29 April 2011

Submission: Productivity Commission Draft Report

Disability Care and Support

annecto - the people network
81 Cowper Street
Footscray Vic 3011

Estelle Fyffe - CEO
Estelle.Fyffe@annecto.org.au
(03) 9687 7066

annecto congratulates the Productivity Commission on this important report, and welcomes the opportunity to respond to the Productivity Commission's Draft Report into disability care and support of February, 2011. annecto supports much of what is contained in the report and welcomes the opportunity for individuals to be more adequately funded.

annecto is a membership based incorporated association with a vision of realizing a more inclusive society and a mission to increase opportunities and choices in the community for people with a disability and their families. In the 2009/2010 year annecto assisted more than 6000 people. We have consulted with our constituency in the preparation of this response.

annecto supports the Australian Government's objective to develop a National Disability Strategy which aims to enhance the quality of life and increase economic and social participation for people with a disability and carers.

annecto supports the concept of the National Injury Insurance Scheme.

annecto considers this scheme does not demonstrate how it will enhance the quality of life and increase economic and social participation of people with a disability and their carers.

In addition, the proposed needs based assessment and entitlement base, establishes a welfare approach based as a cost to community, not an investment in community.

As **annecto** supports much of what the report is recommending, the **annecto** submission will focus on those aspects of the report we believe require more work, including;

- The benefits of focusing on strengths rather than a care/deficit model
- To whom the NDIS should report
- What it means to build individual and family capacity outside a 'disability service' system
- Innovative services transition to become enablers that empower and advocate
- The assessment tool
- Financial benefits of an entitlement model.

Our central point is that if people with a disability are to achieve their full potential as contributing citizens, the model of intervention needs to be drawn from principles of human rights and education/development, not from personal care. This is well documented in disability literature.

We wish to make the point that we are not supportive of the approach taken by the Commission which emphasizes the provision of 'care' services and not on all aspects of people's lives, such as education, employment and family support. A system which attempts to provide only care will ultimately fall into crisis as is currently the case.

This may seem a strange position given the undoubted value of personal attendant care services. Our point is that these services are only part of what is required for social inclusion and citizenship, and indeed are less necessary than other interventions for some people, notably but not only, those with an intellectual disability, who make up a large proportion of the population of people with a disability.

By creating structures for all people with a disability that ensures an entitlement to adequate and appropriate support, all Australians will be able to achieve their true potential through increased participation and productivity. In addition to benefits for the economy, many individuals and communities will also benefit.

We draw the Commission's attention to the ratification of the United Nations Convention on the Rights of Persons with Disabilities by the Australian Government on 17th July, 2008. Upon ratifying the convention, the Government obligated each of us to ensure and promote a persons entitlement to the full realization of their human rights. **annecto** again asks the Commission to consider the benefits for all people when support is provided as an entitlement, not dependant on one's ability to agitate for a share of rationed charity.

The Commission will note considerable benefits for the lives of the people involved. Benefits are also apparent for the society in which people live and the organizations with which they are linked. These benefits can be achieved at less cost than the current needs based structure.

Migration from NDIS to aged care support

annecto believes that supporting people in the community who have a long term disability should be provided by one system. Community based disability support should be accessed and assessed using consistent framework and delivery methods. This practice has been adopted by **annecto** achieving individual, organisational and societal benefits as we are able to use the same workforce for people with a disability and older persons. Organisations will benefit from this approach as they will be able to enhance their capability to support a broader cross section of people. People who are ageing benefit from the knowledge and skill developed in disability support – particularly in planning and person centred approaches. annecto has already successfully piloted a Consumer Directed Care program for older people based on knowledge gained supporting people with disabilities, families and carers.

Governance of the NDIS

The financial and insurance governance structure including attachment to Treasury is inconsistent with best practice governance of a support scheme which seems better connected to Medicare or Centrelink. The outcomes of a successful NDIS will have a range of benefits for Individuals, Organisations and Communities. Financial performance is an appropriate output to be measured, but not one of the outcomes used to evaluate success. The scheme needs to be aligned with a body which has a person centred and not financial imperative.

The benefits of focusing on strengths rather than a care/deficit model

Through entitlement, people who were previously identified as beneficiaries of a service system, will identify themselves and be identified by others as employees, volunteers, trainers or perhaps members of local Community Organisations.

