A New National Disability Scheme: A better life for people with disability.

Submission to the Productivity Commission Inquiry into Disability Care and Support

By Callan Lawrence,
For The Right Care Inc.
May 2010

Contents:

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Executive Summary:

- The new National Disability Scheme should target young adults with physical disabilities who require at least part-time care to perform daily tasks in the three core functions: 1. Personal Care; 2. Mobility, and 3. Communication. These people are at risk of entering a supported accommodation facility when the parent carer can no longer continue this function due to their age and current health conditions.

- Demand for age-appropriate purpose-built supported accommodation far outweighs supply and needs to be increased.

- Access to community services and activities needs to be greatly improved. A transport system for people with significantly restricted mobility should be created to increase access to community services and activities, education services and employment.

- Carers should be trained to take on duties that mediate communication and interaction with education and employment services for their clients.

- Investment in treatment, appropriate aids and equipment, and training and development that improve functioning will provide the means to increase education and workforce participation.

- Wide-scale implementation of the Disability (Access to Buildings – Premises) Standards 2010 will increase workforce participation.

- Open employment services for people with disability have created increased workforce participation in the past and should be supported by a National Disability Scheme.

- A network of supported accommodation communities will enable regular and efficient access to transport, communications technology and professional support. This will enable people with disability to ‘find the ability within their disability’ and actively participate in community, education and employment activities that they feel are appropriate.

- Disability policy must compel employers to accommodate workers with disability (Burkhauser, 1997).

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1.0 Introduction:

This report recommends that a new National Disability Scheme should include an insurance scheme similar to Medicare. However, the report's focus is on new services and initiatives that need to be implemented and funded. It recommends that a model of specialised, supported accommodation for people with physical disabilities be implemented to provide for their security and relieve the burden placed on parent carers. As the Productivity Commission already recognises that the current system is inherently flawed, the report will try not to critique current failings in too much detail. It does, however, look at problems in order to build a case for its recommendations.

The Right Care Inc. is a family-operated advocacy group that has campaigned for specialist supported-accommodation services to be provided for people with physical disabilities in Newcastle and Lake Macquarie. Currently, there is no such service and the only options for people with physical disabilities are in aged care homes and homes for those with intellectual disabilities. It is not required that this report explain why people with disability who are younger than 65 should not be cared for in aged care homes because the Commonwealth and state governments have already agreed to address this situation with the Younger People in Aged Care Program (DFHCSIA, 2010). However, this initiative is yet to have any significant impact in Newcastle and Lake Macquarie. The Right Care Inc. is also highly critical of any policy that people with physical and intellectual disability share accommodation and care. Both populations have specialised needs and many people with physical disability have no intellectual impairment and need social stimulation with like-minded people, just as the rest of the population does.

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The Blair family, of Redhead, NSW, established the Right Care Inc out of frustration at the lack of services in their community. Greg and Lorraine Blair are both in their 60s and have been full-time carers for their daughter Tracey, now 39, since she suffered an acquired brain injury in her early 20s. Recently Mr Blair has been diagnosed with an autoimmune disease called vasculitis. The medical condition amongst other issues has affected the strength and effectiveness in the movement of his arms and legs. As a result he is now unable to assist his wife with the caring duties for Tracey and he too could need assistance in the future. The family fears that when Lorraine is no longer able to care for Greg and Tracey, or when both parents have died, Tracey will be forced into a nursing home for the aged and frail or a home for people with intellectual disability.

As per the terms of reference, this report will address:

- Who should be the key focus of a new scheme and how they may be practically and reliably identified;
- The factors that affect how much support people get and who decides this;
- The kinds of services that need to be increased or created;
- How a new scheme could encourage the full participation of people with disability and their carers in the community and work.

It will also attempt to address the inquiry's overarching rationale:
This inquiry is an opportunity to rethink how we support people with disabilities so that they can engage with their community, get a job where possible, and live a happy and meaningful life (Sherry, Rudd, Macklin and Shorten 2009).

Note: Where the report is referring to carers, their 'clients' are people with disability who they are employed to provide care and support.
Parent Carers are parents who are also in charge of the full-time care and support of a son or daughter who has disability that demands full-time attention. They may or may not receive a Carer Support payment for this.

2.0 Who should be the key focus of a new scheme?

People with disabilities are not a homogenous group. The population of people with disability spans the full spectrum of age, sexuality, gender, cultural and religious background that exists elsewhere in Australia (Disability Council of NSW, 2006). The International Classification of Functioning, Disability and Health (ICF), signed by all 161-member states of the World Health Organisation in 2001, does not limit the classification of disability to biological or medical conditions (WHO, 2001). Rather, it includes environmental (including the built environment) factors that also limit a person's functioning (ibid). As 20 per cent of the population, or one in five Australians, has a disability (ABS, 2003), it is important to establish which people are most in need of supported accommodation and/or regular care. The Australian Institute of Health and Welfare (AIHW) commonly refers to disability in terms of how a person is impaired, or limited in three core functions: 1. Personal Care; 2. Mobility, and 3. Communication (AIHW, 2009a). The Right Care Inc. recommends that a person's ability to meet their own needs in these three functions be used to assess who a new disability scheme should focus on helping.

2.1 How should these criteria be assessed?

The Right Care Inc recommends that the assessment tool established and practiced by the Wheelchair and Disabled Association of Australia, otherwise known by the business name House With No Steps, be considered for wider use under a new national disability scheme (see appendix A). This assessment tool, titled Service Need Assessment Profile, requires a trained professional to conduct the assessment. It contains a series of tasks that a person needs to complete each day to meet their needs of personal care and health, communication and mobility. For each task or skill an assessor can choose from five appropriate statements that describe the level of support required, ranging from independence to full support,

for an individual to complete it. Then the person's needs are categorised as either: Level 1 Complex; Level 2 High, Level 3 Moderate, or Level 4 Low.

