ASM & Diversity Planning 2015-16 Q & A

Introduction

Good quality ASM and Diversity planning should build on an organisation’s commitment to ensuring that all eligible HACC clients can access appropriate services; and that these services are responsive to the individual needs and goals of clients and carers. The best possible plan is likely to be developed when the planning process involves all staff—from senior managers to direct care staff and practitioners. Be sure to share the final priorities across the organisation and help colleagues to understand how they can activity contribute to achieve the priorities identified.

When reviewing your 2014-15 plans and completing your new 2015-16 plans the following process should be followed:

1) Review your 2014-15 plan and complete the template provided
2) Review the Diversity Profile/s and complete the population planning tool
3) Develop priorities for 2015-16 ASM and Diversity plan

The Population Planning Tool is a new reporting requirement. What is it and why/how do I complete it?

It is important that Diversity plans include priorities and strategies that are robust, evidence-based and supported by population and client data. The Population Planning Tool is designed to help you understand your population and client data and assess where there is need, gaps in representation and decide which areas to prioritise in your Diversity Plan. The population data has been provided to you along with the population planning tool and the ASM and Diversity Plan template.

Organisations who did not attend the Diversity Planning workshops will need to access their client data from the Funded Agency Channel (FAC). To access FAC go to http://www.dhs.vic.gov.au/funded-agency-channel/home and sign in via “My Agency”. This process will also help when creating your ASM plan as it will highlight area to focus on in the delivery of your service and the needs of different groups.

The diagram maps the process of completing the Population Planning Template and the ASM and Diversity Action Plan. Both documents need to be completed and sent to the Department by the 11 September.

Continued page 2......
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Does my agency need to submit a plan for the EMR ASM and Diversity Planning 2015-16 cycle?

You need to complete the EMR ASM and Diversity Planning process if the Eastern Metropolitan Region leads the management of your agency’s HACC service agreement.

HACC funded Senior Citizen’s programs and those service that do not provide direct services to clients are excluded from the EMR ASM and Diversity planning process.

What documentation needs to be submitted as part of the EMR ASM and Diversity planning cycle for 2015-16?

All agencies must complete and submit the following documentation:

- **ASM & Diversity 2014-15 Review template** which requires a brief summary about—what worked well, what didn’t? What was the most important practice change or outcome and what difference did it make?
- **the Population Planning Tool** which provides an evidence base for diversity priorities
- **ASM & Diversity Plan 2015-16 template** which documents your priorities for the 2015-16 period and the actions that you plan to take to achieve your priorities

What are the timelines for submitting the 2015-16 EMR ASM and Diversity Planning documentation?

Agencies must submit the completed ASM & Diversity 2014-15 Review template, ASM & Diversity Plan 2015-16 template and the Population Planning Tool to the DH EMR office by **Friday 11 September 2015**. Agencies may submit a draft to the DH EMR office and we will prioritise feedback within 3 working days where possible.

What resources are available to support ASM and Diversity Planning?

ASM and Diversity planning are two elements of a broader quality framework. Planning needs to be considered as part of your agency’s continuous quality improvement cycle with priorities and actions commensurate with your capacity and funding level.

Both the Inner East PCP and Outer East PCP host the EMR HACC Alliance web pages which include a range of resources that can help you to design the right evaluation strategies for ASM or Diversity priorities and actions. Look at the following websites or click on the hyperlinks below to access specific resources:


- **Identifying ‘measures of success’**
- **Choosing the right outcome measures (power point)**
- **Strategies to evaluate common ASM actions**
- **Designing effective evaluations**
- **Designing project evaluations (power point)**
- **Evaluation Resource list**

For further information please contact:

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Dale Park, HACC Diversity Advisor  
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Making the link - ASM & Diversity planning and practice

ASM focuses on implementing person centred practice and wellness promotion for all HACC clients and communities, including those with diverse needs; building people’s capacity to be as independent as they can for as long as they can; and improving people’s social participation and connection to their community. The ASM approach focuses on understanding the person’s individual needs and circumstances, its goals and aspirations, then providing a responsive service in order to achieve those goals.

Understanding diversity planning and practice within the ASM approach is very important to ASM implementation. When developing ASM plans, agencies might include priorities related to improving ASM practices for groups or individuals with diverse needs. For example, making sure that initial needs identification or goal directed care planning processes are culturally sensitive. Alternatively, Diversity plans might focus on specific groups or communities of which organisations have been unsuccessful in engaging with; or who are not fully utilising HACC services; or who are not accessing HACC services at all.

Adapted from ASM & Diversity planning 2015-16 Bulletin, June 2015
Sharing what’s important: the new Carers Card
By Sarah Yeates, Manager—Caladenia Dementia Care

Planning an active and person centred discharge from a Planned Activity Group (PAG) can certainly have its challenges for people living with dementia.

Often, the staff (and the family themselves) are given very little warning that a discharge is imminent, particularly when a place becomes available at a residential facility. Carers and family may have no more than 24-48 hours to decide whether to accept the offer or not and notifying the PAG is, understandably, not a high priority. This is left to the carer, who often has no more than 24-48 hours to decide whether to accept the offer or not and notifying the PAG is, understandably, not a high priority. This is left to the carer, who often has no more than 24-48 hours to decide whether to accept the offer or not and notifying the PAG is, understandably, not a high priority. This is left to the carer, who often has no more than 24-48 hours to decide whether to accept the offer or not and notifying the PAG is, understandably, not a high priority.

