Ruby Cha Cha

City of Parramatta Social Inclusion Services Program Report

PROJECT NAME: Project Inclusion

PROJECT NUMBER: 201711

Prepared for:	City of Parramatta
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1.0 Background & Objectives

The Community Care team is an integral part of the City of Parramatta's Social and Community Services Unit (SCSU).

Since 2012, a core strategy to guide ongoing development of the SCSU to socially vulnerable community members, has been to incorporate the benefits of the Person-Centred Approach and Wellness Model, embracing the principles of Social Role Valorisation and the concept of Culturally Valued Analogue.

This strategy focusses on the fundamental objective of:

1. Assisting socially devalued community members 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 to society valued.

2. Placing the individual at the heart of all that the Council does and be respectful, active and collaborative.

3. Reflects a critical focus on recognition of those supported as individuals who are active participants in visualising and living the life of their choosing.

The Social Inclusion Program has now been in place for five years with support delivery to 100 individuals within the current Parramatta LGA (or bounds of previous). Early results obtained by the Australian Catholic University indicate these changes have extended to increasing selfesteem and connectedness for those participating in the program.

The three core Social Inclusion services designed to recognise, respect, value and connect vulnerable members of the Parramatta community include:

1. **Social Support - Individual**

   Provides one-to-one flexible support that responds to the individual and their family's needs. Focussed on matching a person with a volunteer based on common interests, and working with the individual to develop their skills or linking them to an existing activity in the community.

2. **Social Support - Group**

   Group social activities in the community organised by the service and attended by Social Inclusion Workers and/or volunteers who help facilitate connections within the group.

3. **Social Lunch**

   Designed for people who require extra support at mealtime, particularly those with dementia. An individual is matched with a volunteer based on similarities (e.g. culture, language, interests), who either visits them in their home and shares a meal or eats out with them depending on individual interests.

There is now a need to capture the experiences and stories of those involved in the program to bring to life the positive outcomes achieved in order to drive continuous improvement in program delivery and demonstrate outcomes for people.

1.1　Project Aims

To understand the impact the program has had on the individuals that receive support, via deep understanding of the following:

1. **The service support experience** – what supports have been received and how well aligned is it to the needs of the recipient?

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2. **How individual recipients, family members, staff and volunteers have benefitted from support provision** – exploring both emotional and rational anecdotes, experiences and evidence.

3. **Positive outcomes achieved** because of participation for recipients, family members, staff and volunteers – exploring **physical, mental, behavioural and social** outcomes.

4. Explore the **impact achieved on the use of other services** (e.g. increasing social connection at meal times, delay moving to a nursing home, or the need for a higher level of support in home).

5. Demonstrate the **benefits of working from a Person-Centred and Wellness Approach** and from a Social Role Valorisation (SRV) and the **Good Things in Life Framework**.

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2.0 Approach

Ruby Cha Cha conducted 19 one-on-one in-depth conversations with people supported by the program in November 2017 which were chosen at random. Concurrently, 25 telephone interviews were conducted with a mix of family members, volunteers and support workers related to those supported people interviewed.

The research was conducted via a qualitative approach aligned with the key premise of the Person-Centred Approach, specifically:

- Working with each recipient as an individual.

- Seeking permission and developing equal partnerships.

- Conversation and understanding of the stories rather than assessment and evaluation driven interviewing.

- Seeking a balance of reflection on what has been and exploration of what may come. - Recognition and respect of the individual, their life experiences and value brought to the exchange of ideas and information regarding the program.

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3.0 Executive Summary

The research conducted was independent of the City of Parramatta and included 24% of people invited from a random sample of those currently involved in the Social Inclusion Program.

There was n=20 x 1.5 hour in depth interviews conducted with people who receive support from the Social Inclusion Program. In addition, 30-minute telephone interviews were undertaken with support staff, volunteers and family members of the supported people interviewed.

The research was hallmarked by a qualitative approach to interviewing designed to align with the key premise of the Person-Centred Approach:

- Working with each recipient as an individual.

- Seeking permission and developing equal partnerships.

- Conversation and understanding of the stories rather than assessment and evaluation driven interviewing.

- Seeking a balance of reflection on what has been and exploration of what may come. - Recognition and respect of the individual, their life experiences and value

  brought to the exchange of ideas and information regarding the program.

The final sample frame achieved reflected a balance of support levels, types and audiences. In some instances, where people who received support were unable to participate due to limited communication, interviews undertaken with family members, volunteers and support staff were relied upon.

SUPPORT LEVEL	SUPPORT TYPE	RECIPIENTS	STAFF	VOLUNTEERS	FAMILY
LOW	Individual Support Only	1	1		
	Attends Groups Only	3	2		1
	Individual Support and Attends Groups	3	3	1	
	Attends Peer Support	1			1
	Social Lunch	1		1	2
HIGH	Individual Support Only	7	2	4	1
	Attends Groups Only	1			1
	Individual Support and Attends Groups	2	2	1	
	Attends Peer Support	1	1		1
	Social Lunch				
		20*		25	

Note: One recipient too unwell to participate. Included via multiple interviews with family, volunteer and support worker

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Overall, the Social Inclusion Program can be regarded as a resounding success. The only drawback being that all spoken to as part of this study wished there could simply be more access to it.

However, consistent with the Person-Centred Approach (PCA), overall success is not attributed to the 'Program' per se, but the individual people supported by the program and can be measured by the outcomes they 'achieve for themselves'.

Individuals supported by the Social Inclusion Program have demonstrated success in their ability to:

- 'Do it on their own' (make decisions about their life and 'get on' with the business of living independently).

- Enjoy social connections and positive relationships via re-established links with the community.

- Re-engage with and participate in 'the good things in life' that once helped define them as individuals.

The core driver of this success is the critical foundation step involving deep investment in **getting to know the person supported and building a partnership** with them and their family (where relevant). The **Person-Centred Approach (PCA) drives a deeper understanding** of what is needed to enable individuals to achieve **their 'good things in life'.** This often means that the program delivers benefits beyond those typically seen within Service-Centred Models and ensures that support recipients are equipped to experience success as they move towards their inclusion goals.

The Social Inclusion Program has demonstrated the ability to deliver outcomes for individuals supported that extend beyond those related to social belonging in isolation and thus beyond the outcomes achieved by traditional service related models. Such outcomes are evident across a range of both lower order and higher order needs (Maslow, 1943).

- **Physical Outcomes:** Health benefits due to increased exercise, strengthening and mobility, improved nutrition and hydration, and attention to physical ailments (e.g. diabetes, lupus).

- **Safety Outcomes:** Risk minimisation by understanding how existing behaviours contribute to personal risk within the broader community setting; feelings of security through increased connectedness with others in the community; improved access to services and tools to increase connectedness (mobile phones, email, Facebook).

- **Social Outcomes:** Establishment of new social connections, community connections and improvements to existing familial relationships.

- **Self-Esteem Outcomes:** Increased sense of self as an individual, self-attribution for achievement of goals and outcomes, sense of positivity and self-belief, capable of caring for self in own home environment.

- **Self-Actualisation Outcomes:** Sharing stories and lifetime learning and experiences with others, teaching others, passing on of skills, knowledge and experience, increased sense of self-worth and value within the community.

For the broader network of those around a supported individual, there are clear benefits and outcomes achieved, with the 'ripple effect' even extending beyond the associated family and support staff to the broader community.

- **For Families:** Engaging the 'circle of support' around their loved one – the Social Inclusion Program actually increases connectedness and does not diminish or replace family involvement as compared with more traditional models of support.

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- **For Support Workers & Volunteers:** Person-Centred Approach drives more job satisfaction, personal fulfillment and reciprocal learning opportunities for both support staff and volunteers alike – while extending outwards to broader family and community connections via word of mouth.