3.0 What services need to be increased or created?

This assessment of services that need to be established and increased is not a comprehensive list but an introduction to the most significant services that are lacking.

3.1 Appropriate Supported Accommodation

The Right Care Inc has specifically targeted the lack of supported accommodation for young adults with physical disabilities in its advocacy to date because it is the most significant problem facing its members. As of 2006 the combined population in Newcastle and Lake Macquarie was about 340,000 (NCC and LMCC, 2010). Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) statistics obtained by The Right Care Inc (see appendix B) show that as of March 2010, there were 17,690 people who received a Disability Support Pension, about one in every 20 residents, which is consistent with AIHW national estimates (FaHCSIA, 2010). Of those on a Disability Support Pension, 10, 323 people reported a primary disability that was physical, or one in every 33 residents. Despite these figures, there is not one service that provides supported accommodation specifically for people with physical disability in Newcastle and Lake Macquarie (Bogearts, 2010).

The figures provided by FaHCSIA also show there were 3385 people receiving a Carer Support payment in the area. Of these carers, about 10 per cent were parent carers with an average age of 48. A growing problem outlined in NSW and Commonwealth government reports is the issue of who will take care of a parent carer's dependent once they have aged to a point they require care and support

themselves or die (NSW DADHC, 2006; FaCSIA, 2010). Although the average national age for parent carers is 48, many are now in their 60s and have no place in Newcastle or Lake Macquarie where their dependent sons and daughters to be taken care of as they become less able to.

The FaHCSIA figures are not a complete profile of people with disability in Newcastle and Lake Macquarie nor of their parent carers, and it is not suggested that all people on a Disability Support Pension require full-time care. Another problem with these figures is the likelihood that many parent carers do not apply for a Carer Support payment. However, the figures do illustrate the lack of services in the area in comparison to the possible demand.

3.2 The Need for a Flexible Model of Accommodation

As all people are different and all people with different levels of physical impairment, and restricted activity require varying levels of support and care, it is essential that a model for supported accommodation be highly flexible. This includes a range of in-home part-time care, respite care, and a combination of group-home and private supported accommodation (NSW DADHC, 2006).

Whether a person requires part-time care while living in their own home or is in supported accommodation or respite care, the new model should:

- Provide adequate personal care: Carers need training to provide help with mobility, personal hygiene and medical needs. Professional discretion will decide who needs help with household chores, meals and access to leisure activities but all accommodation models must be flexible to meet varying needs.

- Provide for a person's communication and relationship needs: People with disabilities, like all other people, want and need relationships (Cummins and Lau, 2003; Llewellyn, 1999). Supported accommodation should provide for residents to have guests and family visit with not only room inside but also communal meeting places. Residents also need to utilise contemporary communication technologies. Accommodation will require access to media and telecommunications technology. Internet services such as social networking sites, online shopping and correspondence education can also be used to augment the various needs of people with severe mobility restrictions.

- Provide adequate amenities for people to have as much independence as they are able: Things such as refrigeration and storage of own food, basic cooking tools such as microwave and kettle, accessible sink, bathroom and toilet.

- Provide and allow for access and transport to leisure activities and employment.

3.3 Access to the community

The 1986 Commonwealth Disability Services Act recognised the need to provide services that maximise opportunities for people with disability to engage with the community. The 1993 NSW Disability Services Act recognised and emphasised the need to provide opportunities and choices that reflect those available to the wider community. However, neither of these acts has led to a satisfactory outcome.

Greg Blair, a parent-carer and The Right Care Inc president, advocates for a model that 'finds the ability within a person's disability'.

3.4 How Can These Accommodation, Care and Support Needs be Met?

For these reasons above, a supported accommodation and in-home carer model should focus on empowering residents to engage with the community, rather than providing isolated, enclave communities that supply all of a person's needs.

The Right Care Inc recommends a supported accommodation model designed for and implemented by Ageing, Disability and Home Care (see appendix C). A single-bed villa design provides a dual-aspect private space for residents with an average internal floor area of 53 square metres. Each villa includes a small kitchen separate from the living space, a combined laundry and bathroom, living area with access to small rear-yard and a bedroom of 13 square metres. All rooms should have an emergency communication system to a central office appropriate emergency services. There are also two and three-bedroom designs with the same inclusions as single bed-design.

It is recommended that these villas be located in groups of up to six, with a central communal space. The groups of villas should accommodate people with similar levels of impairment and restricted activity in order to streamline services to them and allow for their own interaction. Each group of six villas the residents will have the appropriate level and number of support care staff available to them 24 hours a day 7 days a week.

All villa complexes should be serviced by appropriate public transport to needed services such as medical centres, physiotherapy, sports and activities, shopping districts and social services. A system where a full-time bus and driver service villa complexes in a Local Government Area is encouraged. Full-time staff employed to service each Local Government Area would operate on a transport route between accommodation and community services. This should augment

existing public transport systems to greatly increase the ability of people to take employment and engage with the community.

4.0 How can a new scheme encourage the full participation of people with disability and their carers in the community and work?

Under a National Disability Scheme that provides supported accommodation and care, services such as 'treatment, appropriate aids and equipment, and training and development that improve functioning become sensible investments rather than welfare handouts (FaHCSIA, 2009).

