

# TAKE ANOTHER LOOK

*A journey towards person centred and  
wellness models*



City of Parramatta Council  
Home Support and Community Services







The aim of this book is to challenge perceptions. If you 'Take Another Look' with an open mind, there is often more than one way to see anything.



# Lord Mayor's message

The Home Support and Community Services team is an integral part of Parramatta City Council's Social and Community Services unit. They are dedicated to putting people first and the support and services they provide are second to none. For the past 20 years the Home Support and Community Services team has not only been improving the lives of people in need, but encouraging others in the community to do the same.

This booklet highlights the team's journey to date. The case studies provide a wonderful insight into their work, and help demonstrate why they are leaders in their field. I am proud to know our Council is at the forefront of modern service provision and that our residents are benefitting because of this.

As we build Australia's next great city we understand that at a city's heart is always its people, and that the people of a city define its character. Congratulations to the Home Support and Community Services team on 20 years of providing a high level of service to the people of Parramatta, and keep up the extraordinary work.

A handwritten signature in black ink, reading "Scott Lloyd".

Cr Scott Lloyd  
Lord Mayor of Parramatta



*"I was delighted to find a service that cares enough to tailor services to the individuals' needs. This approach needs to be embraced by all services for the life of those relying on them."* MAREE,  
HOME SUPPORT BUSINESS COORDINATOR

# welcome

The aim of this book is to simplify the complex journey from standard service provision to the Person Centred Approach and Wellness Model that the Commonwealth and State Governments are embracing with the current reforms. The move to these models is based on research and evidence, and the outcome is to assist people to obtain the good things in life – family, home, friends, safety, security, good health, respect, being treated as an individual, active participation and having their contribution valued.

In 1995, Parramatta City Council – with support from the Commonwealth and State Governments – began operating Home Support and Community Services for older people, people with a disability and their carers. This included the Meals on Wheels, Neighbour Aid, Peer Support and Carers Support services. At the same time, Council recognised the need for additional recreational services to support healthy ageing, and the Over 55's Leisure and Learning was established.

We would also like to take this opportunity to acknowledge the efforts of the original team and the foresight of the then Lord Mayor John Haines in bringing these external services under the remit of Council. When asked to comment, John said, "It was a good fit for the Council and the community."

# my story

## Taisia

"There is no more amazing feeling than when you perform in front of an audience; the thrill compares to little else. The room falls silent and you just know they are waiting for you to sing; I feel alive," says Taisia as her eyes light up.

When asked what advice she would give, she says: "Stay young and study, because no one can take your knowledge away from you." Taisia can speak five languages. Her passions include reading and teaching people to sing and knit. She is strong willed and tenacious, with a wicked sense of humour. Her vast knowledge makes her compelling to listen to.

She leaves me for a moment to check in with Chris, her volunteer. Then she apologises that it is going to take a great deal to teach me opera as I can't even sing! You see Taisia has Dementia. Although in

every other way her mind works brilliantly, the reason why we came today has already escaped her.


Taisia is on our Social Lunch Program. Chris and Taisia were matched together because they have a shared experience of immigrating to Australia. Chris says her knowledge of world events and history has improved tremendously. Just chatting with Taisia she feels she gains so much more from this relationship than she gives – but it is Chris's presence which assists Taisia to remain in her home, rather than entering into facilitated care.

Taisia's son lives overseas but he has peace of mind knowing his mother is eating well and has company. This is the essence of our Social Lunch Program – to keep people living independently.

*Interview conducted by Service Coordinator*



*"I appreciate receiving Meals on Wheels and I especially love Chris's friendly conversation as we have lunch."*



*“Working within a model which recognises that one size doesn’t fit all is inspiring.”* SOCIAL INCLUSION VOLUNTEER

# *a new model*

## FOR INCLUSIVE SERVICES

Council began the journey to change its service delivery in 2004, and in 2011 formalised the pilot of the new model of service delivery. This included embracing Social Role Valorisation (SRV), key research that underpins how services can best be provided to vulnerable people. Learning about SRV became a key driver for staff to make informed evidence-based changes to improve our service.

SRV training has a strong focus on raising consciousness about the wounding that occurs to people when they are devalued, how services contribute to this wounding and how we can start to overcome these barriers. This learning has been, and continues to be, very inspiring and energising for our staff.

### *What is the new model?*

Take a moment to consider your needs and wants in life. Do they include choice, independence, respect, relationships and control over your life? To belong and contribute is every individual’s right and is at the very heart of self-worth. Why then has society limited the choices and opportunities of older people and people with a disability? When it comes to desiring the good things in life they are no different!

Social roles are important because they give people a ‘place’ in society. Through our social roles we are defined, situated and valued by ourselves and others. Services will often only

recognise and address people’s basic everyday needs – and forget to ask about other critical areas including wellness, expressed needs and wants.

Our service operates using both the Person Centred Approach and Wellness Model. At the core of these frameworks are the principles of SRV and the good things in life. The SRV concept of the Culturally Valued Analogue is critical to our service model as it emphasises creating situations for socially devalued people that are as close as possible to what socially valued people would typically expect.

# *a new model*

## FOR INCLUSIVE SERVICES

### *Understanding the terms of the new model*

#### **PERSON CENTRED APPROACH (PCA)**

Helen Sanderson describes PCA as:

“...a process of continual listening and learning, focussed on what is important to someone now, and for the future, and acting upon this in alliance with their family and friends. It is not simply a collection of new techniques to replace individual program planning. It is based on a completely different way of seeing and working with people with disabilities which is fundamentally about sharing power and community inclusion.” (a)

#### **WELLNESS**

Wellness is about thinking and working in a way that builds our clients' capacity to live as independently as possible. Rather than providing prearranged one-size-fits-all assistance within a narrow range of group activities and volunteer visiting, we take a holistic approach, tailoring support to the individual – enabling them to experience the full benefits of social inclusion, community participation and enjoying a variety of valued roles in their community.

