

Ruby Chacha



CITY OF PARRAMATTA SOCIAL INCLUSION SERVICE PROGRAM EVALUATION: SUMMARY DOCUMENT

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PROJECT AIMS

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

1. **The service support experience** – what supports have been received and how well aligned are the needs of the recipient?
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 delaying move 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**.

TO UNDERSTAND THE IMPACT THE SOCIAL INCLUSION SERVICE HAS ON THOSE INVOLVED IN BOTH THE DELIVERY AND RECEIPT OF SUPPORT.

OUR APPROACH

- Conduct n=20 x 1.5 hour in depth interviews with people who receive support from the Social Inclusion Program from a random sample.
- Conduct 30 minute telephone interviews with support staff, volunteers and family members of the supported people interviewed.
- Hallmarked by a qualitative approach to interviewing designed to align with 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.

SAMPLE FRAME

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*

Executive Summary

EXECUTIVE SUMMARY

- 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).
- 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 experience with others, teaching others, passing on of skills, knowledge and experience, increased sense of self-worth and value within the community.

The Social Inclusion Model In Action

KEY HIGHLIGHTS

1

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 City of Parramatta is *delivering a truly Person-Centred Approach* to Social Inclusion Support

2

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

3

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

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

Because... the Social Inclusion Team have successfully:

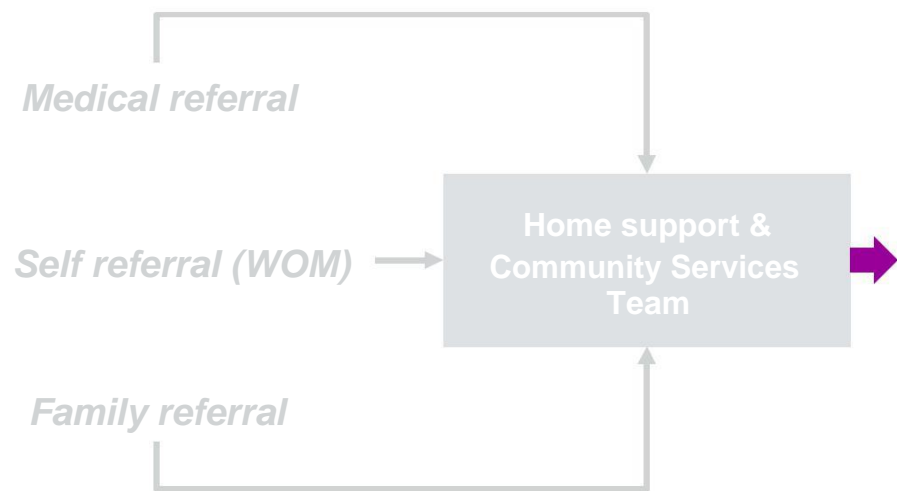
- **Established meaningful and consistent relationships** with each individual person supported.
- **Developed deep understanding of each person's identity**, social and familial role, their values, beliefs, 'guiding lights', and motivations for social connection.
- **Matched them with the right support** 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).

"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 them still be able to cope...we need to be the shadow"

Support Worker

ALL ACHIEVED 'BEHIND THE SCENES' – WITH ALL SUCCESS READILY ATTRIBUTED TO THE PEOPLE WHO THE PROGRAM SUPPORTS TO ACHIEVE.

THE SOCIAL INCLUSION PROGRAM EXPERIENCE BRINGS TO LIFE THE THEORY OF THE PERSON-CENTRED APPROACH IN THE FIELD TO ACHIEVE TANGIBLE HUMAN OUTCOMES



"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

THE PERSON-CENTRED APPROACH IS REFLECTED IN ALL ELEMENTS OF THE SUPPORT EXPERIENCE – FOR ALL INVOLVED (PEOPLE SUPPORTED, THEIR FAMILIES, AND SUPPORT TEAM)

Ruby Cha Cha

KEY DIFFERENCES BETWEEN THE SOCIAL INCLUSION MODEL AND TRADITIONAL APPROACHES

Social Inclusion Program

- 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 are ‘right matched’ to individual needs.
- Continuous tailoring and evolution of support plan as people change and develop (trial and error).

Traditional Social Support Models

- Service provision from established ‘one-sized fits all’ suite of services.
- Standard ‘risk assessment’ – ticking of boxes.
- Service ‘happens’ to individual rather than ‘involving’ them.
- Can lack continuity of relationships.
- Service happens largely in isolation of existing networks (family/friends) and with little understanding of individual needs and preferences.
- Can lack follow up and evolution of service in line with needs (set and forget).

“The other services are good, don’t get me wrong. But they just come and take them places for the day. It is not like Peer Support...the support team genuinely care ... they’re emotionally invested”

Family Member

THE PROGRAM DELIVERS OUTCOMES VIA A DEEPLY INDIVIDUAL AND ITERATIVE APPROACH TO SUPPORT THAT PLACES THE INDIVIDUAL AT THE HEART.

A HYPOTHESIS WHICH IS REINFORCED VIA A TOPLINE REVIEW OF CURRENT LITERATURE

Person-centred approaches deliver greater benefits than those achieved in traditional 'service centre' approaches

- 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 these is now 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.



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 helplessness²
- **Prevention/reduction** in levels of **depression**²
- Reduced levels of **agitation and anxiety**, especially amongst those with dementia²
- **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**

EVIDENCE THAT PERSON CENTRED APPROACHES REDUCE THE BURDEN ON OTHER HEALTH SERVICES AS PEOPLE'S OVERALL HEALTH AND QUALITY OF LIFE IS IMPROVED

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

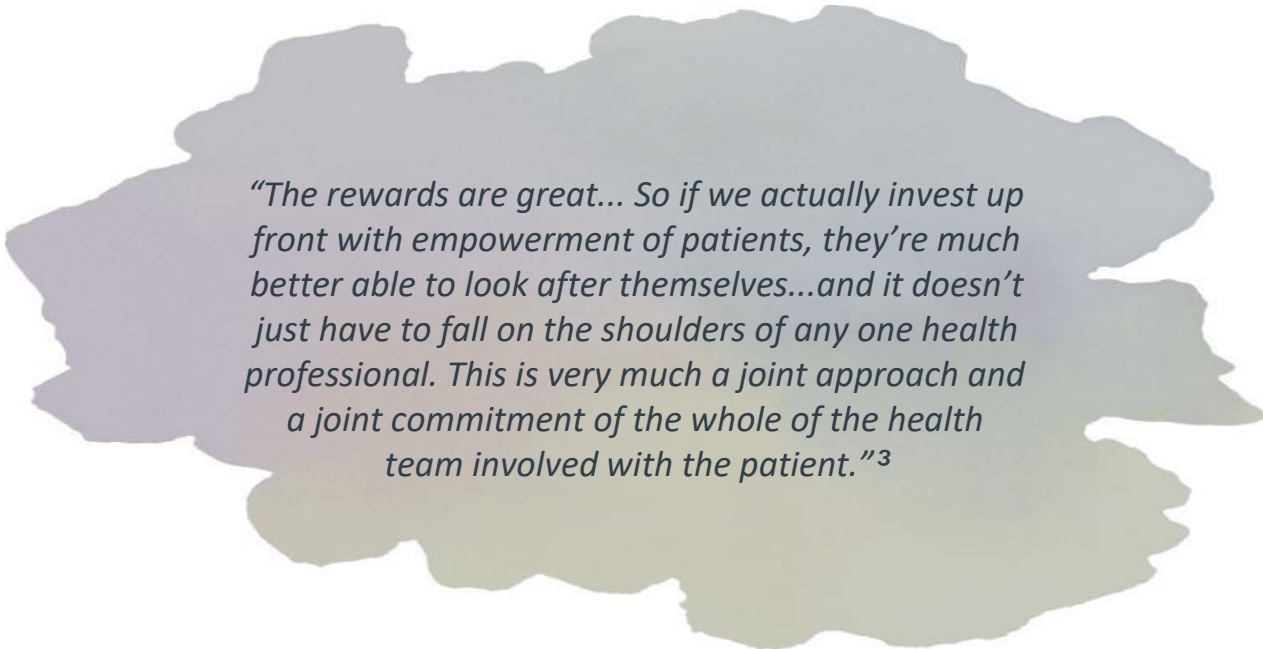
² Brownie, S and Nancarrow, S 2013, 'Effects of Person-Centered Care on Residents and Staff in Aged-Care Facilities – A Systematic Review', *Clinical Interventions in Aging*, vol.8, pp.1-10