A significant obstacle for people with disability entering the workforce is their physical ability to enter places of work (AHRC, 2010). Obstacles such as entrances accessible only by stairs, narrow doorways and the location of accessible unisex toilets have prevented many people not only entering the workforce but many public buildings and spaces. These barriers to the workforce and community should be reduced as the new Disability (Access to Buildings) Standards 2010 legislation are introduced in May 2011 (McClelland, 2010). However, as these building standards will not be retrospective its effect will be limited in the short term. A new National Disability Scheme should compensate and/or subsidise businesses and organisations that retrofit their premises according to the Disability (Access to Buildings – Premises) Standards 2010 in order to promote more accessible and user-friendly places of work and community spaces. Although initially expensive, further research into the long-term economic benefits of people with disabilities integrating into the workforce and community could prove that this initial investment would be return larger benefits.

As carers (who either work in a client's home or from supported accommodation sites) are the people who have regular contact, they should also be provided with training to

assist their clients with communication needs, such as access to education and employment services. These responsibilities are ultimately a part of a care and support role.

With a well equipped, network of supported accommodation sites augmented by in-home care providers, access to education and employment services should be greatly increased simply by increased contact with professional service providers. The transport system already mentioned, would transport people to education and health services, and employment.

In 2003, four of every five people, or 80 per cent, with disability who were employed worked in the private sector. This figure is proportionate to the estimated public/private sector ratio in Australia, which at the Australian Bureau of Statistics' last analysis was 22 per cent public sector to a 78 per cent private sector (ABS, 1997). Although these figures are proportionate, The Right Care Inc. sees considerable room for employment of people with disability to be further encouraged in the public sector.

The Commonwealth Disability Services Act 1986 categorised two main employment services: Open employment and Supported employment services (Anderson, Psychogios and Golley, 2000). Under Open employment, a service outlet provides training, mentoring and information services to clients who are employed with another organisation or are self-employed (ibid). The idea of an open employment service is for the support system to gradually withdraw and help the client integrate into the workforce. In supported employment services, the training, mentoring and information services are provided by a service outlet that the client is contracted to (ibid).

Supported services are generally for workers who require more on-going support. Generally clients of both services receive award wages but in some circumstances it may be more appropriate to award wages based on productivity (ibid).

Clients were referred to an open employment service provider by several means, the most common being: 22 per cent by self referral, 16 per cent by referral from Centrelink, eight per cent referred from secondary school and five per cent by family (Anderson, Psychogios and Golley, 2000).

A total of 34,347 clients took up open employment services between July 1 1998 and June 30 1999 (Anderson, Psychogios and Golley, 2000). This was an increase of 13 per cent over the same period in the 12 months previous (ibid). In the same period between 1995 and 1996 to 1996 and 1997 there was a 19.2 per cent increase.

This system produce increased participation in the workforce and should be continued with substantially increased support from a National Disability Scheme. Under the supported accommodation and care model, care providers would also be major information and communication provider that could refer people to employment service providers and thus potentially increase participation further.

In the US, the Americans with Disability Act 1990 (ADA) has had some success in moving people off disability welfare support and into the workforce. In Burkhauser's Post-ADA: Are People with Disability Expected to Work?, he says American society should recognise that people with disabilities can and should work (1997, 80). He argues that disability policy must compel employers to accommodate workers with disability 'even when the value of their output does not meet the cost'' (ibid). As he states, if society deems it necessary for people with disabilities to work, then it is appropriate that the rest of society bear some of the cost (ibid).

Although the policy places initial burden on employers, that burden is eventually past onto the consumer through higher costs.
Burkhauser also advocates for a flexible system, where in some cases it may be appropriate for employees with disability to be paid according to their productivity (197, 81). In these circumstances, the US Government has provided the worker with a tax credit to subsidise their income.

5.0 How to improve service delivery:

There needs to be a change in the funding distribution with more emphasis placed on "physical disabilities". At present ADHC refers to the generic “Disability" only. This is expanded under the heading of "Service Description" in the “DADHC Innovative Accommodation Framework Options” as:

1. Intellectual disability
2. Other disability
3. High support needs 24/7

What is needed is at least a separate allocation of funding for:

1. Acquired Brain Injury (ABI)
2. Physical Disabilities (PD)
3. High support needs 24/7
4. Intellectual disability
5. Challenging behaviours
6. People from the criminal justice system
7. Other disability

6.0 Conclusions

6.1 The Key Focus of a New Scheme Should Be:

The new National Disability Scheme should target young adults with physical disabilities who require at least part-time care to perform daily tasks in the three core functions: 1. Personal Care; 2. Mobility, and 3. Communication.

6.2 What Services Should Be Increased or Created?

Demand for age-appropriate supported accommodation far outweighs supply and needs to be increased.

Access to community services and activities needs to be greatly improved. A transport system for people with significantly restricted mobility should be created to increase access to community services and activities, education services and employment.

Carers should be trained to take on duties that mediate communication and interaction with education and employment services for their clients.

6.3 How can a new scheme encourage the full participation of people with disability and their carers in the community and work?

Investment in treatment, appropriate aids and equipment, and training and development to improve functioning will increase education and workforce participation.

Wide-scale implementation of the Disability (Access to Buildings – Premises) Standards 2010 will increase workforce participation.

Open employment services for people with disability have created increased workforce participation in the past and should be supported by a National Disability Scheme.

A network of supported accommodation communities will enable regular and efficient access to transport, communications technology and professional support. This will enable people with disability to actively participate in community, education and employment activities that they feel are appropriate.

Disability policy must compel employers to accommodate workers with disability (Burkhauser, 1997).

6.4 How to improve service delivery:

There needs to be a change in the funding distribution with more emphasis placed on "physical disabilities".

7.0 Recommendations

To address the terms of reference referred to above, The Right Care Inc recommends:

7.1 Recommendation 1.

That the assessment tool established and practiced by the Wheelchair and Disabled Association of Australia, otherwise know as the House With No Steps, be used under a new National Disability Scheme (see appendix A).

