HOME CARE SERVICES AND EARLY DETECTION & (RISK) SIGNALLING: AN INDISPENSABLE LINK IN INTEGRATED PRIMARY CARE

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Introduction

Funded by the city of Antwerp, this project wants to optimise the preventive role and position of Home Care Services (HCS) in primary care by (1) improving the early detection and (risk)signaling of the home care professionals, (2) and elaborating the bridging function between HCS and the different primary care disciplines and sectors.

HCS provide essential support that a person or a family in need of care requires in order to continue to live independently at home. Typical for Home Care Services is that employees spend many hours in close contact to the person or family in need of care. As a confidant to the client they quickly pick up on behaviour changes, evolution in illness or condition. They are often the "eyes and ears" to a multidisciplinary team of care providers surrounding a client or patient. Or at least: they could be. All too often this indispensable role of HCS is insufficiently recognised by welfare organizations and medical care providers.
The confidant position and early detection role of HCS professionals can bridge gaps between other professional care givers and a vulnerable client/patient, via signalization and referral to best placed (mental) health care or welfare actors.
Several conditions need to be fulfilled for HCS to be able to effectively play this part in an integrated care system, like shared vision and goals, suitable tools, clear procedures in information sharing, recognition of HCS professionals as equal partners in primary care. All these conditions are being addressed in this project.

Preconditions

Several preconditions are not met or incompletely met today to allow home care staff to take up this bridging role in an efficient and effective manner:

- ❑ staff with the necessary competences (training);
- ❑ necessary tools regarding the identification of non-flux/risk situations;
- ❑ appropriate communication channels and data sharing (processes and procedures);
- ❑ recognise home care staff as full partners in primary care; ... .

This project therefore systematically addresses these issues so that the **preventive added value of home care workers** within primary care can also be strengthened: e.g.

- ❑ Preventing clients from becoming malnourished; preventing loneliness
- ❑ Conservation goals: preventing worse or preventing relapse
- ❑ Recovery-oriented goals: after hospital discharge; ...
- ❑ Developmental goals: e.g. psycho-education

Initial focus on persons with mental or psychological vulnerability

The target group includes all vulnerable people with care and support needs and their informal carers living at home. Especially during the first project phase, we focus on people living at home with mental or psychological vulnerability. In an urban context, this concerns a great diversity of people (age; socio-economic classes; ethnic origin; edm).

Project design

All home care services operating in the city of Antwerp are involved in the project as a priority.

In addition, all health and welfare actors from the first line are involved in an appropriate way, including through a sounding board group (intervision, monitoring and adjustment of the project). In particular, given the initially chosen target group, there is intensive cooperation with the network of mental health organisations.
The target group is also actively involved in various parts of the project:

- ❑ Involvement through focus groups in the mode of signalling and referral: including informed consent in referral to appropriate care or welfare actors
- ❑ Satisfaction measurement (perception) among clients about the way of working (including use of risk analysis and non-failure tools; method of guidance; respecting the bond of trust)

Co-design approach is therefore central to this project.

Intended objectives and results

- ❑ Contribute to the necessary decompartmentalisation between different disciplines and sectors in primary care to achieve integrated, quality care.
- ❑ Recognising home care staff as meaningful and full-fledged (talking) partners in primary care.
- ❑ Professionalising the observation and signal (reporting) and guidance function
- ❑ Teach necessary competences to home care staff (lower-skilled staff) as a function of early detection of non-flux situations in vulnerable people and appropriate referral to care providers (lower-skilled staff)
- ❑ Optimise communication and data sharing in connection with this, including through internal and external agreement and communication protocols; through the development and uniform use of joint digital tools such as a digital care and support plan.
- ❑ Generalise and apply the elaborated methodologies and working methods around detection, signalling and referral to all vulnerable groups.

Possible limitations and pitfalls

- ❑ Data sharing issues (professional secrecy; GDPR)
- ❑ Wide variation in funding methods of different care and welfare actors
- ❑ Determination that cooperation is not financially encouraged by the Flemish and federal governments
- ❑ Current diversity of communication tools used (e-files) and ways of sharing data

Project progress

Currently, the project is still in its first phase.

- ❑ Literature research (domestic and foreign studies and reports)
- ❑ Zero measurement: existing processes and procedures around signalling and referral were mapped both within the home care services and in relation to other care and welfare actors.
- ❑ Preparation of an adapted training programme for home care staff.

Next steps

- ❑ Run training programme
- ❑ Internal and external agreements and communication protocols on point
- ❑ Development, testing and uniform use of joint (digital) tools (incl. link with the digital care and support plan being developed by the Flemish government).
- ❑ Generalise and apply the elaborated methodologies and working methods around detection, signalling and referral to all vulnerable groups.