³ Department of Health, Victorian Government, Quality and Rural Health 2014, *Person and Family Centred Care, Standard 2: Partnering with Consumers*, Department of Health, p.7

LITERATURE ALSO SUPPORTS THE FRAMING OF PERSON CENTRED CARE WITHIN MASLOW'S HIERARCHY OF NEEDS

Person-Centred care is not always undertaken within a wider 'hierarchy of needs' structure, whereby safety and physiological needs are met before moving on to higher order needs

However, literature suggests and recommends that Person-Centred framed within Maslow's hierarchy of needs works to ensure the **basic needs are focused on before higher level needs are explored**².



"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 much a joint approach and a joint commitment of the whole of the health team involved with the patient."³

CLEARLY OBSERVED IN ACTION WITHIN THE SOCIAL INCLUSION PROGRAM



Informing the Right Match...

1. GETTING TO KNOW EACH OTHER AND ESTABLISHING OUR PARTNERSHIP

What's Working Well?

- Regarded by all involved as **the key foundation step**
- Investing as much time as it takes in early rapport building means those supported feel important and valued.
- Focus 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.
- 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).

CORE ELEMENTS OF MODEL WORKING WELL – HOWEVER SOME SENSE THAT DEPTH OF INVOLVEMENT CAN SET EXPECTATION FOR COUNCIL DELIVERY ON ALL FRONTS AND CAN PUT PRESSURE ON PROFESSIONAL BOUNDARIES

2. EXPLORING WHAT EACH PERSON NEEDS IN ORDER TO ACHIEVE THE 'GOOD THINGS IN LIFE'

How does it work in practice?

- **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:
 1. In their physical environment
 2. In their social environment (including family as relevant)
 3. In their emotional environment
- 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'.



"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

PROGRAM LOOKS BEYOND THE PRESENTING 'PROBLEM' TO UNDERSTAND HOW EACH PERSON CURRENTLY EXISTS WITHIN THEIR ENVIRONMENT – KEY TO IDENTIFYING NEEDS TO BE MET TO ACHIEVE SUCCESS.

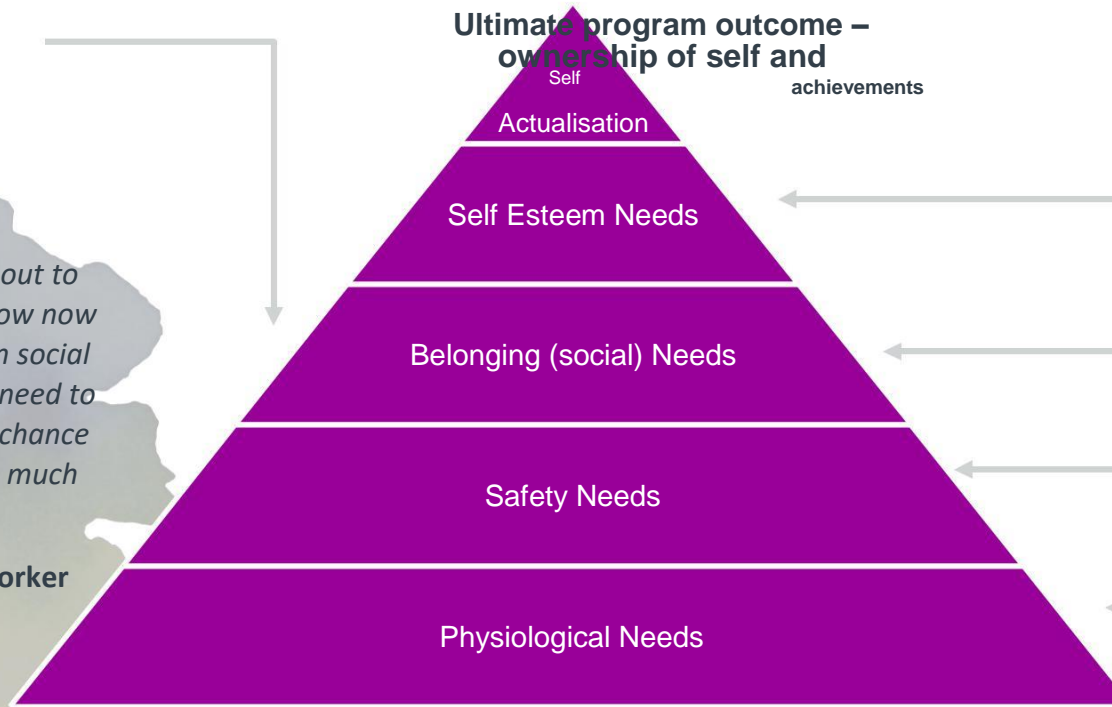
2. EXPLORING WHAT EACH PERSON NEEDS IN ORDER TO ACHIEVE THE 'GOOD THINGS IN LIFE'

Social Inclusion Model seen to set people up to experience success – embarking on a journey to social inclusion where small wins build over time starting with support to meet immediate lower order needs – usually mental or physical – which can be overlooked in Service-Centred 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



"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)

SETTING 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'.

2. EXPLORING WHAT EACH PERSON NEEDS IN ORDER TO ACHIEVE THE 'GOOD THINGS IN LIFE'

What's 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

- Often can end up being the service that 'holds all the threads'.
- Often can 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.

DEPTH OF INVOLVEMENT OFFERS SIGNIFICANT BENEFITS IN TERMS OF NEEDS IDENTIFICATION INFORMING RIGHT MATCHING OF SERVICE PROVISION – BUT REQUIRES PROGRAM TO CONSIDER NEEDS BEYOND SOCIAL INCLUSION.

3. EXPLORING GOALS FOR THE FUTURE

- Majority of people supported had moved 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 control.
- 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 possible enjoyment.
- 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 championed from the sidelines to set goals for the future.
 - They have been supported to address mental and physical barriers that hold them back.
 - They have a sense of achievement on overcoming these barriers which plays directly to confidence.
 - They are encouraged to make (and own) the decisions that affect their future - in control.
 - And as a result – are feeling capable of thinking about what the future may hold (and confident they can make it happen).