#### **SOCIAL ROLE VALORISATION (SRV)**

SRV is a set of approaches designed to enable devalued people in society to experience the good things in life. Our society values competence, independence, youth and intelligence. In turn, incompetence, dependence, old age and low intelligence are devalued. A person perceived by

society to be of 'low value or worth' is likely to be treated in ways which reflect this perception. SRV champions an approach where all people hold valued roles in a community and are therefore appreciated for their positive contribution to society. This in turn promotes positive well-being for all individuals. (b)(c)

#### **THE GOOD THINGS IN LIFE**

The good things in life are what we all desire to have: family, home, friends, safety, security, good health, respect, being treated as an individual, active participation and having our contribution valued. The ability to have a good life is contingent on whether we have access to social roles that we value and that we are seen in a positive way by others. Our service endeavours to enable individuals to develop positive roles and interactions based on each person's own preferences and goals.

### *Elements of the new model*

#### **GETTING TO KNOW THE PERSON AND FORMING A PARTNERSHIP**

Traditionally, we would meet a person with an assessment form in hand. Under the new model, more time is taken to develop an equal partnership where the person is seen as the expert in their own life.

#### **IDENTIFYING PEOPLE'S GIFTS AND STRENGTHS**

Identify people's gifts and strengths and what is important to the person—what they enjoy in life and what support they need to feel safe? What is and what is not working in

# a new model

## FOR INCLUSIVE SERVICES

the person's life right now? Consider where the boundary is between risk management and restrictive, unnecessary control, then eliminate or reduce provider control.

### **SUPPORTING PEOPLE TO COME UP WITH A VISION FOR THEIR FUTURE**

As part of our service we listen to people and explore ideas, ensuring each person's plan evolves over time. Plans should include formal support from services mixed with the informal support of family and friends. As a person builds their confidence they are more able to discover their vision for the future.

### **CULTURALLY VALUED ANALOGUE**

The SRV concept of the Culturally Valued Analogue is critical as it emphasises creating situations for socially devalued people that are as close as possible to what socially valued people would typically expect. For example, if someone is interested in art we would look to what the local art society may offer rather than a group activity for people with a disability. (d)

### **ONGOING TEAM REVIEW**

Meet regularly to share and reflect on the best way to provide support.

Create opportunities for deeper understanding at a practical level, building a culture of reflection, questioning and review.

Be prepared to challenge yourselves and your pre-conceived notions.

### **STRENGTHENING RELATIONSHIPS**

Maintain strong communication with the people we support. Provide encouragement whilst the person is making changes in their lives. Informal supports provide rich possibilities for meeting the needs of people. They include family, friends, neighbours, and others in the community. These supports can offer opportunities such as:

- » having a neighbour shop for groceries,
- » having a family member assist with cooking or grooming,
- » asking a church member to run errands.

Creatively blending informal and formal supports adds benefits to that person's life that formal supports alone cannot achieve.

### **FINDING AND LINKING IN COMMUNITY**

Listen and tailor support to the person, enabling them to experience the benefits of true social inclusion, full community participation or assisting them to enjoy a variety of valued roles in the community – supporting them to live in their communities as they choose.



# my story

## Suzy and Flo

Suzy: "I would like to attend your 100<sup>th</sup> birthday party; I'll do whatever you want me to."

Flo: "How about a Yoga demo?"

Suzy: "No problem. Deal!"

The witty repartee between these two ladies has everyone in fits of laughter. At 96 years of age Flo is not slowing down. "My grandson says I'm stubborn but I try not to let anything beat me. I would like to be able to walk again and if I can, I WILL do it! I will keep trying and trying."

When asked what she would tell others about the service, Flo doesn't hesitate: "Suzy is my friend but I also understand that she came to me through the Council's Social Inclusion team. It is a wonderful service and I am always treated with respect."

Suzie joins in: "Flo has taught me never to give up. I thought

I was too old to learn to knit until I met Flo. She taught me and now we knit together. She also helped me with my English. It was only okay when I started volunteering but Flo had so much patience with me and with her encouragement my English improved. I owe her so much. Flo motivated me to join a Yoga class – I am the oldest there but I am respected by my classmates. She is my teacher, my friend and like a mother to me. I respect and admire her. She is always positive. She does as much as she can by herself. She always appreciates what the community does to help her remain at home independently."

"This is my home and it is where I want to be," Flo smiles.

*Interview conducted by Service Coordinator*



*"I could have been very lonely but now I have someone to talk and laugh with."*

*"SRV reminds you that every person is equal – you need to support the person to see themselves as a valued, worthy, contributing member of the community."* CLARE, SOCIAL INCLUSION WORKER

# the new model

## IN ACTION

The following are examples of the way we are implementing the Person Centred Approach and Wellness Model. The traditional service response is compared to the response and outcome when assessing and delivering support using the new model. The results indicate that positive change can take place when we work with people with a focus on building capacity and encouraging connections with the community. We have seen a shift to more people being supported effectively for shorter periods rather than supporting the same people for a longer period of time.

### PROFILES

#### NICK

Nick is a 72 year old man who has an intellectual disability. He has been attending a recreation group for people with disabilities for a number of years with his wife Lauren, 55, who also has an intellectual disability. The first 45 years of Nick's life were spent in care. Over the last year a person centred approach has uncovered a number of issues for both Nick and his wife, including his desire to wear female clothing and the anxiety he felt having been informed this was illegal by people closest to him.

#### *Traditional response & outcome*

Continued attendance at our group activity with no expectations, and the risk of Nick being admitted into care, with a likely outcome that he and his wife would be separated.

#### *Social Inclusion response and outcome*

Nick's disclosure that he liked wearing female clothing and had spent most of his life wanting to be a woman, demonstrated the high level of trust we earned. It was quite a revelation for him to have people not judge him and actually be accepting of what made him happy. We were concerned

New Service Response Model	Cost per year	Cost over five years
Attends Thursday activity fortnightly – 2 staff/2 volunteers x 5.5 hours divided by 8 people	\$2,650	\$13,251
60 minutes x 2 sessions per week (support includes advocacy, which will be maintained until other support is established)	\$4,148	\$20,738
Traditional Service Response Model		
Residential care (current Federal Government funding of residential aged care is about \$122 per bed per day to provide a vast array of services – as quoted in the ACSA Submission to the 2014/15 Federal Budget)	\$44,408	\$222,040

that he could be targeted by bullies so we worked with the Gender Centre to give him some guidance and support around appropriateness and keeping himself safe. His anxieties reduced to a large extent and he is comfortable to wear his dresses when people come to his house. This has made him happier and has effectively reduced his isolation.