When people have the right to employment, secure affordable accommodation and, real and meaningful inclusion in their community, most will focus on the responsibilities obligated with such rights.

annecto asserts that support for people with a disability may not be served best with a model predicated on care. **annecto's** preferred model of support is one which focuses on capacity building for individuals, families, organizations and inclusive communities. Assuming every individual can contribute and has ability to participate creates rich communities. The realization of this untapped potential leads to greater community resilience through an increase in emotional and physical wellbeing.

Much is known about how to achieve the above outcomes. Unfortunately, the current system is dysfunctional, only funding the most basic individual support. Many people see the solution in individual packages alone, without concurrent investment in communities, organisations and systems.

Case Study

A group of individuals with intellectual disability have been volunteering both in the class room and around the grounds at a local Primary School. One volunteer offers his support to maintain the gardens, while other volunteers act as classroom assistants in the prep and grade 3 areas. These connections have developed into reciprocal relationships resulting in the volunteers being recognised as part of the school environment and invited to concerts and special events on other days from their usual 'volunteering' day. One of the volunteers has established a relationship with a young girl from the class she helps. This girl now now takes a leading role in classroom activities.

Case Study

Unsure as to what he wanted to do once he finished school, 19 year old Mathew came to **annecto Job Connections** (an employment service for people with disability) for direction and support. As he felt he was lacking confidence, the first step was to build self esteem. Mathew's life and work goals were defined based on his strengths and interests and with help developing a resume he was successful in securing permanent part time employment. As a result Mathew's self confidence increased immensely and he is more financially independent, leading to other opportunities in his life - such as renting, buying a car, etc.

What it means to build individual and family capacity outside a 'disability service' system

In looking at any model that supports individuals to have flexibility and choice, it is essential that individuals and families have the skills and knowledge to confidently maximise any package afforded them as a result of a disability. A major emphasis therefore needs to empower individuals and families to plan how community and mainstream services can enhance their lives. In addition to planning support, individuals and families may need additional support such as financial management, employment and industrial relations advice.

Over the past 4 years, annecto has been facilitating two different areas of planning with individuals and their families. The Community Living Project has ongoing funding to work with families and individuals to build their capacity outside of 'services' by focusing on their community. The Working With Older Families Project involved shoter term planning, allocated on an hourly basis.

Please refer to the evaluation of these projects on page 6.

This comparison illustrates the benefits of planning orientated towards building individual, family and community capacity over a longer period of time.

Innovative services transition to become enablers that empower and advocate.

Organisations such as **annecto**, are enablers. Once seen only as disability service providers, increasingly organisations such as **annecto** enable greater community involvement. We recognize that many people connect or bond in different ways. Some will have limited circles of support such as family whilst others will have more extensive bonds with a range of Community organisations, workplaces, schools churches and more. **annecto** believes, in addition to providing individual and family support, we have an opportunity to facilitate bridge building between local organisations.

annecto believes that by developing partnerships with community organisations, more opportunities will exist to link people within the community. **annecto** believes that by creating a network of local organizations committed to the creation of opportunities for all people to participate in their activities, the potential of 000'000's of people will be realised.

In addition to supporting individuals and family members to shift their focus from disability/service specific support to general community facilities and services, funding should be available to ensure community facilities are physically accessible and staffed by people committed to ensure real and meaningful inclusion. Community and society are not universally waiting to welcome people with a disability. Community education, attitude change and increased knowledge and skills are essential to prevent 'community dumping' albeit inadvertently.

As more people have begun to choose to do those things they believe important, annecto has witnessed a reduction in systemic dependence on the service system.

Case Study

5 years ago, David attended a day service for people with intellectual disabilities with no responsibility or future plan. He lived at home with his ageing parents who worried what would happen when they passed away.

Today, David is a 52 year old man. While he still lives with his father he now has a plan. Through conversations with his family David has indicated that he wants to live on his own and over the past five years has learnt to use public transport, cook clean and now has meaningful employment. He continues to be well known in his local area, supported by neighbours and various local businesses and community groups.

David goes to his local newsagents to buy the daily paper and also has a "lucky" machine from which he purchases his Tatts lotto ticket. He uses the ATM at his bank and frequents the many coffee shops in his area, with each one now knowing what he orders (hot chocolate!!). He buys flowers from the local florist shop to place on his mother's grave. He also grabs a meal at the local fish & chip shop as well as the local club, uses the pharmacy, shops at Coles with his dad, visits the local GP, dentist and hairdresser and has joined a camera club in a nearby suburb.

