

South Australian Home and Community Care (HACC) Service Principles



Government of South Australia
Department for Families
and Communities



home and community care

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

“The South Australian Office for the Ageing (OFTA) has developed the South Australian Home and Community Care (HACC) Service Principles in partnership with the South Australian Home and Community Care Reference Group (HRRG). OFTA would particularly like to thank members of the HRRG sub-committee for their work in developing the Service Principles, including representatives from the Department of Health and Ageing, Aged and Community Services, COTA, the Better Practice Project, David Kelly and Associates and a range of HACC service providers.”

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1. Introduction to HACC Reforms in SA

The Home and Community Care (HACC) Program is jointly funded by State, Territory and Commonwealth Governments. In 2009-10 the HACC budget for South Australia is estimated at \$161m with the State Government providing 38% of this funding. The HACC Program aims to:

- Provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail older people, people with a disability and their carers;
- Support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care; and
- Provide flexible, timely services that respond to the changing needs of these people.

For some time now practitioners and planners within the HACC sector have been concerned at the limited emphasis on consumer choice, control and independence within the delivery of services. Some commentators have argued that “services have often been underpinned by a somewhat paternalistic and arguably ‘ageist’ approach, in which services have generally been designed to provide maximal comfort and support, rather than any attempt at restorative care” (Ryburn, Wells and Foreman, 2008). Inherent, but unstated within this approach, has been an assumption of passivity in which the service recipient has something done to them, or for them, that will “fix” them or make them feel better.

In South Australia many service providers have adopted person centred planning approaches and a range of strengths-based re-ablement methodologies in order to address these concerns. The South Australian Office for the Ageing (OFTA) has supported these efforts through funding for the Better Practice Project and through an emphasis on the themes of Promoting Independence, Person Centred Approaches and Socially Inclusive Communities in strategic planning processes.

In 2008, OFTA engaged the support of the HACC Reform Reference Group (HRRG) in the development of a set of principles for HACC services in South Australia. The South Australian HACC service principles are consistent with the current Commonwealth and State Government policy directions, building on the strong foundation provided by the Better Practice Project and complement and enhance the Community Care Common Standards.

The six principles have been developed to help agencies, staff and volunteers to understand the underlying values framework of HACC services in South Australia and to reflect upon how these values affect every interaction with frail older people, people with a disability and their carers.

The proposed HACC service principles are not an end in themselves. They constitute the first step in a comprehensive reform process which will ensure that HACC programs and services in South Australia maximise opportunities for consumer choice and control, capacity building and community engagement. In this regard, the South Australian reforms mirror similar processes in Western Australia, Victoria and more recently New South Wales.

In the next phase of the project, the service principles will be linked to a set of professional practices and indicators that will further inform the delivery of HACC services. Service providers will be supported and encouraged to adopt these practices through an implementation framework and training and professional development for paid staff and volunteers. Ultimately, the adoption of service principles and practices will be a factor in determining HACC funding outcomes in South Australia.

In the following sections of this document, each principle is defined through a brief explanation. A series of stories are then provided that explore the relevance and potential of these principles to the lives of people who receive HACC services.

Definitions of some of the key methodologies and approaches within the HACC sector are given in order to develop a common understanding of these practices.

2. HACC Service Principles

1. Promote each person's opportunity to maximise his or her capacity and quality of life.

Service providers work in partnership with each person to identify interests, strengths, skills, needs through comprehensive, holistic assessment in order to develop achievable person-centred goals and individualised assistance plans. Services seek to re-establish skills and strengths where possible to enable people to regain, develop or optimise their independence, well being, quality of life and capacity to remain living in the community for as long as possible.

2. Provide services tailored to the unique circumstances and cultural preferences of each person, their family and carers.

In order to deliver services and programs that are flexible, appropriate and responsive, service providers take the time to listen and understand the unique stories that define each person's life. Service providers build rapport and work respectfully with each person, their carers and families in order to develop goals and deliver services that are tailored to the personal, cultural and spiritual preferences of each person.

3. Ensure choice and control are optimised for each person, their carers and families.

Service providers understand that independence is increased when individuals and their carers and families are empowered to make decisions about the issues that affect their lives. Service providers actively support the principles of consumer directed care and are committed to giving each person choice in respect of the services they receive, when and where they receive them, who delivers them and in what manner.

