

Aboriginal Community Elders Services (ACES)

# Planned Activity Group



# Client Information Handbook

## **Acknowledgement**

**The Aboriginal Community Elders Services  
acknowledges the Traditional Owners of the  
Land, the Wurundjeri People of the Kulin  
Nation and other Aboriginal People, and pay  
our respects to All Aboriginal  
Elders past and present.**



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# Introduction

Aboriginal Community Elders Services (A.C.E.S) was established by the Koori Community for Elders previously isolated in Hospitals and other institutions. Planning began in 1987 in response to discussions about the problems faced by our frail and older people in our local Community.

Led by Gunditjmara Elder Aunty Iris Lovett-Gardiner and supported by other respected Aboriginal Elders such as Aunty Edna Brown, Aunty Rose Donka, Aunty Maude Pepper, Aunty Maude 'Cissy' Smith, Uncle Bobby Nichols, Uncle Glen Peters, Uncle Emmanuel Cooper and Uncle Kevin Coombs the vision for A.C.E.S. was created. Many other Elders contributed to applications and in securing funding for the establishment of ACES and these included, but are not limited to, Aunty Frances Gallagher, Aunty Joan Vickery, Aunty Fay Carter and Aunty Merle Jackomos with assistance from Katie Pittman, Jan Muir and Bernard Hoffman.

The Community was successful securing land and Commonwealth Government funding to establish a 25 bed Hostel in East Brunswick, Victoria designed and operated in accordance with Aboriginal cultural principles. A.C.E.S has grown and now also provides Community Aged Care Packages in the Koori Community and Respite programs to older people living within the Community.

A.C.E.S. also offers a Social Support group to both Indigenous and non-Indigenous members of the community who may have a Disability.

Our Residential and Community programs allow A.C.E.S to assist in meeting the needs and provides support of our frail and aging Elders. However, our present facilities and funding limit the extent of the services we can offer to our people. The demand for culturally safe Aboriginal care for our frail and aging population outweighs our physical and financial capacity.

## **ACES VISION**

***Will be a place of choice. We will lead in service delivery whilst maintaining Aboriginal Culture and Values around Family and Kin. We will adhere with and promote Aboriginal values, Cultural safety and provide leadership in Aboriginal Aged Care Practices.***

## **ACES VALUES**

### **Caring**

We care for our Elders and Community in a professional & sharing manner

### **Respect**

We show our respect through honest, transparent communication

### **Honour**

We proudly honour those we care for with dignity and discretion

### **Culturally Safe**

We ensure a culturally safe environment for all those we care for and work with.

### **Commitment**

We are committed to providing our Elders and Community with a choice of the highest quality of care.

# What is a Planned Activity Group?

The ACES CHSP HACC PAG program provides an out of home and community care service for frail older people aged 45 years and over. These services aim to assist people to live at home for as long as possible and avoid needing to go into residential care.

PAG provides an opportunity for social contact through group and community activities outside of Elder's homes. Planned activities are designed to meet individual cultural, physical, intellectual, emotional and social needs. PAG also aims to enhance the Elders' well-being required for their independent living.

ACES can also provide families and cares with support to take a break from their caring role to maintain the informal support the Elders receives.

Priority for the ACES HACC PAG is always given to Indigenous people who have been assessed as suitable as a PAG participant.

ACES provides a transport pick up service for those within our catchment area and provides morning tea and lunch for all participants daily.



## Activities

A wide range of activities may be provided as part of a planned activity group. All activities should be designed to respond to the person's, and if applicable their carer's, assessed needs, goals and interests. Activities are delivered in a range of accessible, safe venues and settings suitable to participants. Older and frail people have different environmental requirements from younger people with a disability. Elders Meetings are held bi-monthly for Elder input into the programs.

### Activities can be provided...

- in community venues or general community facilities such as libraries, recreation centres, shopping centres and so forth
- during weekdays Monday to Friday 10am - 2pm
- on a regular basis, short term, episodically or intermittently as needed.

### Activities should...

- be part of a planned program designed to enhance social interaction and build capacity in activities of daily living
- balance the needs and preferences of each participant with the overall needs and preferences of the group
- be flexible, short-term and interest based in order to meet a range of needs and interests
- be designed so that individualised activities can occur within a group setting.