...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

RECOGNITION OF SOCIAL ROLES, GENUINE INTEREST IN 'WHO' THESE INDIVIDUALS ARE, AND RESPECT FOR THEIR LIFE EXPERIENCE CREATES SENSE OF SELF-WORTH AND INSPIRES PARTICIPANTS TO LOOK TO THE FUTURE.

3. EXPLORING WHAT EACH PERSON NEEDS IN ORDER TO ACHIEVE THE 'GOOD THINGS IN LIFE'

What's 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 – imaging with them how the past might be re-expressed for the future.
- Planning, answering questions, validating concerns and prompting people to explore their potential all critical to establishing the confidence required to look at what the future might hold.

"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

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..

PROGRAM SUCCESSES ARE CRITICALLY MEANINGFUL TO PARTICIPANT'S PHYSICAL AND MENTAL WELLBEING WHICH PLACES SIGNIFICANT EMPHASIS ON HOW WE CAN RESPOND TO SETBACKS EXPERIENCED.



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

my story

Sarah

Individual Support
Over 65



"I don't feel isolated anymore, I feel whole again, more normal and back to how I was before [before health issues]"

SUPPORT
WORKER

We waited for the right person to come along to match Sarah with – someone that lived close by and had an interest in politics too. These are important to her

FAMILY/
FRIENDS

After caring for Sarah for so long, Sarah now cares for her son who has fallen ill – he is her main priority. It's so crucial to know of such circumstances – it changes everything

VOLUNTEER

Rhys and Sarah couldn't be better suited! A friendship has formed and that support means everything to Sarah who has faced so many traumatic things

Presenting Needs:

- Health issues
- Socially isolated – few people outside of the family unit to speak with

Key outcomes achieved:

1. **Physical:** Ability to get through major health issues and maintain health for many years, able to care for son
2. **Safety:** new support network, safe and happy in own home
3. **Social:** has a trusted support system that she can call upon if needed, open to talking about things she wouldn't have in the past
4. **Self Esteem:** sense of contentment
5. **Self Actualisation:** capability to care for her son

Impact on use of traditional services:

- Remains living in own home - prevented the need to enter into care facilities
- Avoided the need for care services for her son as she is now primary carer

THE RESULT OF INVESTING IN 'RIGHT MATCHING' SUPPORT – A PROGRAM THAT DELIVERS TANGIBLE HUMAN IMPACT FOR ALL INVOLVED

Validates social role and identity of the individual



"...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..."

Nicholas' Story

Outcome: ability to remain living independently and caring for his spouse

Strengthens individuals relationships with family, friends and community



"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."

Rebecca's Story

Outcome: ability to remain living independently and improved family relationships

Identifies opportunities to link into the broader community



"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"

Vicky's Story

Outcome: ability to remain living independently and improved community connection

Exploration of Benefits & Outcomes

KEY HIGHLIGHTS

4

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'

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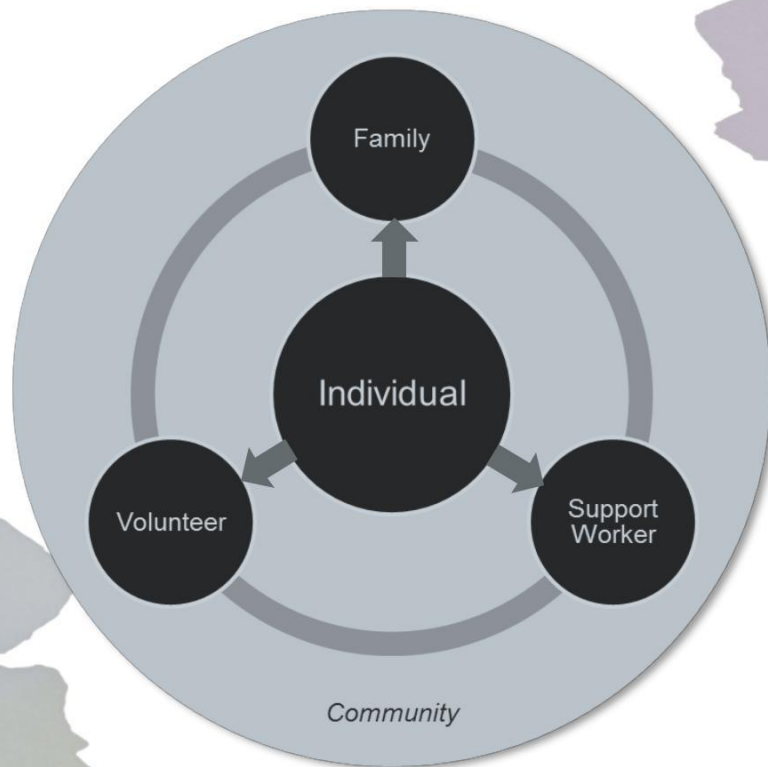
Engaging the '*circle of support*' around the people in the Social Inclusion Program increases their overall sense of connection to community, friends and family and *does not diminish or replace their family's involvement* unlike Traditional support models

6

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'

THE CIRCLE OF SUPPORT – BENEFITS EXTEND BEYOND THE INDIVIDUAL WITH A SIGNIFICANT ‘RIPPLE’ EFFECT TO FAMILY AS WELL AS VOLUNTEERS AND STAFF

The individual's *family, volunteer* and *support worker* were all impacted under the new model and they all demonstrated strong appreciation the whole ‘circle of support’ and the provision of tailored services.



“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

Ruby Cha Cha



Outcomes & Benefits for
Individuals Supported...

SOCIAL INCLUSION PROGRAM IS DELIVERING PHYSICAL, EMOTIONAL AND SOCIAL BENEFITS FOR INDIVIDUALS SUPPORTED

	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	AG 65+	L → C	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+	L → 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 → H	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 → H	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	L → 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 → H	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

Reby Cha Cha

SUPPORTED PEOPLE ARE ACHIEVING REAL OUTCOMES AND EVOLVING AS ACTIVE PARTICIPANTS IN THEIR COMMUNITY WITH LESS RELIANCE ON TRADITIONAL SERVICES

FOR INDIVIDUALS IN THE PROGRAM – SOCIAL CONNECTION IS OFTEN THE ‘WAY IN’

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***

*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***

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



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



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.

MULTI-FACETED BENEFITS FOR THE PERSON INVOLVED IN THE PROGRAM

Physiological and Safety Needs

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

"I think the thing is that we are not family. I'm different, I am a friend. Someone she can trust and just have a chat to. She also has to listen to me and can't tell me off if I am asking her to eat lunch"

Belonging

- Socially open
- Creating new friendships
- Connecting to the community
- Happiness in sharing experiences and stories

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

Self-Esteem

- Mentally stimulated
- Confidence
- Less anxiety, stress due to feeling out of control
- Independence - ability to stay in their own home
- Re-engaging in old interests

"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..."

Self-Actualisation

- Optimism
- Empowerment
- Learning new things

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

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 Needs:

- 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



Outcomes & Benefits for
Families...

FOR **FAMILIES** ENGAGING THE 'CIRCLE OF SUPPORT' AROUND AN INDIVIDUAL INCREASES CONNECTEDNESS AND DOES NOT DIMINISH OR REPLACE **FAMILY** INVOLVEMENT

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

...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...



We involve the person's family and plan together



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.)