7.2 Recommendation 2.

That a supported accommodation model designed for and implemented by the Ageing, Disability and Home Care be funded under a National Disability Scheme (see appendix C)

7.3 Recommendation 3.

That these villas be located in groups of up to six, with a central communal space. The groups of villas should accommodate people with similar levels of impairment and restricted activity in order to streamline services to them and allow for their own interaction. Each group of six villas the residents will have the appropriate level and number of support care staff available to them 24 hours a day 7 days a week.
That all villa complexes should be serviced by appropriate public transport to required services.

That a system where a full-time bus and driver service is employed to service villa supported accommodation in a Local Government Area is established.

7.4 Recommendation 4.

That a National Disability Scheme funds a combination of open employment and supported employment services.

That large-scale employers, landlords and property owners be subsidised or compensated for retrofitting properties to meet the Disability (Access to Buildings – Premises) Standards 2010.

That the public sector plays a more active role in employing people with disability.

That care providers assist other support networks such as family, education institutions and Centrelink to provide information about employment services.

That policy be formulated to compel employees to take on workers with disability. This could include quotas for employers with more staff than a determined amount. It could also include tax breaks for employers who take on workers with disability.

7.4 Recommendation 4.

What is needed is at least a separate allocation of funding for:

1. Acquired Brain Injury (ABI)
2. Physical Disabilities (PD)
3. High support needs 24/7
4. Intellectual disability
5. Challenging behaviours
6. People from the criminal justice system
7. Other disability

APPENDIX A

RE: DSP information [SEC=UNCLASSIFIED]RE: DSP information [SEC=UNCLASSIFIED]
Langdon, Evan [Evan.Langdon@fahcsia.gov.au]
Sent: Tuesday, 27 April 2010 4:02 PM
To: Callan Lawrence

G'day Callan,

Here is the department's response.

At March 2010, the total number of people in the Newcastle and Lake Macquarie areas in receipt of Disability Support Pension was 17,690. Of these, around 58 per cent (10,323) report a primary disability that is regarded as physical (that is, the disability is not ,intellectual/learning, or ,psychological/psychiatric,).

It should also be noted that a significant majority of disability support pensioners report multiple disabilities, so some customers listed with a primary intellectual/learning or psychological/psychiatric disability may also have a physical disability and visa-versa.

The number of people receiving Carer Payment in the Newcastle and Lake Macquarie areas at March 2010 was 3,385. The data shows that the proportion of disability support pensioners in Newcastle and Lake Macquarie with a Carer Payment recipient caring for them is around 10 per cent (1,703). The national average age of those on Carer payment is 48 years of age.

Cheers,
Evan

Evan Langdon
Public Affairs Officer
FaHCSIA Media | Communication and Media Branch
Department of Families, Housing, Community Services and Indigenous Affairs
(FaHCSIA)
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APPENDIX B

1.5 HOUSEHOLD TASKS

This skill area involves the capacity of the service user to contribute to the general running of the residence including cleaning, laundry and other household tasks.

1	2	3	4	5
No assistance required with household tasks.	Needs prompting to complete household tasks.	Needs prompting with all aspects of household tasks.	Needs part of household tasks completed by carer.	All aspects of household tasks completed by carer.

1.5 RATING ☐

1.6 SELF PROTECTIVE SKILLS

This skill area involves the capacity of the service user to use self protective behaviours at home and in the community (ie. has understanding of stranger danger, can call for assistance in emergency, etc.).

1	2	3	4	5
No assistance required with personal safety.	Needs prompting to maintain personal safety.	Needs prompting with all aspects of personal safety.	Needs supervision with all aspects of personal safety.	Dependent on carer for all aspects of personal safety.

1.6 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

2. PHYSICAL/HEALTH SUPPORT

This Section focuses on the physical/health needs of the service user in relation to the level of support required to maintain their health status.

2.1 AMBULATION

This skill involves the capacity of the service user to ambulate independently. In those cases where the person has a self-propelled wheelchair (manual or electric), this would constitute no assistance.

1	2	3	4	5
No assistance required with ambulation.	Needs prompting to ambulate.	Needs prompting and some assistance to walk.	Needs assistance to walk or use wheelchair.	Need carer to push wheelchair at all times.

2.1 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

APPENDIX B

2.2 HEALTH ISSUES

This area involves the service user's health status and the support required where the person has health needs which are on-going, such as diabetes requiring insulin, dressings to chronic wounds (eg. leg ulcers), chronic lung disease requiring nebuliser therapy, in-situ catheters, etc. This does not include short-term requirements associated with an acute illness such as influenza.

1	2	3	4	5
No health support required.	Rarely needs health support.	Requires prompting with aspects of health support.	Requires daily assistance with health support.	Requires extensive health support every shift.

2.2 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

2.3 INCONTINENCE

This area involves the functional ability of the service user with toileting skills. Where incontinence only irregularly occurs due to epileptic seizures or behavioural issues, it should not be shown as full support.

1	2	3	4	5
No assistance required with toilet skills.	Needs prompting with toilet skills.	Needs prompting with all aspects of toilet skills.	Needs toilet timing routine.	Requires full support by carer for incontinence.

2.3 RATING ☐

2.4 MOBILITY

This area involves the capacity of the service user to move freely between sitting and standing or getting into or out of bed.

1	2	3	4	5
No assistance required with mobility.	Needs occasional assistance with mobility.	Needs supervision with mobility.	Needs to be assisted by carer with mobility.	Requires to be lifted into/out of bed/chair.

2.4 RATING ☐

2.5 PRESSURE CARE

This area involves the maintenance of skin integrity for those individuals with little or no capacity to ambulate. Service users who use wheelchairs or who remain immobile will require pressure care to minimise skin breakdown.