Below are examples of typical activities:

<b>Cultural Activities</b>	<b>Computer Lessons</b>
<b>Health &amp; Safety Speakers</b>	<b>Day and Overnight Trips away</b>
<b>Movies</b>	<b>Arts &amp; Crafts</b>
<b>Physiotherapy—Light Exercise</b>	<b>Hydrotherapy</b>

## Eligibility

Anyone living in the Metropolitan Melbourne area and surrounds who, without the basic maintenance and support services provided by the Home and Community Care Program, would be at risk of premature or inappropriate long term residential care or are unpaid carers of people assessed as being:

- Older and frail people with moderate, severe or profound disabilities;
- Younger people with moderate, severe or profound disabilities
- Preference will be given to Aboriginal and Torres Strait Islander Elders or people with a disability

## Assessments

The assessment explores the needs of person and their carer for social and other support.

The assessment process includes:

- Discussion about the person's strengths, capabilities, interests and underlying need for support
- Focus on any nutritional issues, physical activity, emotional wellbeing and social skills
- Consideration of the carer and the care relationship including identification of broader carer needs
- Goal orientated outcomes
- Referral process for other supports
- All clients are given a copy of their completed assessments





## Care Plans

Each person attending the planned activity group will have an individualised care plan. The care plan lists the person's goals, what they are interested in achieving by attending the planned activity group and agreed strategies to achieve these goals.

The care plan may also include:

- referral to a local HACC or MAC assessment service for a Living at home assessment if the person or their carer identifies needs beyond the scope of the service
- referrals to other services
- information on local social or recreational activities in the area and how to access them.
- People may increase, decrease or cease their use of planned activity groups for a range of reasons.



# Wellness & Reablement

## *'Do with, not do for'*

The Wellness and Reablement is part of a wider initiative to build capacity in Victorian Home and Community Care (HACC) services and make them more person centred. The approach focuses on the Elders strengths, not their deficits, and assumes everyone has some capacity to improve their own health and wellbeing.

Wellness and Reablement aims to help people live in the community as independently and freely as possible. Being independent means people can manage their daily activities, including social and community participation. Being autonomous means people can make their own decisions.

### **Wellness and Reablement Principles**

The Wellness and Reablement approach is based on the principles that:

- People wish to remain autonomous
- People can improve their capacity
- People's needs should be viewed holistically
  
- HACC services should be organised around the person and his or her carer - that is, the person should not be simply slotted into existing services
- A person's needs are best met when there are strong partnerships and collaborative working relationships between the person, their carers and family, support workers and between service providers.

## The Core Components of Wellness and Reablement are:

- promoting a 'wellness' or 'active ageing' approach that emphasises optimal physical and mental health
- capacity building, restorative care and opportunities to improve social participation to maintain or promote a person's capacity to live as independently as possible
- a holistic person centred approach to care, promoting wellness and active participation in goal setting and decision making
- timely and flexible services that respond to a person's and their carer's needs and circumstances
- collaborative relationships between providers to benefit people using services.

## Practices and interventions that support an ASM approach include:

- strength based assessment and goal directed care planning
- timely access to occupational therapy, physiotherapy, dietetics
- retraining in daily living tasks and activities
- timely provision of aids and equipment
- community care worker support and mentoring to achieve goals
- encouragement to participate in local health promoting activities
- strengthening care relationships, family networks and social support.



# Privacy

What happens to information about you while you are a recipient of the service?

## **Who are we?**

We are one of several health and community care services in your area, all working together in partnership to meet your health needs.

## **What information do we collect about you?**

We keep your name and contact details on your consumer record. Other details such as your care plan and information about your health are recorded each time you visit.

## **Why do we collect your information?**

The information we collect helps us to keep up to date details about your needs, so we can care for you in the best possible way. We also use the information to better manage and plan this service.

## **Who else sees your information?**

Your information can only be seen by professionals in this service who are involved in your care. Otherwise we only release information about you if you agree or if required by law, such as a medical emergency.

## **What say do you have in what happens to your information?**

You have a say in what happens to your information. We rely on the information you give us to help provide the right care for you. If you decide not to share some of your information or restrict your consumer record, this is your right, but it may effect our ability to provide you with the best possible services. Talk to us if you wish to change or cancel your consent.

## **How will your information be protected?**

We are committed to protecting the confidentiality of your record. The privacy of your information is also protected by law. We treat your information in the strictest confidence and store it securely.

