

# Waranj Dhurawaraga

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NDIS Supports and Services

**Waminda**

strong women. strong community. strong culture.



ABN: 92 639 372 729

## Waranj Dhurawaraga - Growing Strong Together

### Welcome to Waminda

*“Our vision is that women and their Aboriginal and Torres Strait Islander families are positive, happy and healthy and that they are widely admired and proud of their achievements in their own communities and the broader Shoalhaven.”*

Our vision is to support the choice and control of women and their Aboriginal families by offering high quality, responsive, culturally based supports and services to individuals with disability in the Shoalhaven.

### Waminda NDIS Services & Support

Waminda offers a range of supports and services for participants once they have received their NDIS funding package.

Participants can be referred to the Waranj Dhurawaraga team by emailing [NDIS@waminda.org.au](mailto:NDIS@waminda.org.au) with the attached **Waminda Intake - External referral Form** along with the **Waranj Dhurawaraga - Client Service Request Form**.

Once a referral has been received, the Intake Officer will complete a Risk Assessment of the client's home environment.

### **Service Support Types:**

#### **Short term accommodation**

Waminda offers stays of up to two weeks at a time for women with our short-term accommodation program at [Balaang Gunyah](#), Orient Point.

#### **In Home Supports**

In home supports may include support with cleaning and maintaining individual's homes lawn mowing and yard work, and support with preparation of meals.

#### **Life skills mentoring**

Support to increase individuals independence with daily living activities in the home or out in community.

#### **Assistance to Access Community**

Waminda staff can provide transport and support for individuals to access and participate in community and social activities.

#### **Counselling**

Waminda offers strengths based counselling services for individuals and family groups.

#### **Personal Training**

Based at Waminda's [Dead or Deadly](#) program at Yila Murnawar Gunyah, Plunkett St.

## Waranj Dhurawaraga - Service Information

### **Assistance to Access Community**

Assistance to access community supports are one on one support provided by a support worker with experience and skills relevant to the individual's needs. Supports may include (but are not limited to):

- Taking the participant out for a drive;
- Supporting the participant to go shopping;
- Going for coffee or other planned socialising with the participant;
- Taking the participant to the beach, or for a walk;
- Support the participant to go to the library/movies or other activity;
- Supporting the participant to join or attend a social group or club;
- Support to attend educational courses or classes;
- Support to attend appointments;

Some Assistance to Access Community episodes of care will be a regular activity or event (i.e. monthly support group meeting) however, some participants may have a regular episode of care booked but decide what activity they would like to do on the day of the service (i.e. if it was a nice day they may decide to go to the beach instead of going shopping).

If the participant wishes to visit another person at their home, the visit must be pre-arranged with the and a Risk Assessment must be completed prior to the scheduled service request.

### **Home and Yard Maintenance**

Some Yard Maintenance episodes of care will be a regular activity or event (i.e. weekly lawn mowing, weeding garden beds, whipper snipping edges) however, staff should check with the participant what activities they would like done on the day of the service. Staff will use Waminda equipment such as lawn mower and whipper snipper for all home and Yard Maintenance activities. Yard Maintenance activities may include:

- Lawn mowing and whipper snipping;
- Tidying pathways;
- Rubbish removal (client is responsible for cost of tip access);
- Fertilise lawn and gardens (client is responsible for providing fertiliser);
- Weeding garden beds;
- Raking, mulching and pruning;
- Clearing cobwebs from under eaves;
- Cleaning external windows;
- Bringing in wood for fireplace;
- Sweep pathways and outside areas;
- Water plants and maintain gardens;
- Changing smoke alarm batteries or light bulbs;
- General handyman activities;

## **House Cleaning**

Some House Cleaning episodes of care will be a regular activity (i.e. weekly vacuuming, doing laundry and washing dishes) however, staff should check with the participant what activities they would like done on the day of the service. House Cleaning activities may include:

- Cleaning wet areas including bathroom, toilet and laundry;
- Sweeping and/or vacuuming;
- Mopping;
- Dusting;
- Changing bed sheets;
- Making bed;
- Washing and hanging out clothes;
- Folding or ironing clothes;
- Washing dishes;
- Cleaning cupboards/blinds etc;
- Cleaning internal windows;
- General tidying;

Waminda will provide all cleaning chemicals and vacuum. It is each participants responsibility to provide sponges, cloths, mops and dusters for cleaning. Sponges, cloths and dusters must stay at each participants home to prevent any potential cross infection.

## **Group Activities**

Group Activities are different to one on one supports like Assistance to Access Community. Group Activities mean the client will participate in the group with the same level of support as other group members. If a participant requires more individual one on one support, they may be able to attend the Group Activity through their NDIS package and have their support worker attend to give them the individual support they require. Group Activities may include:

- Balaang Gunyah Art Group;
- Elder's Women's Group;
- Dead or Deadly Exercise Groups;
- Young Women's Program – 'Bulwul Balaang';
- Nutrition program – 'Nyully Cooking Alive';
- Young men's group – 'Guman Nanga Mai'.