4. Emphasise responsive service provision for an agreed time period to be reviewed as agreed.

Services providers supply flexible, timely support that is explicitly tied to the stated needs and aspirations of each person and reviewed regularly in accordance with the changing needs of the person. With the overall goals of maximising well being and autonomy and minimising the risk of loss of capacity, time frames for service provision will vary according to the purpose of the program or service:

- Short term or intermittent support to manage a setback, illness or crisis;
- Medium term support to aid recovery/restoration;
- Longer term preventative support with health and fitness; and
- Longer term support with ongoing needs or disability.

5. Support community and civic participation that provide valued roles, a sense of purpose and personal confidence.

Being involved in social events and community activities is a normal part of life for most older people. While individuals will choose different levels of engagement that reflect their interests and personalities, most older people want to stay connected and involved in their local communities. They look to service providers to support their existing lifestyle and personal interests and not simply react to a perceived problem or deficit with another service response.

By drawing upon the friendships and natural community connections of older people and bolstering these relationships with extra support when needed, service providers assist older people to retain or develop a sense of belonging and the capacity for self-direction and autonomy. Service providers understand that they have a responsibility to contribute to the local communities in which they are based.

6. Provide appropriate workforce training and development

Service providers acknowledge the services provided to each person are dependent upon the quality of care, knowledge, attitude, skills and abilities of each staff person. Service providers understand that they have an ongoing responsibility to provide appropriate and meaningful training to management, staff and volunteers.

3. Relating Principles to People

Heather's story

Heather found herself losing motivation, just sitting around at home and staring aimlessly out the window for most of the day. Some days she couldn't be bothered showering or dressing. She hadn't done any painting or writing for ages and she didn't want to see her friends or listen to music. Her mental health was fragile and she kept having 'episodes'. To make matters worse, when Heather went to see her GP she was told that she had diabetes.

Heather had never bothered to learn to cook and she was quite happy to get by on the frozen meals she bought from the supermarket. But her doctor was clear - unless her eating habits changed she would need to have higher doses of her medication. The Doctor told Heather she could get some help through a local agency and gave her the number to call.

Traditional Response

Heather phoned the agency and told them what the doctor had said. She was referred on to Meals on Wheels for daily meals and provided with the contact details of a dietician if she wanted to pursue dietary issues.

What would you do?

Heather phoned the agency and told them what the Doctor had said. Encouraged by the coordinator to talk through the issues in detail, Heather realised that she wanted to understand her diabetes and work out what kind of food she needed to eat and how to cook it. She made it clear that she didn't want other people telling her what to do and wanted to live her life her own way.

The coordinator explained that a worker called Jennifer could spend some time with Heather each week, for up to six months and that it would be up to Heather to let Jennifer know what help she wanted. The coordinator discussed the fees with Heather and they agreed on an affordable weekly amount. She also let Heather know she could call them at any time if she wasn't happy with the services or if she needed to make any changes.

Jennifer visited Heather at home and when she explained that she also has diabetes they organised to go together to a series of diabetes information meetings at the local Health Service. Heather didn't normally eat much fruit or vegetables so they had a look in the local supermarket so Heather could work out which fruits and vegies she liked to eat. Jennifer brought over a heap of old magazines and they cut out some recipes that used the vegies that Heather had decided she liked.

Every week they would shop for meat and vegetables, return to Heather's home and experiment with the new recipes. Jennifer only helped when she was asked, or when she could see a 'meal disaster' about to happen. They had a lot of laughs and Heather discovered to her surprise, that cooking could be just as creative and rewarding as her painting or writing.

Heather phoned the agency after five months to say she didn't need Jennifer's help any more. She felt that she had learnt all she needed to know, she knew how to shop, cook and she was enjoying the food. Heather thanked the agency for the help and said she would phone again if she needed to. The Doctor was pleased and said the changes had been enough for her to again manage her medication.

Links to HACCC Principles

Primary Principle:

Promote each person's ability to maximise his or her capacity and quality of life.

- The agency listened to Heather, identified her strengths, clarified what Heather needed and then worked out what 'service type' would be appropriate for reporting purposes. The agency linked Heather to a worker who had similar interests, who respected that Heather was very independent and capable, and just needed to learn about diabetes and cooking. Heather did it all herself, she just needed someone to help out.

Secondary Principles:

- Provide services tailored around the unique circumstances and cultural preferences of each person and their family
- Emphasise service provision for an agreed time period, to be reviewed as agreed and responsive to changing needs
- Promote community and civic participation that provide valued roles, a sense of purpose and personal confidence

Tom's story

Tom, a man in his late 70's is an inspiration. In his words "leading an active life, full of adventure and passion are critical to having a good life as you age'. Tom has had a life-long love of bike riding which started at the age of 15 when he was living in England. A work colleague challenged him to a lunchtime race. He won that race and was hooked. Since then he has always maintained his love of road racing, spending countless hours on his bike regardless of the weather. Tom's passion has taken him and his wife Lea on many adventures. At one time they cycled around England and Europe for seven months.

