Whole of Life 'Person-Centred Plan' Activities Booklet

Families as Planning Partners Course 2019



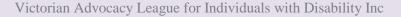
Empowering families with supporting their family member to have a good life

VALID

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Activities based on tools from 'The Learning Community' (www.elpnet.net), with instructions written by Christine Scott, VALID Inc. Please seek permission prior to using in any other formats or presentations.

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INTRODUCTION - Being Person-Centred

Person-Centred Support starts with **changing our thinking** from the traditional support approach to one that puts the person with disability as the focus of all that we do.

Once we change our thinking around, we should start to provide support (and eventually manage services) in a different way. This way says it should be more about what the person (and their significant carers) want, need and dream of, not about what is easy for the staff/service or is the cheapest to provide.

Our every action should be person-centred, whether it is supporting with personal care and ensuring we respect the person's choices and dignity as we do it, or empowering someone through a decision-making process. If the person's wishes and goals are not forefront in our minds when we are supporting them, then **we are just doing a job** rather than empowering people to live good lives and reach their potential.

Similarly, with planning, if it is done from what's easiest for the planners, rather than how can we ensure that the person is empowered to be as involved as much as they choose and, in a way, that they feel comfortable, then a plan is not person-centred, but service-centred. An effective person-centred plan provides the 'voice' of the person and the information required to support them live a good life and achieve their dreams, no matter how mundane the dream may seem.

IMPORTANT TIPS for how to Write your Content

- try to forget about 'deficits' & what a person can't do, rather focus on their strengths & how we can assist the person to succeed.
- write points in a positive manner ("don't get too close or he will hit you" - instead "ensure you respect his personal space")
- write in age appropriate terms eg. don't use nappy for adults
- only include things that **are respectful**, e.g. in *Great things about Chris* "Chris is good at computers but staff won't let him use one" is obviously inappropriate. for an on-going plan, but is an issue that needs resolving
- ensure that info is respectful of the person's dignity & privacy. Your benchmark is if the info was about YOU, would you be embarrassed? eq: staff should make sure that Chris doesn't pick her nose
- remember to **not use 'I'** unless the person has said or is well known to like or want that item or activity

eg. "I want to do an hour of walking each day to lose 10kg" - is not likely to be what a person who has limited communication would say. Instead - "It is important for Chris to lose weight by walking each day for up to an hour"

NOTE: more detailed info on the use of 'I' in separate handout on your USB



KEY:

Your Whole of Life plan is not only useful for

- planning for what you need now & where you're going in the future
- working out what strategies to use & how
- information for staff in how to care for the person
- ensuring all the knowledge you have is documented 'just in case' someone else has to take over primary care



BUT your plan also support's you with information for your NDIS Plan

PCP activity	Key NDIS Plan section	NDIS process
What you have now	Profile: About Me Profile: Informal Supports Funded NDIS Supports: what's reasonable & necessary now	Pre-planning (before plan meeting) Plan meeting - negotiating for what's funded
What are the Gaps?	Profile: About Me Funded NDIS Supports: what's reasonable & necessary but is missing (things you need funded that are necessary to support the person well)	Pre-planning Plan meeting - negotiating for what is required in funding package
History	Profile: About Me Funded NDIS Supports: provides points on what's been tried & what's necessary to support the person well	Pre-planning Plan meeting - negotiating for what is required in funding package
What Works Well & What Doesn't Work Well	Profile: About Me Funded NDIS Supports: provides points on what's been tried & what's necessary to support the person well	Pre-planning Plan meeting - negotiating for what is reasonable & necessary to be funded in package
Likes & Dislikes	Profile: About Me Profile: My Goals	Use to provide participant 'input' into what they want in their life
Goals & Dreams	Profile: About Me Profile: My Goals	Ideally pre-planning Key part of plan meeting
What's Important To	Profile: About Me & Profile: My Goals Highlights the non-negotiable things that the person loves & wants in their life	Ideally pre-planning Plan meeting - negotiating for what
& For	Funded Supports: highlights everyday supports that need funding to assist the person function as independently as can in daily life	is reasonable & necessary to be funded in package
Great things about	Profile: About Me	Pre-planning (before plan mtg)
How best to support?	Profile: About Me Funded Supports: highlights the most effective strategies & the preferences of the person in how they are supported	Use to stress the most important things for the person & funding. Also use for 'orientation' of new staff
People who support me well are?	Funded Supports: highlights what's necessary to be funded eg worker training)	Use for selecting services to buy staff from &/or selecting staff from service

What do you have NOW?

