

# Access and support

## Introduction

This section describes the requirements for the HACC funded access and support activity. Readers should also refer to:

- Part 3: 'The Victorian approach to care: the active service model'
- Part 2: 'Service coordination, assessment and care planning'
- Part 2: 'Diversity'.

Access and support sits under the banner of HACC diversity planning and practice.

Diversity planning and practice includes consideration of the HACC five special needs groups and the characteristics within and across these groups. Diversity planning and practice also addresses other characteristics that may be a barrier to accessing services such as age, socioeconomic status, gender, faith, spirituality and those who identify as gay, lesbian, bisexual, transgender or intersex (GLBTI).

The objective of the HACC access and support activity is to improve access to a wide range of HACC (and related services) for people who have difficulty accessing services due to their diversity.

To receive access and support services, people must be HACC eligible and have:

- relatively low care needs and experience barriers to access due to their diversity, or
- high care needs and experience access difficulties due to their diversity.

## Access and support roles

Access and support roles assist people with complex needs due to diversity to access services that will improve their capacity to live in the community as independently as possible.

The focus of this role is to facilitate access to a wide range of services based on the person's expressed goals, wishes and needs.

Within this context, access and support roles:

- consult and provide information about the range of HACC and other services to targeted diverse communities and the individuals within them
- provide short-term, episodic support to HACC-eligible people who need HACC and other services at key stages of their care pathway
- use strategies to empower and build the confidence of HACC-eligible clients and their carers to access and use services
- work collaboratively with service providers to facilitate improved access to services and support for people with diverse needs
- promote better practice in HACC service delivery responses to meet the needs of diverse communities and the individuals within them.

Diversity alone, without access barriers as a result of diversity, does not confer automatic priority to access and support assistance.

It is important to note that the access and support role is not a case management role or an interpreter service. The role is supplementary to the services provided by the generic agency. The role does not provide broader or systemic advocacy as the focus is on direct case work and support.

Access and support roles:

- provide support to HACC-eligible people who lack the knowledge or confidence to access HACC and other services, or are concerned that the service response will not meet their diverse needs
- work in partnership with the person and their carer and other relevant service providers for an average of eight weeks during the care pathway stages of initial contact, initial needs identification, assessment and care planning (including care reviews as relevant)
- conduct initial contact, commence the initial needs identification process and develop action plans to link people to relevant services. These action plans:
  - list strategies to support the person, for example, by discussing how services work and the scope of service provision
  - facilitate assessment visits and inform assessors about cultural needs or other sensitivities
  - support the person and their carer as active partners in the assessment, decision making process, goal setting and care planning processes
- use support strategies to build confidence and empower the person and their carer to communicate clearly and assertively with relevant service providers and express their own needs
- work within the context of the Agency Diversity Plan and its goals.

## Staffing statement

People performing access and support roles must hold the relevant qualifications and experience as noted in the generic job description provided by the Department of Health in April 2011.

## Reporting requirements

Organisations funded for access and support are required to submit three reports:

- HACC minimum data set (MDS) data, quarterly
- an access and support activity report to the regional PASA, quarterly
- an implementation report in May annually.

The HACC MDS records the time spent assisting each individual client. Counting rules are described in the documentation listed below.

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### Links

HACC diversity planning and practice

[http://www.health.vic.gov.au/hacc/projects/diversity\\_framework.htm](http://www.health.vic.gov.au/hacc/projects/diversity_framework.htm)

HACC assessment framework

<http://www.health.vic.gov.au/hacc/assessment.htm>

*MDS counting rules for the HACC access and support activity*

[http://www.health.vic.gov.au/hacc/projects/diversity\\_advisor.htm](http://www.health.vic.gov.au/hacc/projects/diversity_advisor.htm)

*Reporting requirements for the HACC access and support activity*

[http://www.health.vic.gov.au/hacc/projects/diversity\\_advisor.htm](http://www.health.vic.gov.au/hacc/projects/diversity_advisor.htm)

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