Within his local community, David also borrows books from the library, attends guitar lessons at the community centre and volunteers at the Baptist church.

At times David uses specialised disability services which enable him to developed new skills to confidently do more things on his own.

Assessment tool

While the NDIS claims to not focus only on people's deficit's, the proposed assessment tool is one that focuses on deficits, ie what a person cannot do. Such an approach (even when used as a form of assessment) serves to reinforce that people who are perceived to have deficits are to be 'cared for'. Whilst we recognise the need for an assessment tool that records an individual's ability to perform tasks, physical and emotional challenges etc, language of the tools will further help change the perception that some people with a disability ought be supported to achieve their potential as distinct from "being cared for". Language that focuses on the value of an individual should not be underestimated.

For example; Some may focus on a person's current situation in which they may be living a life socially excluded, relying on a day to day existence and stuck in service world, where as a supportive environment would focus on a persons future aspirations, their strengths and how they wish to be perceived. The focus shifts from a care/deficit model to that of possibility and human rights.

The assessment should be based on the cost of plans which take into account a persons ability and potential. This can incorporate the development and use of informal social supports, and whole of life assessment including the cost of transition towards mainstream employment health and housing – thus increasing economic and social participation. This can and is being done throughout but constrained by the current bureaucratic system. The Auditor General's investigation into Individualised Support Packages found existing packages rarely meet people's needs due to the assessment and administrative processes. These processes are very similar to those recommended in the draft report.

Please refer to the examples of different modes of assessment on pages 8 - 13.

Based on a clinical deficit assessment we are less likely to enhance a person's life, as opposed to an assessment where we look for opportunities and potential that support a rich and meaningful life.

Financial benefits of an entitlement model

The following 4 examples of people with relatively high support needs, illustrate the possibility of significantly reducing the cost of support for people who would otherwise be placed in community residential units. The following are actual examples of people who moved or were diverted from, staffed supported accommodation to live in places of their own choices or are supported to live in a family home. You will note considerable savings have been achieved, by adopting a Strength/Rights based approach to support which has enabled all of the people included to live within their community.

- **Example 1** The annual cost of support for a middle aged woman who lived in a Community Residential Unit for many years prior to moving into her own home reduced from $61,811 to $48,186. This represents an annual saving of $13,624 and a cumulative saving of approximately $204,375 until this person reaches retirement age in 15 years.

- **Example 2** The annual cost of support for a young man with complex behaviour who moved from a Community Residential Unit to his own home reduced from approximately $300,000 to $93,635. This represents an annual saving of $206,365 and a cumulative saving of $9,080,060 until this person reaches retirement age in 44 years

- **Example 3** The annual cost of support for a man aged in his early 50's who was diverted from moving into a Community Residential Unit and is now living with his family at home, with plans in place to enable him live in his own home, is currently $30,235 as compared with a potential cost of $64,850. This represent an annual saving of approximately $34,615 and a cumulative saving of approximately $449,995 over 13 years until this person reaches retirement age.

- **Example 4** The annual cost of support for a man aged in his early 50's who was diverted from moving into a Community Residential Unit and is now living in his own home at home is currently $27,848 as compared with a potential cost of $64,850. This represent an annual saving of approximately $37,002 and a cumulative saving of approximately $555,030 over 15 years until this person reaches retirement age.

We wish to reiterate our support for the objective of the Australian Governments to develop a National Disability Strategy which aims to enhance the quality of life and increase economic and social participation for people with a disability and carers.

We do however wish to voice a concern that the scheme as outlined in the Draft Report does not demonstrate how it will enhance people's quality of life nor increase economic and social participation of people with a disability and their carers. We ask that the Commission reconsiders the proposed needs based assessment and entitlement base, as it establishes a welfare approach based as a cost to community, and not an investment in community.

Given that **annecto** has made several strong recommendations previously not included in the draft report which demonstrate improvements in the quality of life for many people, we are pleased to extend an invitation to the Commissioners to meet with and share in more detail, a number of changes that will directly benefit, people with a disability, carers, organisations and society.

We thank the Commission for the opportunity to respond to the draft report.

Community Living

Community Living has focused on long term planning with 11 people and their families, developing circles of support (where appropriate) and formed a peer support network (based loosely on the Key Ring model) and looking at where people might live (specifically working on how to stay outside traditional accommodation models).
A facilitator works alongside the individuals and their families, and has done so since 2005. Everyone who participated were at risk of moving into a CRU/SRS if anything happened to them or their parents.

