

Planned activity groups

Introduction

This section describes the requirements for HACC funded planned activity groups. Readers should also refer to:

- Part 3: 'The Victorian approach to care: the active service model'
- Part 3: 'Personal Care Policy'
- Part 2: 'Service coordination, assessment and care planning'.

Planned activity groups support people's ability to remain living in the community by providing a range of enjoyable and meaningful activities. These activities support social inclusion, community participation, and build capacity in skills of daily living.

Scope

Planned activity groups are designed to enhance people's independence by promoting physical activity, cognitive stimulation, good nutrition, emotional wellbeing and social inclusion. For people with carers, planned activity groups are also designed to support care relationships.

Planned activity groups may be targeted broadly to the HACC target group or to particular subgroups such as people with dementia, carers only, or carers together with the person they care for.

A person receiving a Home Care Package is eligible to attend a HACC-subsidised planned activity group. For further information see Part 2: 'Interface programs'.

Assessment and care planning

The assessment for planned activity groups may occur as part of a Living at home assessment or as a service-specific assessment conducted by the planned activity group coordinator.

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
- a 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
- personal care assessment in accordance with the 'Personal Care Policy' refer to Part 3.

Each person attending a 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 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. Examples include when:

- the person has achieved their goals
- the person has made links with other community groups or been connected with other social opportunities
- there has been a change in the needs of the person and carer.

In these situations the person should be assisted to transition or exit from the planned activity group. Information should be provided about how to access the service if required in the future.

Activity options

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.

Activities can be provided:

- in community venues or general community facilities such as libraries, recreation centres, shopping centres and so forth
- during weekdays, evenings and weekends
- 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.

The size and structure of planned activity groups should support and maximise social interaction between participants. Smaller groups are more likely to assist people to develop and maintain social skills. Activity groups should also support people with different interests by offering a range of activities within each group.

Below are examples of typical activities:

- indoor activities such as cards, games, music, food preparation and shared lunches
- outdoor activities including group outings and picnics
- targeted gentle exercise programs such as tai chi and chair-based yoga
- education and information on nutrition awareness, condition awareness (diabetes, dementia) and healthy eating.

Please note that the implementation of targeted gentle exercise programs such as tai chi require participants to be assessed for suitability by an appropriately qualified person prior to their participation.

Working in partnership

Service providers need to develop links and partnerships with local communities and service providers. This includes:

- partnering with allied health services to provide specialist expertise in designing and delivering activities such as gentle exercise, healthy eating and other health promotion programs and messages
- developing partnerships with a broad range of community groups to support the person's transition to ongoing activities or groups in the local community, for example attending the local leisure centre or gym
- developing links within the local community to communicate the service to potential clients and carers.

Planning and development

In planning and developing planned activity groups, service providers should ensure that:

- participants are involved in planning activities and programs and in evaluating the extent to which the programs meet their interests and preferences
- activities reflect the diversity, interests and preferences of participants and create opportunities for fun, enjoyment and social interaction, both with other group members and the broader community
- activities balance the needs and preferences of each person with those of the group
- activities connect people and engender social interaction
- activities promote and support healthy eating, physical activity and emotional wellbeing
- there is a balance between social, intellectual and physical stimulation
- activities are designed to foster daily living skills and promote independence
- activities occur in a variety of settings and are not limited to a single venue
- activities are available during daytime, evening and weekends based on the person's needs and interests and the available resources.

Well for Life

Well for Life has been operating in Victoria since 2003. Well for Life initiatives use health-promoting principles to focus on improving physical activity, nutrition and emotional wellbeing for older people.

A range of Well for Life fact sheets and resources can be used to assist the running of planned activity groups.

Other requirements

Food services

Participants should be provided with a main meal if they are attending a planned activity group at the time when a main meal would usually be eaten.

If your Planned activity group is preparing meals you should check the Department of Health Food Safety laws website to ensure you are compliant with the Victorian Food laws.

Where the community care worker is involved in food handling and meal preparation they must adhere to safe food handling practices including personal hygiene and cleanliness.

Employees should encourage their staff to undertake food handling training. The relevant competency unit is HLTFS207C Follow basic food safety practices. This is available as an online unit through the HACCC Education and Training provider.

Personal care

Where a person attending a planned activity group requires personal care, including assistance or monitoring of medication, the HACCC Personal Care Policy must be applied. For more information refer to Part 3: 'Personal Care Policy'.

Transport

Transport options to and from planned activity groups should be discussed with the person and their carer as part of the care planning process. Transport assistance may be provided by paid staff or volunteers.

If people use their Multi Purpose Taxi Program (MPTP) card to travel to or from planned activity groups, it must be used in line with the MPTP terms and conditions.

For further information see Part 1: 'Employee and related requirements'.

Use of volunteers

Volunteers are involved in many planned activity groups. It is the role of the coordinator to recruit, train and support volunteers where volunteers are used.

HACCC funding for volunteer coordination is not available to support volunteers assisting PAG activities. This means that while a volunteer coordinator can assist a PAG coordinator with the recruitment of volunteers, they do not have an ongoing role in the support and management of PAG volunteers.