- **For City of Parramatta:** The Social Inclusion Program is a story that is actively shared amongst the community – with volunteer, family and supported people all contributing to word of mouth exposure. As such, it is a defining feature for Council Community delivery that drives overall perceptions of Council for those involved.

The Social Inclusion Program can be regarded as 'holding all the pieces' in relation to what is happening with support in the community and is the only service that is in a position to monitor individual needs and ensure needs are being met efficiently in terms of investment and resource. We see that it supports individuals to achieve their goals which often focus on living independently - thus enabling them to successfully reduce and in some cases, offset reliance on aged care and traditional support services.

The program also uniquely meets the needs of individuals who do not 'fit' into traditional service models. The Social Inclusion Program, through its work at the individual level – supports younger individuals to continue to grow into active community participants without allocating them to services geared to the elderly.

Moving forward, it will be essential to recognise (and value) the role played by the Social Inclusion Program in maximising efficiencies of the traditional support sector in delivering to the needs of individuals and assisting them to successfully resume active roles in contributing to the broader community.

4.0 The Social Inclusion Model in Action

4.1 Key Highlights

- The Social Inclusion Program is the archetypal 'silent achiever' empowering those supported 'to do for themselves' so successfully that the program is rarely credited – demonstrating the City of Parramatta is delivering a truly Person-Centred Approach to Social Inclusion Support.

- High personal involvement of support staff on an individual basis is the key to informing 'right matching' of support services tailored to each individual's needs and this is the core driver of success for the Social Inclusion Program.

- This high degree of personal involvement from Support Staff puts pressure on professional boundaries which in turn places emphasis on the need for training, support and clear guidelines as warranted.

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4.2 Why is the Social Inclusion Program a successful Silent Achiever?

People who are supported by the Social Inclusion Program are empowered 'to do for themselves' so successfully that they strongly believe in their ability to take control of their life and readily take ownership of their successes.

This is because the Social Inclusion Team have successfully:

- Established meaningful and consistent relationships with each individual person supported.

- Developed deep understanding of each person's identity, social and familial role, their values, beliefs, 'guiding lights' and motivations for social connection.

- Matched them with the right support for their needs (both type of support and person providing it) and evolved this as these needs have changed. - Encouraged, inspired and supported people to make their own decisions about what they want from life and to consider the possibilities for the future.

- Believed in the ability of people to achieve their goals and championed them to do so.

- Celebrated the successes achieved by each person along the way (big or small).

This has all been achieved 'behind the scenes'- with all success readily attributed to the people who the program supports to achieve.

"I don't want them [the people we support] to say; 'I couldn't have done it without you', and if anyone does, I haven't done my job properly. We should always be able to remove the service and the person still be able to cope...we need to be the shadow"

Support Worker

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The Social Inclusion Program experience brings to life the theory of the Person-Centred Approach (PCA) in the field to achieve tangible human outcomes. The PCA is reflected in all elements of the support experience – and for all people involved (people supported, their families, and support team) as noted in Figure 1.0. **Fig 1.0 Support Experience in Practice**

"You just 'click' with them and it makes all the difference. I thank the Council for the work that they do with this program and the work that they let me do...it makes my day to see the people whose day I change when they open the door to me with a smile ..."

Volunteer
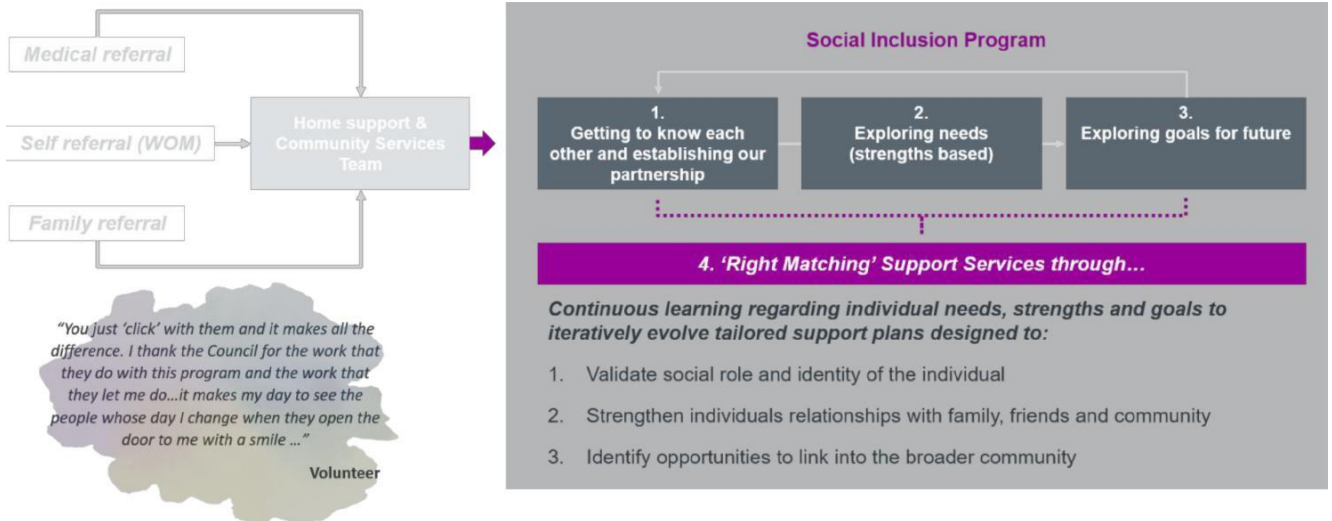
Key differences between the Social Inclusion Model and traditional approaches

The Program delivers outcomes via a deeply individual and iterative approach to support, that places the individual receiving support at the heart.

While **traditional approaches** are reported to:

- Allocate services from an established 'one-sized fits all' suite of services.

- Rely on standardised 'risk assessment' – ticking of boxes.

- Deliver services that 'happen' to an individual rather than services that 'involve' them in the decision making.

- Lack continuity of relationships and follow up (evolution) of service provision in response to changing needs.

- And often occur in isolation of existing networks (family/friends) and with little understanding of individual needs and preferences.

The **Social Inclusion Program** succeeds by:

- Investing as much time as it takes in early rapport building – establishing trust, opening meaningful dialogue and seeking 'buy in'.

- Understanding 'today' and exploring with each person what their desired future looks like.

- Connecting with family, friends, volunteers and community.

- Building confidence to make own decisions about wants, needs and preferences.

- Developing individual plans that are 'right matched' to individual needs.

- Continuous tailoring and evolution of the support plan as people change and develop

(trial and error).

From all who we spoke to, **confidence** and **empowerment** are regarded as key outcomes of the Social Inclusion Program that are not typically experienced with traditional support models. In fact, there was a sense that **traditional models of support can be disempowering** – undermining the confidence and negatively impacting the sense of self-worth for those people supported. In these models it feels like:

- Support 'happens to' people rather than 'happens with' them as partners. - Allocation of support services focusses on meeting the more obvious gaps in what people can't do (presenting need).

- Deeper underlying physical and emotional needs of people can be missed – leading them to feel overwhelmed by too much too soon and setting them up for failure.

While in comparison, for the Social Inclusion Program, success lies in the 'right matching' of support to individual needs:

- Occurs via deep knowledge of each individual person (gained in partnership building – Step 1) which evolves with time as the relationship deepens.

- Ensures the individual has a role in determining what they do and how they do it.

- Enabling them to contribute to society in a way they can succeed with.