1	2	3	4	5
No assistance required with pressure care.	Needs to be occasionally checked for pressure areas.	Needs to be frequently checked for pressure areas.	Needs to have frequent pressure area care.	Needs full care every shift for pressure area care.

2.5 RATING ☐

APPENDIX B

2.6 EPILEPSY

This area involves the person's need for support relating to epileptic seizures. It is necessary to provide information on the type of seizures and the frequency based on current data held for the person.

1	2	3	4	5
No history of epilepsy.	No recent episodes of epilepsy.	Infrequent need for assistance with seizures.	Needs to have assistance with seizures at least weekly.	Needs supervision for seizures more than 2 times per week.

2.6 RATING ☐

Comments (Please describe seizures and frequency if Rating is 4 or 5):

3. BEHAVIOURAL SUPPORT

This Section focuses on the behavioural needs of the service user in relation to the level of support required for behaviour management.

3.1 TYPE OF BEHAVIOUR

This area relates to the type of behaviour exhibited by the service user. In those cases where more than one behavioural type exists, only circle one behaviour, which is most prominent. Where the behaviour type is not listed, please show as other and describe in comment section.

1	2	3	4	5	6
No behavioural issues.	Absconding or wandering.	Aggressive towards others.	Self injury.	Physically assaultive towards others.	Other behavioural issues (Describe Below)

3.1 RATING ☐

Comments (Please describe behaviour and frequency):

3.2 BEHAVIOURAL SUPPORT

This area involves the person's need for support to address behavioural issues.

1	2	3	4	5
No behavioural support required.	Rarely needs prompting about disruptive behaviour.	Requires prompting at least weekly with disruptive behaviour.	Need daily interventions with disruptive behaviour.	Needs behaviour interventions every shift.

3.2 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

APPENDIX B

3.3 BEHAVIOURAL RISK

This area involves assessment of the risk of injury to the person or others (other service users, visitors, people in the community) associated with the behaviour displayed.

1	2	3	4	5
No risk with behaviour.	Not likely to injure self or others with behaviour.	Occasional risk of injury to self or others with behaviour.	Requires regular supervision to limit risk of injury to self or others.	Needs supervision every shift to limit risk of injury to self or others.

3.3 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

3.4 BEHAVIOURAL PROGRAMS

This area involves the person's need for planned behaviour management strategies to address behavioural issues.

1	2	3	4	5
No behavioural program required.	Requires occasional prompting with behaviour.	Requires consistent approach with behaviour to minimise risk.	Requires formal behaviour management plan to be in place.	Needs intensive behaviour management plan to be in place.

3.4 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

3.5 MENTAL HEALTH ISSUES

This area involves the person's need for mental health support services.

1	2	3	4	5
No history of mental health issues.	Previous mental health history not requiring support.	Requires medication for mental health issues – stable condition.	Requires regular reviews by psychiatrist for active mental health issues.	Requires regular psychiatric treatment for acute mental health issues.

3.5 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

APPENDIX B

4. NIGHT SUPPORT

This Section focuses on the needs of the service user in relation to the level of support required during the night.

4.1 SAFE PRACTICES

This area involves the person's need for night support to maintain safe practices. If the person is considered "night safe", the person would be able to be independent at night and this would include being able to turn off appliances, lock premises, know what to do in emergencies, not let strangers in the house, etc. A person considered night safe would have a rating as 1.

1	2	3	4	5
No assistance required with night safety.	Needs some prompting with night safety.	Needs to occasionally contact a carer.	Needs to have a carer available for safe practices.	Needs carer to fully supervise all safe practices.

4.1 RATING ☐

4.2 SLEEPING PATTERNS

This area involves the person's sleeping patterns with regard to night support.

1	2	3	4	5
No assistance required at night.	Requires occasional prompting to go to bed.	Requires regular prompting to go to bed.	Requires occasional assistance at night.	Requires carer supervision with sleeping patterns.

4.2 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

4.3 PHYSICAL SUPPORT

This area involves the person's requirements for support at night to assist with physical needs. This includes such areas as frequent turning and pressure area care, changing catheter bags, changing stoma bags, nebuliser therapy, managing incontinence, etc.

1	2	3	4	5
No physical support required at night.	Able to meet own physical needs at night.	Requires occasional prompting to complete own physical support.	Requires occasional assistance with physical support at night.	Requires full care with physical support at night.

4.3 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

APPENDIX B

4.4 HEALTH MONITORING

This area involves the person's requirements for support at night for health monitoring needs. This includes such areas as monitoring the person for frequent/uncontrolled sezures, oxygen therapy at night (includes ventilator assistance), etc.

1	2	3	4	5
No health monitoring required at night.	Able to meet own health needs at night.	Requires occasional reminder to complete own health needs.	Requires occasional assistance with health needs at night.	Requires monitoring and assistance with health needs at night.

4.4 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

4.5 BEHAVIOURAL ISSUES

This area involves the person's need for night support to address behavioural issues.

1	2	3	4	5
No risk with behaviours at night.	Not likely to display behaviour issues at night.	Rarely displays behaviour issues at night.	Requires some assistance with behaviour issues at night.	Needs supervision for severe behaviour issues at night.

4.5 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

5. SOCIAL SUPPORT

This Section focuses on the needs of the service user in relation to the level of social support required in the accommodation environment and day placement options.

5.1 COMMUNICATION

This area involves the functional ability of the person to communicate with others.

1	2	3	4	5
Able to communicate with others.	Able to make needs known to others.	Able to make some needs known to others.	Requires signing or aids (ie. picture cards) to communicate with others.	unable to communicate or make needs known to others.

