily achieved using current systems.

Tracking should show when socially isolated people have formed connections within groups; have initiated or sustained connections with other 3Rs clients external to the group setting; or have participated in community-based social activities in addition to maintaining their 3Rs contacts.

1. *It is recommended City of Burnside develop a monitoring database across all 3Rs clients to show enablement outcomes such as social connections within groups and new or existing social activities external to 3Rs.*

Recommendation 2 is about formalising the Focus on Health and Wellbeing.

Clients have demonstrated an interest in health and wellbeing. Tai Chi sessions were extremely popular, but were discontinued due to cost. Physiotherapy students visited one group and provided a chair-based exercise sheet for clients to use at home – but these are only used ‘occasionally’ in the group setting.

A current submission seeking additional HACC funding for a series of 'Come and Try' activities (including health and fitness activities) is an excellent initiative and, if funded, will provide more opportunities for wellness facilitation.

However, an exercise program (designed by an appropriate Allied Health professional, but led by Key Workers or volunteers) – for every group, every session and every client – would enhance the current program and should be available to those who would like to participate.

Likewise, a clear policy to guide the preparation and provision of lunches for clients could formalise attention to nutritional needs.

2. *It is recommended City of Burnside develop a Health and Wellbeing policy to be implemented across all 3Rs groups, which provides specific guidance in regard to provided lunches and, potentially, includes at least a guided short exercise program in every 3Rs session.*

Recommendation 3 is about ensuring Broadened Input to Strategic Planning.

An annual workshop to develop and review a 3Rs Strategic Business Plan could attract more senior members from organisations represented on the 3Rs Steering Committee – and also relevant external, but linked, organisations such as Alzheimer's Australia SA, Active Ageing Australia, Disability SA, Carer Support SA, and departments such as the Australian Government's Department of Health and Ageing (DOHA) and the South Australian Government's Department of Communities and Social Inclusion (DCSI).

Steering Committee members (remaining mostly at coordinator level) would then have a guiding role for the 3Rs Coordinator in implementation of the Strategic Plan throughout the year.

3. *It is recommended City of Burnside coordinate an annual 3Rs Strategic Planning Workshop involving senior management of member organisations and other relevant external organisations, together with Steering Committee members, to develop an annual 3Rs Strategic Business Plan.*

Recommendation 4 is about Risk Management versus Risk Aversion.

Innovation is intrinsically tied to risk-taking and, to continue to be considered innovative, the 3Rs program must be prepared to continue to pioneer activities and service models.

Development of a Risk Assessment and Management Matrix will ensure risks are addressed and duty-of-care requirements met as proposals arise, without unnecessarily restricting innovation.

4. *It is recommended City of Burnside facilitate the development of a 3Rs Risk Assessment and Management Matrix customised specifically to support appraisal of proposed new programs, activities or outings.*

Recommendations 5 and 6 are about Staff and the 3Rs Philosophy.

Social development and facilitating social connectedness are specialist skills and these recommendations suggest either brokering more staff with these skills (and relevant qualifications) or expanding staff development for current Key Workers and volunteers.

An alternative may be to negotiate with Universities for student placements who can encourage a greater focus on social facilitation rather than social activity support.

In terms of maintaining a person-centred approach in a group setting, the Montessori Method may prove a useful training tool. This method shows how to interact with memory loss clients using the five senses and their specific personal interests, rather than the group's interests.

5. *It is recommended City of Burnside review the 3Rs staffing model to investigate the potential to broker more Key Workers with social development and facilitation skills and experience.*

6. *It is recommended City of Burnside review the 3Rs staff development model to include more training in social development and facilitation skills – and the philosophy of 3Rs.*

Recommendation 7 is about Revising the Marketing Plan.

Marketing expertise available through current program partners could help to revamp the existing 3Rs marketing program.

One way to do this would be to develop separate brochures and marketing techniques for each of the 3Rs components – Respite, Recreation and Revitalisation.

The 'Respite' component could be pitched to carers and outline the safety, support and benefits for their family members in participation.

The 'Recreation' component could highlight the specific activities undertaken by 3Rs groups and provide examples of monthly outings.

The 'Revitalisation' component could promote exercise and fitness activities (the 'Come and Try' program if it is successful in attracting funding) and memory training or enhancement activities.

In general, marketing which promotes vacancies and waiting lists, rather than availability, creates more urgency and a sense of desirability – and this type of promotion might also encourage younger people and people with early memory loss to self-refer.