Fig 2.0 Hypothesised Comparative Impact on Service Delivery Models: Confidence and Empowerment of people supported.
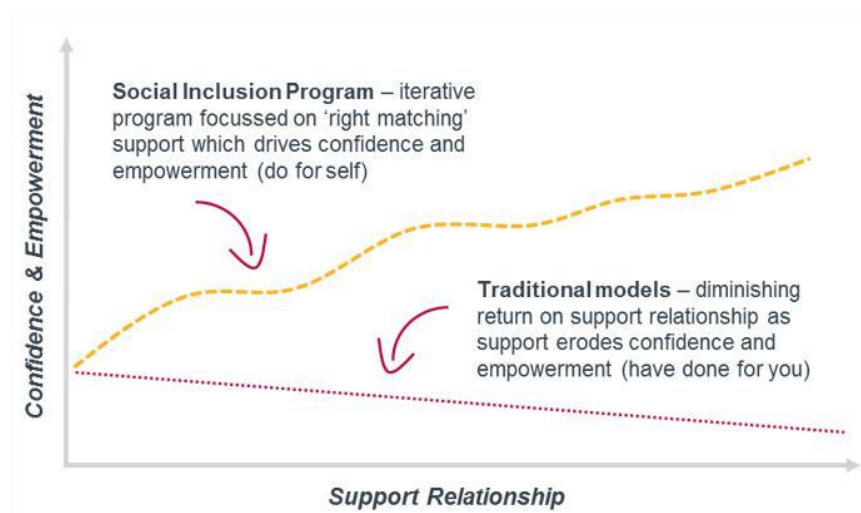
4.3 Current Literature

4.3.1. A hypothesis which is reinforced via a topline review of current literature

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In the past, people who required support were expected to fit in with routines and practices that were determined as appropriate for them by the services they used. However, there is now a shift away from the traditional model of care where people were expected to adapt to the services available, to a model where the emphasis is on matching the service to the person's needs with several key benefits noted for all parties involved – individual, support workers, family members and the broader community.

There is also evidence that Person-Centred approaches reduce the burden on other health services as people's overall health and quality of life improve.

Fig 3.0 Benefits of Person-Centred Approach Compared to Traditional Models

Supported Person

- Empowered to make decisions in own life > improved **wellbeing**, **sense of self** and **sense of purpose**[1]
- Retain **independence**[1]
- Improved **psychological states** > reduced boredom and feelings of helplessness[2]
- **Prevention/reduction** in levels of **depression**[2]
- Reduced levels of **agitation and anxiety**, especially amongst those with dementia[2]
- **Fewer adverse events**[3]

Support Workers, Volunteers & Community[1]

- Increased **staff satisfaction** and **retention rates**
- Greater **trust and respect** between one another
- More meaningful relationships
- Greater work satisfaction and sense of accomplishment
- Improved quality and safety of care
- The ability to **provide better care** based on more accurate information
- Satisfaction that care is based on an understanding of the person's needs
- **Reduced emotional exhaustion**

The literature also suggested that Person-Centred care was not always undertaken within a wider 'hierarchy of needs' structure, whereby safety and physiological needs are met before moving onto higher order needs. As a result of this observation, the literature suggests and recommends that Person-Centred care be framed within Maslow's Hierarchy of Needs as it works to ensure the basic needs are focused on before higher level needs are explored[2]. This recommendation is clearly observed in action within the Social Inclusion Program.

"The rewards are great... So if we actually invest up front with empowerment of patients, they're much better able to look after themselves...and it doesn't just have to fall on the shoulders of any one health professional. This is very muc h a joint approach and a joint commitment of the whole of the health team involved with the patient." [3]

[1] Person-Centred Approach 2015, *CareerForce*, viewed 8 January 2018, < https://library.careerforce.org.nz/Learning%20Assessment%20Resources/LG28528-1.0.pdf>.

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4.4 Informing the 'Right Match'

4.4.1. Getting to know each other and establishing our partnership

How does it work in practice?

- Initial meetings reported by people receiving support as being conversational and exploratory – not based on pen and paper risk assessments – strong sense that the person really matters.

- Multiple meetings are regularly undertaken to establish trust, build rapport and understand needs and motivations – sense that this is given as much time as needed.

- This stage can involve family members – connecting the circle of support around a person.
    - Meetings are seen by all involved to create a meaningful 'value exchange' between the person being supported and their support worker – where ideas and opinions are shared, and they are regarded as an individual person of worth whose thoughts and feelings are validated and worthy of consideration.

- This step in the process is flexible and iterative – understanding of each person's needs builds over time as trust forms and more information and anecdotes are shared and divulged.

- Consistent focus for Support Staff is to seek people's 'buy in' and commitment to change.

- Regarded by all involved as the key foundation step required to achieve meaningful and relevant outcomes for each person supported.

"We really spent the time to get to know her as an individual. I was the first 'stranger' that she had let into her home. Over time I got to learn about what matters to her and what motivates her, so we can now work together to support her to stay in her own home. She knows what she wants to do. It is more than just social inclusion."

Support Worker

What is working well?

- Investing as much time as it takes in early rapport building means those supported feel important and valued.

- Focusing on relationships establishes trust – meaning support team have better information directly from the person through which to tailor support ('Right Matching').

- Treatment of each person as equal builds confidence and establishes sense of expectation that each person can (and should) make their own decisions about wants, needs and preferences (returns control to them). - Family feel more connected to the support process and their loved one through liaison with support staff.

- Responsive approach – taking on board new information as it arises to flexibly build and adapt support provision means that support is always 'Right Matched'.

Considerations for the Future?

- Takes time (and investment) to get right – no shortcuts.

- Everyone involved becomes emotionally invested in these relationships.

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- Connections are real, and this can have personal and professional implications as staff and volunteers also need to balance professional boundaries.

- There is some expectation that because you are 'listening to me, you will do something about everything that I tell you' – no matter how small.

- Small things can be 'big' things for most of the people supported (e.g. Repeatedly getting black beans in my Meals on Wheels) and services are often seen 'as one' (e.g. Meals on Wheels and Social Inclusion).

In summary, the core elements of the PCA are working well – however, there is some sense that the high depth of involvement can set expectation for council delivery on all fronts and can put pressure on professional boundaries for Support Workers and Volunteers.

4.4.2 Exploring what each person needs in order to achieve the 'good things in life'

How does it work in practice?

- In effect, a bottom up approach to supporting each individual person to achieve their 'good things in life'.

- Support Workers first seek to understand what constitutes the 'good things in life' for each person they support and then explore what needs have to be met to facilitate this – to set people up for success.

- Repeatedly, Support Workers were seen to have developed a deep understanding of how each person they support currently exists:

  ✦ In their physical environment

  ✦ In their social environment (including family as relevant)

  ✦ In their emotional environment

> *"We found out that Susan loves horses and loves going to the races, but she had been going by herself which wasn't as enjoyable for her, so we matched her with a volunteer that enjoyed the races too"*
>
> **Support Worker**

- This knowledge and understanding has equipped the support team with a holistic understanding of each person's whole sense of being – and has allowed them to develop support plans that support the whole person over time and not just the 'problem as presented'

The Social Inclusion Program looks beyond the presenting 'problem' to understand how each person currently exists within their environment – this is the key to identifying the core needs that must be met in order to pave the way to success.

In this way, the Social Inclusion Model is an evolving journey for each individual person where small wins build over time, starting with support to meet immediate needs. It is these immediate needs – usually mental or physical – that have been reported, can be overlooked in traditional models.

Figure 3.0 demonstrates how the 'bottom up' approach to identifying and understanding immediate physical and mental needs can support better outcomes over time.