## SHIRLEY

Shirley is a 50 year old socially isolated woman with a culturally and linguistically diverse (CALD) background, low income and chronic fatigue syndrome. She has very low energy, which limits the activities she can participate in. Shirley expressed that regular contact with her family overseas was critically important to her. She had previously used an online messenger program to contact them but found it tiring to type. We explored ways that Shirley could make contact with her family.

### *Traditional response & outcome*

To provide Shirley with a volunteer visitor indefinitely.

### *Social Inclusion response and outcome*

We matched Shirley with a volunteer who helped her to install and set up the Wechat App on her smart phone. This enabled Shirley to talk and leave messages when her energy levels were high and her family overseas could then listen to

New Service Response Model	Cost per year	Non-recurrent cost	Cost over five years
60 Minutes per fortnight for 8 weeks then reduced (as confidence builds) to once per month for 4 months.	N/A	\$298	\$298
Traditional Service Response Model			
Ongoing indefinite support from a volunteer (1 visit per fortnight)	\$819		\$4,094

messages whenever it suited them. The volunteer provided support for six months until Shirley became confident using the program by herself. Shirley now has regular contact with her family overseas and has developed an interest in furthering her technology skills. She now no longer requires our support.

## SARAH

Sarah is a 75 year old woman who had become withdrawn and stopped eating. Under medical advice, her family was considering admitting her to a nursing home because her health was deteriorating.

### *Traditional response & outcome*

Admittance to a residential facility.

### *Social Inclusion response and outcome*

Sarah was matched with a volunteer to have lunch with three days per week (the family provided support the rest of the week). The visits made Sarah engaged and she would eat all her meal. The family commented that they had seen a change in Sarah; she was more animated and was engaging more with them.

New Service Response Model	Cost per year	Cost over five years
90 minutes x 3 days per week for a volunteer (based on unit cost)	\$8,709	\$43,547
Rent Assistance \$285.20/fortnight	\$7,415	\$37,076
Total	\$16,124	\$80,623
Traditional Service Response Model		
Residential care (current Federal Government funding of residential aged care is about \$122 per bed per day to provide a vast array of services – as quoted in the ACSA Submission to the 2014/15 Federal Budget)	\$44,408	\$222,040

*Costs rounded to the nearest dollar.*

# my story

William

"I have been lucky. I have been skydiving, bungee jumping, and hot air ballooning. Some parents are afraid – unsure themselves, but education is the key. It's all about people and perceptions. I've met a lot of people over the years, and through a conversation they realise they are capable of so much more. A lot of the time it is misunderstanding, people don't know we can do what we can do. I met a guy some time back who has been in institutions all his life. I was telling him stories of what I have done and it was obvious we hadn't had the same life experiences. This is how it used to be but there is so much more we can do.

"Growing up I never thought of myself as having a disability because of my family. Mum would say 'Don't let anything hold you back – Do everything you can do.' I believe a person, no matter who they are,

deserves dignity and respect. I have been in and around services since I was a kid and seeing all the changes has been good; it's become a lot better. It is so important to have flexibility and to be able to maintain the same people in your life – you need to be comfortable with them.

"Living with Cerebral Palsy has some physical restrictions and one of them is maintaining my yard. I love my home. I pay my rent and in return I am expected to maintain it, which I am happy to do. Council's lawn mowing service allows me to select the contractor I want, negotiate what I need and change if I want to. It's my choice... just like everyone else! I can live in my home independently and enjoy my life and there's so much more I want to do."

*Interview conducted by Service Coordinator*



*"Don't put me in a box. Don't assume. Assuming is bad!"*



# my story

Glen

"Are you on Facebook?" Glen asks. In the past couple of years Glen has transformed his social life – learning to use a tablet and getting connected with Facebook. "It's not hard once you know how. Do you know how to attach photos to your posts? I can show you," he offers. Glen uses his tablet to take beautiful photographs to share with his Facebook friends. This was one of the features that swayed Glen from purchasing a computer and choosing a tablet instead.

Glen has an intellectual disability and lives with his family. In 2013 the Social Inclusion team matched Glen with Jocelyn, a volunteer. While spending individual time with Jocelyn, Glen shared his desire to join Facebook and connect with friends and other family members. At this stage, Glen had little experience with computers but they worked together to decide what would best suit him. Jocelyn

then supported Glen to make decisions such as comparing brands and prices. The tablet won out! Glen then met with Jocelyn on a weekly basis and learnt the skills to navigate his way around his tablet and browse his Facebook newsfeed independently. Glen also asked Jocelyn to teach him how to download and play games. Jocelyn laughs at this memory. "I remember the learning curve. My knowledge expanded as Glen's did. I was often forced to use a search engine to answer some of his questions and requests."

