



Wellness Approach To Community HomeCare

The first two years



CommunityWest
Advancing Community Services

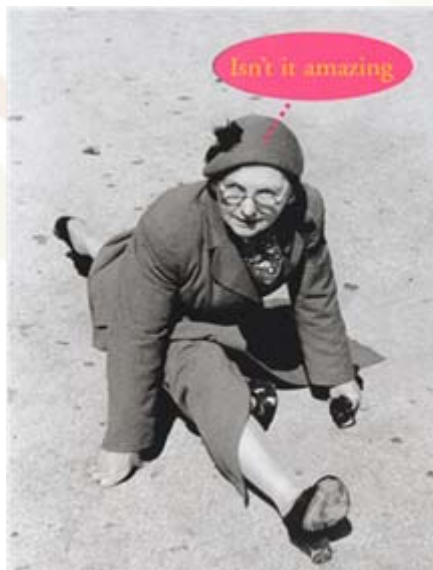


home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Background

- Underlying philosophy of HACCC
- Have we inadvertently developed services that have the potential to promote dependenceindependence?



Background

Dependency model

- Prevailing service method
- Focus on deficits and service led assessments
- No emphasis on retaining/regaining skills
- Services substitute for clients own efforts
- Quicker to do for
- Universal service provision/documentation
- Ageist culture/communication
- HACCC for life

Background

- Current service delivery does not actively work towards preventing loss of independence
- Increased demand for HACCC likely due to ageing population
- Evidence to suggest that people fair better if supported to stay involved in everyday activities and remain connected with the community
- Social and productive activities that involve little or no enhancement of fitness lower the risk of all cause mortality as much as fitness activities do. The effect of social and productive activity on mortality was the strongest among the least physically active

Changing the focus

- Moves towards capacity building service models
 - Opened dialogue for WA HACC
- 2006 Wellness adopted
 - Change in culture/mind set
 - Not a programme/product
 - Principles embedded across National reform agenda work

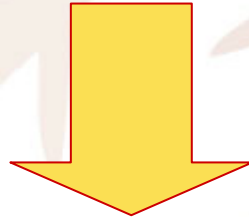


Wellness Approach

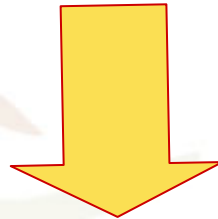
- ability focussed/build capacity
- face to face assessments
- ability based documentation/goals
- right balance of support
- support to undertake tasks as opposed to doing for
- expectations/purpose of service
- educates re negative impact of creating dependencies
- reconnecting client with local community

Examples of Wellness Approach

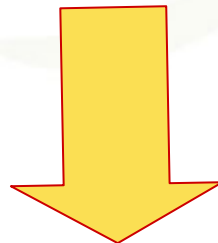
Identifying abilities



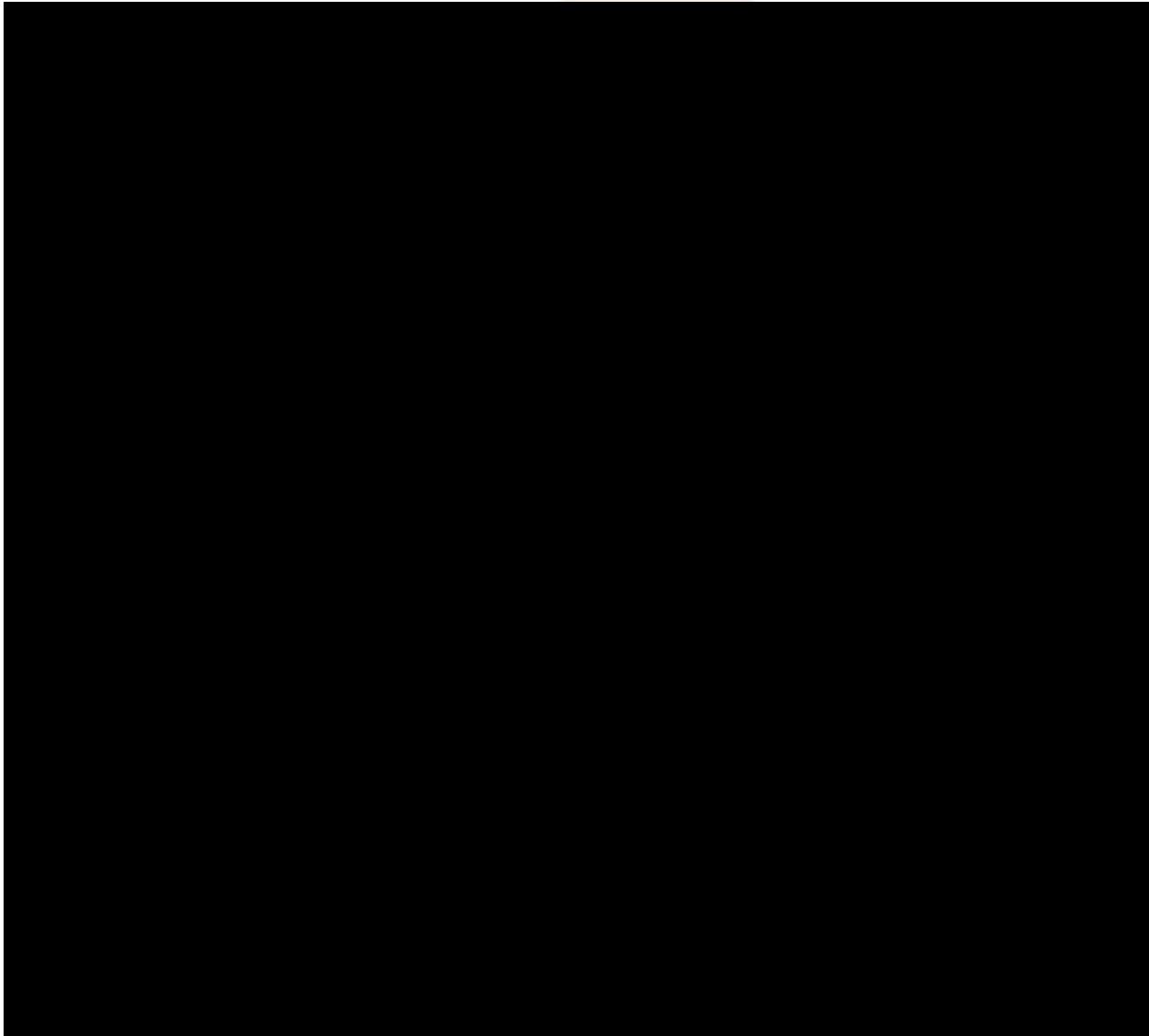
Building capacity by supporting “to do” not “do for”