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Fig. 3.0 Comparison of Needs Identification in Traditional versus PCA service delivery models

Service – Centred programs deliver here with 'one-size fits all' activity planning and volunteer visits **(treating the symptom)**

"The old way we would get the person out to an established group activity, but we know now that it is often about so much more than social opportunity... there are other things we need to support with first to give them the best chance to succeed with their goals. This way is much better. I would never go back!"

Support Worker

Ultimate program outcome – ownership of self and achievements

Self Actualisation

Self Esteem Needs

Belonging (social) Needs

Safety Needs

Physiological Needs

"Things change when you have the opportunity to get to know someone individually. You notice things about them that you don't see or hear in a group environment. Although Nicholas and his wife had been coming along to group activities for many years, it was only when we started working with him one-on-one that we became aware of other more significant needs that we needed to support to help him achieve his goals"

Support Worker

Social Inclusion Program (PCA) facilitates identification of any underlying needs that may have to be addressed in order to succeed with social, esteem and self actualisation goals **(understanding the cause)**

The program sets people up for success by identifying core needs to be met in order to build towards the ultimate outcome for each individual – achievement of self-prescribed 'good things in life'.

What is working well?

- Bottom up approach to exploring the 'whole of being' for each individual allows consideration of needs in context and improved plan development.

- Also improves visibility for underlying needs that might otherwise go unmet and impact a person's ability to achieve success.

- Resultant plans often extend beyond social inclusion goals to focus on achieving physical, mental and behavioural outcomes for people supported.

- Broader reach of Support Team into physical, mental and social support provides opportunity to facilitate more holistic connections around the supported person (family, health care, in home support etc.)

Considerations for the future

- The Social Inclusion Program can often end up being the service that 'holds all the threads' – knowing the most about all the facets of care for an individual.

- The Social Inclusion Program team can often know more about a person than direct family, with possible implications for professional boundaries and role definition of Support Workers.

- May require a more defined skill set for Support Workers and Volunteers as involvement with needs beyond 'social inclusion' increase.

- This may have implications for training, recruitment, and salaries.

In summary, the depth of involvement with individuals supported offers significant benefits in terms of needs identification and informing 'right matching' of service provision – but this also requires the program to consider delivery to needs beyond social inclusion.

4.4.3   Exploring Goals for the Future How

is it working in practice?

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The vast majority of people supported reported moving from feeling 'isolated' and 'limited' by their physical and/or mental state before the Social Inclusion Program to feeling confident in their ability to change, adapt and look towards the future with a sense of control and comfort.

People in the program described a loss of identity, grounded in their inability to enjoy the 'good things in life' that previously defined them (leading to a loss of perceived self-worth) and limiting their outlook on life and its possibilities for enjoyment. However, it is evident that through the program, these people have been inspired, encouraged and challenged to find ways to re-express their identity in new and emotionally satisfying ways – and have been championed from the sidelines by the Social Inclusion Team to set and work towards their goals for the future:

- They have been supported to address mental and physical barriers that hold them back.

- They have a sense of achievement in overcoming these barriers which plays directly to confidence.

- They are encouraged to make (and own) the decisions that affect their future – there is more sense of them being in control.

It is the recognition of the social roles people identify with, coupled with a genuine interest in 'who' these individuals are, and respect for their life experience that creates a powerful sense of self-worth and inspires participants to look to the future. As a result – all are feeling capable of thinking about what the future may hold (and confident they can make it happen).

And they have good reason to believe. Through involvement with the Social Inclusion Program, people have already achieved a lot in a short amount of time. The future trajectory for these people remains strong – and their future goals have immediate forward momentum as participants go from strength to strength in terms of:

- Taking steps to overcome earlier emotional and physical barriers.

- Having the confidence to consider the opportunities that have been opened up for them by changes they have made.

- Feeling entitled to make a future for themselves on their own terms.

In this way, supported people are taking charge of their lives and feeling more confident to handle

the daily decisions required by life – secure

in the knowledge they have access to

help if they need it (see Fig 4.0 on the following page for examples).

"...Amy collects a photo album on the way back to the kitchen and sits down to show me a younger version of herself travelling Japan with a social group. She is keen for me to understand that "a long time ago I was alright, but it all changed...now I can't walk very well. I must walk properly...""

Support Recipient

Ruby Cha Cha

Fig 4.0 Sample of Achievements and Goals of people participating in the Social Inclusion Program

	AGE	SUPPORT LEVEL	SERVICES DELIVERED	LENGTH IN PROGRAM	OTHER	EARLIER LIFE	WHEN JOINED PROGRAM	NOW	LOOKING TO THE FUTURE	HOW HAS THE SOCIAL INCLUSION PROGRAM ACHIEVED OUTCOMES?
Sally	65+	L	Attends groups	5 years	n/a	Tailor by profession	Very socially isolated, poor eyesight	*Likes sewing, knitting and embroidery *Made friends	*Wishes to teach in schools *Continue attending groups and building relationships	**Sewing, knitting and embroidery are lost arts, I'd love to teach it at school* **I didn't see many people before I started going to the groups…I don't think I'd still be here if I didn't join, it's made a massive difference*
Rebecca	65+	H	Individual support	7 years	n/a	Matriarch of family	Isolated from friends and family	Being head of the family	Being head of the family	*I've always thought that if you can live by yourself, do it. This has helped me do that*
Vicky	65+	L	Individual support & Attends groups	2 years	n/a	Being recognised for embroidery skills	Lacking confidence to go out	Teaching volunteer to embroider	Joining an embroidery group in the community	*I like knitting squares for charity for blankets which is done through the church, it's good to still do things with your hands* *If I didn't have the support from the ladies in the group and from my neighbours, I'd be in a nursing home, I'd be very lonely*
Mike	65+	L	Individual support & Attends groups	9 months	n/a	Social, liked to spend time with mates, have a laugh	Given up, not getting out of bed	Joining bible study group at church	Running bible sessions in community nursing homes	"When I met Mike, he had given up, wouldn't get out of bed. He was even given 6 months to live by his doctor due to poor circulation. Now, he wants to get out of bed and do things, it's been a complete 180" Support Worker
Richard	<65	H	Peer support	9 years	Physical disability; intellectual disability	Living with and depending on mum and dad	Social but lacking independence	Own phone, moved out of family home	Considering employment	"The Social Inclusion Program has provided us with a few surprises from Richard…from finding out he wanted his own mobile phone for independence, to moving out of the family home, to Richard now considering employment…it's been there for him and us along the way and has been the most amazing support!" Family Member
David	<65	L	Peer support	<1 year	Intellectual disability	Social; enjoyed snooker, paintball, movies, bowling	Socially isolated; didn't like similar service provider	Made friends, enjoys going to movies and bowling, feels independent and more freedom	Would like one on one support to do more things; return to work one day	"It puts the power back in your hands and helps you to be more independent" "When he's out with the people from the council, I know he's in safe hands so I can relax, I have time to myself" Family Member

Please see more detail in full table

What is working well?

- Recognising 'who' those people supported 'once were' – validating their identity.

- Understanding what about the past is important to their identity and why.

- Exploring with them ways they can recapture their previous social roles today – imagining with them how the past might be re-expressed for the future.

- Planning, answering questions, validating concerns and prompting people to explore their

"From day one, we ask as many questions as we can, who they are, others in their life etc…We plan for the individual; put them in the centre and put their needs first then allocate resources to best match their interests to enable them to get the most benefits"

Support Worker

potential are all critical to establishing the confidence required to look at what the future might hold.

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Considerations for the Future

- Sense of momentum is powerful (for some this feels like life unleashed).

- Need to consider what happens if setbacks occur - what will be required of support team to overcome and ensure supported people don't go back to square one?

- May require contingency planning, rapid response, plan review processes etc.

In summary, program successes are critically meaningful to participant's physical and mental wellbeing which places significant emphasis on how we can respond to setbacks experienced.