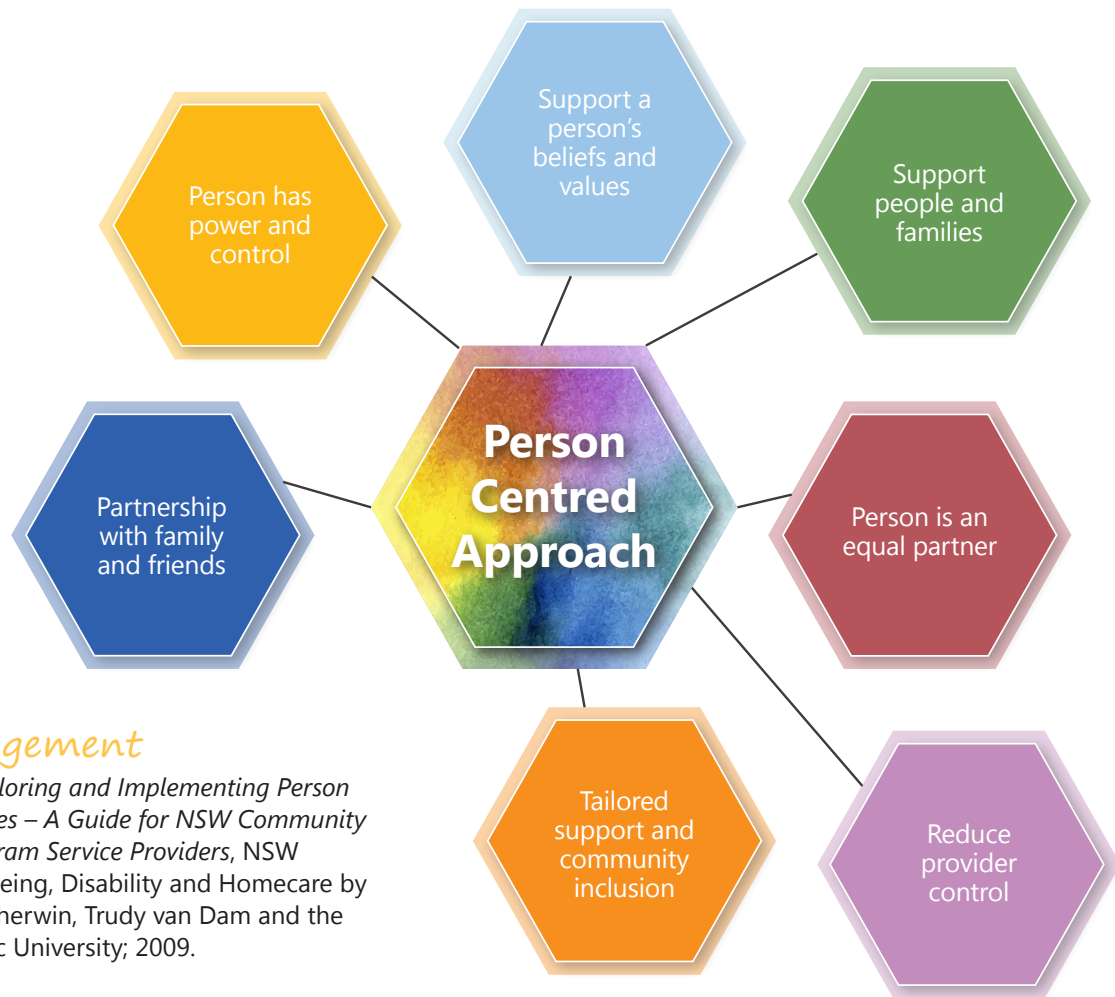
Having now moved to the Central Coast with his family, Glen still feels connected with the friends he has made over the years, thanks to Facebook. Glen hopes to teach new friends on the Central Coast about getting connected on social media.

*Interview conducted by Service Coordinator*



*"The best thing about Social Inclusion was learning to use my [computer] tablet and the friends I made in person."*

# person centred APPROACH



## Acknowledgement

Adapted from *Exploring and Implementing Person Centred Approaches – A Guide for NSW Community Participation Program Service Providers*, NSW Department of Ageing, Disability and Homecare by Judith Ellis, Jane Sherwin, Trudy van Dam and the Australian Catholic University; 2009.

# making the change

## TO THE NEW MODEL

When we undertook the transformation using Social Role Valorisation (SRV) we were not breaking new ground. Rather, we were following in the footsteps of other service providers and SRV experts. The extracts below highlight the essential elements of a successful transformation.

### EXTRACT ONE

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Jane Sherwin is an expert in the field of SRV and highlights that, "... the intention of transformation work is to:

- i. Enable key staff to have future orientated conversations and capacity building conversations, that
- ii. create a power-with relationship between the server and served,
- iii. that reinforces the natural authority of each older person, so that it is possible to
- iv. build capacity of themselves and their unpaid allies to:
  - a. Make arrangements for a meaningful home and community life that is sustainable even when dependency is high and
  - b. Engage in a power-with relationship with a service to design and deliver the assistance that is needed." (e)

### EXTRACT TWO

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Ellis, Sherwin and van Dam also write that 'Person-centred approaches' require that organisations:

- » Have a committed leadership that actively instills the vision of a person-centred approach at all levels
- » Have a culture that is open to continual learning about how to implement a person-centred approach
- » Consciously hold positive beliefs about the client/consumer and their potential
- » Develop equal and ethical partnerships with the person in the client/consumer role and their families
- » Work with people to individually meet each person's needs so that they can be in valued roles in valued settings
- » Develop appropriate organisational structures and processes. (f)



"I am here to encourage independence." VOLUNTEER, OVER 55'S LEISURE AND LEARNING

## Setting the right conditions to operate quality services 2004-2011

### Getting the right evidence base to deliver quality services

- 1 Employ Service Manager with extensive experience working with SRV and an understanding of quality issues with traditional service models.
- 2 Introduce SRV research to inform a new approach to service delivery. All staff attend a two-day SRV theory training and participates in ongoing discussions about how it relates to their work.
- 3 New staff receive a copy of Wolf Wolfensberger's book *A brief introduction to Social Role Valorisation* to read and discuss with their managers in the first few months of work.
- 4 Promote the research and new ways of working to senior managers.
- 5 Develop an eight-week course for carers based on evidence to improve wellbeing.

### Getting the right leaders, staff and volunteers

- » Recruit the right staff based on updated position descriptions including SRV.
- » Recruit volunteers with the right values and skills.
- » SRV training rolled out to all volunteers. (g)

### Developing the right conditions and culture for staff and volunteers

- » Training staff in emotional intelligence.
- » New staff receive the book *Strengths Finder*. Individuals and teams then identify positive ways to harness each team members' strengths.
- » Implement training for all staff to understand and be able to use the Situational Leadership Model to improve effectiveness of teams and leaders.
- » Work with the team to understand their personality and work style.
- » Improve volunteer management through a practice review against the National Volunteer Standards.
- » Increase staff retention and continuity of service provision by moving to a 35-hour week.
- » Adopt a positive culture based on the SRV principles to ensure continuous improvement.
- » In-house training for staff and volunteers about SRV.

# my story

Peter

"After retiring at the noble age of 70, I wanted to fill my day and keep my mind and body active. I saw an advert in the local paper for gentle exercises at Ermington; I took up membership with Over 55's Leisure and Learning and have been coming along to activities ever since.

"As a single person living alone, I keep in close contact with my cousin. We both attended the 'Stepping On' (falls prevention) program to help improve our health, strength and balance. We both recommend this program." Peter has made other friendships attending the classes and this is a common theme with our members.

Peter has been a local of the Parramatta area all his life. "I worked as a Guillotine Operator in Meadowbank for ten years on the Raven Project for "2 Way Radio" for the Army Defence Force." After

leaving at the age of 60, Peter took up a full-time role as a food assistant with Christian Community Aid at Eastwood, which he really enjoyed.