Working with Older Families

Working with Older Families Project was developed in response to the large number of ageing parents, whose son or daughter attended **annecto's** Day Program, who were concerned about what would happen to their son or daughter when they passed away. 20 families were identified and allocated $5000 Respite Packages through ISP funding.
A facilitator worked with the individuals and their families through ISP planning, beginning the pilot in 2006. Not a lot of future planning had been done with any of the individuals or families, and again people were at risk of being placed in traditional accommodation and disability services if anything happened.

Aim/objective

The focus is on supporting people to have/look/choose alternative accommodation to CRU's and SRS.

Plan with ageing parents who have a son or daughter living with them, specifically where there had been little discussion about what would happen if the parents passed away. Another objective was to look at what supports (paid and unpaid) were needed to support the planning.

Method/approach

- Essential Lifestyle Plans developed for each individuals (ongoing)
- Individual Support Packages secured for each individual (planning also completed through ISP) to ensure plan able to be resourced appropriately
- Facilitator developed (where people identified) Circles of Support to help people work through their plans with family, friends and people who know them well
- Peer support network set up through a Community Kitchen where everyone gathered once a month to shop, cook and eat a meal together – this has changed and now those in the gathering have decided to go out to restaurants (trying different foods).

- 60 hours of Planning completed with each individual and family within the ISP planning guidelines – each plan is then reviewed initially yearly and now every three years under the new legislation
- Each package was allocated $5000 worth of funding.

Community Living	Working with Older Families
Results (what happened/is happening):	
Everyone has plans, 4 people have formal circles of support (the others have informal), ongoing discussion and reviews take place of plans and what is happening in people's lives, people are doing different things in their lives (ie joined gyms, football clubs), 1 person has moved out of a CRU and into her own home, 2 people continue to live in their own home, and 5 people live at home with their parents but will inherit the family home when they pass away or live with family members. All of this has been done with strengthening supports and relationships to safeguard if anything happens.	All 20 families/individuals have an ISP plan with a package of $5000. The plans are reviewed every 12 months or 3 years, or as required if things change dramatically.
Lessons learned	
• Individual planning and support resourced appropriately • Opportunity to discuss the future – hard discussions about death, financial planning with families, wills, housing • Strengthening and developing of meaningful friendships, family relationships • Being part of meaningful groups within the community (generic services).	Working with people and families takes time - ISP planning does not allow enough time to gather information, form relationships and support families to look at supports that they have never thought of before.

E.g. the Facilitator of the CL has had a longer period of time to plan, develop circles of support, develop relationships, build trust (over 3 years) and when something happens, ie a parent goes into hospital, it is not an emergency and the person is supported either through family, friends or paid support. The Facilitator of the Working with Older Families only had 60 hours of planning with families and then stepped back from involvement in planning/implementation until a review occurs. As a result of the lesser involvement with families (trust, building circles etc), when a crisis occurs (ie parent gets sick and goes into hospital) there is an emergency and for 4 people where this has occurred they have all gone into respite houses, and/or relied purely on paid supports (usually crisis driven funding from DHS).

Person A - Deficit based assessment model

[redacted]

[redacted]

CLIENT: [redacted]

DATE OF BIRTH: [redacted]

ADDRESS: [redacted]

DATE OF CONSULTATION: [redacted]

[redacted] **CONSULTANTS:** [redacted]

Reason for Referral

[redacted] was referred to the [redacted] clinic due to an escalation in [redacted] challenging behaviours, including use of crude language, shaking with rage, making verbal threats and invading staff's personal space. It is reported that these behaviours are impacting on [redacted] health and his ability to participate in everyday activities with other people and in the community. Staff and some clients are concerned about [redacted] escalating behaviours.

Background

[redacted] is a 62-year-old man with a mild intellectual disability. [redacted] is an only child who lived with his parents up until his fifties. Following the death of his [redacted], [redacted] moved into a respite unit. He was reportedly very unsettled and unhappy there, and moved back into his family home. [redacted] mother died sometime thereafter. [redacted] currently resides alone at his family home with the support of outreach workers. It is important to note that [redacted] had not attended any services outside of his home while living with his parents.