5.1 RATING ☐

APPENDIX B

5.2 SOCIAL SKILLS

This area involves the person's need for support with social skills.

1	2	3	4	5
Displays acceptable social skills.	Not likely to need prompting with social skills.	Rarely requires prompting with social skills.	Has formal program for social skill development.	Needs supervision and formal program for social skills.

5.2 RATING ☐

5.3 LEISURE SKILLS

This area involves the functional ability of the person to initiate and participate in leisure skills.

1	2	3	4	5
Able to initiate own leisure activities.	Needs some planning assistance with leisure activities.	Rarely requires supervision with leisure activities.	Has formal program for enabling leisure activities in the community.	Needs full supervision with all leisure activities.

5.3 RATING ☐

5.4 MONEY SKILLS

This area involves the functional ability of the person to use and manage money.

1	2	3	4	5
Able to manage own money.	Needs some planning assistance with money skills.	Rarely requires supervision with money skills.	Has formal training program for money skills development.	Needs ful supervision with all aspects of money skills.

5.4 RATING ☐

5.5 DAY SUPPORT

This area involves the functional ability of the person to attend day options.

1	2	3	4	5
Able to independently attend outside day options.	Needs some assistance to attend outside day options.	Rarely requires supervision to attend outside day options.	Requires supervision to attend outside day options.	Physically unable to attend outside day options.

5.5 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

APPENDIX B

5.6 SKILL DEVELOPMENT OPTIONS

This area involves the needs of the person for skill development training. The needs relate to the type of options required to develop/maintain community living skills.

1	2	3	4	5	6
Able to attend outside employment options.	Able to attend supported employment options.	Requires pre-work training activities in day options.	Has training program for community access options.	Requires full support with all day options.	Attends school.

5.6 RATING ☐

Comments (Please describe needs if Rating is 4 or 5):

5.7 TRAVEL NEEDS

This area involves the functional ability of the person to travel in the community

1	2	3	4	5
Independently accesses travel in the community.	Able to travel to day options independently.	Requires pre-arranged travel in the community (Taxi, bus pick-up).	Has formal training program for travel in the community.	Needs full support with all travel in the community.

5.7 RATING ☐

OTHER COMMENTS (Please use if any area needs clarifying):

APPENDIX B

SNAP ASSESSMENT SUMMARY

1. CLIENT DETAILS

SURNAME		GIVEN NAMES		DATE OF BIRTH	
GENDER	MALE/FEMALE (Please circle client's gender)	DAY PLACEMENT	1. Attends School 2. Attends Day Program 3. Attends Open Employment 4. Attends Supported Employment 5. No Day Program Option (Please circle appropriate option)	FREQUENCY OF SERVICE FOR DAY PLACEMENT OPTION (note: two half days/week would be equivalent to 1 day/week)	1. 5 Days/week 2. 4 Days/week 3. 3 Days/week 4. 2 Days/week 5 1 Day/week (Please circle frequency)
DAY PLACEMENT ORGANISATION		NAME AND ADDRESS OF DAY PLACEMENT OPTION			

2. ORGANISATION DETAILS FOR ACCOMMODATION SERVICE

NAME OF ORGANISATION		NAME OF UNIT		ADDRESS OF UNIT	

3. RATING SUMMARY

Please insert the Rating for each of the Sections in the Assessment Profile. All areas of Assessment must have a rating, which is only one number.

PERSONAL CARE SUPPORT	Rating	PHYSICAL/HEALTH SUPPORT	Rating	BEHAVIOURAL SUPPORT	Rating	NIGHT SUPPORT	Rating	SOCIAL SUPPORT	Rating
1.1 Bathing/Hygiene Skills		2.1 Ambulation		3.1 Type of Behaviour		4.1 Safe Practices		5.1 Communication	
1.2 Dressing Skills		2.2 Health Issues		3.2 Behaviour Support		4.2 Sleeping Patterns		5.2 Social Skills	
1.3 Eating Skills		2.3 Incontinence		3.3 Behavioural Risk		4.3 Physical Support		5.3 Leisure Skills	
1.4 Meal Preparation		2.4 Mobility		3.4 Behaviour Programs		4.4 Health Monitoring		5.4 Money Skills	
1.5 Household Tasks		2.5 Pressure Care		3.5 Mental Health Issues		4.5 Behaviour Issues		5.5 Day Support	
1.6 Self-Protective Skills		2.6 Epilepsy						5.6 Skill Development	
								5.7 Travel Needs	

Name of Person Completing Profile	(Use Block Letters)	Signature:		Date:

APPENDIX C

DESIGN GUIDELINES FOR VILLAS

BY

NSW DEPARTMENT OF AGEING DISABILITY AND HOME CARE
(DADHC)

FLOOR PLAN – 1 BED VILLA

- **Dual aspect unit with access to rear private space**
- **Internal floor area 53 sq.m**
- **Kitchen separated from living space**
- **Laundry & bathroom combined**
- **Living area has access to rear yard**
- **Bedroom 13 sq.m**

OTHER DESIGNS INCLUDE

- **A 2 Bed Villa (internal floor area 68 sq.m)**
- **A 3 Bed Villa (internal floor area 102 sq.m)**
- **They all have the same inclusions as the 1 Bed Villa**

APPENDIX C

DESIGN GUIDELINES FOR VILLAS

BY

NSW DEPARTMENT OF AGEING DISABILITY AND HOME CARE (DADHC)

FLOOR PLAN – TYPE A VILLA
3 x 1 BED & 1 x 2 BED
FOR 5 PERSONS

KEY POINTS:

