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Diversity & ASM Plans 2016-17 Analysis

It was great to receive and read all of the Diversity & ASM plans for 2016-17. The plans highlighted the work and collaborative approach being undertaken by many service providers. It was also encouraging to see that many organisations have embraced the unique intersect between ASM & diversity planning as evidenced in their priorities. A thematic analysis was completed to identify the key themes arising from the plans. Seven key themes have been identified through the analysis of the Diversity and ASM plans 2016-17. These are:

<u>Theme</u>	<u>% of agencies with priorities linked to theme</u>
1) Client/carer outcomes; engagement in planning, evaluation	31.48%
2) Connecting to, and with other services	77.78%
3) Inclusive communication practices	40.74%
4) Inclusive service access and delivery	79.63%
5) Service specific assessment and service planning	66.67%
6) Service system models, structures & systems	81.48%
7) Workforce readiness to deliver person centred care	72.22%

Regionally, themes 6, 4, 2, 7 and 5 all rate highly as areas of focus over the coming 12 months. These themes inform the activities of the EMR Alliance and the work of the regional ASM Industry Consultants and the Diversity Advisor during 2016-17.

The EMR sector development team will identify opportunities to share experiences and resources through the EMR alliance, but we also encourage service providers to contact us if you identify opportunities for collaboration or would like to share your own learnings, successes or challenges with other providers.

Building Culturally Inclusive Social Support Groups

Opening English-speaking groups to people with no or low English proficiency can be challenging, and staff and volunteers may find themselves at a loss when trying to ensure participants feel welcome and included.

The EMR Alliance and the Centre for Culture Ethnicity and Health have worked together to develop a resource that helps service providers understand what they can do to build culturally inclusive groups.

There are help sheets that piece together the different elements required to build inclusive groups and case studies that showcase the good practice from service providers. To download the resource go to the [RESOURCES](#) page at the EMR Alliance.

Connecting through Inclusive Communication Practices Resource

In the 2016-17 Planning cycle, 41% of service providers identified a priority around improving their inclusive person centered communication practices and 80% identified priorities to support inclusive access and service delivery. This requires service providers to engage with people from diverse communities using appropriate communication and marketing practices.

As a result the EMR Alliance is developing a resource that will support service providers to embed an inclusive person centred approach to their communication material which is strengths based and focuses on wellness. The resource includes tools and information that service providers can use when developing new or reflecting on current communication material. It contains EMR good practice examples, snapshots of good website content, useful language/phrase alternatives, health literacy considerations and other useful resources.

The tool has been tested and the resource is now being finalised. We will notify members when it is completed.

Case Study- 'Positive Living Groups'- Uniting Care East Burwood

At East Burwood Uniting Care, Positive Living Groups are run to enhance the independence and quality of life of older people, people wanting to be more socially connected, people living with a disability and those who simply wish to share a meal and conversation with others. It is an opportunity to socialise in a safe and welcoming environment. The 'Active Service Model' is embraced, whereby clients are encouraged to use existing skills and rediscover former abilities. Denise Femino explains:

The question is sometimes asked: "What do you think is your recipe for success?" I love cooking, especially baking, although I do tend to go off on my own merry way and not follow recipes. And, if I am honest, this probably carries over to the Positive Living Groups too. So let's talk baking— **First thing to be decided is what flavour cake – so many to choose from and not all of them will suit all tastes.**

In our social support groups, not all groups and activities offered will suit everyone.

Then what sort of pan – round, square, log, or think outside the square and use something a little more unusual. To run a basic group with each participant doing activities set by staff, with no consultation as to clients' wishes is these days a recipe for disaster— people want and need variety in the program we offer.

We prepare our baking tins and preheat our oven. Similarly, we warm or cool our space and carefully set up the room with tables and chairs placed to suit, 'those needs'. **Now the ingredients— for most cakes there are the basics— eggs, flour, sugar, butter.** For social support, our main ingredients are the team, the volunteers and of course the main one – the clients.

Then, the fun part – mixing all the ingredients together and start the baking.

For social support it is bringing people with many needs together. But in both mixing and baking our cake and facilitating the groups, there are sometimes ingredients which simply do not go together and trying to mix them without care might spoil the cake or the group's time together. Whilst we see some clients from the same birth country laughing and chatting in their own language as a beautiful sight, there are those who do not enjoy this. So as with using the different tins & ingredients, we 'spread' our clients around. ***Sometimes despite following the recipe we have a failure – the cake sinks in the middle or browns too much.*** And no matter how well we have planned our activities for the day, sometimes we fail too. It only takes a client who needs a one-on-one chat, someone who is feeling unwell, or 'that one person' who may just be having a difficult day and thus can affect the whole group. But generally, that is all in a day's work for our flexible, adaptable and very efficient team of staff and volunteers. ***To finish our baking session – there is always the fun of decorating and of course, eating the cakes.***

In our groups too, there are many very special moments, the icing on the cake for us all – the special theme days, the days when our four– legged furry volunteers visit, reminiscing days, birthdays, our Olympics, participating in 'Bark for Life'.