[redacted] currently attends [redacted] day placement. He is involved with a variety of group activities, including basketball, surfing and roller-skating, meals on wheels delivery, buying the milk, photocopying and watering the garden. Staff described [redacted] as hard working, fit, knowledgeable (with a good memory), compassionate, helpful, co-operative, considerate and interested in people who are vulnerable (such as babies). They noted that [redacted] shows particular affection for one client by putting his head against the client's head, patting his hand and talking to him. They also noted that he is starting to understand and appreciate the need for personal space. It is reported that [redacted] gets on well with different staff at [redacted].

[redacted] has diabetes, hypertension and psoriasis, and is currently uses a number of medications, including blood glucose lancets, Diabex (anti-diabetic), Minidiab (anti-diabetic), Panamax (analgesic & anti-pyretic) and Tritace (ACE inhibitor, anti-hypertensive). Some concern was reported with the management of his diabetes. For example, it is reported that [redacted] often chooses food or drink that he should avoid or eat in small portions. When questioned, [redacted] reportedly responds that it's OK because he is only having a small amount but then continues to consume a large quantity. It is important to note that [redacted] has been described as a voracious eater who places large amounts of food into his mouth at any one time.

[redacted] sleeping pattern is largely unknown. It is reported that [redacted] lights are on in the lounge room on some mornings, giving the impression that [redacted] has been in that room all night. Sometimes [redacted] is very tired when he arrives at [redacted] and sleeps for a couple of hours. Sometimes he sleeps following an outburst of anger (~~at~~ [redacted]).

[redacted] has a relatively small social network, consisting of his ~~cousin~~ [redacted] and her children. It is reported that [redacted] manages [redacted] finances and does his weekly shopping. [redacted] children remain in contact with [redacted] It was reported that [redacted] does not have any friends.

[redacted] likes social events/activities, AFL football, going on camps, going to live shows, working bees and keeping busy, food including pizza (which he reportedly is obsessed with), history, physical activity, and clothes including t-shirts, hats and associated logos.

Behaviours of Concern

[redacted] is described as having a number of challenging behaviours that staff are concerned about. He is reported to get very angry, including becoming red in the face, shaking with rage, invading personal space and making verbal threats to harm. He is also reported to swear and use crude language in public situations, and to fixate on a problem area (resulting in emotional escalation). It is reported that these behaviours occur one to six times a week, and have been occurring over many years (only to have escalated in the past few months).

Staff reported one incident where [redacted] had brought a knife into day placement. This was particularly concerning for staff, since [redacted] had made verbal threats in the past such as "I'm going to kill you, cut you". Staff managed to take the knife off [redacted] without further ado.

Antecedent Analysis

The antecedent analysis attempts to identify the conditions that influence and/or 'trigger' the problem behaviour. [redacted] is reported to exhibit the above challenging behaviours when he doesn't get his own way or when something has upset him. This includes being told 'no' or to stop doing something, being told to do something which he doesn't like, and when staff are unable to fulfil his request. The above challenging behaviours are also likely to occur in the presence of perceived authority figures (for example, staff), if [redacted] is presented with a difficult task, if he is interrupted during a desired event, if a stern request/comment/reprimand is given, and if there is a change in his normal routine. There may also be a link between [redacted]s sleeping pattern and his challenging behaviours. It is reported that [redacted]s challenging behaviours are just as likely to occur at any time of the day.

Possible Reasons for the Behaviours

There are a number of possible reasons for [redacted] challenging behaviours. These include:

- Drawing attention to himself (albeit negative) (which may be 'rewarding' for [redacted]).

- In the past, [redacted] may have effectively used his challenging behaviours to gain access to tangibles or preferred activities and thus, he may be utilising these behaviours in an attempt to gain access to such tangibles or activities.

- [redacted] sometimes sleeps after an anger outburst. It's possible that, at times, he exhibits challenging behaviours to gain access to sleep (i.e. to gain access to a preferred activity).

- He may also be using these behaviours to escape, delay, reduce, or avoid aversive tasks or activities (such as avoid doing a task he doesn't like).

- [redacted] may be exhibiting these behaviours as a means of expressing or communicating his anger (albeit unconstructively) in response to perceived unjustness or perceived threat.

- He may also be exhibiting these behaviours as a means of expressing his feelings of discontentment associated with a poor sleep pattern and/or poor diabetes management.