Write a list of the services you receive and any other supports you currently (i.e. now) use and include ALL sources, even things that you pay for yourself:

- disability services
- therapy
- transport e.g. centre bus, parents drive to/from
- equipment e.g. pay for orthotics self; SWEP wheelchair
- respite regular & emergency
- community orgs. e.g. scouts, disco
- continence aids

How are these services & supports funded?

Add where the funds come from on the right hand side.

If you don't know where the funding comes from, ask people in the services that you use where it comes from.

Example 'Now' list

What do we hav	ve NOW?	
Type of service/support?	Amount & frequency?	Who funds it?
art group at Community House	Thurs 1 hour/wk	fees self-funded / mum drops off / volunteer supts during
holiday program YMCA	20 hours year	carer respite program
Day Program 'White Service'	4 days week (24 hrs)	NDIS 'standard group' rate
- taxi to White Service individual activities community	4 days 4 hours week	Mobility Allowance / self NDIS 'standard 1:1' rate
- worker picks up & drops back	2 trips (av. 25 kms)	NDIS 1:1 rate + 25 kms \$1/km
Black St Respite House	24 overnights year	High St house, Green Service - daily fee paid by self
Continence consumables	annual \$1500	NDIS funds via SWEP
wheelchair & maintenance	repairs if needed	NDIS funds via SWEP SWEP (S/W Equip Prog)

What do we have NOW?



Write out what you receive now from ALL sources eg. disability services; therapy; transport; equipment; case manager; Support Plan; & funding source eg. self, ISP

Type of service/support?	Amount & frequency?	Who funds it?
art group at Community House	Thurs 1 hour/wk	fees self-funded / mum drops off

Session

The 'Now' using **Weekly Schedule & Contacts**

Day	Morning	Daytime	Late pm/ evening	Overnight
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

	Things I like!	Things I don't like!
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• (optional (Use if not covered elsewhere

Likes, Dislikes and Goals?

Use this activity if you

- haven't covered it elsewhere
- just need to note down somewhere your thoughts so you don't forget
- are struggling to identify your/your family member's goals

Once you've identified something you/individual 'likes' ask yourself "why do they like it"? The answer is usually a good point that you can either use as a 'goal' (pg 11) or 'works well' (pg 9) or 'a how best to support' (pg 17). Similarly, if you ask "why don't they like XX' it can sometimes lead you to points for 'what doesn't work well' (pg 9) & 'how best to support' (pg 17).





GAPS

What is missing that you need?

Questions to assist you identify 'gaps':

- What is **missing** in the supports you currently receive?
- Think about what you would purchase if you were given funding for further supports for your family member?
- What would make a difference in your family member's life?

Gaps Examples might include things like:

- overnight or weekend activities that are enjoyable for your family member, but also give you a break (i.e. respite)
- new equipment
- well trained staff that can assist with community-based activities
- permanent accommodation that suits needs

Things to Figure Out?

These things should become clear as you do the activities in this booklet. They are things that you know are problems or are concerning you but you don't know who, how or what to do to sort it/them out.

Examples will vary enormously from small but important things to major problems and might include:

- inappropriate or non-existent suitable transport
- staff lack of training and/or consistency of staff e.g. new staff all time
- finding appropriate respite to suit needs
- problems at school or at Day Program

Actions??

Similarly, things you need to do immediately or things you should do to prepare for transition e.g. for the NDIS, should become evident as you do the course and activities in the booklet.



When you think of something you should do, then write it in this section so you don't forget them. I start you off.......

finish the key sections of your 'whole of life' plan!!

What GAPS in support do you have?



Some eg's: 'What DON'T you have now that you wish you had?'
Also add any barriers or concerns about the support you have now.

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What Works Well & What Doesn't Work Well

Write out the things:

- that work well......when supporting your family member
- that DON'T work wellwhen supporting your family member

Questions to assist you think about what works & what doesn't.