## **Short Term Accommodation**

Waminda can offer (*dependent on eligibility criteria*) stays of up to 2 weeks at a time with our Short-Term Accommodation service through our healing space at Balaang Gunyah.

While staying at Balaang Gunyah participants are supported by staff who work alongside each participant as they choose what activities they would like to engage in and how they would like to spend their days and evenings. Activities may include walking on country, participating in art or craft activities, or could even be preparing a meal plan and then going into town to go shopping to purchase ingredients before coming back to Balaang Gunyah and preparing a meal with staff and/or other residents.

## **Counselling - Strengths Based**

Waminda offers culturally safe, holistic counselling for NDIS participants to support them to work towards their goals.

## **Mentoring**

- Mentoring supports provide to support the participant to perform general tasks of daily life so that they can live as independently as possible and to support the participant to develop the skills they need to live independently.
- Mentoring supports may include:
  - Helping the participant to connect with other services and groups;
  - Helping the participant with budgeting skills;
  - Helping the participant with general living skills;
  - Travel training;

## **Personal Training**

Based at Yila, participants can access Waminda's Personal Trainers who provide personally tailored, culturally safe support and training around each individual's particular needs and goals

## Waminda Intake - External Referral Form

Please fill out **ALL** sections of this form with as much details as possible and provide to Waminda either in person to 122 Kinghorne Street, Nowra or by email to [NDIS@waminda.org.au](mailto:NDIS@waminda.org.au).

Details of Referral	
Referral Source	Date of referral
Contact Person	Telephone
Email	
Reason for referral/ type of assistance required?	
<p>Will you continue providing ongoing support to the client (i.e. phone calls, visits, transporting to appointments, outings) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide details:</p>	

Client Details & Information	
Full Name	Date of Birth
Preferred Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
Telephone	
<p><b>1. Does this client identify as:</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Non-Aboriginal</p> <p><b>a.</b> If Non-Aboriginal, do they have Aboriginal family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>2. Does this client live with Disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>a.</b> If yes, do they have a current NDIS package? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>3. Does the client smoke?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>4. Does the client drink alcohol?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>5. Does the client have allergies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please List: _____</p> <p><b>6. Has client been assessed with a mental illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

## Client Details & Information

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

**7. Does the client have a current Mental Health Care Plan? (*please attach*)**     Yes     No

**8. Has client been hospitalised in the past 4 weeks?**     Yes     No

**9. Please provide details of the follow if available:**

**a.  Medical Practitioner**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

**b.  Psychologist/Psychiatrist**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

**c.  SEIAMHS or CAMHS: Case Manager**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

**10. Does client have any medical conditions we should be aware of?**     Yes     No

If yes, please provide details: \_\_\_\_\_

**11. Does the client have any legal issues we should be aware of?**     Yes     No

If yes, please provide details: \_\_\_\_\_

**12. Summary of current daily living skills and support needs of client:**

If yes, please provide details: \_\_\_\_\_

**13. Does the client have stable housing arrangements?**     Yes     No

**14. Is client aware of this referral?**     Yes     No

**15. Client consented to referral:**     No     Yes -    **Consent type:**     Verbal     Written

**16. Are there any other agencies involved with the client?**     Yes     No

Please list (*include both agency name & how they are involved*)

Agency name	How are they involved with the client?
1.	
2.	
3.	
4.	
5.	



## Waranj Dhurawaraga - NDIS Client Service Agreement

Personal Details				
Name:				
Residential Address:				
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: / /	Place of Birth:		
Contact Number:	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	Email:
Were you born in Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No if no, where:				
Are You: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Non-Aboriginal <input type="checkbox"/> CALD – Other:				
Diagnosis:				
NDIS Number:		Companion Card number:		
Participants Representative:				
Address (if different):				
Phone:		Email:		

This agreement is made between \_\_\_\_\_ and Waminda (South Coast Women's Health and Welfare Aboriginal Corporation). This agreement will start on \_\_\_\_\_ and will end on \_\_\_\_\_ .





\*Please note that the rates quoted may change to reflect any pricing changes made by NDIA throughout the period of this service agreement.

Support Type	Frequency (i.e. hours/week)	Total Hours of Service	Hourly Rate*	Total Cost of Support

## Consent to Obtain or Release Information

### Client Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_

### Details

- Waminda is bound by a number of federal and state laws and regulations, to protect your personal and health information. Waminda is committed to ensuring your information is kept private and confidential and stored securely.
- Your personal and health information will only be shared by employees within our service who are directly involved with your care, treatment and support. Only information relevant to the employee's role in your care, treatment and support will be shared with that employee.
- No personal or health information will be shared by any Waminda employee with any outside persons, organisations, contractors, specialists or other third parties without your express Informed Consent. *This means that the reason for wanting to share your information with others has been explained to you, you understand the benefits of sharing this information and you consent for Waminda to release that information.*
- Your informed consent is also required in order to share de-identified information with third parties for the purpose of evaluation or research.
- Where a client does not have the capacity to consent, informed consent can be gained from the clients authorised representative.