Outcome/Recommendations

The following recommendations are a summary of possible intervention strategies to reduce [redacted] targeted behaviours either directly or indirectly. These suggestions are not meant to be exclusive of procedures that are currently being found successful. They are a set of ideas that can be considered when modifying or developing your approach when attempting to manage [redacted]

- Build a rich set of activities into [redacted] day. It is suggested that the team consider creating an activity-sampling list.
    - Support workers would need to generate (or continue to generate) a list of possible activities for [redacted] to sample.
    - Activities that are sampled should be carried out in a friendly manner.
    - [redacted] reaction to each of these activities (positive, negative, neutral) along with his proficiency in each should be recorded.
    - Once [redacted] has shown a preference and proficiency in an activity, the activity should be included in a strengths list and interests list.
    - [redacted] and his support workers would then need to utilise the strength and interest list to introduce a variety of activities and chores for [redacted] to carry out throughout the day.
    - The activities should be drawn up from a range of domains. These should include daily living skills, personal skills, domestic skills, socialising skills, play, and leisure skills.

- [redacted] behaviours can create a negative impression of him as a person. Support workers should concentrate on his strengths. Help [redacted] to develop competences in areas of relative strength (as described above). Use liberal praise to motivate [redacted] to want to develop new interests and skills. This will have a positive effect on [redacted] and on those who work with him.

- Work on the competency cycle.
  The person has a disability -> see the person's strengths -> positive expectations -> opportunities provided -> positive experiences -> more skills developed -> see the person's strengths

- Conveying warmth and sincerity towards [redacted] will facilitate ease of interaction and enable him to believe that carers genuinely care about him.

- Support workers should be aware of [redacted] changing needs. His day program and activities should reflect his general health and his levels of engagement - it is recommended that [redacted] should only be asked to take part in activities he enjoys. This may mean a review of the current frequency and duration of his day program.

- [redacted] may respond well to being placed in charge of certain activities. Not only will this facilitate his social inclination, but it may also increase his sense of worth and self esteem. Similarly, 'status jobs', such as collecting cups or relaying messages can facilitate increased feelings of worth and self esteem.

- Natural consequences need to be in place for inappropriate behaviour. For instance, if [redacted] produces a knife during day placement, call the police; if he swears, ask him to leave the room. It may be useful to develop such consequences in consultation with [redacted]

- Use a Picture Sequence Board to depict all of the activities/tasks [redacted] will be involved in over a week. This will help [redacted] to know what is happening next in his day and may allay any confusion or anxiety he experiences. Support workers should also consider using a photo board to indicate to [redacted] who will be working with him. Anticipate difficulties for [redacted] with regular reminders that help locate him throughout the day i.e. where he is, who you (support worker) are and what is happening next. You may adopt the following guidelines is developing a sequence board:
    - Identify the routine you would like [redacted] to be informed about. (e.g., activities at day placement).
    - Think of a symbol that will represent that activity or task for [redacted]. For example, you may use a swimming cap to identify swimming. However you should only use the swimming cap if [redacted] uses one when he goes swimming.
    - Collect photos, pictures or objects to represent each activity or task.
    - Laminate photos and put Velcro on back.
        - Place photos, objects or pictures on a carpet board in sequence.

- If [redacted] starts to become angry, redirect/distract his attention. For example, "Would you like to sleep?", "Would you like to lie down?", "Do you want to go outside?", "Do you want to be on your own?", "Would you like to go for a walk?", "Would you like a drink?" (or whatever you think would work with [redacted]).

- You could also try to calm [redacted] by encouraging him to relax. This might include saying to him "Calm down [redacted]", "Keep cool", "Stay cool", "Take it easy". Encourage [redacted] to use and repeat such a statement.

- In addition, encourage [redacted] to take a few slow, deep breathes when he starts to become angry. This can also help to calm him.

- If [redacted] starts to become angry, it may also be useful to ask him what's wrong. If possible, attempt to problem solve the situation before it escalates.

- If [redacted] anger continues to escalate and reaches 'boiling point', use no more than five words in a sentence and no more than five letters per word when communicating. [redacted] hearing will be significantly reduced and he will respond less to lengthy verbal instructions. Try and repeat the above calming statements. Ensure you speak slowly and clearly (rule of 10 - count to 10 between each instruction). If possible, remove others that have triggered his behaviour.

- Once an outburst of anger has past, reinforce calming behaviour. For example, "You're calming down, good", "You've stopped shaking, good", "Thanks for speaking in a calmer voice", "Thanks for cooling down". It's also useful to reinforce calming behaviour prior to an escalation of anger.

- In addition, use active listening and positive unconditional regard once an outburst of anger has past. For example "It's alright [redacted]", "I'm here for you", "It's over", "Let's move on", "It's not worth getting upset over", "That's the past, think of the future".