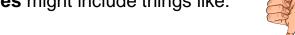
What makes a day a good day? (Works well strategies)

What are the things you must do to make things go well?

What triggers off difficult situations? (these creates a 'bad day')

What are the 'potholes' that you can assist others to avoid? eg. crowds

What Doesn't Work Examples might include things like:



- raised or loud voices
- negative people, pressure &/or being rushed
- ignoring &/or leaving him/her out of what's going on
- breaking routine
- new people &/or people who are unfamiliar with his/her needs & preferences

Turning What Doesn't Work into things that work....

e.g. if boredom doesn't work, now we know this, we can create a 'Works Well" of "using interactive activities that he/she enjoys"

Works Well examples....

- allowing him/her to stick to their routine
- encouragement
- interactive activities
- favourite activities such as XXX
- giving time to respond to question
- giving information about what is going to happen in accessible way
- good night's sleep
- giving choices (be specific & add clarification such as, using real objects or between two things only or in a calm voice)



What doesn't work well? **What works well?**

Getting ready for Conversations with the NDIA

Session 2

Who are you going to involve in your NDIA planning?

Information gathering
Who knows your family member the best that you could gather information off?
NDIA Plan development
Who could you ask to assist you to prepare your information and/or plan ready for the conversations with the NDIS planner or LAC?
Who could you ask to support you or your family member in the NDIA planning meeting/phone call?

Making your case for what is reasonable and necessary to be funded.

One of the key sources of information to back up your case for why supports are necessary is your *What Works Well & What Doesn't Work Well*. It provides the things that haven't worked & the things that work (i.e. what is necessary & in what way). Your *What Doesn't Work Well* highlight the things that things that are important to avoid in the way support is provided, so it is the evidence for what is 'reasonable' in your works well list.

e.g. What doesn't work well may be groups of people & noisy situations, this is evidence for why one to one support is reasonable request for support

Similarly, 'What is Important TO' provides information that support the participant's goals and on 'the necessary' things that makes strategies work i.e. makes support effective.

The 'What is Important FOR' is the key list of what is vital (necessary) for supporting a person in daily life and it is the minimum of practical things that are 'reasonable' to provide good care and a 'good life'. So these things become your 'evidence' and rationale for your case to the NDIS about what is reasonable and necessary to be funded in the plan.

e.g. It might be important for the participant to have staff who are familiar with their behaviour management strategies & this makes it reasonable & necessary to have 'Shadow Shifts' in your hours; Behaviour Management Plan (BMP) review & maybe staff training in BMP.

History

relevant facts that maybe only you know & others should be aware of to successfully support the person well Kov things from 'the story' of your family mamber.



UIII	ngs from the story of your family member	
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CORE if transitioning e.g. to new accom or new services

History?

Write down key things about the history or if you like 'the story' of your family member, that others should know in order to appreciate them as an individual and provide support effectively.



These things will be vary greatly for each individual, but some ideas of areas you might include are:

- what type of school person attended e.g. mainstream, special
- how they have got along in the past e.g. teased, loved school
- health and wellbeing issues
- who they've lived with e.g. parents, institution
- difficulties e.g. been in car accident so impacts where they sit in a car
- good things they've experienced, e.g. attending Bulldogs Grandfinal

Great things about (enter person's name)

In this section, include strengths, abilities & talents of the person including:

- What they like about themselves (good to ask them)
- What they are good at (strengths)
- What others like/admire about them (again good to ask others)
- What are their abilities and talents (even what seems 'small' are key)

This may be difficult for some people who have not thought in this way before i.e. used to telling system what 'can't do', but have a go & then go home & ask others.

A few examples include:

- good sense of humour

 has a great smile
- good at computers
- being a good friend
- good at making everyday choices
- is neat & tidy

What others like & admire about (enter person's name)!

It is also a good way of seeing your family member (or self) through other peoples' eyes,

So be brave and ask others what they like and admire about You are likely to be surprised and delighted with the things that other people say.