Two years ago Tom's cycling came to a tragic halt. As a participant in the Tour Down Under Veteran road race he was involved in a serious accident. He was in a coma for 3 weeks and hospitalised for three months and this left him with long term injuries to his brain. Six months after Tom came out of hospital, his wife was diagnosed with a serious illness that required ongoing treatment one day a week.

Traditional Response

Lea contacted an agency for some respite whilst she received medical treatment and after discussing the issue with the coordinator, Tom was given the choice of home respite, going for a drive with a volunteer or participating in a regular day program. Despite his misgivings Tom, agreed to participate in the day program.

What would you do?

Lea contacted an agency for some respite whilst she received medical treatment and the coordinator came around to meet Tom and Lea and discuss the possibilities. She was captivated by a wall full of photographs that portrayed Tom's cycling achievements over many years and she heard that Tom had been a highly respected member of the Southern Districts Racing Club prior to the accident. Being a curious individual and knowing how important it was for Tom to follow his passion, she ventured into to a Bike Shop where she discovered the existence of tandem bikes.

Whilst the cost of the tandem bike seemed prohibitive, this was overcome with some help through the local community and through Tom's old Bike Club. The club members said they are delighted to welcome Tom back into the club. In fact the only reason they hadn't been in touch earlier was that they were unsure about whether it was the right thing to make contact with him.

These days you can find Tom cycling from Happy Valley to McLaren Vale once a week accompanied by a mate from the Southern Districts Racing Club, both attired in their lycra suits. As for Tom, he's in second heaven

"It's great to be back on the bike, exhausting but good for my soul," remarks Tom

Tom's courage and determination are widely recognised in the cycling community with a race at last year's Tour Down Under named after him.

Links with HACC Principles

Primary Principle:

Promote community and civic participation that provides valued roles, a sense of purpose and personal confidence

Secondary principles:

- Promote each person's ability to maximise their capacity and quality of life
- Provide services tailored around the unique circumstances and cultural of each person and their family
- Ensure choice and control are optimised for each person, their carers and families

Aggies's story

Aggie loves cats – they are just about the most important thing in her life. For many years she was a successful cat breeder and she won countless awards at the Royal Show and other competitions. Aggie is very independent - she has her own car and manages most aspects of her life very well. Aggie is a widow and while she has two sons, they don't visit her. Aggie states she has one friend, a local vet.

There have been complaints to the local council about the number of cats and the 'smell' coming from her back yard. Council is bound by legislation to follow up on complaints of this type and the Environmental Health Officer (EHO) invited a member of the HACCC team to accompany him to investigate the complaint. What they discovered shocked them both. There were cats everywhere and the house smelled overwhelmingly of cat urine. Every room was littered with uneaten cat food and used cat litter and the backyard was totally overgrown and overrun with breeding cats in cages. In total, there were 46 cats present.

Traditional Response

Council guidelines are very clear. Aggie could only keep a maximum of four cats and the house and backyard had to be cleaned. Given the risk to public health a clean up order was placed on the house. The HACCC worker offered support from Council's Home Assist Team to dump rubbish and tidy the yard.

What would you do?

Council guidelines are very clear. Aggie could only keep a maximum of four cats and the house and backyard had to be cleaned.

While the EHO and the HACCC worker knew that the house was unsanitary and a clean up order was enforceable, they both agreed that it was preferable to work cooperatively with Aggie to improve the hygiene of the house and yard and reduce the number of cats. Aggie said she knew the house wasn't clean, but she did her best. She agreed to work with the council for up to twelve months to clean up her home and yard and find alternative homes for her cats.

The council staff met with Aggie and came up with a plan to:

- Clear up the vegetation and remove rubbish and old furniture from the backyard;
- Fix the leak in the laundry so that Aggie could use the washing machine;
- Provide advice on cleaning the interior of the house – tasks that Aggie was determined to do herself;
- Visit each week at a time that suited Aggie to check on progress and provide extra support as needed.

Before the end of the year Aggie's place was clean and sanitary and she was very proud of herself. Aggie kept her four favourite cats and through her friend the vet, she found a place in the country that agreed to look after most of the others. Aggie did not need ongoing support, but agreed to contact council if she needed more help. Aggie did this over the years and accessed maintenance from time to time to help keep her garden tidy.