"During the 1950s, as a ten year old child I had bad health. Asthma kept me at home and I spent 9 months in bed. I was home tutored for two years by Blackfriars Correspondence School." Peter still has small stints of asthma today and finds that his gentle exercise classes and keeping active really help.

"I like to take my push bike for a ride and get some fresh air along the cycle track beside the Parramatta River. I have been cycling for at least 15-20 years and bike tracks today are a great improvement and a joy to ride on, no matter what age you are."

*Interview conducted by Service Coordinator*



*"I like to keep my body and mind active. My membership with Over 55's Leisure and Learning helps me do this."*

# my story

## Bronwyn

Bronwyn has been on a journey. In 2011 the Learning and Leisure Centre acquired two computers and a volunteer was trained to teach basic computer skills. Bronwyn was there! After gaining some confidence in her ability Bronwyn progressed to using the computers in the library. She then saved for and purchased her own laptop computer after doing some research on prices and the best model for her. While saving for the computer she continued to visit the library to develop her skills, and being with others who were studying inspired her to register for a computer course at the local TAFE. Despite feeling challenged she completed it.

When Bronwyn purchased her laptop computer we matched her with a volunteer to support her to set it up. Bronwyn now has a Facebook page and communicates via email and Twitter. Bronwyn lives independently in the community, working in a Business Service Enterprise. She joined the Peer

Support group in 1998 to enable her to attend activities with her peers. It was whilst working with Bronwyn the Social Inclusion team discovered her interest in using technology.

Bronwyn's other interest is horse racing. She follows the horses and jockeys on Facebook and Twitter, and occasionally she takes herself to Rosehill Racecourse on Saturdays. We matched Bronwyn with a volunteer who also shares an interest in horses. "Having Juliana to go to the races with is great because I have someone to talk too, someone who likes the outdoor life like I do. If I didn't have her to go with I wouldn't go so often."

Bronwyn continues to gain confidence in her abilities and feels good about herself, this is helping to reduce her anxiety and she is discovering the good things in life.

*Interview conducted by Service Coordinator*



*"I learnt a lot from the volunteers who taught me about computers and how to use technology."*

# Developing the model and piloting

2011

- » Developed a new mission statement to reflect the new way of working: To partner with people who are older, people with a disability and carers so they increase valued roles, skills and meaningful relationships to maintain the good things in life such as family, home, friends, safety, good health, respect, being treated as an individual and having their contributions valued.
- » Worked with a consultant with SRV and service management expertise to mentor the coordinator/management team to develop and pilot the new model. Review many articles about SRV and best practice support. (i)
- » Key learning about power-with relationships rather than the traditional expert/client relationship (expert has the power).
- » Worked with Australian Catholic University to complete research, *Met North Social Supports Development Project - An examination of Social Support Services in the Met North area of Sydney*. This confirmed that the new way of working with people based on SRV leads to best practice (j)
- » Completed research with Australian Catholic University Supporting Vulnerable People with their Dietary Needs – Meals on Wheels and Social Support. This research identified a best-practice model to support people who are having difficulty eating their meals, by linking them with a volunteer with common interests to share lunch. (k)
- » Exploring what PCA means to each service and making improvements e.g. add questions to volunteer monthly report and supervision such as:
  - » What new activities did you and the person you visit do together?
  - » Did they learn any new skills?
  - » Did you encourage them to attend outings? What was the response?
- » Updated staff position descriptions; developed a tool to assess and setup groups as sustainable, integrated and independent.
- » Developed a new volunteer role, Community Connector, requiring skills in getting to know people and linking them to mainstream activities.
- » Developed a pilot in the Social Support service, working with people individually based on their goals and linking them to mainstream activities wherever possible.
- » Over 55's Leisure and Learning team are working with groups to become more independent, including expanding service to include walking groups open to everyone in the community.
- » Implemented CRM software creating reports on new valued roles, skills learnt and new meaningful relationships.
- » Delivered training on 'Teaching Functional Skills' for staff and key volunteers.



## Getting the structure right and expanding the pilot 2012-2014

- » Consultant report on progress in implementing the new model, "Results have already become apparent and appear to extend to increasing self-esteem and connectedness for those that they have commenced working with in this way."
  - » Restructure to best support the PCA way of working. The restructure included merging the Peer Support, Neighbour Aid/Social Support and Carers Support services into a Social Inclusion team. This achieved a more well-rounded support model for the whole family.
  - » Training for staff and volunteers by John Armstrong accredited teacher of SRV.
  - » 2012 - Council receives funding for lawn mowing and changes the current service to the Community Assist Lawn Mowing model using SRV principles.
  - » 2012 - Ageing, Disability and Home Care Better Practice Guide details the Social Inclusion program and Book Club as an innovative service type. (I)
  - » 2012 - Social Lunch Program started for people receiving Meals on Wheels based on the research Supporting Vulnerable People with their Dietary Needs – Meals on Wheels and Social Support.
  - » Implemented mandatory volunteer training program in PCA – twice yearly training in supporting people's strengths' including active listening, getting to know people's strengths and interests, mainstream options of support and focusing on independence. Refresher training on 'Teaching Functional Skills' for staff and key volunteers.
- At the 2012 Neighbour Aid and Social Support Association meeting guest speaker, Judy Jenkins of Care Connect, spoke highly about the benefits of our Meals on Wheels Social Lunch Program for people with dementia.*
- » Updating Volunteer handbooks and position descriptions based on SRV principles.
  - » Culture of continued training for volunteers: supervision, training and group meetings.
  - » Meet with volunteers regularly and provide support in learning the new model.
  - » Success and key learnings are measured through case stories and outcomes including; valued roles, meaningful relationships and skills learnt.
  - » Champion the importance of outcomes over outputs with funding bodies. Negotiate outputs with funding bodies in light of implementation of the new model and achievements of outcomes.
  - » Promote the outcomes of this model internally and externally.
  - » Continue to review and to reflect and review SRV literature.
  - » 2012 - Consultant Trudy van Dam, from the Australian Catholic University and member of the Consortium

## Getting the structure right and expanding the pilot 2012-2014

for Person Centred Approaches, reports the following significant progress in the team's PCA implementation:

- › commitment by all team members to understand and facilitate what each person they support really needs;
  - › commitment by the team manager to provide learning and planning opportunities for staff to understand PCA values and develop PCA attitudes;
  - › ongoing reflection by staff on practice issues;
  - › willingness to continually look for new and better ways of meeting the needs of individuals, with the team becoming more adept at juggling the features of PCA such as choice, inclusion and use of natural supports to create more opportunities for each individual using the services; and
  - › Positive outcomes of increased self-esteem and social connectedness already emerging for people using the services.
- » Requirement for staff working with vulnerable people to receive SRV training. This is built into Council's access and equity training.
  - » 2014 - Develop individual plans with all people in funded services and add a goal component to the Over 55's Leisure and Learning service.
  - » Held a social inclusion forum to educate local businesses in employment of and access for older people and people with a disability.
  - » Renewed team style and strength profiles.