4.5   What does it look like when we get 'Right Matching' right?

The result of investing in 'Right Matching' of support is a program that delivers tangible human impact for all involved – as demonstrated in Sarah's Story (see Fig. 5.0).

Fig 5.0 Sarah's Story
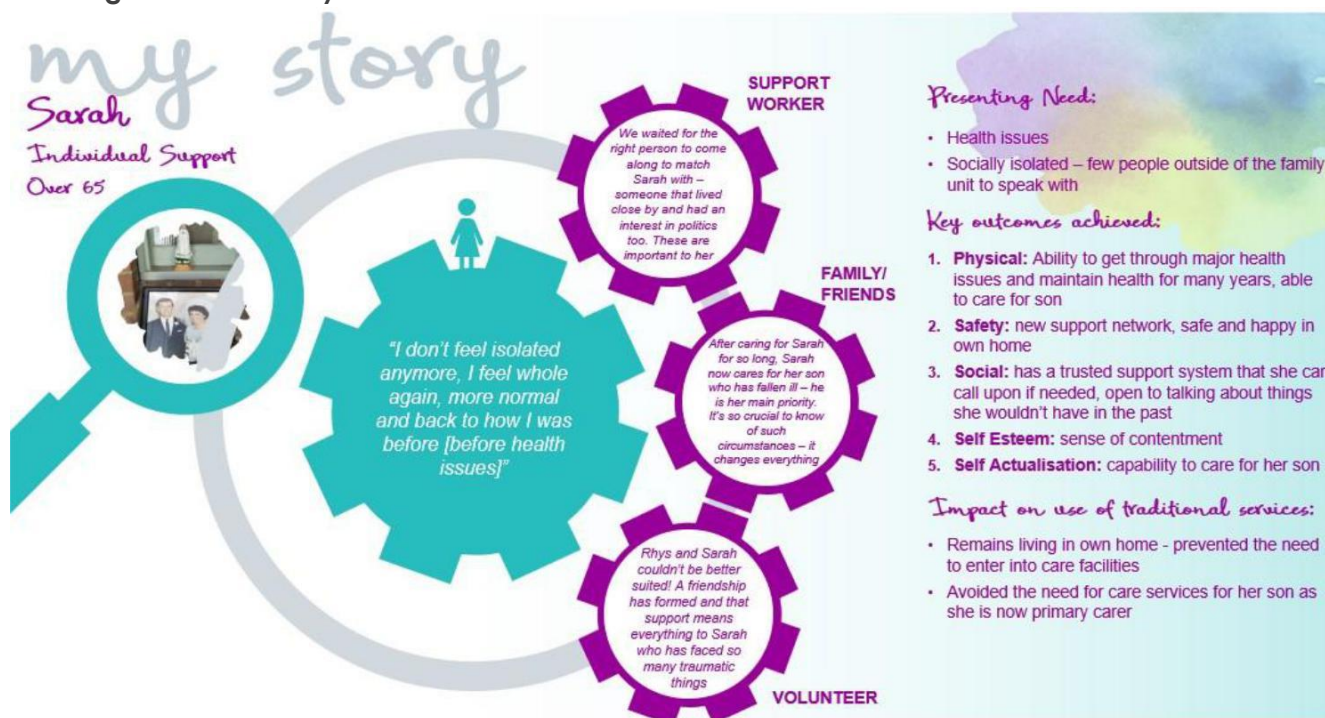
And delivering on key program objectives for service delivery focussed on the Person-Centred Approach:

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Validates social role and identity of the individual	Strengthens individuals relationships with family, friends and community	Identifies opportunities to link into the broader community
"…We can listen to him, acknowledge his concerns and his role as a husband and offer validation. We have been able to look at Nicholas' strengths; what he can do, not just what he can't and we have been able to support him to use those strengths to resolve his challenges…".	"Family relationships can get tricky. Sometimes I can help just to explain something differently to her or her daughter, without the emotion and everyone feels better about the situation. It's easier coming from me because I am not emotionally involved."	"Vicky now goes out to an embroidery group she found through Spotlight. Her volunteer has opened her eyes to the opportunity and empowered her to resume her interest in embroidery"
Nicholas' Story	**Rebecca's Story**	**Vicky's Story**
Outcome: ability to remain living independently and caring for his spouse	Outcome: ability to remain living independently and improved family relationships	Outcome: ability to remain living independently and improved community connection

5.0 Exploration of Benefits and Outcomes

5.1 Key Highlights

- Benefits of the Social Inclusion Program extend far beyond just supporting the social connection of the people who participate in the program. These extend to physical, mental and behavioural benefits which address underlying needs impacting their ability to enjoy the 'good things in life'.

- Engaging the 'circle of support' around the people in the Social Inclusion Program increases their overall sense of connection to community, friends and family and does not diminish or replace their family's involvement unlike traditional support models.

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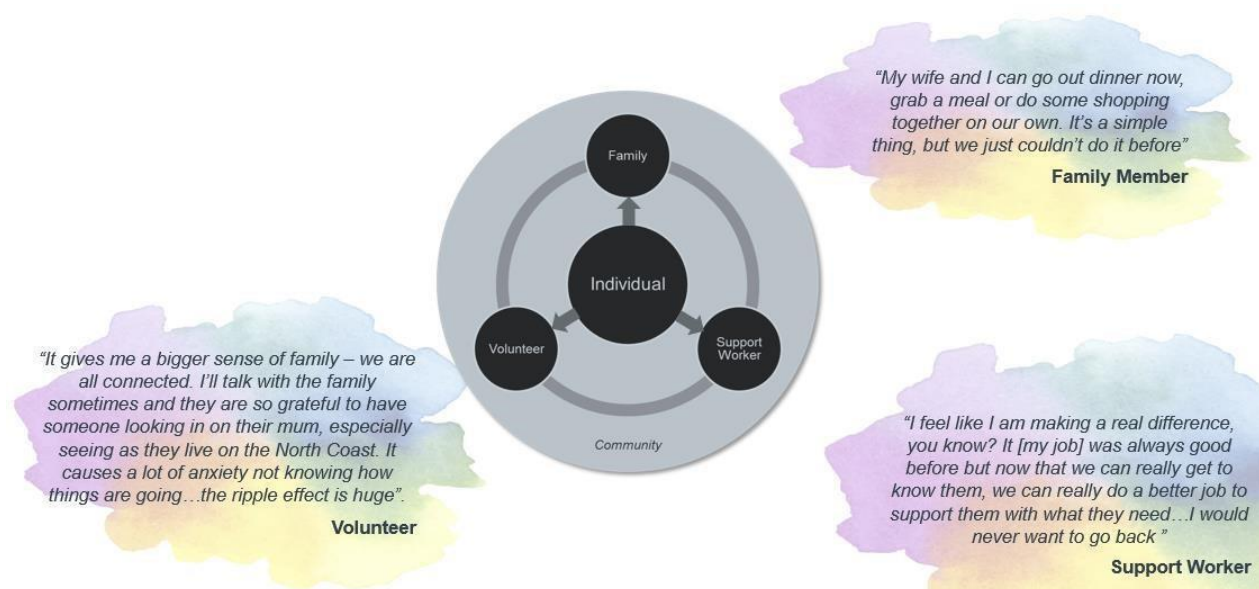
- The Social Inclusion Program creates a significant 'ripple effect' to family, volunteers and support staff who benefit in unique and unexpected ways from the program – encouraging us to think about the broader impact which is more than just the 'sum of the parts'.

5.2   Considering the circle of support

The benefits of the Social Inclusion Program extend beyond the individual with a significant 'ripple' effect evident to family as well as volunteers and staff.