Apart from transition to residential care, the other major reason for discharge is serious illness or death of the person, and again – there is little or no time to plan for these life changes when they occur unexpectedly. Often, it is only when the discharge is instigated by the PAG that considered planning can take place.

As part of Caladenia’s 2014-15 ASM implementation planning process, staff wondered how to make the discharge process more person centred, particularly when the exit from service is often driven by outside influences.

Similar to other PAGs, Caladenia have people who regularly attend for many months and sometimes years. The social nature of the program means that staff get to know people well - their likes, dislikes and social histories. This rich source of information is gathered at assessment and throughout the care journey, however once a person leaves the service, the information is filed away and lost forever.

By the time a person moves into residential care they may no longer be able to make their preferences and dislikes known. This is left to the carer, who often has a number of other pressing issues to address such as financial and medical information.

Caladenia staff posed the questions – “What if we could share our knowledge about the person with the lifestyle staff at the new facility? How could we do this without overstepping the boundaries, and without breaching privacy and confidentiality of the person and their carer?”

Staff recognised that they could pass on information about food preferences, activity likes and dislikes, behaviour triggers, diversions and preferred topics of conversation. In thinking about how to share this information (to increase the quality of life options for the person living with dementia) staff came up with the “Carers Card”.

Simply put, this is a printed card that is posted to each carer, along with a thank you note and some photos at the discharge. The thank you note tells the carer (amongst other things) that they are welcome to pass the card on to lifestyle staff at the new facility if they would like the staff to call Caladenia for social and lifestyle information about the person.

By giving the carer this option, it allows them to have complete control over whether or not the person’s information is shared with the new facility. And by passing on the card to staff at the facility – permission to share information is given. The decision is totally in the hands of the carer and family - but the option is open to facilitate a more person centred introduction to residential care and the staff there.

So far, the carers card has been posted out to nine carers. Two carers have thanked us and said it was a good idea, and we have had one lifestyle staff member from a residential facility call and thank us for the invitation to share information. On that occasion we were able to provide ideas of physical activities that a person with quite advanced dementia had enjoyed during the programs at Caladenia.

Caladenia hope that the Carers Card will help to increase engagement with staff from other facilities over next 12 months and ultimately support a smooth transition for people with dementia and their cares.

For further information about Caladenia Dementia Care please contact:
Sarah Yeates
E: Caladenia@caladenia.co.au
P: 9727 2222

Caladenia Dementia Care is a not-for-profit agency providing respectful care and support for people living with dementia and their carers. The Centre runs five days per week with a variety of dementia specific respite and recreational programs to meet the needs of people living with varying degrees of dementia. Services include support, information and advocacy for carers, as well as a monthly carer support group. Services to carers are available to anyone in the community caring for a person living with dementia. Caladenia’s programs are overseen by 20 qualified staff and 45 trained volunteers and they currently provide services to more than 60 people each week. Programs aim to promote self esteem for the person living with dementia and to give friends and family members a break, knowing that their loved one is happy, meaningfully occupied and safe.

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Useful Resources & Links

**HACC Education and Training**

The HACC education and training calendar is available for you to access from the Chisholm website at: [https://hacc.chisholm.edu.au/](https://hacc.chisholm.edu.au/) New programs are uploaded regularly so members are encouraged to check the website regularly.

The University of Tasmania’s Massive Open Online Course (MOOC), Understanding Dementia, is a 9 week online course that builds upon the latest in international research on dementia. It’s free and anyone can enrol. Visit [http://www.utas.edu.au/wicking/wca/mooc](http://www.utas.edu.au/wicking/wca/mooc) to enrol.

Kevin Heinze GROW is a HACC funded organisation that works with children and adults of all abilities to provide, enhance and promote the benefits of horticulture based therapy. Together with University of Melbourne they are bringing together people from a range of professions to explore the connections between nature, horticulture, health and well-being. Thought-leaders in this space will identify pathways to make horticulture therapy a widely recognised, evidence-based health intervention in Australia. If you are interested in learning more or attending the conference please visit [www.therapeuticlandscapesoz.org](http://www.therapeuticlandscapesoz.org) or contact: georgia@kevinheinzegrow.org.au

**HAnet**

HAnet is an online, interactive network for health professionals and service providers to work together, share information and resources, and discuss best practice strategies to support Victorians as they get older. It is funded by the State of Victoria and available at: [http://hanet.health.vic.gov.au/login.asp?target=default.asp](http://hanet.health.vic.gov.au/login.asp?target=default.asp)

**PAG Forum – Innovation in Social Support - Additional Places now Available**

Due to overwhelming demand the PAG forum – Innovation in Social support is being repeated on Friday 28th August 2015. A change of venue means that an additional 150 places are available. For those who have already registered you do not need to re-register, but you will need to attend the new venue.

The **PAG forum will NOT be held at the Darebin Arts and Entertainment Centre. The new venue is Moonee Valley Racecourse Market Place room, Gate 1 McPherson St., Moonee Ponds**

For people who were unable to book in previously please register now at: [www.trybooking.com/149851](http://www.trybooking.com/149851)

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**EMR HACC Alliance Meeting Dates 2015**

**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

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tr>
<td>Tuesday 25 August 2015</td>
<td>9.00-11.00 am</td>
<td><strong>Waratah Room</strong>, City of Whitehorse, 379-397 Whitehorse Road, Nunawading</td>
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<td>Tuesday 27 October 2015</td>
<td>9.00-11.00 am</td>
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<td>Tuesday 8 December 2015</td>
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