Links to HACCC Principles

Primary Principle:

- Ensure choice and control are optimised for each person, their carers and families;
- Promote each person's ability to maximise their capacity and maintain quality of life;

Secondary Principles:

- Provide services tailored around the unique circumstances and cultural preferences of each person and their family;
- Emphasise responsive service provision for an agreed time period to be reviewed as agreed

Marco's story

Marco felt as though his life was just getting smaller and smaller. The death of his wife Assunta two years ago was like a blow to his heart. They used to do everything together and he still thought about her every day. To make matters worse, he had a stroke five months ago and this limited his movement and strength on the left side of his body.

While Marco gets some support with the housework from Home Assist, he was understandably depressed. He can't hold a spade anymore so he no longer works in the garden or does the other jobs that used to give him such a sense of achievement – no more making wine or tomato sauce at the end of every summer. Most of all, he missed his vegetable garden and he even had to get rid of the chickens. Of course the children do what they can, but Marco didn't feel comfortable asking them to help with the garden. They all have families and they're busy with their own lives and besides, none of them have kept up the old traditions.

Marco had to give up driving after the stroke and so he stopped attending the Calabrian club that had been so important to him. On one level he didn't mind so much - he felt uncomfortable about his old friends seeing him with his limitations.

Traditional Response

Marco had never been much of a cook and he really missed the daily bowl of pasta with tomato sauce and all of the Calabrian specialities that Assunta used to make for him. He tried the local food service that his doctor recommended but he soon tired of the daily serve of plain meat and vegetables. Now Marco survived mainly on a diet of bread and cheese.

What Would You Do?

It was the visit from the lady at the Italian Meal Service that finally made the difference. They talked for a long time about his life and she even managed to talk him into attending an Italian pensioners' lunch 'La Mensa'. The Meal Service provided transport to and from the community centre and he gradually connected with a few of the older men – a couple of them were even from Calabria – who like Marco had never learnt to cook.

They all missed the real tomato sauce and other delicacies that their wives used to prepare. Marco happened to mention this to the lady at the meal service and she suggested they use the Meal Service kitchen to get some cooking classes from a couple of Italian women who volunteered at the Meal Service. This took a bit of time to organise but eventually Marco was cooking basic meals for himself.

The men got on well together and they later decided to make some tomato sauce. The tomato sauce day was a big hit – he worked the crank on the Sprempomodoro with his right arm and he really felt like part of the group. They even talked about making wine and pork sausage when the season was right.

Marco met up with an old Calabrian mate at ‘La Mensa’ who asked him why he stopped going to the Club. His mate offered to pick him up the next Friday, which was Pensioners Day at the Club, to play cards and have a bowl of pasta. Marco surprised himself by agreeing to go. He felt a lot better about himself and found that he had a lot to talk about with his old friends. He even joined in on the bus trips the club held from time to time.

Marco didn’t care if there was a bit of dust on the lounge room floor but he really wanted to have the basics in his veggie garden – the parsley, oregano, basil, garlic, capsicums, tomatoes, zucchini and melanzane. Some of his mates from the cooking group were able to help him with his garden. He would cook them a meal in return and they’d spend the afternoon playing cards and drinking the homemade wine.

Links with HACCC Principles

Primary Principle:

- Provide services tailored around the unique circumstances and cultural preferences of each person and their family.

Secondary Principles:

- Promote each person’s ability to maximise their capacity and quality of life.
- Ensure choice and control are optimised for each person, their carers and families.

Mrs Schmidts's story

Mrs Schmidt emigrated from Germany more than fifty years ago deeply affected by the destruction of her hometown and the loss of her family during the war. She is a private person and her few friends tend to be other European women of a similar age who understand her experience.

Some years ago her husband died and she decided to move to a smaller house in a new suburb away from the networks that had developed over half a century. Mrs Schmidt has always been fiercely independent. When she moved into her unit, she insisted on carrying all the small boxes in her car and moving them herself. She taught herself how to use a computer because she knew if she didn't learn about e-mail and web cams, she couldn't stay in touch with her son and granddaughter in London.

Mrs Schmidt is used to taking care of herself and if it hadn't been for a series of operations on her ankle, she wouldn't have asked for help. But after the operations she couldn't walk and she couldn't drive and so she couldn't get to the shops. The first time, she was stuck in bed for weeks, her right leg swollen and painful as gradually she ran out of fresh food and other provisions. After the second operation, she had to ask her neighbour to go to the supermarket and she didn't really like to do that.