The support and management of PAG volunteers is part of the PAG coordinator's role.

For further information see Part 3: 'Volunteer coordination'.

Catchment planning

Service providers within a geographical catchment should coordinate services to best respond to a wide range of participant needs and interests, within available resources.

Costs

The delivered meals subsidy is not available for meals provided during a planned activity group as food costs for activities that are planned around a mealtime are included in the PAG unit price.

Where the organisation purchases a HACC delivered meal into the PAG, the person can be required to pay the HACC delivered meal client contribution in addition to the PAG fee.

Planned activity group participants can be asked to pay for transport, material costs, excursions and the cost of a meal if it is purchased from another source. These items can be charged in addition to the planned activity group fee as appropriate.

Fees must be charged in accordance with the HACC Fees Policy. Where fees are charged, revenue is to be used to enhance service provision or provide additional hours of service.

Roles and responsibilities

Role of coordinator

The coordinator's role and responsibilities include the following activities. These activities should be undertaken by the coordinator or by other appropriately qualified staff. Activities include:

- developing processes for engaging participants and carers in the ongoing development, planning, review and evaluation of activities and programs
- taking account of diversity and the needs and preferences of participants when planning programs and activities
- individual assessment, care planning, monitoring, review and referral to other services as required
- using the individual care planning process and people's goals to inform the planning and design of programs and individualised activities
- providing clear processes for community care workers and volunteers to monitor, observe and provide feedback on the programs and activities
- developing partnerships with other service providers, such as allied health services and community groups to enable community access and bring relevant expertise into the organisation as required
- administering duties including budget planning, management and monitoring
- staff and volunteer recruitment and training, including ongoing supervision and support
- service planning, promotion and development
- program review, evaluation and continual quality improvement
- seeking feedback on programs and activities from a range of people including participants, carers and volunteers.

In some cases the coordinator may assist in the provision of personal care in accordance with the HACC Personal Care Policy.

Role of community care workers

Community care workers play a significant role in delivering planned activity groups, implementing activities and facilitating social interaction.

They are part of a broader team working with the person to optimise their health and independence, and play a key role in monitoring the person's progress towards their goals.

Coordinators should ensure community care workers, including casual staff, have access to relevant information from the assessment and care planning process. This information should enable an adequate understanding of the person's needs, strengths and goals.

Community care workers need to be trained and supported in order to:

- meet participant's individual needs and provide a high standard of quality care, including personal care
- have the relevant skills and knowledge to undertake a variety of activities
- assist with gentle exercise programs following non-transferable skills training (see Part 3: 'Personal Care Policy')
- facilitate small-group interaction
- monitor, observe and provide feedback on participant satisfaction with the programs and activities
- avoid becoming involved with participants in a manner which is outside the boundaries of their role.

Staff ratio

Planned activity groups are funded as either 'core' or 'high' groups. Each group has a different paid staff ratio.

Core groups tend to have participants who are physically independent and do not require personal care assistance or specialist care to participate in the group. The recommended ratio is one paid staff member to seven participants.

High groups tend to have participants who require additional assistance to participate. For example, the participant may have dementia or require personal care or other specialist care to participate. The recommended ratio is one paid staff member to five participants.

Café style support

Café style support is a model of service delivery that offers social support to a person and their carer at the same time, in the same place, in a community based setting such as a café or similar community venue.

The broad goals of café style support are to:

- provide support to people in care relationships through a social opportunity
- assist participants to develop social connections with people in similar circumstances
- provide health and service information on issues of interest to participants, through links and partnerships with other service providers
- develop participants' confidence to independently engage with the formal service system.

See *Café Style Support: Practice guidelines for HACCC services in Victoria* (Department of Health 2013).

Staffing statement

For information on required qualifications, refer to Part 1: 'Employee and related requirements'.

Appropriately qualified staff should be used to conduct specific planned activities, such as allied health activities or exercise programs.

Where community care workers are involved in food handling and meal preparation they must adhere to safe food handling practices including personal hygiene and cleanliness.

Organisations providing planned activity groups must have appropriate policies and procedures in place to:

- ensure appropriate time is allocated for support and supervision of community care workers and volunteers
- support ongoing competency training and education requirements for community care workers and volunteers.

Reporting requirements

Organisations funded for planned activity groups are required to participate in the quarterly collection of the HACCC minimum data set (MDS).

For details, see Part 1: 'Reporting and data collection'.

The HACCC MDS is used to record details of individual clients attending a PAG. In general, countable time comprises the time each individual spent with the group.

For information on funding for Café Style Support Services see: *Café Style Support: Practice guidelines for HACCC services in Victoria* (Department of Health 2013).

Links

Well for Life

<http://www.health.vic.gov.au/agedcare/maintaining/wellforlife.htm>

Victorian Department of Health food safety website

www.health.vic.gov.au/foodsafety

Café Style Support: Practice guidelines for HACCC services in Victoria (Department of Health 2013)

www.health.vic.gov.au/hacc/publications