MULTI-FACETED BENEFITS FOR FAMILIES OF THOSE PEOPLE INVOLVED IN THE PROGRAM

Physiological

- 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

Safety

- For themselves and their family member that receives support
- Feel supported with an additional pair of hands to help

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

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')
- Relaxing, unwinding and worrying less

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

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
- Ability to enjoy relationships with their loved ones 'as they were before' age or disability altered the dynamic

They know they can call and discuss anything that arises. I often talk on the phone with her daughter. We talk through things... it's easier because I am not emotionally involved





Outcomes & Benefits for Support
Workers and Volunteers...

PERSON-CENTRED APPROACH DRIVING MORE JOB SATISFACTION AND POSITIVE WORD OF MOUTH FOR THE PROGRAM FOR BOTH **SUPPORT STAFF** AND **VOLUNTEERS** ALIKE

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



DRIVEN THROUGH ABILITY TO SEE AND FEEL THE DIFFERENCE THAT PROGRAM IS MAKING FOR THOSE PEOPLE SUPPORTED

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.



DEMONSTRATED 'TWO-WAY STREET' FOR 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)

I feel empowered under the new model, I look at people in a new way and from a new angle that puts them in the centre and we are only one point in their circle

Belonging

- Increased connectedness with the community; going to places they never have before, meeting new people, attending events
- Less like a volunteer and more like a friend/family member
- In field more often i.e. house visits/calls



Self-Esteem

- Satisfaction and pride from volunteers and staff
- Learning new and different things (horses, embroidery)
- Telling people about the program, the good it is doing, the benefits and why they should get involved

It doesn't feel like volunteering, I'll be on the phone with her for ages and it'll feel like 10 minutes... like your calling a friend to just see how they are

She's taught me that attitude makes a whole lot of difference, not to let little things get to me

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

Understanding Impact
on Use of other
Services

KEY HIGHLIGHTS

7

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

8

Family members place *less emphasis on 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

9

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

PEOPLE SUPPORTED REPORT ABSENCE OF NEED TO ACCESS TRADITIONAL SERVICES GEARED TO AGED AND DISABILITY SUPPORT AS WELL AS EMERGENCY HEALTH SUPPORT

- 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 evidence that the community would lose the contribution of the supported individuals knowledge, skills and experience (via their 'retreat' from community life)
- Particularly for older individuals connection with volunteers and community may also lessen reliance on healthcare services and emergency departments
 - Improved nutrition (social meal taking, observed eating and drinking behaviours)
 - Support to take ownership of health (get 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 [volunteer 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 have their support I'd be in a nursing home"

Support Recipient, 65+

ALLEVIATING PRESSURE ON AGED ACCOMMODATION AND RESPITE WHILE AND MINIMISING THE NEED TO YOUNGER INDIVIDUALS TO RELY ON TRADITIONAL SERVICES GEARED TO AGED CARE

Looking to the Future
with the SRV model

THE SRV MODEL RELIES ON THE ABILITY TO TRULY GET TO 'KNOW' AN INDIVIDUAL WHICH RESULTS IN SIGNIFICANT TANGIBLE BENEFITS FOR ALL PARTIES INVOLVED

- Increased job satisfaction, job involvement, social learning, and results achieved by volunteers and support workers
- Increased confidence, connection and peace of mind for family members and reduction of key stressors on the family unit that may 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 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 acceptance of nursing homes are a forgone conclusion for the aging
 - Individuals supported take ownership of 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 employment, training 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

MEETING THE NEEDS OF INDIVIDUALS WHO DO NOT 'FIT' INTO TRADITIONAL SERVICE MODELS

- Social Inclusion Program is filling the gaps in traditional service delivery models
- The Social Inclusion Program actively seeks to meet the needs of individuals who simply don't 'fit' the traditional support service and as such are underserved or improperly services as citizens
- This is evidenced in the case of the young people with 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
 - Regarded as inappropriate for their needs and as having 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
 - Resuming employment after stroke
 - Moving out of family home, gaining independence and considering employment

THE SOCIAL INCLUSION PROGRAM – THROUGH ITS WORK AT THE INDIVIDUAL LEVEL IS UNIQUELY POSITIONED TO SUPPORT YOUNGER INDIVIDUALS CONTINUE TO GROW INTO ACTIVE COMMUNITY PARTICIPANTS

HOLDING ALL THE PIECES...

- 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
 - 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)
 - Ensure complementary services are being delivered effectively (e.g. Meals on Wheels are being consumed)
 - Directing 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

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

FOR THE CITY OF PARRAMATTA

"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

- 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 an resounding success, delivering meaningful, tailored support to individuals that encourages to resume their roles as contributing community members

Appendix

my story

Vicky

Individual Support and
Attends Groups

Over 65



"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."

Vicky was lacking in confidence to even go out before joining the program

SUPPORT
WORKER

FAMILY/
FRIENDS

Since Vicky's son and grand child moved out, Vicky has been lonely, but now has joined a community embroidery group which is great

"She's teaching me to embroider, something she's always had an interest in"

VOLUNTEER

Presenting Need:

- Lacking confidence to go out

Key outcomes achieved:

1. **Physical:** Improved health (nutrition), improved mobility
2. **Safety:** Connection with neighbours enhancing personal safety at home
3. **Social:** Community involvement and development of new social and support networks
4. **Self Esteem:** Sense of self worth, recognition for skills and contribution
5. **Self Actualisation:** teaching skills to others and giving back to community

Impact on use of traditional services:

- Mitigated need for aged care accommodation and respite
- Facilitated access to healthcare services (reducing risk of escalation and use of emergency services)

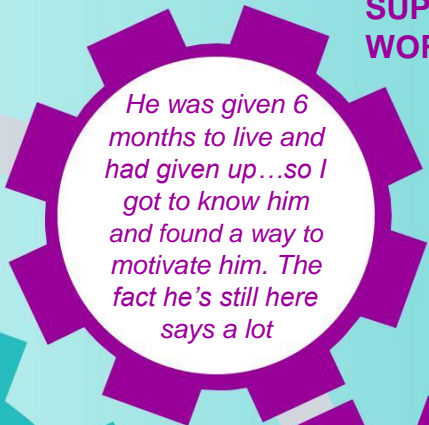
my story

Mike

Individual Support and
Attends Groups
Over 65



"It's good when Jordan comes to visit...we can share a laugh together which is important. I like that you know, not many people share my sense of humour"



He was given 6 months to live and had given up...so I got to know him and found a way to motivate him. The fact he's still here says a lot

SUPPORT WORKER



Mike has engaged once again with his Church group and now even visits nursing homes with a group of friends to run Bible Study

FAMILY/FRIENDS



Mike appears to have gone from strength to strength since making a commitment to get himself up and out of bed as well as attending Social Lunches.