*On our Social Inclusion service: "I am impressed at your approach to implementing PCA which I believe is indicative of good leadership and positions your client service at the forefront of best outcomes."* PETER MICHAELIS, FORMER MANAGER  
BLACKTOWN NEIGHBOUR AID

Number of meals delivered 1,093,935



# my story

## Mavis

When we think of carers most of us consider people caring for their young children or older people caring for their elderly parents.

Let me introduce you to Mavis and her entirely different story.

Mavis was born in Tasmania but moved to Parramatta at the age of 34 and still lives in the same house, amongst friends in her neighbourhood.

Her living room walls are adorned with artworks she painted, and the raw talent that permeates from these is remarkable. Mavis has contributed to the local community by volunteering for the Red Cross and at Westmead Hospital where she has made lifelong friends.

"I love company! The more friends I have around me, the better," she laughs. Mavis is so down to earth.

Like all of us, Mavis still does her weekly shopping at the

local supermarket and prepares meals for her son. Mavis is a cat person and adores her companion, though openly admits naming is not her greatest strength, so Puss is what he comes running to.

So far Mavis' story is just like most people except for when I tell you that Mavis is 100 years old and her son, who she still cares for, is 66.

With the help of a few services, including Meals on Wheels and Carers Support, Mavis and her son can continue as they always have – living life in the comfort of their own home.

Mavis is living proof that with the right support we all can live long independent meaningful lives in our own homes.

*Interview conducted by Service Coordinator*



*"The people at Council's Meals on Wheels and Carers Support are very nice and it is great to receive the support so I can remain in my home with my son."*



## Embedding the change

### 2015

- » Continue to review and to reflect and keep up to date with SRV literature.
- » The Social Inclusion team meets weekly to discuss support planning for individuals and families.
- » Achieved 100% accreditation against the Disability Service Standards.
- » 2015 partnership with Northcott Disability Services to run joint carer support groups.
- » Develop first Council-wide Volunteer Management and Support Policy based on the National Volunteer Standards.
- » Embed the need for service delivery to be evidence based and include SRV.
- » Improve links between Social Inclusion and Over 55's Leisure and Learning to reduce silos and thus deliver improved outcomes.
- » Support people to live with flatmates where suitable e.g. Homeshare Program in Australia.
- » Continue to advocate about the need for mixed social and private housing.
- » Challenge local businesses to become more accessible and welcoming to older people and people with a disability.

### 2015 Onward

- » Set-up a system of measuring and reporting on completion of goals with set targets.
- » Teach staff and key volunteers the skill of working with people in a solution-focussed way to improve our coaching of people to attain their goals.
- » Conduct service evaluations to demonstrate further outcomes of the new model and our future requirements.
- » Improving staff/volunteer skills in reaching into the family to offer extended support.
- » Work to reduce isolation of people participating in Meals on Wheels and Community Assist Lawn Mowing programs by initiating further links to Social Inclusion.
- » Collaborate and partner with services who have packaged support for older people and people with a disability to see how our services can be complimentary and improve outcomes for people. This may include diversifying funding sources.
- » Embed a system to maintain continuous improvement and a constructive team culture.
- » Continue to modify services based on the changing needs of the people in the area e.g. providing culturally diverse meals.
- » It would seem that a benefit of the model for the employer is reduced staff turnover. Our average length of service is 7.7 years, with the longest being 25 years and shortest just one year.

# Embedding the change

2015

## Some challenges you can expect

It can be challenging to measure the benefits of the new model. It can be easy to count how many people use a service, but it is much harder to gather usable statistics relating to the impact of the new model of support.

Some important questions to consider are:

- » How does the person feel now that they have received services?
- » What has changed for them in their lives, as a result of the services we have provided?
- » Are they more connected to their community or family?
- » Has their self-esteem improved?

These qualitative outcomes, commonly known as 'soft' or 'social' outcomes, are important to prove that what we do is having an impact.

It is not a simple switch to become a service that embraces SRV. It requires a change in culture, ways of thinking and working day-to-day. Making the change takes persistence, and is very much about the journey rather than the destination.

Our challenge moving forward is ensuring SRV continues to be recognised as the core framework for providing quality services.

Number of lawns mowed

11,881



# our achievements

2004	<ul style="list-style-type: none"><li>» Winner Keep Australia Beautiful Metro Pride Award – Community Assist Lawn Mowing</li></ul>
2005	<ul style="list-style-type: none"><li>» Home Support and Community Services celebrate their 10-year anniversary</li><li>» Pilot program to expand the Leisure and Learning Centre to the suburbs starting in Granville, based on consultation with the community</li></ul>
2006	<ul style="list-style-type: none"><li>» Purchased a large range of cultural foods for more variety</li><li>» Winner Business Achiever Award - Over 55's Leisure and Learning</li></ul>
2008	<ul style="list-style-type: none"><li>» Winner Local Business of the year award</li><li>» Winner Small Business Awards – Not For Profit – Meals on Wheels</li><li>» Collaborated with the Heart Foundation to start walking groups open to the community and partnered with local community members to start the Granville Men's Shed – both integrated groups</li></ul>
2009	<ul style="list-style-type: none"><li>» Parramatta book club commences – integrated group</li><li>» SRV training rolled out all volunteers</li></ul>

*"We see the value in the people we support, we see possibilities and opportunities. We take the time to get to know the person, to help them explore their strengths, their dreams and goals and support them to make those ideas a reality."* SABRINA, SOCIAL INCLUSION WORKER