Traditional Response

With encouragement from her son, Mrs Schmidt checked at the hospital and they put her in touch with a volunteer based shopping and support program. Unfortunately, the program only offered HACC packages and was unable to assist with one-off or intermittent support. They recommended that she contact a private company.

What Would You Do?

With encouragement from her son, Mrs Schmidt checked at the hospital and they put her in touch with a volunteer based shopping and support program. Just before the third operation and even though she didn't really like strangers in her house, she met with the program coordinator and one of the volunteers. Mrs Schmidt was surprised at how well they got on and together they arranged for a weekly shop for the month after her surgery on the clear understanding that it could be extended if need be. If there was any further surgery, all she had to do was contact the coordinator in order to restart the service. This is all the help that Mrs Schmidt required or wanted.

Link to HACCC Principles

Primary Principle:

- Emphasise responsive service provision for an agreed time period to be reviewed as agreed

Secondary Principles:

- Promote each person's ability to maximise their capacity and quality of life
- Ensure choice and control are optimised for each person, their carers and families

Rocco, Grace and Maria's story

Rocco is an Italian man in his late 70's and even though his memory isn't as good as it used to be, he has managed pretty well with help from his wife Grace. Their daughter Maria is fantastic – always around the place to help with the cleaning and washing and taking them shopping and to appointments.

Then came the cancer and everything changed. During his treatment in hospital, Rocco became aggressive, unpredictable and his dementia became much worse. Rocco was very sick and the only reason that he was able to leave hospital and return home was that Maria agreed to care for him 24/7 even though this meant leaving her own teenage children and husband. Maria was also increasingly responsible for her mother Grace who was becoming more frail and exhibiting the first signs of dementia.

What would you do?

Prior to leaving hospital an occupational therapist assessed Rocco's equipment needs and identified the need for a hoist/lifter, bed, shower chair and frame. The lounge room of his home was the only suitable room that could accommodate the equipment needed.

Multiple agencies were involved in supporting the family throughout the initial post-acute period:

- Two agencies were involved in providing equipment, one was a private agency and the other was Domiciliary Care SA who also provided the case coordination;
- Rocco's personal care needs were met by Domiciliary Care SA;
- RDNS provided for the wound care and medication administration;
- Rocco needed special food that was prepared by his daughter. Maria was given information on Rocco's special diet and nutrition from the private hospital, where Rocco received additional outpatient care.

During this intensive period, Maria was in touch with the local carer support program and attended some activities. The Commonwealth Respite Centre (CRC) provided replacement nursing care services so that Maria could take a break. This enabled Maria to do the shopping for her father's special dietary needs and catch up with her husband and children. The CRC also provided Grace and Maria with training in lifting techniques that helped them to manage the demands of their caring role in the home and protect their own health and wellbeing.

After six weeks, Rocco's condition improved, the intensive agency support was no longer required and Maria returned home to live with her own family. Rocco is now much better and despite his increasing dementia, he and his wife Grace enjoy a good quality of life thanks to Maria's ongoing care and extra support from low level HACC services . Maria and Grace continue to receive support through their local carer support program and recently they were able to go on a two day Retreat, confident in the knowledge that Rocco was being well looked after.

Links with HACC Principles

Primary Principle:

- Provide services tailored around the unique circumstances and cultural preferences of each person and their family.

Secondary Principles:

- Promote each person's ability to maximise their capacity and quality of life.
- Ensure choice and control are optimised for each person, their carers and families.

4. Definitions

The definitions and descriptions provided below highlight the similarities and cross-fertilization between models of restorative and person-centred community care and capacity building.

Re-ablement

“Re-ablement strategies seeks to improve choice and quality of life for adults who need care. Through the use of timely and focused intensive interventions, the approach maximises long-term independence by appropriately minimising ongoing support required thereby minimising the whole life cost of care. This approach focuses on re-abling people so that they achieve their potential in terms of a stable level of independence with the lowest appropriate level of ongoing support or care”
(Victorian HACC Active Service Model, 2008)

Consumer Direction and Control

“Consumer Direction and Control improves the quality and effectiveness of services by giving the service recipient greater control over the service offered, the method of delivery, and the provider of the services—thereby increasing the likelihood that services truly meet the needs of those who receive them. The following attributes encourage consumer direction and control:

- Valued roles
- Person-centeredness and individualisation
- Legal rights
- Flexibility, responsiveness, and enablement
- Enriched life opportunities
- Respect; absence of degradation and mistreatment “
(Kendrick, 2005)

Active Service Model

The Active Service Model developed in Victoria is a quality improvement initiative which explicitly focuses on promoting capacity building and restorative care in service delivery. The core elements of the Active Service Model are:

- Capacity building, restorative care and social inclusion to maintain or promote a person's capacity to live as independently and autonomously as possible;
- A holistic person and family centred approach to care that promotes wellness and active participation in goal setting and decisions about care;
- Timely and flexible services that respond to the person's goals and maximise their independence;
- Collaborative relationships between providers, for the benefit of people using services.

