Diversity Planning & Practice - planning locally

Thank you to the 69 attendees from 60 HACC organisations who contributed to the seven Diversity Planning and Practice local area meetings held between January and February 2013.

These forums provided an opportunity for HACC service providers to consider shared actions from individual diversity plans, the ways in which organisations can collaborate to assist with their implementation; and how the EMR HACC Alliance and HACC Diversity Advisor can support this process.

The primary focus in these early stages of Diversity Plan implementation is on increasing knowledge and understanding of diverse communities. To support this priority the following events are being planned:

- A homelessness forum scheduled for 12 June 2013
- Gay, Lesbian, Bisexual, Transgender, Intersex community awareness training supported by Gay and Lesbian Health Victoria (dates to be confirmed)
- Aboriginal and Torres Strait Islander Communication Protocols Information Session at EMR HACC Alliance 25 June 2013

Details of these training opportunities will be distributed when finalised.

ASM and Diversity Planning & Practice

Since the introduction of Diversity planning in 2012, there has been significant feedback from EMR HACC agencies about the benefits of the local area approach and a strong preference to align ASM and Diversity Planning processes.

The DH EMR office and the EMR HACC Alliance Executive Group support a move to incorporate ASM as part of the successful local area approach and beyond this, acknowledge the potential benefits of aligning the ASM and Diversity planning processes. These include reducing duplication in planning and review processes and streamlining reporting requirements for HACC service providers.

Within the context of state wide reporting requirements for ASM and Diversity Planning and Practice in 2013, the DH EMR office is considering how this alignment might be achieved. We welcome your views on the approach and encourage you to let us know how the Alliance can support you to plan for, and implement ASM and Diversity priorities.

To access a copy of the local area diversity plans please visit the EMR HACC Alliance website at http://www.iepcp.org.au/active-service-model-emr-hacc-alliance or contact Belinda Gillam, HACC Diversity Advisor
P: 9843 1718
E: Belinda.Gillam@health.vic.gov.au
Why are gardens so important to our health and well-being?
By Horticultural Therapy Association Victoria (HTAV)

Gardens are important to our health and well-being because:
- Gardens provide a place to relax
- Colourful plants and flowers stimulate our senses
- Perfumes and scents of plants trigger memories and emotions
- Trees provide shade and shelter from the elements
- Plants and trees provide a micro-climate effect keeping our homes cooler in hot conditions
- Gardens provide habitat for birds and animals
- Physical activity involved with gardening helps keep us fit
- Being in the natural environment of a garden can help combat stress and depression
- Fresh food straight from the garden is healthy and economical
- Nurturing our plants give us a sense of achievement and can increase self-esteem

The Horticultural Therapy Association of Victoria (HTAV) is an organisation of professionals and volunteers who promote the therapeutic and recreational benefits of horticulture. HTAV fosters and supports horticultural programs and activities which enhance the social, emotional and physical well-being of people.

HTAV has a role in educating and informing others (including community agencies and the general public) about the benefits of programs using garden related activities and produces an informative newsletter to share news and events. The latest newsletter includes:
- a summary of conference presentations from the 2012 HTAV Horticultural Therapy Conference ‘Cultivating Healthy Communities’ which provides some great examples about gardening programs that support health and wellbeing
- Links to a range of useful resources, places to visit and gardening tips and advice

For further information about the Horticulture Therapy Association or to receive their newsletter please contact at:
E. contactus@htav.org.au
P. 03 9836 1128
Website: www.htav.org.au

Invitation to contribute
EMR HACC Alliance—Sharing Good Practice: ASM Communication & Promotional Material

The introduction of the Active Service Model (ASM) requires HACC agencies to review the way services are marketed and promoted to people accessing HACC services, with a focus on describing services in way that incorporates ASM as part of the overall approach to general HACC services delivery.

In 2012, the Department of Health released the HACC ASM Communication Toolkit to provide HACC agencies with tools and resources to assist them to communicate the ASM approach in a clear and consistent way. The Toolkit was developed with two primary target groups in mind: HACC clients, carers and the community and non-HACC funded service providers.

A review of the 2012-13 ASM Implementation Plans for EMR HACC agencies indicates that at least 50% of agencies have updated their communication, marketing and promotional material to include language and/or other representations that better reflects the ASM approach.

To support and showcase good practice, the EMR HACC Alliance would like to source and share examples of communication and promotional material developed by Alliance members. The material will be displayed at the April 2013 Alliance meeting, and published in a good practice resource for distribution.

How you can be involved
Please forward your contribution/s to lisa.dean@health.vic.gov.au by Tuesday 2 April 2013. Consider including material such as:
- Your Web site addresses or links that include written or visual representations of an ASM approach
- Electronic or hard copy client/carer brochures, handbooks, posters, letters, information/fact sheets, other
- Translated material
ASM in Practice - Mary’s Story
By Ashburton Support Services

Following the review of ASM implementation Plans in 2012, a collection of case studies were gathered to demonstrate how HACC agencies are thinking differently, and responding to the clients in a way that supports the whole person.

The case study below was submitted by Ashburton Support Services, a volunteer-based, not-for-profit organisation in the EMR. Ashburton Support Services provide a wide range of services (e.g. Meals-on-Wheels) to enhance seniors’ quality of life and facilitate regular social events, host a range of social activities and entertainment at the Centre, run twice weekly excursions and provide a variety of other support services such as hairdressing and podiatry.