The individual's family, volunteer and support worker were all impacted in varied and interesting ways (see Fig. 6.0) under the new model and they all demonstrated strong appreciation the whole 'circle of support' and the provision of tailored services.

Fig 6.0 Evidence of benefits extending to the whole 'circle of support' surrounding each person participating in the Social Inclusion Program

"My wife and I can go out dinner now, grab a meal or do some shopping together on our own. It's a simple thing, but we just couldn't do it before"
Family Member

"It gives me a bigger sense of family – we are all connected. I'll talk with the family sometimes and they are so grateful to have someone looking in on their mum, especially seeing as they live on the North Coast. It causes a lot of anxiety not knowing how things are going…the ripple effect is huge".
Volunteer

"I feel like I am making a real difference, you know? It [my job] was always good before but now that we can really get to know them, we can really do a better job to support them with what they need…I would never want to go back "
Support Worker

5.3   Benefits and Outcomes for People Supported

For individuals in the Social Inclusion Program, social connection is often the 'way in, but benefits extend to all aspects of life – reigniting interest in 'the good things in life' with clear evidence of physical, mental, social and behavioural outcomes being experienced (see Fig 7.0)

Fig 7.0 Considering the 'Before and After' for people supported

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Ruby Cha Cha

Before the Social Inclusion Program

I was very **lonely**, if I hadn't started going to the groups I don't think I'd still be here. It's made a massive difference

I'd had a few falls in a short amount of time and couldn't get around much, I didn't feel comfortable or confident in myself anymore

I love horses and like going to the races. I used to go by myself, I used to do a lot on my own. **I didn't have many contacts or people to talk to**

I was in a rut, **I did nothing**

I had little social interaction, only with the therapy care people. **I was "Scott no friends"**

Joanne is the primary carer for her son who has a disability. She is so resilient but without the groups, her ability to have a **social life is limited**

Today...

I'm living at home, healthy and independently but while I'm not able to do some of the things I used to love like gardening, I have found joy in other things, I like to collect china dolls and fairies and doing crosswords to keep my brain active

Barry would love to continue painting but he also wants to learn more about computers so he can keep in touch with family

When she walks she used to be wobbly, but when I saw her yesterday she appeared more energetic, better on the feet, interacted with more people and just seemed happier overall

Janet has changed my life, she took the time to find the right volunteer for me and he couldn't be any more suited. They support me, I can be more open with them about some things that I couldn't be with others beforehand

For the people supported, benefits can be seen within a hierarchy of needs framework, spanning physiological and safety needs, self-esteem, belonging and self-actualisation:

Physiological:

- Increased mobility   *a chat to. She also has to listen to*

- Improved physical health e.g. nutrition and hydration as well as connection to the health care services

   - Improved sleep **Self-Esteem:**

   - Mentally stimulated

   - Confidence

   - Less anxiety and stress due to feeling out of control

   - Independence – ability to stay in own home

   - Re-engaging in old interests **Belonging:**

   - Socially open

   - Creating new friendships

   - Connecting to the community

   - Happiness in sharing experiences and stories
Self-Actualisation:

   - Optimism

   - Empowerment - Learning new things The benefits

   and outcomes are clear to see in all supported

   people spoken to, however Richard's story is of particular interest – Richard is very socially

"I think the thing is that we are not family. I'm different, I am a friend. Someone she can trust and just have

me and can't tell me off if I am asking her to eat lunch"
Volunteer

I'd just given up. I'd been given 6 months to live, and I just stayed in bed….[the program] gave me something to look forward to. It's good just to have someone to talk to … that was about a year ago and I'm still going…"
Support Recipient

"The ladies in the group look after and include me, they're important people in my life, they've become dear friends"
Support Recipient

"They helped me learn how to use a computer and social media so I can keep in touch with people"
Support Recipient

connected and enjoys the support of a strong family network – yet even with all of this support, Richard benefits as an individual from the Social Inclusion Program, most notably in terms of the support he receives by being recognised as an independent young man with a need to grow and explore life independently from his family. Richard's story is summarised in Fig 8.0.

Fig. 8.0 Richard's Story

my story

Richard
Peer Support
Under 65

"Peer Support is more than a program, I feel safer, happier and more in control of my life"

As a result, Richard was able to arrive at the decision to move out of the family home. A big decision, but one supported by his parents and facilitated by the Social Inclusion Program

SUPPORT WORKER

The decision to move out of home was huge, but we gave him an avenue to talk about his worries like missing his mum and dad and above all, making sure he was comfortable

FAMILY/ FRIENDS

The SIP uncovering that Richard wanted a mobile phone has changed the whole family's life, with his mum and dad now freed up to enjoy a meal out together, something they couldn't do before

There is no distinction between the supported, support staff, and volunteers, they have all become Richard's own friends who support him to continually build confidence and independence

VOLUNTEER

Presenting Need:

- Social, but lacking independence
- Living with a physical and intellectual disability

Key outcomes achieved:

1. **Physical:** maintaining active lifestyle
2. **Safety:** feeling safe and confident being on his own, more in control of his life
3. **Social:** friendships and support network outside of the family unit
4. **Self Esteem:** learning new life skills leading to having the ability to live independently from parents
5. **Self Actualisation:** belief in future potential i.e. desire to get a job and earn income

Impact on use of traditional services:

- Reducing ongoing reliance on aging parents
- Confidence and independence has eliminated the need for additional care services when family can't be around

5.4   Benefits and Outcomes for Families of those Supported

For families, engaging the 'circle of support' around an individual being supported increases connectedness and does not diminish or replace family involvement.

The Social Inclusion Program 'connects the dots' often enhancing family relationships not only between the supported and their family, but also other family relationships (parents, siblings etc.) (See fig 9.0)

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Fig 9.0 Considering the 'Before and After' for the families of those supported

Before the Social Inclusion Program

Adam [Joanne's son who has a disability] is her pride and joy, he comes along to some groups and helps out. In the old model, we wouldn't have even seen Adam in the picture. We would have only contacted the person's family in the case of an emergency

When I wasn't with him I'd worry

We didn't feel comfortable leaving him at home alone so my wife and I never went out

I wasn't as involved with mum before she joined the program and when she was working

Today...

The more help she gets, the better off she gets. Her decline, both physical and mental, has slowed down a lot. I simply put it down to people being around her...

I'm less worried so both her and I are far more relaxed now...It's keeping her alive...

I know he's in safe hands now so I can relax...I want him to be as independent as possible so I help with the little things that help this like putting a railing in so he can go into the backyard

We involve the person's family and plan together

...It surprised us to find out that he wanted his own mobile phone, we hadn't considered he might be interested in has meant my wife and I are freed up to go out for a meal which we wouldn't have done before because we were too worried to leave him alone that...

The benefits of the program can be felt amongst family members of the supported person:

Physiological Needs:

- More active – whether that be with the support recipient or the opportunity to exercise when the individual is with a volunteer/at a group etc.

