About this story

This case study reflects a person-centred approach to care. Issues and barriers were initially identified and a collaborative approach adopted to meet the client’s goal of remaining at home. Services took a strengths-based approach, identifying the client’s strengths and support networks and building on them to improve capacity, maintain interests and community connection. The case study promotes a positive ageing approach and also demonstrates a quick and timely service response.

Meet Janette

Janette is 94 and has lived alone for many years in a small close-knit community. Her friends, neighbours and family help out with her transport needs and work together to take her to medical appointments, shopping, hairdressing appointments and social activities.

Janette was admitted to hospital with a fractured humerus after having a fall. Family, friends and healthcare providers were concerned about her ability to continue to manage safely at home. The fall had shaken Janette’s confidence.

Weighing up the options

A bed had become available in the local aged care hostel and Janette was under increasing pressure to accept it. Concerned family were keen for her to make the move.

Janette said she didn’t want to be an ‘old fool’ and that she didn’t want to be a burden to anyone; however, more than anything she wanted to stay in her own home.

As an alternative, Janette’s doctor suggested a trial period at home with the help of support services.

A home-based alternative

A home occupational therapy (OT) assessment was arranged and a ramp for the back steps installed. A personal alarm call system was put in place. Home care services were arranged. Physiotherapy sessions were designed to strengthen Janette’s arm and improve her mobility.

District nursing services were arranged to assist in wound care, to manage Janette’s medications and to monitor her medical conditions. District nursing also negotiated with the shire council to take responsibility for assisting with hygiene needs. The care team provided flexible visit times, which allowed Janette to participate in community bus trips, Probus meetings, bowling club social functions and CWA meetings.

A pleasing outcome

Today Janette is once again an active member of her community. She enjoys participating in activities such as cooking jams and working at the local bazaar, which raises money for local charities. The social contacts she has established through these activities have provided her with ongoing support.
Janette’s strengths were her sound, active mind and her willingness to show interest and concern for the people around her. To her delight, Janette has remained living at home. The frequency of support service visits has decreased as her condition improves. She has had no admissions to hospital in the past 12 months.

**Reflection**

Does this challenge your thinking about frail aged and what people are capable of?

What contributed to the successful outcome in this case study?

Do you share findings regarding strengths when making referrals?

Are there opportunities for you to adapt or strengthen this type of approach in your service?

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