### Written Informed Consent of Client or Authorised Representative

I understand the purpose and benefit of sharing information and authorise Waminda to OBTAIN / RELEASE information as below for the duration of 12 months.

Service Type	Name of Agency	Type of information	Purpose
<i>e.g. physiotherapy</i>	<i>Nowra Physio</i>	<i>Verbal/ written</i>	<i>Remedial massage</i>

\_\_\_\_\_  
 Client / Patient Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Authorised Representative Name: \_\_\_\_\_

## Verbal Informed Consent

I have explained to the client, and I am satisfied that the client has understood, the purpose for this request. I am satisfied that the client has given informed consent for the above.

\_\_\_\_\_

Health Professional Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Sharing of Client Information

I have previously given my consent for Waminda to share information concerning my health and wellbeing with the below service/s.

Service Type	Name of Agency	Type of information	Purpose
<i>e.g. physiotherapy</i>	<i>Nowra Physio</i>	<i>Verbal/ written</i>	<i>Remedial massage</i>

## Written withdrawal of Informed Consent of Client or Authorised Representative

I understand the purpose and benefit of sharing information to enhance my health management, however I have discussed my concerns with a Waminda staff member and have decided to withdraw my authorisation for Waminda to OBTAIN/ RELEASE (with the above services) until further notice.

\_\_\_\_\_

Client / Patient Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Authorised Representative Name: \_\_\_\_\_

## Verbal withdrawal Informed Consent

I have explained to the client the benefit of sharing information with other services involved in their care and support, however the client insists that they no longer wish Waminda to share information with the above services. I am satisfied that the client has understood the impact that this may have on her care and Support.

\_\_\_\_\_

Health Professional Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Waranj Dhurawaraga – Client Service Request Form

### Details

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

#### Support Activity Type:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Yard Maintenance         | <input type="checkbox"/> House Cleaning   | <input type="checkbox"/> Personal Training |
| <input type="checkbox"/> Community Access Assist  | <input type="checkbox"/> Group Activities | <input type="checkbox"/> Mentoring         |
| <input type="checkbox"/> Short term Accommodation | <input type="checkbox"/> Daily Activities | <input type="checkbox"/> Counselling       |

Does the client have a Behaviour Support (BIS) Plan?  Y  N  BIS Plan Attached

Preferred Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Frequency of Service:  One off  Weekly  Fortnightly  Monthly

Preferred Day: \_\_\_\_\_

Preferred Time: \_\_\_\_\_

Pick up Address: \_\_\_\_\_

Activity Address: \_\_\_\_\_

Details of Request: (e.g. type of cleaning jobs, types of yard work, types of activities to attend)

Are there any additional client details that Waminda staff should be aware of?

### Waminda Office Use

- Client service booking confirmed date: \_\_\_\_\_
- Client contacted for confirmation of service
- Finance department have added client invoicing to system

## Participants Rights & Responsibilities

### Participants Rights & Responsibilities

#### **As a participant you have the right to:**

- ✓ Be treated fairly, with respect and without discrimination;
- ✓ Take part and feel included in their community in ways that are meaningful to them;
- ✓ Be given information in a way that is suitable for them;
- ✓ Make choices about their health and wellbeing goals;
- ✓ Access the services and supports that they feel will assist them to achieve their goals;
- ✓ Receive high quality culturally safe services that are individually tailored and responsive to their needs;

#### **As a participant you have a responsibility to:**

- ✓ Treat all Waminda staff with respect, without aggression and without putting staff's health or wellbeing at risk;
- ✓ Keep appointments or to provide at least 24 hours' notice if an appointment needs to be changed or cancelled;
- ✓ Provide feedback and let us know if they are not satisfied with the service provided;
- ✓ Cover their own costs for any additional expenses that are not included as part of their NDIS plan (i.e. entrance fees, event tickets, meals etc);

### Waminda Staff Rights & Responsibilities

#### **Waminda staff have the right too:**

- ✓ Tell the participant if they are not comfortable with something they are doing while staff are providing support (i.e. smoking, swearing etc);
- ✓ Finish an episode of care early if the participant is doing something that is putting staff's health or wellbeing at risk;
- ✓ Contact the Waranj Dhurawaraga manager to get approval for any requests a client makes that you are not sure whether it is ok to provide;

#### **Waminda staff have a responsibility to:**

- ✓ Be ready to start each episode of care at the start time requested by the client;
- ✓ Finish each episode of care at the scheduled time;
- ✓ Protect client's privacy and confidential information;

## Waminda Staff Rights & Responsibilities

- ✓ If staff are approached by clients family members or anyone else asking for information on the care provided, they are to ask the person to speak to the Waranj Dhurawaraga manager;
- ✓ Treat the participant, their family and carer(s) with respect and courtesy at all times;
- ✓ Maintain professional boundaries with clients;
- ✓ Listen to the client and work with them to make sure we are providing the support they require;
- ✓ Remain client focussed;