"She liked the walk so much, she invited her sister to take her so they could walk it together as well"

Support Worker

Self-Esteem:

- Less anxiety and more peace of mind, especially for families that live far away

- Relieved of pressure by feeling like they no longer need to do everything (no longer the sole 'voice of reason')

"It's good knowing that there is someone else there keeping an eye on things..."
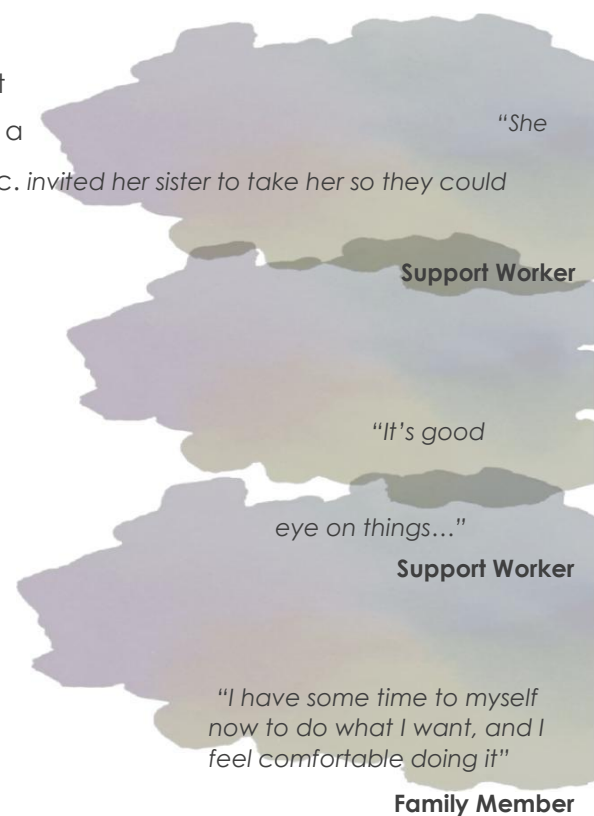
Support Worker

- Relaxing, unwinding and worrying less **Safety:**

- For themselves and their family member that receives the support, peace of mind

"I have some time to myself now to do what I want, and I feel comfortable doing it"

Family Member

- Feel supported with an additional pair of hands to help **Belonging:**

- Freedom to go out with their own friends or partner

- More interest and engagement between the family as a whole, it feels like how it did before
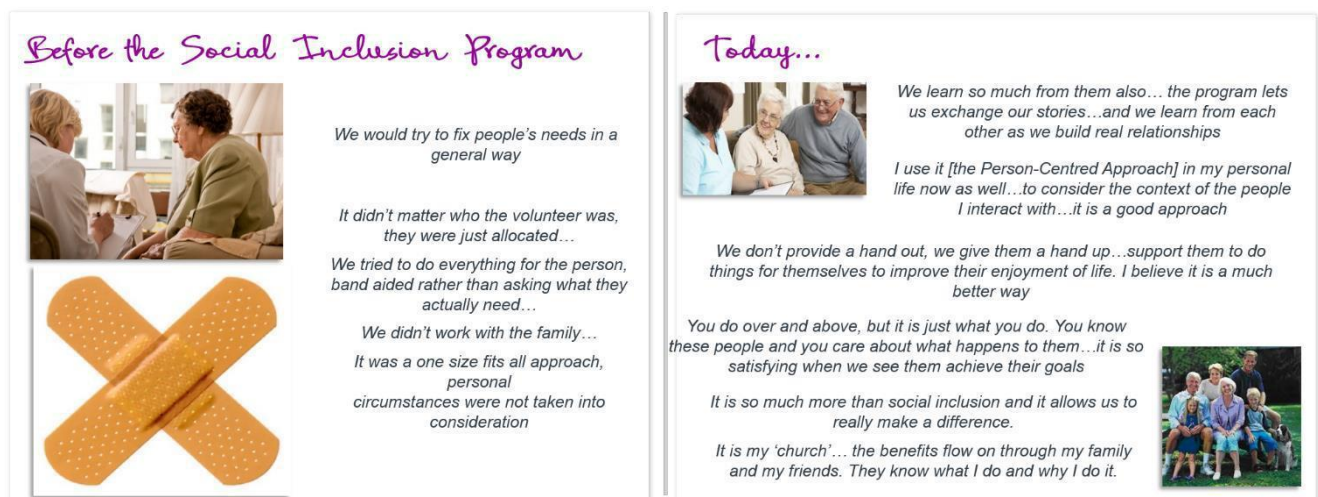
"They know they can call and discuss

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- Ability to enjoy relationships with their loved ones 'as they were *the phone with her daughter. We talk anything that arises. I often talk on* before' age or disability altered the dynamic *through things…it's easier because I am not emotionally involved"*

5.5   Benefits and Outcomes for Support Workers and Volunteers

For Support Workers and Volunteers alike, the Person-Centred Approach drives more job satisfaction and positive word of mouth for the program through the ability to see and feel the difference that this new approach to program delivery is making for those people supported (See fig 11.0)

Fig 11.0 Considering the 'Before and After' for Support Workers and Volunteers

Before the Social Inclusion Program

We would try to fix people's needs in a general way

It didn't matter who the volunteer was, they were just allocated…

We tried to do everything for the person, band aided rather than asking what they actually need…

We didn't work with the family…

It was a one size fits all approach, personal circumstances were not taken into consideration

Today…

We learn so much from them also… the program lets us exchange our stories…and we learn from each other as we build real relationships

I use it [the Person-Centred Approach] in my personal life now as well…to consider the context of the people I interact with…it is a good approach

We don't provide a hand out, we give them a hand up…support them to do things for themselves to improve their enjoyment of life. I believe it is a much better way

You do over and above, but it is just what you do. You know these people and you care about what happens to them…it is so satisfying when we see them achieve their goals

It is so much more than social inclusion and it allows us to really make a difference.

It is my 'church'… the benefits flow on through my family and my friends. They know what I do and why I do it.

Core benefits focus on a clear demonstration of a 'two-way street' to learning, empowerment and connection for volunteers and support workers alike:

Physiological and Safety Needs:

- Volunteers are being more active with the individual (lots of walking and exercising) **Self-Esteem:**

- Satisfaction and pride from volunteers and staff *at people in a new*

  "I feel empowered under the new model, I look

- Learning new and different things (horses, embroidery) *way and from a new angle that puts them in the centre and we*

- Telling people about the program, the good it is doing, the *are only one point in their circle"*

  benefits and why they should get involved

Belonging:

- Increased connectedness with the community; going to places they never have before, meeting new people, attending events

  "It doesn't feel like volunteering, I'll

- Less like a volunteer and more like a friend/family member *be on the phone with her for ages and it'll feel like 10 minutes…like*

- In field more often i.e., house visits/calls *you're calling a friend to just see how they are"*

Self-Actualisation:

- Empowered to realise real change with those they support

- Empowered, they feel like and can actually see the difference they are making

- Massive job fulfilment for staff

As noted, involvement for Support Staff is deep and this directly drives higher job satisfaction and personal reward for effort. The connections made with those people supported are deep and genuine and this shines through; the benefits springing forth from the broad circle of support.

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6.0 Understanding the Impact on Use of Other Services

6.1   Key Highlights

- Those supported find it difficult to consider what their need for services would be in the absence of the Social Inclusion Program – which is further testament to the positive shifts in confidence and self-esteem experienced by participants.

- Family members place less emphasis on the need for additional services including respite care and nursing homes; and experience enhanced relationships with loved ones due to less stress and worry underpinning their family life as a result.

- Staff and volunteers experienced in the 'system', identify the program as being integral to minimising the reliance of those supported on additional support services – often acknowledging the Social Inclusion Program as the deciding factor that keeps a person out of institutional care.

6.2 People supported report an absence of need to access traditional services geared to aged and disability

Without access to the Social Support Program many of those people supported over the age of 65 report they would have needed to access aged care accommodation or respite care services. Also, there is evidence that the community would lose the contribution of the supported individual's knowledge, skills and experience (via their 'retreat' from community life).

Particularly for older individuals, connection with volunteers and the community may also lessen reliance on healthcare services and emergency departments. This can be attributed to, for example improved nutrition (social meal taking, observed eating and drinking behaviours) and support to take ownership of their own health (getting things seen to before crisis point).

Younger individuals report feeling they actually 'have' a service that is geared to deliver for 'them' – without the need to treat them as elderly or living with a disability.