- If [redacted] invades your personal space, say to him "[redacted] stay there" (coupled with an open palm faced towards [redacted]), take a step back and ask him what's the problem. Repeat this procedure if necessary.

- Recognise words and phrases that may be provoking, in [redacted] case one such word is "no". Try using alterative words suggesting a similar meaning to [redacted] For example, "Yes, later", "Yes, after dinner", "First do this", "[redacted] please wait". Avoid using harsh tones and raising your voice as this may lead to greater intensity of the behaviour.

- Similarly, instead of saying you can't do something, offer things he can do. For example, instead of saying "No [redacted], you need to leave that there", you could say ""[redacted], would you like to leave that and help me".

- [redacted] may enjoy working on some of these issues through art therapy. A process to consider may be to:
    - Help him identify anger triggers
    - Use visual cues to depict them
    - Look at bodily responses
    - What goes through your mind/What thoughts do you have?
    - What do you do? (Actions) What happens to you? (Consequences)
    - Use Com Pics
    - Model other ways of managing difficult situations

- An assessment of [redacted] independent living skills should be conducted by his outreach workers and day service so that deficits can be worked on and strengths encouraged. Independent living skills might include (but is by no means exhaustive) self-care (e.g. plans & prepares meals, uses utensils properly, dresses self, showers), home-living (e.g. completes household tasks/chores, awareness of home safety precautions), travel (e.g. can use public transport, road safety) and communication (e.g. asks for help, can call 000 in an emergency). This will be valuable in further developing [redacted] competencies with everyday living tasks. This could also be valuable for any future day placement if or when it is needed.

- The Companion Card should be sought for [redacted]. The Companion Card is issued to people with a significant, permanent disability, who can demonstrate that they are unable to access most community activities and venues without attendant care support. The card contains a photograph of the cardholder and can be presented when booking or purchasing a ticket at events and venues, provided the cardholder requires attendant care support in order to participate at that particular activity. Participating organisations will issue the cardholder with a second ticket for their companion at no charge. The Companion Card Information Line 1800 650 611 can organise for a document to be sent in the mail. Alternatively, you can download this document through the following web address: http://www.companioncard.org.au/cc/index.htm.

- [redacted] is a 62-year-old man with the same feelings about loss and grief as all of us. [redacted] will have a sense of loss for the companionship and special understanding with his parents and for the predictability of the life he once lived. Ensure [redacted] has lots of family reminders like photos, pictures and regular discussions about mum and dad. Observe family anniversaries and important days (birthdays, mother's and father's day etc).