VOLUNTEER

Presenting Needs:

- Had given up
- Wasn't getting out of bed; zero motivation

Key outcomes achieved:

1. **Physical:** Improved health - still going more than 6 months down the track from initial prognosis
2. **Safety:** safety and comfort in his health; no longer counting the days
3. **Social:** Attends social lunches regularly, visits his 'lady friend', involved with his Church group and goes to Bible study
4. **Self Esteem:** Ability to stand on his own and engage with life
5. **Self Actualisation:** Visits nursing home to run Bible study groups

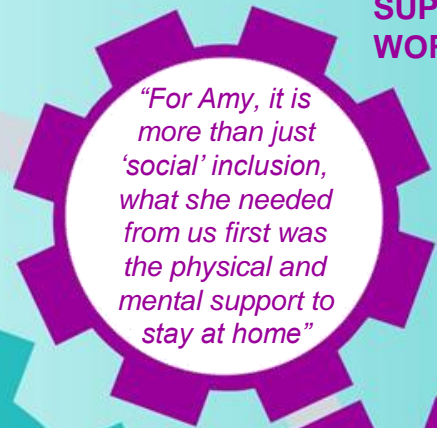
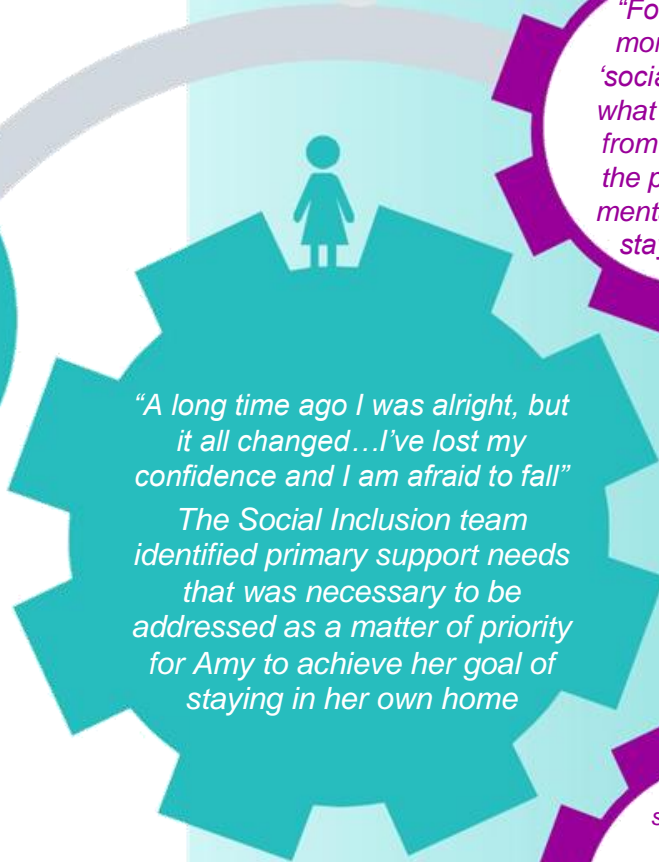
Impact on use of traditional services:

- Prevented the need for full time care and assistance
- Avoided end of life situation
- Supporting others in similar or worse off circumstances

my story

Amy

Individual Support
Over 65



SUPPORT WORKER



FAMILY/FRIENDS



VOLUNTEER

Presenting Needs:

- Very socially isolated
- Poor vision and mobility

Key outcomes achieved:

1. **Physical:** increasing confidence in her mobility and balance, improved mobility
2. **Safety:** Connection with neighbours enhancing personal safety at home
3. **Social:** Connection to and engagement with community
4. **Self Esteem:** Ability to remain in her own home and avoid aged care
5. **Self Actualisation:** ambition to open up more community participation opportunities

Impact on use of traditional services:

- Returned home from hospitalisation directly avoiding the need for institutional/nursing home care
- Avoided the use of private/community transport to take her shopping and avoided the need for other services to provide meals

Ruby Cha Cha

my story

David

Peer Support
Under 65

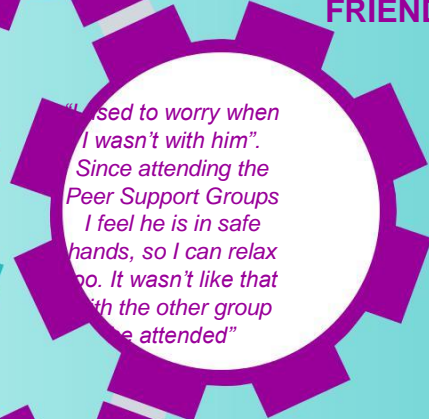


"I get to make up my own mind which is important, I'm not a robot and don't like being told what to do"
The peer support group and social inclusion "puts the power back in your hands and helps you be independent".



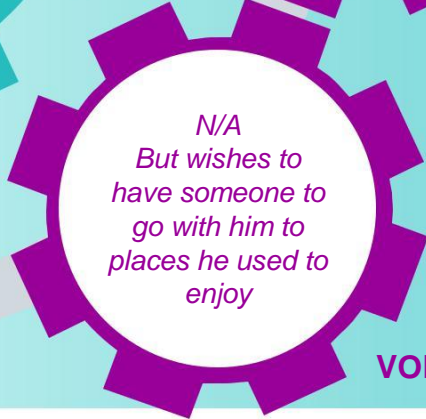
SUPPORT WORKER

David was very socially isolated, the peer support groups have given him independence from his family and allowed him to make friends outside of his carer's circle



FAMILY/ FRIENDS

"I used to worry when I wasn't with him". Since attending the Peer Support Groups I feel he is in safe hands, so I can relax now. It wasn't like that with the other group he attended"



VOLUNTEER

*N/A
But wishes to have someone to go with him to places he used to enjoy*

Presenting Needs:

- Socially isolated
- Participated in other service and didn't like it or felt like he fit in

Key outcomes achieved:

1. **Physical:** Mobility has improved
2. **Safety:** stronger family ties, building confidence to feel safe on his own
3. **Social:** Able to go out and have a beer, something he was missing, building friendships outside of the family unit and care staff
4. **Self Esteem:** Considering future and how he might re-imagine himself (employment down the track, hobbies and interests), new sense of freedom
5. **Self Actualisation:** confidence and desire to live life to the fullest despite his challenges

Impact on use of traditional services:

- Avoided the need for full time care in an institution
- Considering employment in the future and getting back into the community
- Friendships and strong support system building to what he once had, possibly avoiding a decline in mental health
- Family has the time to now put into their own health and well being

my story

Nicholas

Individual Support and Attends Groups

Over 65



Nicholas is more equipped to make decisions and understanding what those decisions mean. He now has a sense of control over his life and he continues to live at home with his wife. This is the ultimate outcome for Nicholas and is strongly linked to his identity as a husband and carer.

SUPPORT WORKER

We have been able to look at Nicholas' strengths and we have been able to support him to use those. Not taking over, but helping to help himself. But this takes time. This model works to "prevent the "crisis, not just react to it"

FAMILY/ FRIENDS

Being seen as capable and independent is critically important and drives his desire to keep living independently with his wife whom he has guardianship responsibilities for.