- **Adaptable according to AS 4299 – 1995**
- **Linear outdoor space**
- **Separate entries for visitors & cars**
- **Self-contained accommodations**
- **Separation of villas, communal room and office**
- **Good usable common courtyard and private outdoor spaces**
- **Roof-covered communal outdoor area**

Gross Floor Area:

- **345 sq.m (excluding parking & external areas)**

Minimum Site Dimensions:

- **25m x 51m**

Normal Block Size:

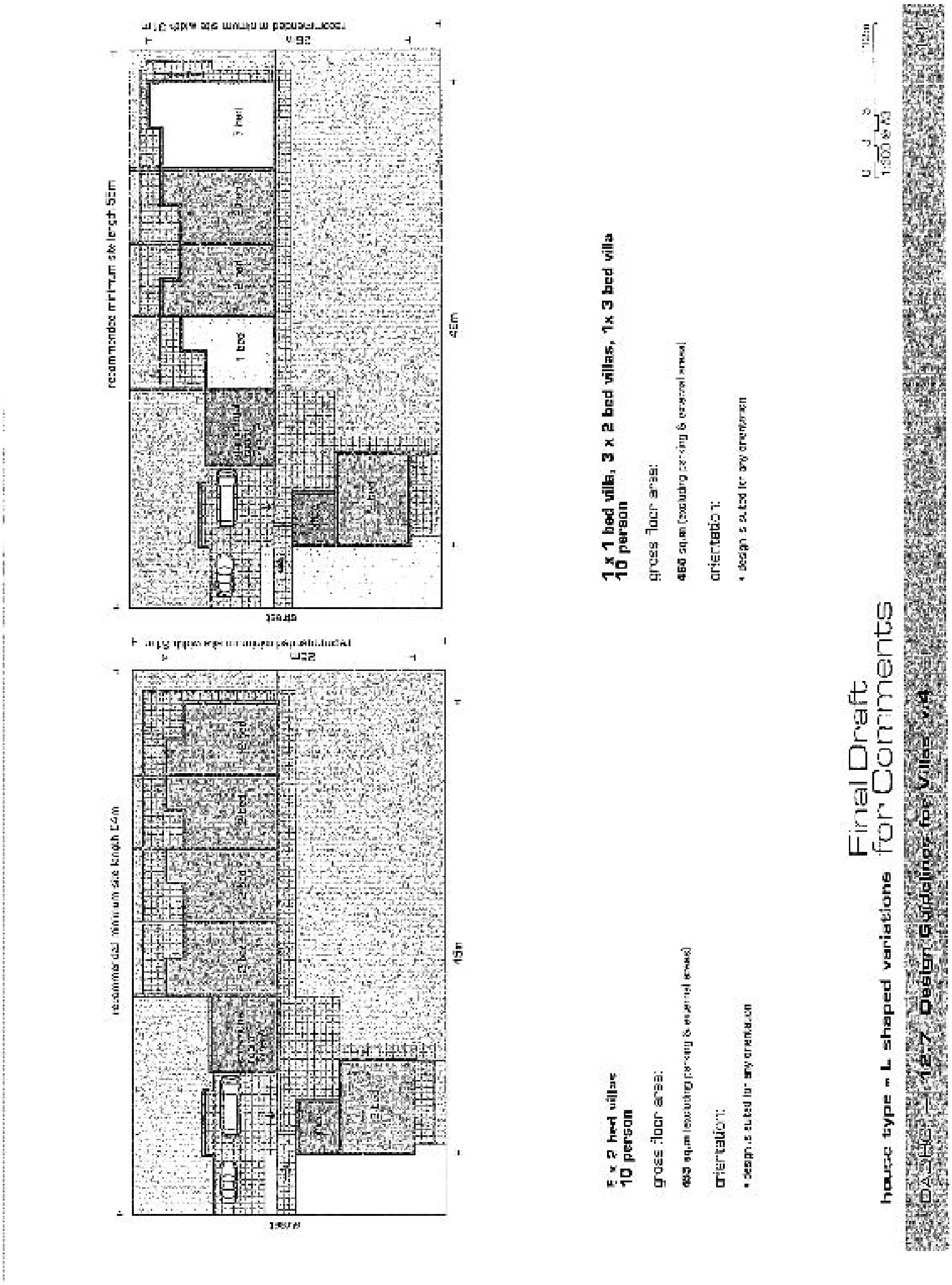
- **1300 sq.m**

Communal Room for 5 Persons:	Office:
• Floor area 46 sq.m • Seating for 5 people • TV screen & equipment storage • Kitchen at edge of living area • Toilet facilities at edge of room • Communal room for 10 people has a floor area of 60sq.m and the same inclusions as above	• Floor area 20 sq.m • Seating for 2 staff • Supervision of entrance & external areas • Record storage • Secure medication store • Shelving for printer/fax • Separate kitchenette • Separate bathroom

APPENDIX C

type A - 3 x 1 bed & 1 x 2 bed villas
5 person
nominal site areas:
legend
Final Draft
for Comments
house type - L shaped
BATHER - 42.7 Design Guidelines for Villas v4

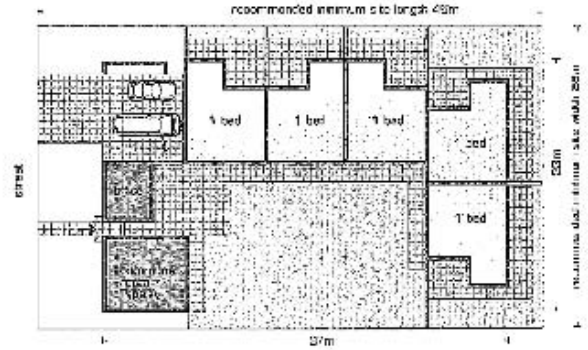
APPENDIX C



Final Draft
for Comments
house type - L shaped variations
5 x 2 bed villas
10 person
gross floor area:
orientation:
1 x 1 bed villa, 3 x 2 bed villas, 1x 3 bed villa
10 person
gross floor area:
orientation:
1 bed