## **Can you access your information?**

Yes, you have the right to request access to your information and to ask for it to be corrected if necessary.

# Resolving Problems or Complaints

Most issues can be resolved promptly. The way complaints are handled is outlined below. We encourage you to follow these steps without hesitation. You have a right to have your complaint dealt with fairly, and within 24 hours.

## Steps for resolving problems or complaints:

- Contact the CHSP/HACC/PAG Manager or CHSP/HACC/PAG Officers by email, phone, message stick or in person and they will try to resolve your concern.
- If the CHSP/HACC/PAG management staff are not able to resolve your concerns, they will then refer the matter to the ACES Chief Executive Officer.
- All complaints will be recorded and followed up. Any complaints which involve a breach of rights of any person and are of a serious or criminal nature, will be reported to the relevant authorities.
- You also have the right to complain directly to the government department which funds CHSP/HACC/PAG. You can do this by contacting:

**Aged Care Quality & Safety Commission 1800 951 822**

**Victorian Equal opportunity & Human rights commission  
9281 7111 or Free call 1300 891 848**

**Elders Rights Advocacy 9602 3066 or Free call 1800 700 600**

**Office of Public Advocate Free call 1300 309 337**

Please see ACES Reception for a hard copy Complaints or Compliment form, for any feedback you may wish to share.

*If you require assistance to enter your complaint/compliment please see the reception staff or a HACC/PAG officer.*

# HACC/PAG Client Rights...

(Developed by ACES CHSP/HACC/PAG Elders)

- To be respected for their individual human worth and dignity
- To be treated with courtesy
- To be assessed for access to services without discrimination
- To be informed and consulted about available services and other relevant matters
- To be part of the decisions made about their care
- To choose from available services
- To pursue any complaint about service provision
- To choose an advocate of their choice
- To receive good quality services
- To privacy and confidentiality and access to all personal information kept about the client

Staff will endeavour at all times to provide current, relevant and timely information to clients regarding existing services, to enable them to make informed choices from the alternatives available. Information on Rights and Responsibilities will be provided to clients in a sensitive and culturally relevant manner.



# What are your responsibilities?

- To let us know if you are not happy with any part of our service
- To let us know if you want changes to your services
- To let us know if you're going to be away and don't need services for awhile
- To make sure you tell us about your medical information so that we can take care of you properly
- To ask questions if you do not understand something about your condition or our service
- To respect the human worth and dignity of staff and other clients
- To take responsibility for any decisions you make
- To help CHSP/HACC/PAG staff provide their services
- To provide a safe working environment for CHSP/HACC/PAG staff



# What are our Responsibilities?

- To clearly explain your rights and responsibilities for the HACC Services
- To respect your independence and dignity
- To inform you of options for services
- To only base decisions about whether or not you will receive HACC services upon your needs and whether or not we are able to provide the services you need
- To inform you if our services are not able to meet your needs
- To provide the best care possible by reliable staff, who have the right qualifications and training
- To accept complaints when you feel you have been treated unfairly
- To treat a complaint fairly and without bias
- To offer assistance to resolve a conflict or dispute between yourself and the person who cares for you
- To respect your cultural background or beliefs





# Charter of Aged Care Rights

All people receiving Australian Government funded residential care, home care or other aged care services in the community have rights.