This is one of 13 case studies now available for you to download from the Department of Health website at http://www.health.vic.gov.au/hacc/projects/asm_casestudies.htm. Please feel free to use the case studies to promote discussion about how your service is making a difference.

About this story
This case study highlights how an organisation refined its assessment processes, resulting in improved practice and identifying client goals. Short-term interventions were engaged to improve capacity, independence and socialisation for the client.

Meet Mary
Mary, 81, recently moved to Melbourne from Tasmania to live with her son and daughter-in-law. She was in good health apart from suffering with arthritis in her hips. Mary was quite happy to relocate interstate but with her family members at work all day and being new to Melbourne with no friends she was feeling socially isolated. Up until her move Mary had been very active in the community, drove a car and was very independent.

Mary’s goal
A GP referred Mary to a health centre. Mary’s goal in going to the centre was to make new friends and to increase her mobility. She wanted to improve her physical fitness and improve the arthritis in her hip. Mary joined the falls prevention exercise program; she also went to concerts, lunches and on bus excursions. The centre provided transport so that Mary could attend the activities.

Mary gained confidence from the socialisation but still felt isolated at home when she was not at the centre. The centre provided a loan of a four-wheeled walker for Mary to trial walking to her local shops. This proved unsuccessful but helped her make up her mind to buy a car.

A new start for Mary
Mary now drives to the centre so she can take part in all the activities she enjoys there. She feels independent and connected to her local community, is socialising with her new friends, gaining confidence and improving her physical fitness. Mary says, ‘I feel like the centre has helped me to gain my independence back and helped me work out my problems in settling into my new home’.

A new start for the centre
ASM has changed the way the centre approaches clients’ goals. A staff member reflects: Prior to the ASM we would have just invited Mary to be involved in social or fitness activities such as the concert or Scrabble, bus excursions and exercise classes. We would not have become involved in her desires to become more mobile though improving her walking skills. Before ASM our assessment process would not have identified the goal of Mary wanting to restart driving and therefore would not have set short-term support of transport provision.

Reflection
- Do your current assessment practices (and tools) allow you to identify a client’s background, strengths and goals?
- Are there opportunities to adapt or strengthen your assessment process?
- Do your local GPs and other service providers understand the principles of the ASM? (There are some suggestions on communication with referral sources in the ASM communications toolkit.)
- Do your local social support programs reflect a client-focused approach?
Resources

- Both the Inner East PCP and Outer East PCP host the ASM Alliance web pages which include a range of useful resources and information to support the activities of the Eastern Metropolitan Region ASM Alliance. Check out the latest resources added to the sites at:
  
  http://www.oehcsa.org.au/special-project

- A collection of case studies are available to download from the Department of Health ASM website at http://www.health.vic.gov.au/hacc/projects/asm_casesudies.htm. The case studies are real and have been provided by various HACC services providers to showcase the Active Service Model (ASM) approach in providing Home and Community Care (HACC) in a range of settings.

- The EMR HACC Training Calendar available via the Migrant Information Centre Eastern Melbourne (MIC) website has a number of training sessions scheduled to June 2013 which support the work of the Alliance. Please consider your involvement in the upcoming sessions for Goal Directed Care Planning, Consumer Consultation and Supporting Volunteers to take an ASM approach. Applications can be made by accessing the MIC website at http://www.miceastmelb.com.au/EMRHACCTraining.htm

- Training sessions for assessment staff of authorised PAV assessment agencies have been scheduled across the state. Two further sessions are being offered in the EMR. To register please contact: wayne.molesworth@health.vic.gov.au
  
  Tuesday 19 March 9.30am - 1.00pm Karralyka Centre, Ringwood East
  Thursday 21 March 9.30am - 1.00pm Whitehorse Centre, Nunawading

- Have you signed up as a member of the Healthy Ageing Online Network (HAnet) yet? The site, facilitated by the Department of Health provides an online interactive network to share information and resources and discuss best practice and strategies to support Victorians as they age. Become a member by registering at http://hanet.health.vic.gov.au/login.asp?target=default.asp

EMR HACC Alliance Meeting Dates 2013

EMR HACC Alliance meetings provide the opportunity for all EMR agencies to effectively share their knowledge and key learnings and access resources. The meetings feature HACC updates, group discussion, and collaborative problem solving and education sessions. From time to time, the Broad Alliance meetings will be followed by short term, fixed Focus Group meeting to complete specific pieces of work (i.e. development of a MOU). We welcome your feedback about the EMR HACC Alliance and associated activities via email emr.asmalliance@health.vic.gov.au

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Tuesday 16 April</td>
<td>9.00-11.00 am</td>
<td>Waratah Room, City of Whitehorse, 379-397 Whitehorse Road, Nunawading</td>
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<tr>
<td>Tuesday 25 June</td>
<td>9.00-11.00 am</td>
<td>Waratah Room, City of Whitehorse, 379-397 Whitehorse Road, Nunawading</td>
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<tr>
<td>Tuesday 13 August</td>
<td>9.00-11.00 am</td>
<td>Ground Floor Conference Room 1 &amp; 2, DHS, 883 Whitehorse Road Box Hill</td>
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<tr>
<td>Monday 21 October</td>
<td>9.00-11.00 am</td>
<td>Ground Floor Conference Room 1 &amp; 2, DHS, 883 Whitehorse Road Box Hill</td>
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<tr>
<td>Wednesday 4 December</td>
<td>9.00-11.00 am</td>
<td>Ground Floor Conference Room 1 &amp; 2, DHS, 883 Whitehorse Road Box Hill</td>
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