Social Inclusion Program is meeting a gap in traditional service delivery and minimising reliance on traditional services designed to cater to the aged/disability sectors

"I used to go to another group but it wasn't my thing, I felt like I didn't fit in. There was no freedom and I wasn't happy. Now, I really look forward to going to the groups with Parramatta Council, I've made friends and I get to make my own mind up which is important. I'm also allowed to have a beer which I wasn't able to at the other place!"

Support Recipient, Under 65

"I am a lot better now than I used to be ...I'd be sad if Jordan could not drop in anymore, I like having a joke with him because he gets my sense of humour … but I have my church group and my new lady-friend as well as going to the nursing home to run bible study with the people there… there's a bit now that keeps me busy"

Support Recipient, 65+

"They're [volunteers and people at the groups] important people in my life, if I had no contact with them anymore I'd be very isolated and lonely…if I didn't"

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6.3 Families, volunteers and support staff have observed tangible outcomes for those supported by the Social Inclusion Service

Due to high involvement of the whole 'support circle', family members, volunteers and support staff have a more objective perspective of how the Social Inclusion Program has benefitted those receiving services.

The Social Inclusion Program is regarded as offsetting the need for core additional services – most notably institutional care (nursing homes or respite care).

Less directly, outcomes relating to improved health (predominantly through increased exercise, improved nutrition, adequate hydration, and mental health) have anecdotally reduced load on the health care network.

Observed benefits also included improved relationships amongst broader family (e.g. parents) which could in turn hypothetically reduce use of other services by supporting the family unit to stay together.

In summary, those not directly involved in receiving program services, have a more pragmatic view and family and support staff suggest both direct and indirect outcomes regarding reduced use of additional services.

"When Mike was first referred to us he had been given 6 months to live… he would not get up out of bed… he was very lonely and he had just given up on life. He had a strong emotional need to connect with other people [but] he had some challenges socially and we felt Jordan was a good match"

"Without all the support he gets, including from the Social Inclusion Program, he would be in a nursing home"

Family Member

Support Worker

"Sarah has been thrown a lot of curve balls, from her health deteriorating to having been told she doesn't have long to live… health problems are game changers, so we boosted support for her then. If we hadn't I don't know if she'd still be in her own home with her son"

Support Worker

"If mum hadn't joined the program, she was going downhill that fast. She would be a nursing home by now, there would've been no other option"

Family Member

7.0 Looking to the Future

7.1 Leveraging the SRV model for People being supported

The SRV Model relies on the ability to truly get to 'know' an individual which results in significant tangible benefits for all parties involved including:

"I just like knowing that

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- Increased job satisfaction, job involvement, social learning, and results *someone is there, having* achieved by volunteers and support workers. *that support gives you the confidence to try things* - Increased confidence, connection and peace of mind for family *because if it doesn't go to* members and reduction of key stressors on the family unit that may *plan, you're not alone"* negatively impact relationships.

The SRV model achieves outcomes for those supported that meet safety and physiological needs before moving on to higher order needs. As a result, the Social Inclusion Service is seen to mitigate the reliance of these individuals on traditional services and support channels through its ability to help support workers understand and explore the whole potential of an individual.

- Individuals supported feel engaged, confident, capable and motivated to live their own lives as independently as possible which mitigates the need to consider aged care accommodation services, and challenges the acceptance of nursing homes are a forgone conclusion for the aging.

- Individuals supported take ownership of their own health needs and report improved nutrition which improves their physical condition and minimises health crisis points that can lead to hospitalisation, rehabilitation and aged care placements.

- Older individuals re-engage in earlier (identity defining) interests and contribute to community learning through sharing of knowledge, skills and life experience (growing the knowledge economy).

- Younger individuals are matched with support that suits their age-related needs which engages them in living and inspires them to explore their potential as contributing citizens – resulting in setting of training, employment and career goals.

The Social Inclusion Program successfully supports individuals to achieve their goals which often focuses on living independently enabling them to successfully reduce and in some cases, offset reliance on aged care and traditional support services.

7.2 Meeting the needs of individuals who do not 'fit' into traditional service models

The Social Inclusion Program is filling the gaps in traditional service delivery models. It actively seeks to meet the needs of individuals who simply don't 'fit' the traditional support service and as such, are underserviced or improperly serviced as citizens. This is evidenced in the case of the young people with a disability spoken to within this study.

Traditionally, these individuals are offered access to support services designed as 'one-size fits all' and targeted towards the elderly. Such services are deemed as inappropriate for their needs and often result in negative emotional and physical consequences as their perception of their own self-worth to society diminishes.

Young people with a disability have demonstrated unique and individual needs focussed on achieving independence, and finding a way to contribute as active members of society – that they did not feel were being met within traditional service models for example resuming employment after a stroke or moving out of family home, gaining independence and considering employment.

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7.3 The Social Inclusion Program is seen to hold all the pieces together

Due to this deep knowledge of the individual, in all cases the Social Inclusion Program is seen to be 'holding all the pieces' in relation to an individual and their breadth of support needs. The Social Inclusion Program is often the only service that is in a position to monitor needs and ensure needs are being met in a manner that is most effective in terms of investment and resource.

As a result, the program offsets 'one-size fits all service consumption' and ensures that individuals access only those services required and take steps to avoid more wholesale reliance on services (e.g. proactive care of health to avoid crisis point, minimise use of Meals on Wheels due to ability to go shopping).

It ensures complementary services are being delivered effectively (e.g. Meals on Wheels are being consumed) and directs individuals to naturally existing community groups rather than those created as a 'service' for the aged (local embroidery groups).

So, while this is understood to be an investment-heavy support service for the City of Parramatta to operate, there is evidence to suggest economic efficiencies exist and are achieved through the programs ability to better align support delivery within the broader support sector as a whole. Improving capacity of the Social Inclusion Team through funding and training support will allow these efficiencies to be maximised – as well as recognise the essential role the City of Parramatta now plays in coordinating support for its citizens.
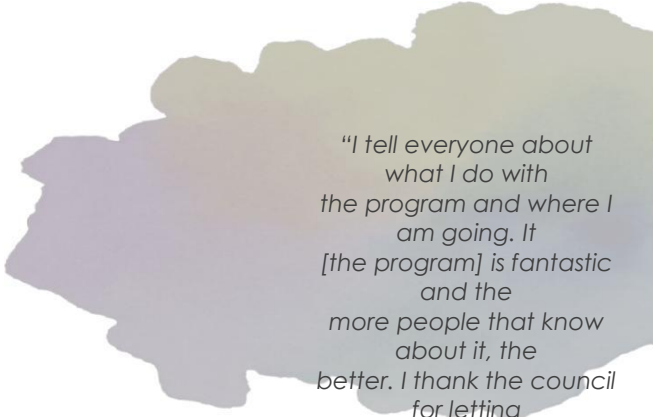
It is essential to recognise (and value) the role played by the Social Inclusion Service in maximising efficiencies of the traditional support sector in delivering to the needs of individuals.

7.4   For the City of Parramatta

The City of Parramatta is highly commended by all involved with the Social Inclusion Program for supporting and driving this new approach to Community Support. It is a defining feature driving overall perceptions of Council for those involved.

The Social Inclusion Program is a story that is actively shared amongst the community – with volunteer, family and supported people all contributing to word of mouth exposure.

Overall, the Social Inclusion Program can be regarded as a resounding success, delivering meaningful, tailored support to individuals that encourages to resume their roles as contributing community members.

"I tell everyone about what I do with the program and where I am going. It [the program] is fantastic and the more people that know about it, the better. I thank the council for letting me be a part of it"

Volunteer