## I have the right to:

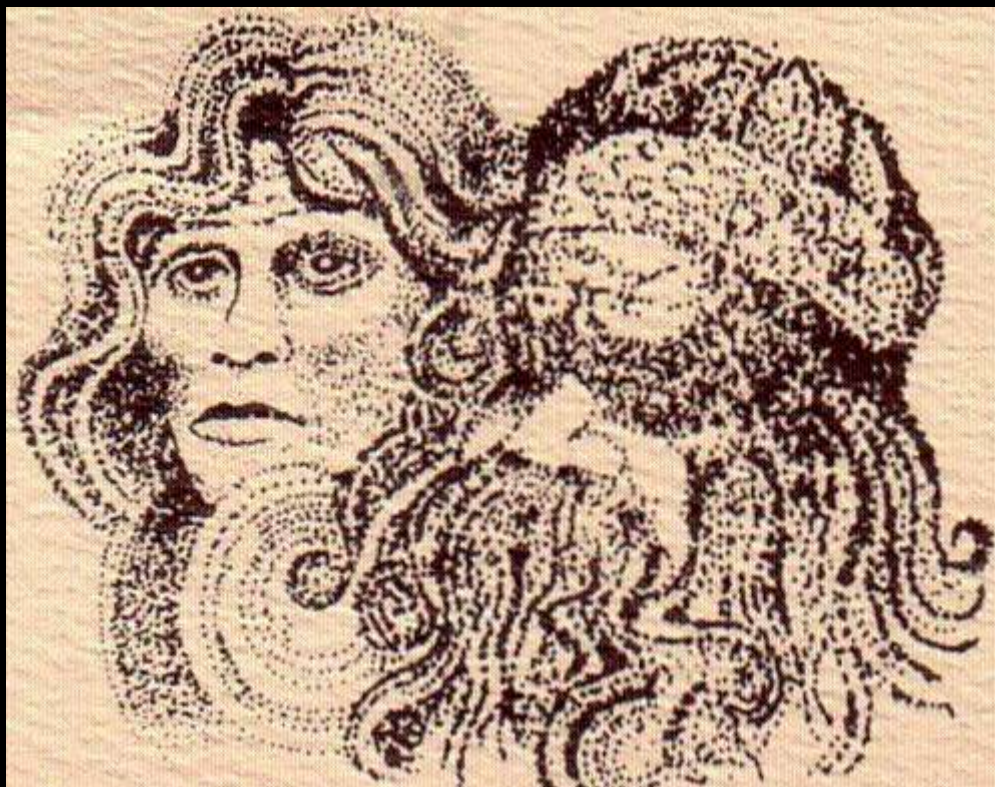
- safe and high-quality care and services;
- be treated with dignity and respect;
- have my identity, culture and diversity valued and supported;
- live without abuse and neglect;
- be informed about my care and services in a way I understand;
- access all information about myself, including information about my rights, care and services;
- have control over and make choices about my care, and personal and social life, including where choices involve personal risk;
- have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions;
- my independence;
- be listened to and understood;
- have a person of my choice, including an aged care advocate, support me or speak on my behalf;
- complain free from reprisal, and to have my complaints dealt with fairly and promptly;
- personal privacy and to have my personal information protected;
- exercise my rights without it adversely affecting the way I am treated.

## If you have concerns about the aged care you are receiving, you can:

- talk to your aged care provider, in the first instance,
- speak with an aged care advocate on **1800 700 600** or visit **opan.com.au**, for support to raise your concerns, or
- contact the **Aged Care Quality and Safety Commission** on **1800 951 822** or visit its website, **agedcarequality.gov.au**. The Commission can help you resolve a complaint about your aged care provider.

# Contacts

Aboriginal Catholic Ministry of Melbourne	03	9480-3849
Aborigines Advancement League Inc	03	9480-7777
Aboriginal Housing Office		1800 248 842
Bert Williams Youth Hostel	03	9484 -5310
Bunurong Health Service (Dandenong)	03	8902-9700
Dandenong and District Aboriginal Cooperative	03	8902 9700
Gurwidj Neighbourhood House	03	9416-7682
Kookaburra Club (Darebin Community Health)	03	8470-1111
Mullum Mullum Indigenous Gathering Place	03	9725 2166
Victorian Aboriginal Child Care Agency	03	9287-8800
Victorian Aboriginal Community Controlled Health Organisation (VACCHO)	03	9411-9411
Victorian Aboriginal Health Service (VAHS)	03	9419-3000
VAHS Family Counselling Preston site	03	9403-3300
Victorian Aboriginal Legal Service Free Call	03	9418-5999; 1800-064-865
The Alfred Hospital	03	9076 2000
Austin Hospital	03	9496-5000
Austin Rehabilitation	03	9490-7500
Aboriginal Family Support Unit for Women (Mercy)	03	8458 – 4444
The Northern Hospital	03	8405-8000
Koori Hospital Liaison Officer (Northern)	03	8405 – 8476
Peter MacCallum Cancer Institute of Melbourne	03	8559 –5000
Royal Children’s Hospital	03	9345 – 5522
Royal Dental Hospital of Melbourne	03	9341 – 1000
Royal Eye & Ear Hospital	03	9929—8666
Royal Melbourne Hospital	03	9342 – 7000
St.Vincent’s Hospital	03	9231-2211



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