VOLUNTEER

Although Nicholas had been coming along to group activities for many years, it was only when we started working with Nicholas one-on-one that we became aware of other needs that he had

Presenting Needs:

- Struggling with custody issues concerning dependant spouse (removed from marital home) and engaging in at risk gender identity behaviour

Key outcomes achieved:

1. **Physical:** maintained
2. **Safety:** trusted support system around him, feels more in control and secure
3. **Social:** remain with his wife
4. **Self Esteem:** freedom and comfort to be his true self and do things that make him happy, better equipped to make informed decisions
5. **Self Actualisation:** confidence to express himself

Impact on use of traditional services:

- Ability for Nicholas and his wife to stay in own home, avoiding the need for either to go to a nursing home/other care
- Capable of remaining guardian of his wife

my story

Joanne

Individual Support and
Attends Groups

Over 65



First and foremost is Adam, Joanne's son; her pride and joy. Adam also happens to live with a mental disability, with Joanne, 91, being his primary carer which can take a toll. Knowing how much Adam means to Joanne has been a key to unlocking her happiness

I feel empowered working under the new model. You look at people in a new way, you put them in the centre and we are only one point in their circle

SUPPORT
WORKER

FAMILY/
FRIENDS

The PCA highlights the importance to include family along the way and without it they wouldn't have even known about Adam

The program has supported Joanne when her dear friend passed away and when she needed help filling out forms. Without this support, she would have gotten very stressed and deteriorated

VOLUNTEER

Presenting Needs:

- Mobility declining; becoming more socially isolated; stressed about son

Key outcomes achieved:

1. **Physical:** improved mobility, seems happier and more energetic
2. **Safety:** secure and safe being the primary carer for her son with the support of the team
3. **Social:** created and maintained many friendships, also allows her son to make friendships, sense of belonging
4. **Self Esteem:** upskilled, has greater confidence to do things for herself and her son
5. **Self Actualisation:** desire to remain in own home and carer for her son

Impact on use of traditional services:

- Joanne's son who has a disability would have lost services on the NDIS
- Avoided the need for a new carer for Adam

my story

Richard

ATTENDS PEER SUPPORT

High Needs
9 years since joining



Richard is a confident 32 year old who lives life with Cerebral Palsy, low vision and a slight intellectual disability. He has a **very full life** and enjoys a strong and well-developed network of support, both from services such as Social Inclusion Program but also from a dedicated group of family. But while Richard's life is full, it is apparent that what drives him is a need to **live as independently as possible** and partake of all the things any other 32-year-old would seek to enjoy **outside of the family unit**.

"I like having a beer on Thursday nights, and meeting my friends" he tells me, and proceeds to fill me in on all the details of an upcoming weekend trip away to the V8's he will take with his carer where he will be travelling by train. While Richard's Dad will join the trip, it is very clear to all that **this is Richard's weekend and everyone else will be along for the ride**.

Through early discussions, Sabrina **uncovered Richard's deep desire for his own mobile phone** and was able to help by putting the family in contact with a company called Genie. It has significantly impacted the whole family's life, with his **parents now feeling confident in leaving Richard at home** knowing that he can call them if he needs to.

"I like going to peer support...it makes me feel happy and excited. I love doing gymnastics. I would give up gym if there was something better, but not Thursday nights and peer support! ... It would make me feel sad... down [motioning to inside body] if it disappeared"

After these early steps flexing his independence, Richard reports feeling **happier, safer** and more **"in control of my own life."** As a result, he 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 as Sabrina supported Richard to make his own decisions about what he was comfortable with for his future and gave him an avenue to talk about his worries like missing his Mum and Dad.

For Richard, Peer Support is **more than a program**. It is about **friends**. Having his own friends and the opportunity simply to be with people of his own choosing. There is **no distinction between the supported, support staff, and volunteers**, they have all become, simply and powerfully, Richard own friends. With the power of these friendships behind him, Richard demonstrates confidence, independence and a strong positivity about life, both how it is today, and the potential for tomorrow.

- Key Outcomes Achieved:*
1. Independent living and learning of life skills (reducing ongoing reliance on aging parents)
 2. Belief in future potential (desire to get a job and earn income)

my story

Graham

Richard's Dad

High Needs
9 years since joining



Graham, Richard's Dad is surprised that what Richard is talking with Madelyn about is **'more emotion than we usually get'** from him...there is strong sentiment in the room and it is clear that the Social Inclusion Program is a support service that taps into deep emotion for this family.

There have been other surprises for his parents that have been uncovered about Richard as the program has evolved. One of which was Richard's desire to want his own mobile phone. "To be honest, that surprised us", said Graham. "**We hadn't even considered that** he might be interested in a mobile phone. But Sabrina was able to help and put us in contact with a company called Genie. It has **significantly impacted the whole family's life**. Now we feel **confident in leaving Richard at home** knowing that he can call us if he needs to and he feels safer and more confident to stay at home alone...it has also meant **my wife and I are freed up to go out for a meal which we would not have done** before, being too worried to leave Richard alone".

"The team genuinely care about Richard and us. They are not support workers, we regard them as friends. You don't get that with the other services."

Richard made the huge leap of faith and moved out of the family home recently and for Graham, "maintaining involvement with the Social Inclusion Program was a factor in choosing the house Richard moved into" says Graham. "While Richard has shared interests with his housemates; they like to go out and see the band 'The Frocks'; keeping consistency with the [Social Inclusion] program was a consideration" and they both share a laugh because Richard **"will even ditch family birthday's if they fall on a Thursday night just so he does not have to miss out on Peer Support!"**

"The activities are just secondary really, **it's about the people** and an excuse to come together and spend time with his friends" says Graham "these are **real social occasions** not just a group of people put together".

- Key Outcomes Achieved:*
1. Improved relationship with spouse
 2. Confidence in son's ability to manage as an independent adult

my story

Kate

VOLUNTEER

Volunteering for 9 years



Kate is a volunteering veteran of 9 years and although having only worked with Wendy for the last 7 months, she is **clearly inspired by her strength of spirit**. Kate describes how Wendy has only recently retired from her work in the hospital uniform department; a role that was important to Wendy and her sense of identity. “When I met her she had retired, and looked sad and depleted. She was lonely, she would meet me at the door in a beanie with her head down not caring for her appearance. Now, because she knows I am coming she meets me with her hair done and **sparkle in her eye and looking all spruced up**. She is **taking an interest in things again** and it is a joy to see”.

Kate believes the biggest thing for Wendy is **loneliness**, especially for one who worked for so long in life. “Wendy tells that me that ‘loneliness is debilitating’ and that she is ‘beyond excited’ to be eating lunch with someone”. Meeting Wendy each Tuesday for lunch Kate finds it lovely to be able to sit, chat and eat together “and I can prompt her and make sure she eats properly because I am not family that she can’t ignore me or tell off. She **values our friendship and respects my concern**, so she eats, and it is great to see”.

Wendy stills wakes at 4am ready for work, the habit of a lifetime. It makes for a very long and lonely day with nothing to look forward to. Kate feels that “dementia worsens if there are no anchors to your day. It’s so lovely you have something simply to look forward to – it’s a social right. Without it, Wendy would be left in limbo after having done so much in life to now be able to do so little, it is frustrating for her.”

“The program is my church. What it gives me flows on down through my family.

They understand the importance of what I do with the program and they help me to make the time to do it. My parents step in and help with my family and my kids are learning to appreciate the value of helping others in our community. They are learning there is more to life than the Kardashians.”

“I adopt them, and they adopt me”, says Kate. “They become my **extended family**...” Kate reflects on what she and Wendy have learned together. “She knows about how to present a home and I am going through that stage in my life now as we are doing renovations etc.; Wendy loves hearing my stories about the process and she give me ideas. She tells me that ‘I give her a window on the world and that she feels like she is living it through me’. **We learn from each other**”. Kate reflects that her family has connected with Wendy’s family and together “we provide a **better network of support around Wendy** - all being there to keep an eye on how things are going. We all benefit from the relationship. The ripple effect of this program is huge, and it is just great to be able to be a part of it.”

Key Outcomes Achieved:

1. Connectedness to community
2. Establishing community values in next generation
3. Sense of own personal value via contribution
4. Awareness of what makes a difference in supporting positive aging (for self and own family members) potentially offsetting future support needs

my story

Janet

SUPPORT WORKER



While speaking to Janet about a number of support recipients, there seems to be one core theme – **engaging the circle** around them whether that be friends, family, neighbours or anyone else that is important to them.