2011

- » Meal on Wheels gives out microwaves to clients to heat their meals
- » NSW Carers Award for Carer Support
- » Senior's Broadband Kiosk commences, funded by Commonwealth Government

2012

- » One thousandth customer joins Over 55's Leisure and Learning
- » Article in the NSW Government Ageing, Disability and Home Care Newsletter about the service embracing PCA

2013

- » Launch of Parramatta ATSI Health Expo during NAIDOC Week – held again in 2014
- » Over 55's Leisure and Learning line dancing group are invited and take part in the Parramasala parade
- » Stepping On (falls prevention) program started with significant improvements in people's balance and mobility

2014

- » Several Volunteers celebrate their 20 years long service
- » Finalist in the Local Government Management Excellence Awards - Leadership Excellence in Age-friendly Communities category

2015

- » Finalist in Zest Awards - Promoting Social Cohesion and Community Harmony for our Social Lunch program
- » Exhibition at Riverside Theatres during Seniors Week by members of the Over 55's Leisure and Learning
- » Meals on Wheels to receive a trophy for 50 years of service
- » Finalist in Local Business Awards - Outstanding Health Services Improvement for our Over 55's Leisure and Learning

# future demographics

## PROJECTIONS AND DRIVERS

With the funding model for people with a disability and older people changing from services having block grants to each individual having a package of funds, the creation of a competitive marketplace is inevitable. If our industry falls in line with other community service industries, such as child care and employment services, the pressure will be to focus on 'profitability and sustainability' as well as 'innovation and sustainability'. Services should be mindful of this, yet not lose sight of their key objective, which is to assist people to find the good things in life.

*Leisure and learning programs delivered*

15,608



The current and future demand from the community is for people to stay living in their own homes for as long as possible. The baby boomer bulge is on the cusp of working its way through those age brackets that are at greater risk of dementia. Without proper workforce and infrastructure planning, there will be increased pressure on services currently being delivered, with potential for a reduced quality of care and subsequent lower quality of life for those with dementia, their family and friends.

This will be best achieved using the Person Centred Approach and Wellness Model.

**FIGURE 6 DEMENTIA PREVALENCE ('000) BY STATE/TERRITORY, 2000-2050**

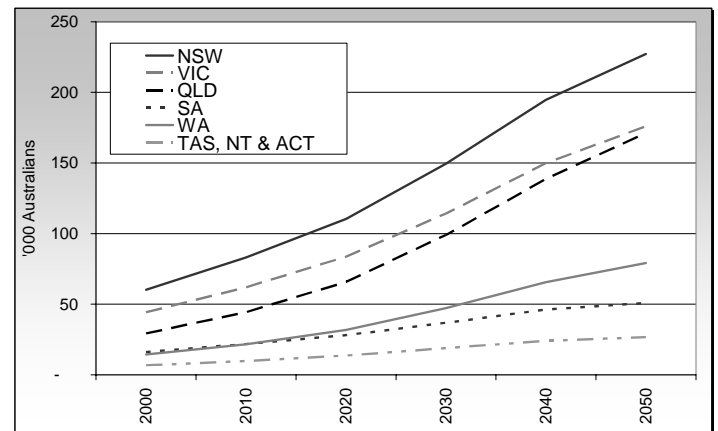
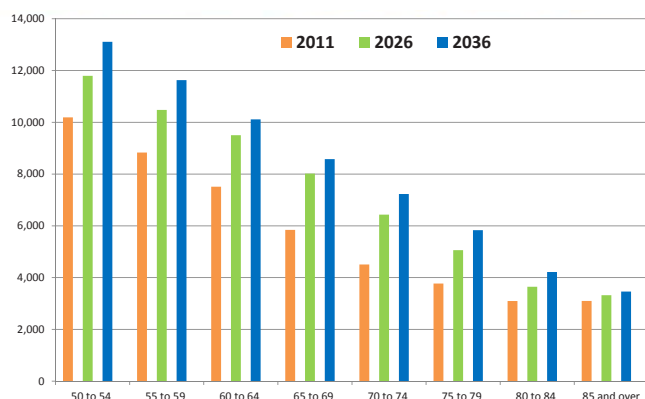


Figure 6 extracted from *Dementia Estimates and Projections*, a report by Access Economics for Alzheimer's Australia, February 2005

Over 55s will increase by 42,848 by 2031 (22.1% total pop)



Data Source: ID Forecasts 2014

"I see my role as being part of their journey. It means that I take my time listening to their story, getting to know the person better before rushing in to rescue someone – assisting the person to look for natural supports instead."  
MEILAN, SOCIAL INCLUSION COORDINATOR