APPENDIX C

type A – 3 x 1 bed & 1 x 2 bed villas
5 person
nominal site areas:
legend
key points
gross floor areas:
minimum site dimensions:
nominal block size:
Final Draft
for Comments
house type - courtyard
Design Guidelines for Villas



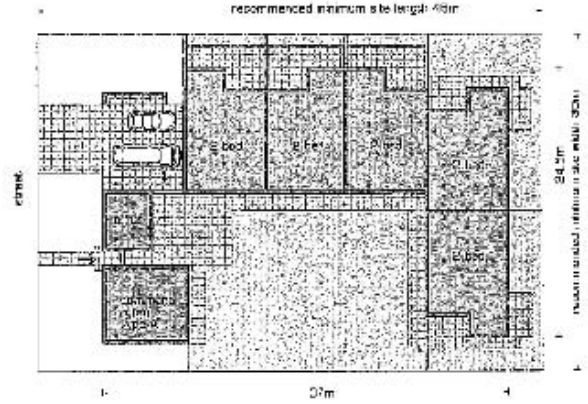
type B – 5 x 1 bed villas
5 person

gross floor area:

385 sq.m (excluding parking & external areas)

orientation:

non orientation specific



type C – 5 x 2 bed villas
10 person

gross floor area:

485 sq.m (excluding parking & external areas)

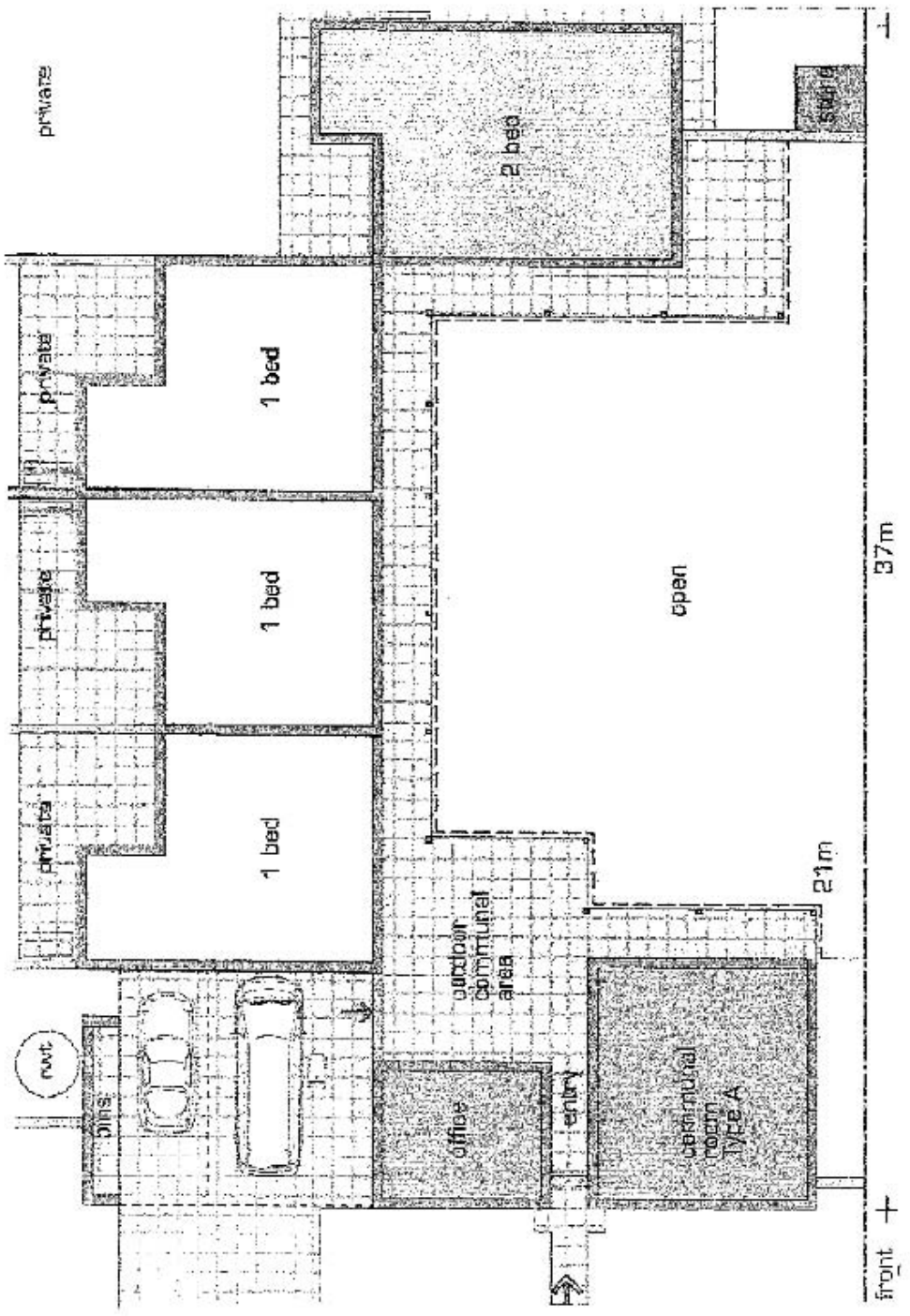
orientation:

non orientation specific

Final Draft
for Comments

house type – courtyard variations

APPENDIX C


private
2 bed
1 bed
private
1 bed
private
1 bed
private
open
37m
21m
canopy
communal
area
office
entry
communal
room
Type A
front

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