(Victorian HACC Active Service Model, 2008)

The Wellness Approach

The Wellness approach developed by Community West in Western Australia builds capacity by actively working with older people to improve functional independence, quality of life and social participation and to prevent loss of independence and subsequent well being. The approach represents a philosophical change in the way agencies think about and provide services to HACC eligible clients with poor physical or mental health. The approach assists clients to accommodate their functional disability by learning or re-learning the skills necessary for daily living. For those individuals where re-skilling is not appropriate then the approach is about minimising the functional losses and future dependencies that may develop because of disease processes.

Critical components of these models include:

- Individualised strength-based assessments and goal orientated care planning;
- Modification of the environment and/or assistive technology to promote autonomy and independence;
- Active participation by the client in achieving goals.

(O'Connell, 2006)

Social Support

“Social Support is both a process and an outcome. While on the one hand, Social Support can be viewed as a set of practical services that facilitate social interaction, it is also a broad orientation towards ageing that believes that well being for older people is inherently connected to civic participation and meaningful engagement in community life.”

(Kelly, 2009)

Empowerment

“Empowerment is a multi-dimensional social process that helps people gain control over their own lives. It is a process that fosters power (that is the capacity to implement) in people, for use in their own lives, their communities and in their society, by acting on issues that they define as important”

(Czuba in BPP Handbook,)

Community Engagement

“ The processes through which communities contribute to particular proposals and policy changes. It involves the active exchange of information and viewpoints between the sponsoring organizations and the community”

(Planning NSW, 2003)

Community Development

“The process of developing active and sustainable communities based on social justice and mutual respect. It is about influencing power structures to remove the barriers that prevent people from participating in the issues that affect their lives”

(www.cdx.org.uk)

“The processes, tasks, practices and visions for empowering communities to take collective responsibility for their own development”

(Kelly, 2002)

Asset Based Community Development

“Building on the skills of local residents, the power of local associations, and the supportive functions of local institutions, asset-based community development draws upon existing community strengths to build stronger, more sustainable communities for the future.”

(www.abcdinstitute.org)

Community Capacity Building

“The degree to which a community can develop, implement and sustain actions which allow it to exert greater control over its physical, social, economic and cultural environments”

(Littlejohns and Thompson, 2001)

“ The ability and willingness of community members to initiate projects and programs, to organise these ventures and to keep them running. This body of talent, skill and experience is at one the key product of, and the driving force behind, a community’s development”

(Social Enterprise London, 2001)

5. Bibliography

ABCD Institute, Asset Based Community Development cited on 2.4.10 at <http://www.abcdinsitute.org>

Better Practice Project, The Better Practice Project Handbook. 2006

Community Development Exchange, A Strategic Framework for Community Development cited on 23.2.08 at <http://www.cdx.org.uk/files/u1/sframepdf.pdf>

Department of Human Services, Victoria. Victorian HACC Active Service Model: A Discussion Paper. 2008

Kelly, D. Report on the Gawler Social Support Project, 2009

Kendrick, Mi, "Exploring Whether There Is An Optimal Relationship Between Public Bureaucracies And Communities", Occasional Paper Series, CRU Publications, Brisbane, Queensland, Australia, 2005

Littlejohns, L and Thompson, D , 'Cobwebs: Insights into community capacity and its relation to health outcomes', Community Development Journal vol. 36, no. 1, January, pp. 30-41, 2001.

O'Connell, H, Developing Wellness Promoting Service Models, 2006

Office for the Ageing – SA, Key Service Principles and Directions, 2007

Planning NSW, Community Engagement in the NSW Planning System, 2003

Ryburn, B, Wells, Y and Foreman, P. The Active Service Model: A conceptual and empirical review of recent Australian and International literature (1996-2007), Australian Institute for Primary Care 2008

Social Enterprise London, Introducing Social Enterprise, 2001