A few years ago we chose to change our name from 'Planned Activity Group' to 'Positive Living Group' because people don't want to be told what to do but rather have a positive experience when they come. I have joined a steering group working to develop a resource to help other social support groups understand what is needed to build culturally inclusive social support groups. In my 29 years here, we have always had at least three or four different countries represented, but apparently "mainstream" Anglo groups or ethno-specific groups are much more common.

It's also easier not to have people with dementia in a group, because you don't have to worry about them wandering, or repeating, or offending. But we deal with it. If somebody decides to wander, Mike takes them for a walk; Julie will give them a colouring page and they will happily settle to do that and feel they are achieving something.

Just having somewhere to come, to be comfortable in the knowledge that you do matter, that someone cares. Everybody has a place with us.

Reproduced in part with permission from East Burwood Uniting Care– for the full article go to the [Burwood Bulletin](#)– March-May 2017



Case Study- 'Sharing the care: partnering for better health and wellbeing'

Healthier people participating in their communities! At Link Health and Community this is our vision, and we have made it our mission to provide integrated health and community services to Melbourne's east and south east. We are committed to doing this through the provision of programs and services where we value a caring approach, accessible services and our local partners.

The connection with the City of Monash is critical. Through partnership initiatives we aim to deliver proactive and integrated programs and services supporting our community to become informed and activated participants in their health and wellbeing. Overtime these partnerships break down silos and improve communication and care, enhancing outcomes for our community.

Some of the key projects include:

- Supporting the Council in the development of the Positive Aging Activity Centre in Clayton. The Hub provides access for older adults living in and around Clayton to participate in activities including shared meals, physical and social activities, outings, movie sessions and Tai Chi
- Co-location of programs and services at Council aquatic and recreation centres through provision of individual and group-based physical activity programs and clinical health services. The aim of this partnership is to increase opportunities; and build confidence of older adults in our community to participate in programs at the recreation centres through the provision of step-up and step-down programs

We also work closely with our Neighbourhood Houses to build capacity, link in with existing programs and provide additional opportunities. Some of our key projects in this area include:

- Provision of weekly planned activities at Mulgrave Neighbourhood house
- Program development at Power Neighbourhood House to provide activities to address some of the issues faced by older adults around social isolation and access to safe, and enjoyable activities

These partnerships are just some examples of the opportunities that have arisen through a collaborative approach. Through these, and other initiatives, our local community has increased opportunity to engage in supported health and wellbeing activities, through the provision of a wider scope of program and service provision and improved pathways between key players in the local community.

For further information contact: Vanessa Jones, Manager, Health & Wellbeing
VJones@linkhc.org.au, ph: 88228387

RAS and RDC updates

We now have a dedicated page on our website, for the Regional Assessment Service (RAS) Coordinator and the Regional Development Coordinator (RDC), yet to be appointed. This page will contain relevant up to date information that supports your practice. Please visit the [RAS/RDC Updates page](#) on the EMR alliance website for the latest article on ***'MyAged Care– quick reference, commonly asked questions'***.

Free workshops

The EMR Alliance is hosting a number of free workshops. These sessions are available to all staff and volunteers who are funded under the HACC Program for Younger People and the Commonwealth Home Support Program. These workshops have been developed to assist service providers and their staff build knowledge, confidence and competence in working with people from diverse communities. The workshops cover a wide range of issues and will support service providers to fulfil their objectives listed in their ASM and Diversity Planning and ensure their staff receive ongoing professional development. Please visit the [Workshops](#) page for more information.

Resources

We have updated the '[Useful links](#)' page to include information on the use of the Language Services Credit Line. All VITS bookings for CHSP, RAS or HACC PYP must be allocated to the correct credit line according to the age of the client. It is very important that the booking identifies the correct funding source. To assist with accuracy of the data on service use, service providers should encourage all staff making bookings to select either:

DH02-Onsite-CCare Over 65 *** (for CHSP & RAS)*

DH03-Onsite-CCare Under 65 *** (for HACC PYP)*

****HACC PYP or CHSP/RAS service providers **should not** use the "DH01-Onsite-No-CCare" for bookings.****

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