Janet describes the relationship between the program and recipient's families as a **partnership**. From the get go, what the person **values and their interests** are **matched with someone alike**; the **individual** is at the **forefront**. This level of involvement doesn't end there, where Janet goes on to describe that in the old model if someone was in hospital or had moved to a nursing home, the staff would be the last to know. Now, before a decision is even made, they are **involved in the conversation** and can provide guidance and suggestions on how to move forward.

Janet is seeing a lot more support recipient's finding a **strength and confidence** in them that she hadn't seen for a while or ever in some cases! There is no longer a "band aid" solution where the staff and volunteers would try to do everything for them. Instead, "we don't just do things for them, **we help them to learn which is empowering** for them" Janet states. While this has physical benefits by keeping them as active as possible, this also effects their confidence and self-esteem as the "more positive

"The volunteer doesn't come at the cost of the family's involvement"

role a person has, the **more competent they become**" creating a cycle of confidence and willingness to keep pushing themselves to stay independent.

The effects of the new model have also rubbed off on Janet describing her role now as "**much more satisfying**" And by this, it makes her **think more strategically** with the need to more closely analyze the person's lifestyle and family dynamics in order to create the appropriate personal plan for them. Although she and the program may in fact be providing less services for the individual than in the past, **there is a greater level of involvement** which leads to "so many more benefits for both the recipient and staff".

Key Outcomes Achieved:

1. Job satisfaction (through achieving real and tangible results)
2. Increased professional investment in each individual supported
3. Informal learning and development (value exchange)
4. Understanding of what makes a difference in supporting positive aging (for self and own family) potentially offsetting future support needs

my story

Mike

INDIVIDUAL SUPPORT AND ATTENDS GROUPS

Low Needs



Today Mike has **been up and about**, despite the poor circulation that can make getting around a daily challenge. Mike puts a lot of effort into thinking forward, and connecting with his Church group, his Volunteer [Jordan] and having his new Lady-friend to talk to all make things easier. When Melissa [Support Worker] met Mike, he had been given **6 months to live** by his doctor due to a circulatory condition. **“He had given up”**, said Melissa, “he would not to get up out of bed.” Mike was lonely with few friends with which to socialize and mingle and seemed to have **lost his sense of purpose**.

Getting to know Mike meant that Melissa needed to **find a way to motivate him to get up and out of bed**. This came in the shape of **printed positive affirmations** that Mike and Melissa decided to stick on the walls around his bed “so that he did not let the dark thoughts in” says Melissa.

One-on-one support helps Mike reconnect socially with Jordan

visiting as a Volunteer. “Melissa came along a couple of times to check we were getting along okay. It’s good to have someone drop in, although Jordan “stays just long enough for a cup of tea and a bit of cake while we have a chat.”

Jordan enjoys his visit with Mike, although notes that it is getting harder to get into Mike’s social calendar these days, as he now

“It’s good when Jordan comes to visit...we can share a laugh together which is important. I like that you know, not many people share my sense of humour”

socialises regularly with his Church group, attends bible study a few times a week and visits his new friend at her place regularly. “Sometimes, I when I call him on the phone to arrange a time to visit I think he doesn’t want me to come, but then one day I offered to bring cake and we seemed to have settled into a routine from then”.

Mike appears to have gone from **strength to strength since making a commitment to get himself up and out of bed** as well as attending Social Lunches. With the support of Melissa and Jordan he has **engaged once again with his Church group** and now even visits nursing homes with a group of friends to run Bible Study. “I enjoy going along. You see people worse off than me and it makes you think differently. Mike enjoys being able to talk to the residents about the old times, and reflect and share with others who understand him. **In supporting Mike, the Social Inclusion Program is helping him to go on and now support others**. Mike appears to no longer be counting the months to live, he is just living.

- Key Outcomes Achieved.*
1. Ability to stand on his own and engage with life
 2. Independently connecting with community groups to pursue interests
 3. Health improvements – still going more than 6 months down the track from initial prognosis.

my story

Amy

INDIVIDUAL SUPPORT

High Needs

Receiving support for 2 years



Amy shares with me the stories of her life and **reflects on parties that she used to host**, prompted by the glassware sitting on the sideboard that nowadays finds little use. She gestures to the tea cups, that she has washed and set up today on a cleared section of the dining table in anticipation of my arrival. She thinks to collect a photo album and sits down to show me a much **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...”** With age and dementia, **life today is very different**. Amy’s limited mobility **impacts her ability to go out of the house** “I don’t go in the garden anymore by myself. I am afraid to fall”. Amy is acutely aware that if **she is not seen to cope with living in her own home, her circumstances might change**, and she will lose control of her life, her decisions and the security she gains from living in her own space.

Amy contacted the Council herself to **ask for someone to walk with her to the local shops** however, at first meeting, the challenges in achieving this were very apparent. “Amy was confused and when we did visit for the risk assessment I was concerned about her vision and the fact that the route she was determined to walk crossed a busy main road to get to the shops and she cannot turn her head properly to see the traffic”. Karen, her support worker stated.

Rather than tell Amy that she could not walk to the shops, the Social Inclusion Program **invited Amy into the discussion about the options**. “We tried the walk together, then discussed my concerns as I did some

“It’s good when Jordan comes to visit...we can share a laugh together which is important. I like that you know, not many people share my sense of humour”

research to find a different route. I printed out both routes and highlighted them, and in the end, she **liked the new route so much she decided that she wanted to take her sister there**”. Thus, a routine was established.

The work of the Social Inclusion team identified **primary support needs that needed to be addressed as a matter of priority** for Amy to achieve her goal of staying in her own home. “Amy’s cognitive and physical function where the key barriers we needed to support her with first”, says Karen. “For Amy, it is **more than just ‘social’ inclusion**, what she needed from us first was the **physical and mental support** to stay at home”.

This came into sharp focus when Amy had a significant fall that required hospitalization. Karen continued to visit Amy in hospital and provided an anchor for Amy in the unfamiliar and confusing surroundings of the hospital. Amy passed the assessment, with Karen giving Amy something to look forward to **proved to be a critical, deciding factor in enabling Amy to return home**”.

“One to One support was needed to meet her immediate needs, but our ambition is to open up more community participation opportunities for Amy such as the Seniors Riverside Concert”.

- Key Outcomes Achieved:*
1. Ability to remain in her own home and avoid aged care
 2. Connection to and engagement with community

my story

David

ATTENDS PEER SUPPORT



David is a strong willed, resilient, witty and smart man. After having a stroke, David's life went from being a **happy-go-lucky** typical 30 something year old, to having to **learn to walk and talk again**. Since attending the Peer Support Groups "it has helped with his **physical health** too getting out and about, I've noticed when he goes out he's very fast with his crutches now!" David's mum explains.

David **was a very social man** and loved to go out and have a beer with mates, but after having a stroke, not only did David **suffer physically**, but he also became **very isolated from his friends** while getting back on track.

After attending other peer support services, David felt he didn't fit in so gave the Social Inclusion Services Peer Support Group a go and hasn't looked back! He and his family could see the almost **immediate difference in his mood, happiness and outlook on life change for the better**.

Not being the typical elderly stroke victim, David's situation was very unique and as such, required a very **personalised approach** in matching him with the best support possible. It **wasn't enough for David to just get out of the house**, he needed to be **challenged** and **stimulated** which other services were not providing.