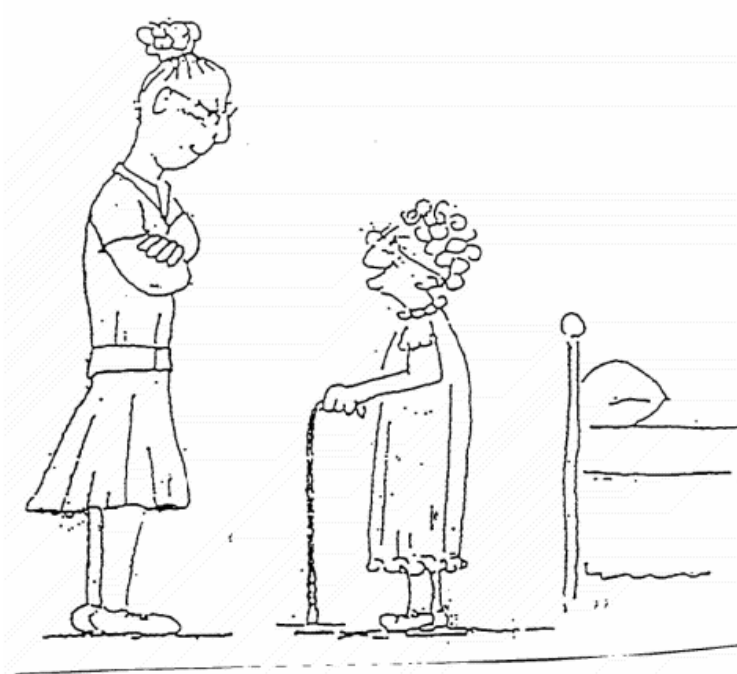
Getting right balance



DVD



The Road to Change



I'm 80 years old, been through a world war, managed a farm, had 4 children and outlived two husbands, and you're telling me that I won't be able to shower myself again"

The Road to Change

Multifaceted approach – The Building Blocks

- **Building Awareness**
- **Transforming Services**
 - Lead agencies
 - Staff Skill development



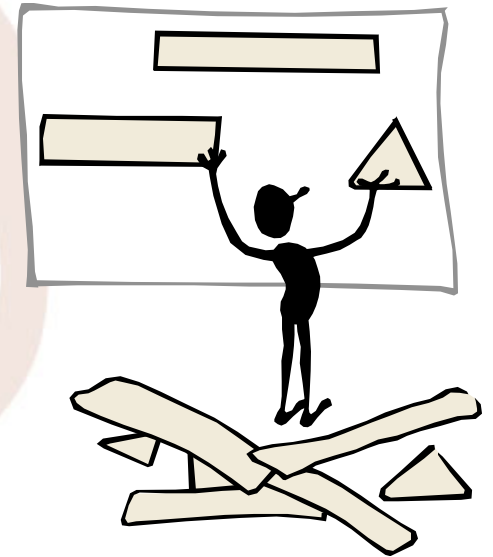
Building Awareness

- Disseminating information
- WA HACCC role
- Developing Resources



Transforming Services

- Lead agencies/working group
- Workforce skill development
 - Informal and formal process
 - Training
 - Workshops generic/specific



Initial Feedback

- Can work in HACC service structure
- Whole sector/organisation approach
- Training in itself not enough
- Peer support of an external team essential
- Phased approach

Initial Feedback

- Time
- Practical resources/wellness documentation essential aspect
- Assessment specific training required
- More equitable approach to service delivery
- Support staff welcomed approach

Potential Challenges

- Contracting arrangements/incentives
- Outputs versus outcomes
- Competition
- Client, family and community expectations

Potential Challenges

- Workforce shortages
- Perceptions & Myths



Progress to date and future development

- Awareness raising
- Resources
- 80 Providers on board
- Roll out
- Training on going/culturally appropriate under development)
- Community engagement
- New assessment strategy/documentation/training
- Evaluation/appraisal



The Road to Wellness



WA HACC
On The Road to
WELLNESS

“Years may wrinkle the skin, but to give up your independence wrinkles the soul”



Hilary O’Connell

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The Zimmers

