About this story
This case study highlights how an organisation refined its assessment processes, resulting in improved practice and identifying client goals. Short-term interventions were engaged to improve capacity, independence and socialisation for the client.

Meet Mary
Mary, 81, recently moved to Melbourne from Tasmania to live with her son and daughter-in-law. She was in good health apart from suffering with arthritis in her hips. Mary was quite happy to relocate interstate but with her family members at work all day and being new to Melbourne with no friends she was feeling socially isolated. Up until her move Mary had been very active in the community, drove a car and was very independent.

Mary’s goal
A GP referred Mary to a health centre. Mary’s goal in going to the centre was to make new friends and to increase her mobility. She wanted to improve her physical fitness and improve the arthritis in her hip.

Mary joined the falls prevention exercise program; she also went to concerts, lunches and on bus excursions. The centre provided transport so that Mary could attend the activities.

Mary gained confidence from the socialisation but still felt isolated at home when she was not at the centre. The centre provided a loan of a four-wheeled walker for Mary to trial walking to her local shops. This proved unsuccessful but helped her make up her mind to buy a car.

A new start for Mary
Mary now drives to the centre so she can take part in all the activities she enjoys there. She feels independent and connected to her local community, is socialising with her new friends, gaining confidence and improving her physical fitness. Mary says, ‘I feel like the centre has helped me to gain my independence back and helped me work out my problems in settling into my new home’.

A new start for the centre
ASM has changed the way the centre approaches clients’ goals. A staff member reflects:

Prior to the ASM we would have just invited Mary to be involved in social or fitness activities such as the concert or Scrabble, bus excursions and exercise classes. We would not have become involved in her desire to become more mobile though improving her walking skills. Before ASM our assessment processes would not have identified the goal of Mary wanting to restart driving and therefore would not have set short-term support of transport provision.
Reflection

Do your current assessment practices (and tools) allow you to identify a client’s background, strengths and goals?

Are there opportunities to adapt or strengthen your assessment process?

Do your local GPs and other service providers understand the principles of the ASM'? (There are some suggestions on communication with referral sources in the ASM communications toolkit.)

Do your local social support programs reflect a client-focused approach?