You can ask via a note with no obligation to return it, and include a page with the heading on it or ask them via text or email. Is up to you what you are comfortable with. People you could ask include:

- immediate and extended family, e.g. sibling, aunts/uncles,., grandparents
- key workers
- school staff
- agency staff from the services used, e.g. Day Program, Respite
- friends from clubs, groups and other activities they attend



Great things about

eg's to assist you... good at 'xxx' ??; sense of humour, gets along with most people; artistic; great laugh

Gifts, Strengths, Capacities etc.

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Have a go at writing up your family members' and your 'story'

My Profile	Session 2
What I want people to know about me.	
Date of Birth	V
Current contact details	
About Me	
	Where I live & the people who support me can include: - who live with - people who provide care & support (when & how) - lack of support or things that haven't worked
	My Daily Life - getting ready for the day? - where & what do during the day - how get to activities - activities do for recreation or socially - issues that family/carers are dealing with - favourite activities

From your Now list fill in the non-NDIS funded supports that your family member and you utilise

My Profile continued

Summary of Your Story

Why is this important?

- to backup what \$\$ you're requesting
- workers change, so provides key background

Profile: About Me & Supports

- where I live; info on daily life; services used
- the people who support me
- > services & community supports used

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	VALUE
These are the supports that will he	elp me work towards my goals.
Family and friends	
,	
Services and community in	avolvoment
	Voivement
• GP	
PaediatricianPhysiotherapist	
• School	
Youth Group	
• Clubs	

Goals & Dreams

My dreams

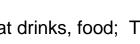
Some families will know this info straight away, but others may not have thought about this and therefore it may be difficult.

It also may be difficult to know a person's goals & dreams where they have a significant communication impairment. But I would encourage you to even think of the things that they love as part of their day/life, eq. go to Day Program; see their extended family; as these are at minimum, (if they love it) their goals.

If you can't think of anything then do the 'likes & dislikes' list on page **10** – the things that a person 'likes' can become the starting point for their goals..... then build on this over time.

Remember 'goals' don't have to be grand or long-term eg. go to Disneyland or have own house, you can start off with 'everyday' goals, like the things that a person likes eg:

- To go to school/work/Day Program to see their friends
- To going swimming
- To go to the disco
- To spend time with family
- To live with his/her friends/family
- To be able to make everyday choices eg. what drinks, food; TV shows or activities they'd like







Your Goals for Them

However, if you try and you can't work their goals out then use the second heading and insert your (ie. the family's) goals & dreams for the person, eq. to be happy living in the community. This is something you'll need to do anyway, but it may be easier to start there.

Helpful Questions

Some questions that may assist you to think about goals:

What does your family member love to do eg. art, music?

What do they want to do in the future?

Where do they want to live?

Do they want to get a job or travel?

What are the things they'd like to learn?

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Now translate your life goals to NDIS Plan goals

Example NDIA goal format



Goal To build confidence & social skills outside of the family networks.

Strategies: How will achieve

Appropriate workers will reduce reliance on family by supporting Reg do activities in the community of his choice on weekends, including gradually trying some new community activities.

Who will support: Family; Supt Coord.; therapists; workers

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Short-term goals (immediate things)
Long-term goals

Random Example NDIS Goals

Meaningful Activities

I would like to continue to go to my work [or day activities] and spend time with my friends during the week and on the weekends

I would like to do activities I enjoy and try new things in the community

Housing

I would like to continue to live in my own home with appropriate support to stay well and maintain my independence.

I would like to continue to live at my group home and to be involved in household tasks and the outings that I enjoy

I would like to have support so I can continue to live at home with my family and access the community and other activities that I enjoy

I would like to have support to plan for moving out of home and move out when things are all organised

Example of Young Adult Goals

Goal 1: I would like to attend programs and activities that I enjoy and which have appropriate resources and supports to assist me do the things I want to, including interacting with my peers.

Goal 2: I would like to have my health, well-being, learning, communication and support needs are appropriately managed and resourced in all settings.

Medium to Long Term Life Goals:

Goal: I would like to attend social and recreational activities and holiday activities I choose.

Goal: I would like to be supported to live at home and to slowly transition to be independent of her my parents at home and in my own home.

Goal: I would to be supported to manage her life and dreams.

