The Victorian approach to care: the active service model

Introduction

The Victorian HACC active service model is a quality improvement initiative that explicitly focuses on implementing person and family-centred care, wellness promotion, capacity building and restorative care in service delivery.

The goal of the active service model is for people in the HACC target group to live in the community independently, actively and autonomously for as long as possible. In this context, independence refers to the people's capacity to manage activities of their daily life. Autonomy refers to making decisions about one's life.

This initiative aims to ensure that people attain the greatest level of independence they can and are actively involved in making decisions about their life. This includes understanding their goals, their decisions about the type of services they wish to receive and the desired outcomes.

A useful way to think about an active service model approach is the change from 'doing for' to 'doing with' people. The active service approach is relevant to all people receiving HACC services, from those who benefit from short-term early intervention to those with more complex needs who will require some level of continuing support.

The following elements are important within an active service model approach:

- promoting a 'wellness' or 'active ageing' approach that emphasises optimal physical and mental health and acknowledges the importance of social connections to maintaining wellness
- a holistic and family-centred approach to care
- actively involving people in identifying their desired outcomes and/or setting goals and making decisions about their care
- providing timely and flexible service provision to support people to reach their goals.

This approach requires a broad coalition of service providers taking responsibility and working together with people so that they can retain or improve their independence and/or autonomy.

HACC funded organisations need to ensure that this active service model approach is evident in every contact they have with people.

Principles

The principles of the active service model are:

- People want to remain autonomous.
- People have potential to improve their capacity.
- People's needs should be viewed in a holistic way.
- HACC services should be organised around the person and family or carer. The person should not be slotted into existing services.
- A person's needs are best met where there are strong partnerships and collaborative working relationships between the person, their carers and family, support workers and service providers.

Key components

In translating these principles into practice, service providers should consider the following processes and practices.

Service delivery

Goal directed care and person- and family-centred care

Person-centred assessment is based on how a person defines their strengths, needs, goals and desired outcomes. This is central to all assessments including Living at home assessments for individual HACC services, planned activity groups and other services.

Every person should have a documented care plan based on what is most important to them. Strengths, needs and goals are all included in this plan.

Care planning should consider:

- functional, social and emotional needs, as well as opportunities for meaningful social participation, social connectedness and life enjoyment
- carers and significant others by including and supporting care relationships
- progress towards goals is systematically monitored, with regular reviews
- advice and referral to a range of services and activities within and external to HACC.

Capacity building and the restorative approach to service delivery

- The 'lens' or focus is on maximising the person's independence even if this is only in a small way.
- An enabling approach of 'doing with' rather than 'doing for' which is driven by each person's goals and aspirations.
- Interventions are focused on the person's functional and social goals.
- Participation in health-promoting activities
- Links with social activities are based on each person's interests.
- Opportunities for physical activity are identified.

Flexible and timely responses tailored to the individual

The active service model provides an individualised rather than 'one size fits all' service approach.

The care plan considers whether the person's goals would best be met by time-limited or episodic care rather than open-ended provision of the same service.

A range and variety of service options including:

- timely provision of aids and equipment
- creative and problem-solving approaches to service delivery
- hours of service provision that are flexible and informed by people's needs. For example, services such as community and district nursing and respite may be required during evenings or on weekends or public holidays
- choice and continuity of staff over time which develops trusting relationships, particularly for personal care and domestic assistance
- community care workers and staff members are well matched with the person, taking into account the person's diversity and preferences

- exit from the HACC program is planned with the person and their carer according to progress towards goals or when transition to alternative programs is required
- people who exit the program are confident that they can access HACC services if required again in the future.

Collaborative partnerships between individuals and providers and between providers for the benefit of individuals

Service provider staff including community care workers participate in care plan implementation, monitoring and review processes.

The objective of these collaborative partnerships is to provide:

- coordinated, goal-focused planning between agencies, with processes in place to support this
- access to, and use of interagency case conferencing, joint assessments and secondary consultations
- better and timely access to allied health services
- feedback processes between all people working with a person
- information so that referring providers understand the active service model and can set appropriate expectations with the person.

At an organisation level

Organisation management and leadership to support change

Management:

- is engaged
- leads and participates in the change.

Staff are:

- engaged
- accountable
- involved in the change process.

Workforce development and staff education

The active service model is embedded in:

- recruitment, employment, orientation and induction practices, such as position descriptions and performance reviews
- organisational policy and procedures
- staff training and education programs.

When needed, staff should be able to access:

- skilled and knowledgeable staff with expertise, regardless of where the staff member is based
- multidisciplinary support and use of an interdisciplinary team approach
- time and support for case review and reflection and other professional development strategies
- supervision and support practices that reflect and enhance the active service model
- a culture of reflective practice.

Changing the conversation and communication

- Communication with the person from the point of intake onwards reflects that HACC services are person-centred and will change according to their needs through a process of ongoing review.
- Communications material, promotional materials, advertisements, and websites reflect the active service model.

Staffing statement

For information in relation to qualifications refer to Part 1: 'Employee and related requirements'.

Position descriptions and performance management documentation should include reference to the active service model's person-centred approach.

Links

Active service model resources
http://www.health.vic.gov.au/hacc/projects/index.htm

Framework for assessment in the Home and Community Care program in Victoria (Department of Human Services 2007) http://www.health.vic.gov.au/hacc/downloads/pdf/framework.pdf

Strengthening assessment and care planning: a guide for HACC assessment services in Victoria (Department of Health 2010)
http://www.health.vic.gov.au/hacc/downloads/pdf/assess_guide.pdf

Strengthening assessment and care planning: Dementia practice guidelines for HACC assessment services (Department of Health 2012)
http://www.health.vic.gov.au/hacc/assessment.htm#download

HACC active service model communications toolkit
http://www.health.vic.gov.au/hacc/projects/index.htm

Victorian service coordination practice manual (Primary Care Partnerships Victoria 2012)
http://www.health.vic.gov.au/pcps/downloads/sc_pracmanual2.pdf