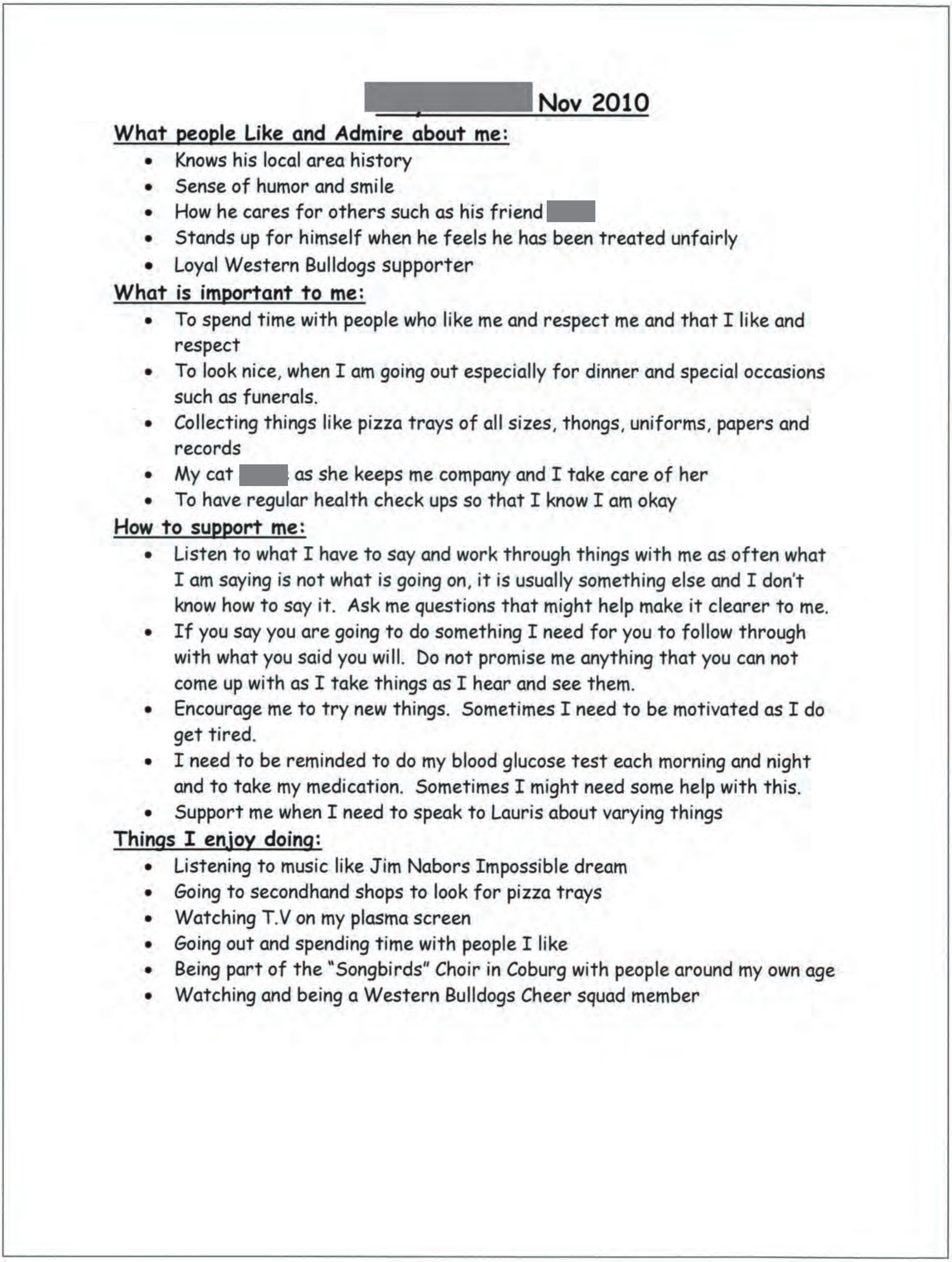
- It is recommended that a review of [redacted] medication be performed. This can be undertaken by the Centre for Developmental Disability Health Victoria (CDDHV), Suite 202, 3 Chester Street, Oakleigh, VIC (telephone: 9564 7511). Note: [redacted]

- For information regarding the management of [redacted] diabetes, contact Diabetes Australia Victoria (telephone: 1300 136 588).

- Recording Chart for Sleep:
    - It is recommended that outreach workers keep a sleep diary or chart that includes such information as bedtime, arising time, daytime naps, frequency of night awakenings to gain a better understanding of [redacted] sleep patterns. If [redacted] sleeping pattern appears unusual or is of concern, raise this issue with a doctor.
    - An example of a Sleep Chart is attached.

It is important that all support workers have the opportunity to read the report and that a consistent approach is adopted to manage [redacted] behaviours.

Person A - strength based assessment model



[redacted] Nov 2010

What people Like and Admire about me:

- Knows his local area history
- Sense of humor and smile
- How he cares for others such as his friend [redacted]
- Stands up for himself when he feels he has been treated unfairly
- Loyal Western Bulldogs supporter

What is important to me:

- To spend time with people who like me and respect me and that I like and respect
- To look nice, when I am going out especially for dinner and special occasions such as funerals.
- Collecting things like pizza trays of all sizes, thongs, uniforms, papers and records
- My cat [redacted] as she keeps me company and I take care of her
- To have regular health check ups so that I know I am okay

How to support me:

- Listen to what I have to say and work through things with me as often what I am saying is not what is going on, it is usually something else and I don't know how to say it. Ask me questions that might help make it clearer to me.
- If you say you are going to do something I need for you to follow through with what you said you will. Do not promise me anything that you can not come up with as I take things as I hear and see them.
- Encourage me to try new things. Sometimes I need to be motivated as I do get tired.
- I need to be reminded to do my blood glucose test each morning and night and to take my medication. Sometimes I might need some help with this.
- Support me when I need to speak to Lauris about varying things

Things I enjoy doing:

- Listening to music like Jim Nabors Impossible dream
- Going to secondhand shops to look for pizza trays
- Watching T.V on my plasma screen
- Going out and spending time with people I like
- Being part of the "Songbirds" Choir in Coburg with people around my own age
- Watching and being a Western Bulldogs Cheer squad member