

HACC Active Service Model

Australian Association of Gerontology



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HACC Active Service Model

- Under development in Victoria
- Strengthening existing practice
- Building quality improvement

The emerging challenge for HACC

- Anticipated rise in number of older people
- No compression of morbidity evident
- Expected rise in demand for home and community care services
- Reduce the impact on individuals and conditions associated with ageing
- Can we improve the quality and responsiveness of home and community care services?

A response: The Active Service Model

- Takes as its point of departure that
 - capacity building,
 - restorative care and
 - person centred approaches to increase client's independence

are desirable attributes of services that support people with disabilities in the community **regardless of age.**

Key components of the Active Service Model

- Strengthen capacity building, adaptive or restorative approaches
- Holistic 'person-centred'
- More timely, flexible and targeted
- Increase or maintain independence
- **Long term** quality improvement strategy

Draft Active Service Model principles

- People want to retain their **autonomy**
- People have potential to improve **capacity**
- People's needs should be viewed **holistically**
- Services organised around the **person**
- **Collaborative** working relationships

Core Active Service Model elements

- Broad based and holistic **Assessment**
- Collaborative **Care planning**
- **Review** and **Reassessment**

Core Active Service Model elements

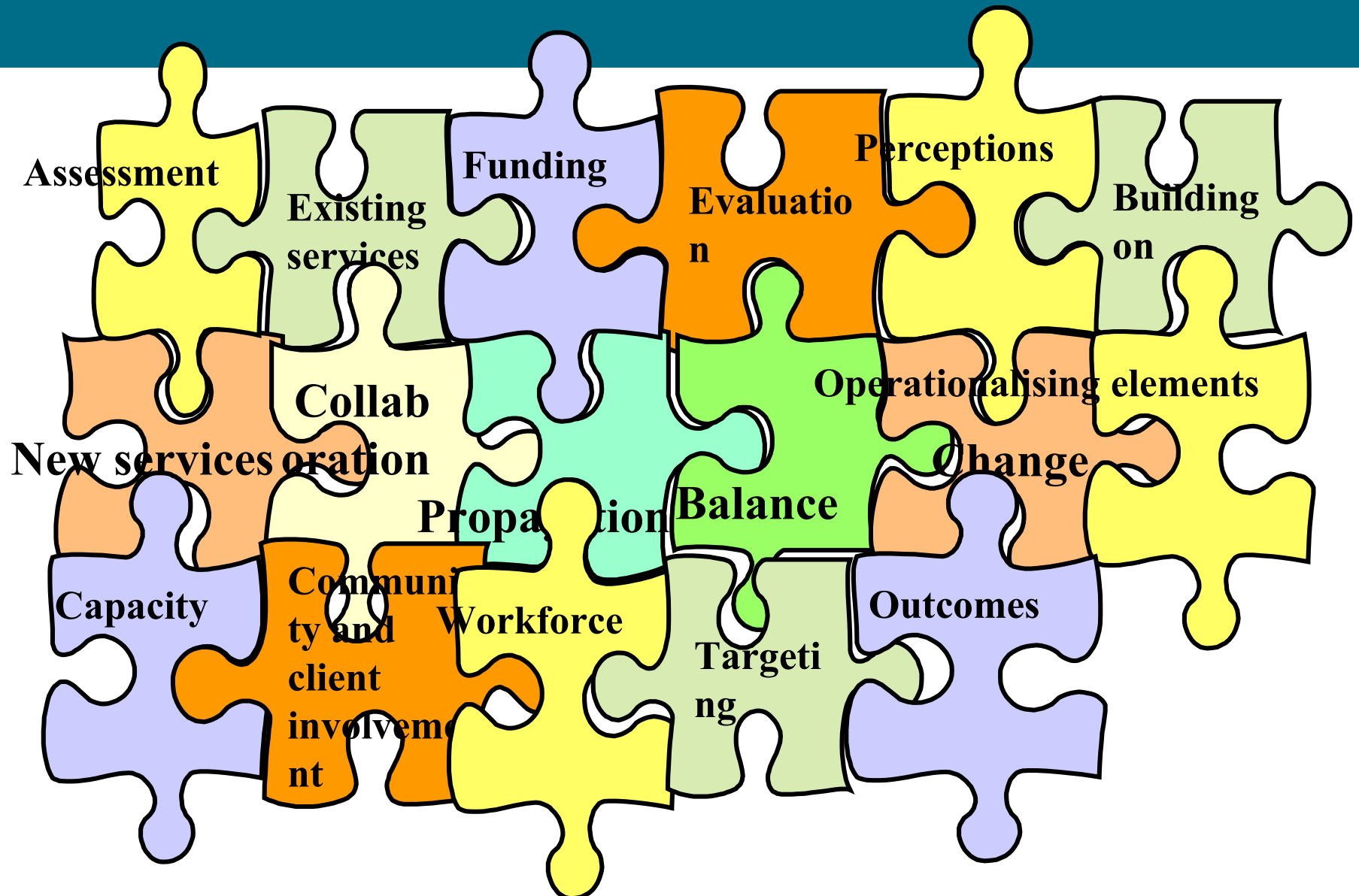
- **Intervention**

- Flexibility and responsiveness
- Holistic coordinated services
- Capacity building
- Time
- Health promoting
- Continuum of need
- The right staff mix
- Partnerships
- Funding and reporting

Key strategies

- Literature review
- Pilot projects
- National Forum
- **Discussion document**
- **Consultations**

Systemic considerations



Aims of the HACCC program

- Comprehensive, coordinated and integrated range of basic maintenance and support services;
- To support people to be more independent
- Enhancing quality of life
- Preventing inappropriate admission to long term residential care; and
- Flexible, timely services that respond to the needs of consumers.

Conclusions

- The Active Service Model is consistent with the aims of the HACCC Program
- What might be different is the
 - interpretation of “independence” and “flexible” , and
 - the way we perceive older people
- Delivery of these requires review of the current systems and tools

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