TABLE 7 DEMENTIA PREVALENCE BY AGE & GENDER, VICTORIA, 2000-2050

VIC ('000)	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2020	2030	2040	2050
<b>Male</b>															
0-59	0.20	0.20	0.20	0.20	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
60-64	1.14	1.17	1.21	1.23	1.28	1.32	1.38	1.47	1.56	1.62	1.67	1.92	2.03	2.01	2.16
65-69	1.41	1.41	1.44	1.48	1.52	1.57	1.61	1.66	1.71	1.76	1.83	2.46	2.86	2.98	3.04
70-74	2.64	2.67	2.66	2.62	2.62	2.61	2.63	2.70	2.78	2.87	2.98	4.50	5.27	5.61	5.64
75-79	3.20	3.33	3.41	3.52	3.61	3.68	3.73	3.74	3.72	3.73	3.73	5.21	7.19	8.51	8.98
80-84	3.52	3.80	4.07	4.36	4.65	4.87	5.08	5.24	5.45	5.62	5.76	7.14	11.32	13.60	14.85
85-89	2.76	2.89	2.97	3.05	3.08	3.28	3.60	3.92	4.21	4.51	4.75	6.22	9.39	13.46	16.52
90-94	1.40	1.50	1.60	1.75	1.88	1.99	2.08	2.16	2.22	2.28	2.47	4.77	6.54	11.02	14.03
95+	0.42	0.46	0.52	0.60	0.62	0.67	0.71	0.77	0.84	0.91	0.98	2.08	3.35	5.45	8.72
<b>TOTAL M</b>	<b>16.70</b>	<b>17.42</b>	<b>18.09</b>	<b>18.82</b>	<b>19.47</b>	<b>20.20</b>	<b>21.03</b>	<b>21.87</b>	<b>22.69</b>	<b>23.51</b>	<b>24.38</b>	<b>34.50</b>	<b>48.15</b>	<b>62.86</b>	<b>74.15</b>
% of M Population	0.7%	0.7%	0.8%	0.8%	0.8%	0.8%	0.8%	0.9%	0.9%	0.9%	0.9%	1.2%	1.6%	2.1%	2.4%
% M of total Prev	37.7%	37.8%	38.0%	38.2%	38.3%	38.4%	38.6%	38.8%	39.0%	39.2%	39.4%	41.3%	42.2%	42.0%	42.1%
<b>Female</b>															
0-59	0.20	0.20	0.20	0.20	0.20	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.20
60-64	0.61	0.62	0.63	0.64	0.67	0.69	0.72	0.78	0.83	0.87	0.90	1.04	1.10	1.06	1.15
65-69	1.11	1.12	1.14	1.16	1.20	1.23	1.25	1.28	1.30	1.35	1.41	1.97	2.25	2.34	2.35
70-74	2.89	2.89	2.85	2.81	2.79	2.79	2.81	2.88	2.95	3.04	3.12	4.72	5.51	5.82	5.66
75-79	4.69	4.77	4.83	4.87	4.92	4.92	4.93	4.87	4.84	4.81	4.82	6.33	8.97	10.35	10.83
80-84	6.10	6.48	6.80	7.17	7.53	7.77	7.94	8.08	8.19	8.30	8.32	9.48	14.71	17.38	18.57
85-89	6.59	6.80	6.90	6.97	6.97	7.26	7.79	8.27	8.78	9.23	9.58	10.64	14.64	21.15	24.86
90-94	4.04	4.31	4.56	4.79	5.09	5.36	5.52	5.64	5.72	5.80	6.13	9.40	11.48	18.52	22.61
95+	1.43	1.51	1.64	1.84	1.97	2.11	2.29	2.47	2.63	2.82	3.03	5.31	7.03	10.11	15.70
<b>TOTAL F</b>	<b>27.64</b>	<b>28.68</b>	<b>29.55</b>	<b>30.46</b>	<b>31.34</b>	<b>32.34</b>	<b>33.45</b>	<b>34.47</b>	<b>35.45</b>	<b>36.44</b>	<b>37.52</b>	<b>49.10</b>	<b>65.90</b>	<b>86.95</b>	<b>101.92</b>
% of F Population	1.1%	1.2%	1.2%	1.2%	1.2%	1.3%	1.3%	1.3%	1.4%	1.4%	1.4%	1.7%	2.2%	2.8%	3.2%
% F of total Prev	62.3%	62.2%	62.0%	61.8%	61.7%	61.6%	61.4%	61.2%	61.0%	60.8%	60.6%	58.7%	57.8%	58.0%	57.9%
<b>Persons</b>															
0-59	0.39	0.40	0.40	0.41	0.41	0.41	0.41	0.41	0.42	0.42	0.42	0.42	0.42	0.42	0.41
60-64	1.75	1.79	1.84	1.88	1.94	2.01	2.10	2.25	2.39	2.48	2.57	2.96	3.13	3.08	3.31
65-69	2.52	2.53	2.58	2.64	2.72	2.80	2.86	2.94	3.01	3.11	3.24	4.43	5.12	5.32	5.39
70-74	5.52	5.55	5.50	5.44	5.42	5.40	5.45	5.58	5.73	5.91	6.10	9.23	10.77	11.43	11.30
75-79	7.89	8.09	8.25	8.39	8.54	8.60	8.65	8.61	8.56	8.54	8.55	11.53	16.16	18.86	19.81
80-84	9.62	10.28	10.87	11.53	12.18	12.64	13.02	13.32	13.64	13.93	14.08	16.61	26.02	30.99	33.42
85-89	9.35	9.69	9.88	10.02	10.05	10.54	11.39	12.19	12.98	13.74	14.33	16.86	24.03	34.61	41.38
90-94	5.44	5.81	6.15	6.54	6.97	7.35	7.60	7.80	7.94	8.07	8.60	14.17	18.02	29.55	36.63
95+	1.85	1.97	2.16	2.44	2.59	2.78	3.00	3.24	3.47	3.73	4.01	7.39	10.38	15.55	24.42
<b>TOTAL P</b>	<b>44.34</b>	<b>46.10</b>	<b>47.63</b>	<b>49.27</b>	<b>50.81</b>	<b>52.54</b>	<b>54.48</b>	<b>56.34</b>	<b>58.14</b>	<b>59.94</b>	<b>61.90</b>	<b>83.60</b>	<b>114.05</b>	<b>149.81</b>	<b>176.07</b>
% of Population	0.94%	0.96%	0.98%	1.00%	1.02%	1.04%	1.07%	1.10%	1.13%	1.15%	1.18%	1.49%	1.92%	2.45%	2.84%

Table 7 extracted from *Dementia Estimates and Projections*, a report by Access Economics for Alzheimer's Australia, February 2005



# references

- (a) *From Exploring and Implementing Person Centred Approaches – A Guide for NSW Community Participation Program Service Providers*, NSW Department of Ageing, Disability and Homecare by Judith Ellis, Jane Sherwin, Trudy van Dam and the Australian Catholic University; 2009
- (b) *A brief introduction to social role valorization* by W. Wolfensberger; 3rd Edition, Training Institute for Human Service Planning, 1998 [[www.socialrolevalorization.com](http://www.socialrolevalorization.com)]
- (c) For an overview of the SRV concept the following video is recommended: Wolf Wolfensberger revised by Andrew Ebbers
- (d) The importance of adhering to the guidelines that the CVA puts forward is highlighted in the Youtube video, *Exploring the Culturally Values Analogue*, where Thomas Neuville reflects on several experiences of one 'devalued' person, including having a roommate, employment, friendship and vacation, and the positive outcomes
- (e) *Reflections on the transformation of agencies in a Consumer Directed Care environment*; Jane Sherwin; 2014
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- (i) Key Social Role Valorisation Articles [[parracity.nsw.gov.au/home\\_support](http://parracity.nsw.gov.au/home_support)]
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<https://www.cityofparramatta.nsw.gov.au/community-care>

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