David's progress and current happiness is a testament not only to himself, but also to how the peer support program has gotten him

"I get to make up my own mind which is important, I'm not a robot and don't like being told what to do"

back out of his shell. Apart from the obvious benefits the peer support group provides in getting David out of the house, David mentions that **"I'm allowed to have a beer which I wasn't able to do at the other peer support group"**. David had loved going out for a beer over a catch up with mates and had missed this 'luxury'. This kickstart of his social life has also **reignited past interests**.

The **benefits of the group have been felt throughout the family**, especially by his mum who **"used to worry when she wasn't with him"**. Since attending the Peer Support Groups, she feels **"he is in safe hands, so I can relax too"**.

David is a proud man and wants to be as **independent** as possible. He doesn't want to be told what to do and doesn't want everything done for him. The peer support group and social inclusion he feels **"puts the power back in your hands and helps you be independent"**. With his confidence growing every day, he hopes to get out and about more frequently.

Key Outcomes Achieved:

1. Re-established sense of self-worth
2. Improved mobility
3. Considering future and how he might re-imagine himself (employment down the track, hobbies and interests)
4. Family's well-being improved; stronger relationships

my story

Alice

SUPPORT WORKER



Alice describes Nicholas as an ‘intelligent man with disabilities’. He lives with his wife and has guardianship responsibilities to her as she also lives with an intellectual disability. Being seen as capable and independent is critically important to Nicholas and drives his deep desire to **keep living independently with his wife**.

Nicholas reached out for more assistance from the Social Inclusion Team when in the midst of a legal dispute with his wife’s foster parent. “When we started working with him on-on-one we realised that there were quite a few issues...anxiety that his wife would be taken away, loss of control of his home life, problems with neighbours, and gender issues... **Nicholas’s challenges were much broader than just social issues and you don’t see these issues in one night a week social situations**”.

“We were there at a crucial time,” says Alice. “There was a lot at stake for Nicholas and he had no family members around to support him. His wife had been taken from the home and Linda [Nicholas’ wife] **would not have returned to the marital home without our support for Nicholas**. They would likely have both ended up in care and Nicholas would have **deteriorated** being separated from her”.

Alice feels by working with him personally “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

“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 situation. Although Nicholas had been coming along to group activities for many years, it was only when I started working with Nicholas one-on-one that we became aware of other needs that he had”

resolve his challenges. Not taking over, but **helping Nicholas to help himself** and supporting him to be his best. But this takes time”. Alice believes this model works to “**prevent the “crisis, not just react to it”** as the old model would have done.

Alice’s personal and professional satisfaction is strongly evident in the way she reflects on Nicholas’s personal achievements “His **self-esteem is better**. He is more equipped to make decisions and understanding what those decisions mean. He now has a sense of control over his life and he continues to live at Nicholas with Linda.” This is the ultimate outcome for Nicholas and is **strongly linked to his identity as a husband and carer**. “He now has more control and feels more secure knowing that he has avenues of support to help him make his own choices regarding the typical things that come up in life”, says Alice. “You see how important it is to him and you do go ‘**over and above**’ but it is just what you do”.

- Key Outcomes Achieved:*
1. Increased job satisfaction
 2. Ability to provide better care and support

my story

Karen

SUPPORT WORKER



“From day one **we ask all the questions**...we involve the person’s family and **plan together with them**”. This is support worker Karen describing the major difference between the Traditional and new model under the Social Inclusion Service for Joanne. Joanne attends groups and receives Individual Support. But first and foremost is Adam, her son; her pride and joy. Adam also happens to have down syndrome, with Joanne, 91, being his primary carer.

Joanne started going to the groups provided by the program some 10 years ago as a guest of a dear friend who has since passed. When attending as a guest, everyone could see the joy she got from meeting new people so when her friend passed away, **the team worked in making sure Joanne was supported and was still able to come along if she wished.**

Joanne has really developed a “**sense of belonging**, close friendships and confidence” by continuing with the groups and has seen the physical impacts this has had, whereby Joanne “looks very happy, walks better and appears more energetic.” **Knowing how much Adam means to Joanne has been a key to unlocking her happiness.**

Joanne loves to spend time with Adam so Karen and the team have been **working on giving him a more active role** in some of the groups and events Joanne attends. Adam makes Joanne so

“In the old model we wouldn’t have seen Adam in the picture, we wouldn’t have contacted the person’s family unless it was an emergency”

extremely happy and proud, but being **elderly herself and the primary carer for him, it does have an impact and at times can take a toll**. Upon the introduction of the NDIS, Karen and the team stepped in with Joanne as they could see this was creating quite a lot of stress for her. As the primary carer for Adam also, not knowing what to do, she was worried that he would lose services which would have stressed Joanne even further. Karen was able to sit down with Joanne and go through everything that needed to be done which **gave her the confidence** to do it for Adam as well. The Person-Centered Approach **highlights the importance to include family** along the way by putting their needs first and allocating resources accordingly to enable them to get the most benefits.

After having worked in her role for 10 years now, Karen feels “**empowered working under the new model**. You look at people in a new way, from a different angle...you put them in the centre and we are only one point in their circle.”

Key Outcomes Achieved:

1. Job satisfaction (through achieving real and tangible results)
2. Increased professional investment in each individual supported
3. Informal learning and development (value exchange)

my story

Anne

VOLUNTEER



Anne describes her volunteer work ever so humbly. Anne has been with Parramatta City Council as a volunteer for 15 years and was introduced to Tracey over the phone at the start of 2016. It wasn't until 5 months later that they actually met face to face, but by then their friendship had been cemented and **felt like they had known each other for years**.

Anne has a deep respect for Tracey, describing her wittiness, independence, ease of conversation and free spirit as something to be admired. This is seen as a reflection of the Individual Support Tracey receives as part of Social Inclusion Service – **providing support while not stepping into their life too much**. This all helps in **championing individual's interests** and **empowering each person to give them the confidence to stay independent in their own home** – if that's what they want. Tracey stands on her own two feet and can handle almost anything life can throw her way and Anne feels that while this is mainly in Tracey's DNA, it is also partly due to the Social Inclusion Program **fostering and encouraging family involvement** along with Individual Support when needed.

In particular, Anne describes how they have worked in helping Tracey **open up** a little about her friends and family. Where this was once a challenge for Tracey, she has seen that the conversations between the two of them has given her a **safe space to speak freely**, building up her emotional strength. This has been a goal for Tracey to

"It doesn't feel like volunteering"

reconnect with friends and family, and is something Anne always has in the back of her mind. While things don't always go to plan, Anne senses the proudness in Tracey's voice that she at least had the courage to make the effort and is glad that she did it.

While Tracey has a keen interest in Anne's line of work and has learnt much from her, Anne reciprocates this feeling saying she has **"learnt so much from her [Tracey]"**. I get the sense that Anne is one of those people that would give you the shirt off her back if you needed it and would do anything for anyone, but the Social Inclusion Service seems to be where she gets the most satisfaction, signing off saying **"I will always come back here [Social Inclusion Service] up until the day that I need the service myself"**.

Key Outcomes Achieved:

1. Connectedness to community
2. Learning and development via the value exchange
3. Sense of own personal value via contribution
4. Awareness of what makes a difference in supporting positive aging (for self and own family members) potentially offsetting future support needs

Ruby Cha Cha