7. *It is recommended City of Burnside seek support from the ERA's Community Engagement team to develop a specific marketing campaign directed at younger, early memory loss potential clients.*

Recommendation 8 is about the Potential for 3Rs Client Volunteers.

Transitioning clients out of a 3Rs group is problematic when strong friendship bonds have formed. Supporting higher-functioning (and interested) clients to become 3Rs Volunteers – initially within their own group and then perhaps more broadly – would lessen impacts for both the client and the group.

These people would need to undertake the usual training and induction procedures applicable to mainstream volunteers, but could be provided with additional support throughout the process.

8. *It is recommended City of Burnside consider developing a supported 3Rs Volunteer training and induction process to facilitate the transition of appropriate 3Rs clients into volunteering roles within their current 3Rs group and external to it.*

Recommendation 9 is about Enhanced Community Interaction.

One way to address the issue of 3Rs groups being a 'sterile' social environment would be to convert activities such as art, choir, exhibitions – and even outings when transport can be arranged – to 'community' events that 3Rs clients are supported to attend, but other people also attend (perhaps on a subsidised fee-paying basis).

An extension of this would be to develop a program throughout the year comprising short term educational sessions – for example a six-week program 'Art for 70s Plus'; followed by a six-week 'Healthy Cooking for 70s Plus'; followed by 'Healthy Exercise for 70s Plus'; followed by 'Music Jamming for 70s Plus' etc. Participation in these educational programs could be drawn from the general community; existing HACC clients from the Home Assist program; plus appropriate 3Rs clients from across all groups (as either an additional or replacement session).

An alternative would be a rotating 'picnic in the park' program, with HACC clients in each neighbourhood invited to join with 3Rs clients – thereby establishing social contact with other people in their own neighbourhood.

9. *It is recommended City of Burnside review opportunities to include more interaction between 3Rs clients, other HACC clients and the general community.*

Recommendation 10 is about Supported 'Partner' Transitions.

Even in groups where clients are frail or with moderate memory loss, strong friendships are evident. These friendships could assist transitions – by supporting pair friends (first with a Key Worker, then with a Volunteer, then on their own) to participate in an 'external' community activity additional to their 3Rs group.

10. *It is recommended City of Burnside investigate potential to provide support to friendship pairs in a gradual transition to community services and programs, while initially also maintaining their 3Rs participation.*

Recommendation 11 is about Friendship Groups.

Rebadging and marketing a higher functioning 3Rs group as a 'Friendship Group' may help to attract people earlier to the program – so that social connectedness can be maintained rather than reinstated.

The Friendship Group (which includes development of memory skills and techniques) could begin with structured support, move to facilitation only and graduate to operate independently – with either transport support through existing volunteer systems or after group familiarisation with public transport options.

11. It is recommended City of Burnside consider opportunities to develop as part of the 3Rs program one or more Friendship Groups for high functioning HACC eligible clients – with the groups to move along a continuum of structured support, facilitation only, and graduation to group independence.

Recommendation 12 is about the Potential for Extended Hours.

There are a number of examples of centre-based social support models successfully offering evening and weekend sessions. These 'out-of-hours' sessions have obvious respite benefits for carers, but clients also could benefit.

More than one 3Rs client has expressed interest in an early evening outing:

"I would really love to go out and have a nice dinner with some people... about four people... have a lovely meal, glass of wine and a substantial conversation." (90 year old female)

"I find I can fill the days when I try... a bit of ironing... a bit of cleaning... a bit of gardening... but early evening is the worst time for me. It's when I miss my wife the most." (85 year old male)

Specific funding could be sought for a Pilot program – or funds re-allocated through a type of consumer-directed care model (where clients and carers are able to negotiate how their monthly 'budget' is spent).

12. It is recommended City of Burnside explore opportunities to extend the 3Rs program's hours of operation and activities to early evening and/or weekend sessions.

Recommendation 13 is about Client and Carer Short-Break Holidays.

The Eastern Carer Support and Respite Centre reports an unmet demand for their annual supported four-day break for clients and carers.

The Centre's November 2013 trip was led by two staff to support 22 clients and 12 carers, but organisers say the Eastern region could easily accommodate at least one additional trip each year – and would be open to discussion around a partnership arrangement.

13. It is recommended City of Burnside investigate potential for 3Rs clients, accompanied by family or carers, to participate in a short-break holiday program.