My goals

This is what I want to achieve



Sh	ort	-te	rm	gc	al

How I will achieve this goal	How I will be supported
	I will be supported byI will be supported by
	•

Short-term goal

How I will achieve this goal	How I will be supported
	I will be supported byI will be supported by

Medium or long-term goal

How I will achieve this goal	How I will be supported
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Medium or long-term goal

How I will achieve this goal	How I will be supported
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Important To



Explaining what **Important To** is about, is best done through **examples**, so see below, however IMPORTANT TO are the things:

- that a person loves to do or things that put a 'smile on their face'
- that make their day an enjoyable day
- and if they were taken away, it would make them very unhappy!!

It is important to **NOT INCLUDE** *Important For's* in this section, eg. to eat balanced diet, medications or exercise each day

Examples of things that might be *Important To* include:

- favourite TV shows
- football team &/or sports
- pets / hobbies / internet
- being around people ie. socialising

- family, friends, favourite staff
- going out
- food (which most people love)
- going out to shops / dances / drives

Important For Me to be Healthy & Safe

Things that are IMPORTANT FOR a person to stay healthy and safe are usually the things that we don't like doing, but need to do.

Some examples are below but questions to think about include:

What doesn't he/she like doing but needs to do it to stay healthy & well?

What are the things that doctors/professionals have recommended?

What extra support does he/she need to do everyday tasks?

Examples of 'Important For Me To Be Healthy & Safe' include:

- exercise (add type & how)
- getting to bed at a particular time

 following a particular diet
- going to the doctors if I have a fever to tell people where you're going
- having familiar workers

taking medications

- have support crossing roads
- workers who know my medical needs / behaviour support needs

What's important TO **What's important for** mow? ..to keep him/her healthy & safe? Things person would say they love & want CORE In

Session

Core supports

Now write into the NDIS **Support Category** you feel is appropriate the items from your now list & the gaps list that you want the NDIS to fund.

Items funded in each Support Categories are outlined in grey in left column

NDIS reasonable and necessary supports budgets

Support Area	1. Assistance with daily life at home,	Evidence to
oupport Area	in the community, education & at work	Evidence to
Budget:	\$	justify the item?
- personal care support at home (in-home		,,
supt) or in the community		
- interpreting		
'community contribution'household support e.g. cooking, meals,		
cleaning, home maintenance etc.		
Supported Independent Living		
- short-term overnight care (not in-home) i.e.		
respite house		
- on-going staff support to live independently		
either individually or in a flat/home or group		
home with others		
How will the supports be paid:		
Them will the cappente be paid.		
Support Area	2. Transport	
Budget:	\$	
- transport (agency managed &/or		
fortnightly automated payments) - transport charges from services (usually per		
km)		
- specialised Student Transport schools		
How will the supports be paid:		
Support Area	3. Consumables	
Budget:	\$	
Consumable items for eating, drinking		
including a wide range of continence aids		
How will the supports be paid:		
Support Area	4. Social and Community Partic support)	ipation (Core
Budget:	\$	
- assistance to access community activities		
(ie. social & recreational)		
 group based Day Programs either at a Centre or in the Community 		
Solido of ill the Solimitality		
How will the supports be paid:		

Capacity Building

		Evidence to
Support Area	11. Improved relationships	
Budget:	\$	justify the item?
- Specialist behavioural intervention supt		
behaviour management plantraining in behaviour management for		
family & others		
- individual social skills development		
How will the supports be paid:		
Support Area	12. Improved health & wellbeing	
Budget:	\$	
- exercise physiology (individual/ group)		
- dietician (individual or group)		
- personal training		
How will the supports be paid:		
Support Area	13. Improved learning	
Budget:	\$	
- Provision of skills training, advice, assistance with arrangements,		
orientation to assist moving from school		
to further education		
How will the supports be paid:		······
Support Area	14. Improved Life choices	
Budget:	\$	
- plan management set up & processing	Ψ	
- financial & service intermediary		
activities (ie plan mgmt + service		
management)		
How will the supports be paid:		
Support Area	15. Improved daily living skills	
Budget:	\$	
- assessments e.g. continence nurse, OT		
speech, physio, indep living skills - individual therapy		
- training of staff & family to do therapy		
- Early Childhood Support (individual,		
specialised group; therapy)		
assistance with life stage transitioncounselling (group & individual)		•••••••••••
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How will the supports be paid:		<u></u>

Note Page Note things you need to talk to the NDIS about or evidence you need e.g. Support Coordination, Plan Management .

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Making your case for what is reasonable and necessary to be funded.

One of the key sources of information to back up your case for why supports are necessary is your *What Works Well* & *What Doesn't Work Well*. It provides the things that haven't worked & the things that work (i.e. what is necessary & in what way). Your *What Doesn't Work Well* highlight the things that things that are important to avoid in the way support is provided, so it is the evidence for what is 'reasonable' in your works well list.

e.g. What doesn't work well may be groups of people & noisy situations, this is evidence for why one to one support is reasonable request for support

Similarly, 'What is Important TO' provides information that support the participant's goals and on 'the necessary' things that makes strategies work i.e. makes support effective.

The 'What is Important FOR' is the key list of what is vital (necessary) for supporting a person in daily life and it is the minimum of practical things that are 'reasonable' to provide good care and a 'good life'. So these things become your 'evidence' and rationale for your case to the NDIS about what is reasonable and necessary to be funded in the plan.

e.g. It might be important for the participant to have staff who are familiar with their behaviour management strategies & this makes it reasonable & necessary to have 'Shadow Shifts' in your hours; Behaviour Management Plan (BMP) review & maybe staff training in BMP.



What people need to know and do to best support XXX

How Best To Support Me!

This is a summary of the KEY information e.g.

- key What Works Well items;
- key triggers to avoid & manage....
- the absolute 'must do's'
- key things workers/others need to know in order to provide the best support to your family member &
- what needs to happen for everyone to have a great day.

This Section of your PCP (Person-Centre Plan) is most valuable for using to orientate new staff and usually goes on the 'summary' of info about the person on a **One Page Profile**.

Examples:

- I do not like people touching me or getting too close
- Be positive and encouraging in how you talk to XXX
- Prompt XXX rather than 'telling' or 'doing for' her
- Avoid activities that are loud &/or have a lot of people involved
- Give me time to respond without interruption
- Rather than tell XXX what 'not to do', tell her 'what she should do' e.g.
 "don't be so loud" rather "can you sing more quietly"
- I know what words I want but sometimes it takes time to find it
- Be aware of the triggers that make XXX upset & if one occurs, use one of the diversion strategies
- Once XXX has started a routine, it is difficult for him to stop without finishing it
- I don't like people talking AT me (loud, too fast, too long or too close)

How Best To Support Me



Key	instructions on the best ways to provide support
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Who Best Supports Your Family Member

This is about the characteristics, attributes and personality type/traits that you feel people (staff, family) need to have in order to support your family member in the best way.



eg. who best supports Chris - someone with an out-going personality [not a quiet person - as I need to talk!!]

In a sense this list could become your 'key selection criteria' for selecting the right staff person to work with your family member. In other words it helps to 'match' an individual with staff that will be most likely to get along with and support the person well.

Some **examples** you may feel appropriate for your situation include:

Who supports XXX best is someone who:

- has a sense of humour
- is caring and respectful of others
- likes the same things/activities e.g. football, shopping, movies, computers
- listens well and is patient
- is familiar with, and follows my 'Whole of life' (PCP) plan
- has initiative and can problem solve effectively
- is able to work as part of a 'team approach' including with other staff and/or family
- has specific type of training or ability to undertake the training
- has a calm personality and doesn't get flustered easily
- is familiar with the persons' preferences and needs
 (or for new staff they have the potential to appreciate these and respond respectfully to them)
- is quick at picking up on triggers or potential problems
- can communicate effectively and honestly with others

Observe what type of personality and attributes the people who currently work well with you family member have and add these things to the list.



People who support me well are?

Attributes of person/staff who support well?

Eg.	patient,	respects routines;	positive attitude; f	fun personality; aw	are of my preferences	
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Activities based on tools from 'The Learning Community' (www.elpnet.net), with instructions written by Christine Scott, VALID Inc.

Please seek permission prior to using in any other formats or presentations. Phone: 03 9416 4003 Email: christine@valid.org.au

My Profile – notes for	Assessments/ Therapists/Equipment
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