

"Attitude, Attitude and Attitude"

In contrast to: "funding, funding and funding"!

Whilst no one can deny the sentiments of "Disability Speaks", and the overall need for funding to fix the unmet needs waiting list for supported accommodation, failure to provide and ensure quality of life care in supported accommodation must not be justified under lack-of-funding. Yet it frequently is!

Quality of life care, in contrast with basic minder care, is not rocket science. It is common sense practice used by "mum and the kids" every day. It is interaction, developmental and social activities - active support.

Those of us with regular intellectual capacity have such a huge level of ability that we have insufficient time in our lives to use but a fraction of this. We frequently say, "Wish we had time to do this and that!"

In total contrast, those with limited capacity have the complete reverse. They have heaps of time, and insufficient ability to use but a fraction of their time in a meaningful way without meaningful and consistent pro active support.

Rescare UK, in their publication "Bound to Care", says:

"There was a garden and play area, but it required staff to take the residents and stay with them. As the garden was out of sight of the house, this activity was never given high priority.

It has always been understood that caring for people involved encouraging social interaction, for example, through staff "playing" with residents. Shortage of staff resulting from lack of resources was always blamed."

Staff need to consider the importance of adopting a balanced role whilst working in supported accommodation group homes. A balance is needed between necessary domestic duties, and the provision of a reasonable and consistent level of attention to, and interaction with all residents.

Those disadvantaged by intellectual disability have an ability avenue which can be extremely narrow in comparison with the general community. They often seek extra attention in various forms from direct care staff, in an attempt to broaden and improve their lifestyle.

Residents will often become withdrawn if pushed away, spoken to sharply, shouted at, or ignored by direct care staff intently involved in other duties.

Improving lifestyle quality is one of the most important considerations in the provision of care for those who's lifestyle is severely limited by their disability.

The Active Support approach promotes levels of resident participation in meaningful activities through effective engagement between staff and residents. The Active Support Model provides a framework in which staff plan with and/or for residents in respect of their involvement in activities of daily living within their home and the community.

The Department of Human Services, Victoria, says:-

What is Active Support?

The Active Support Framework ensures that the support that the resident requires to participate in the activity is identified, provided and reviewed in a planned context and that opportunities to undertake that activity occur.

Studies both in the UK and NSW have demonstrated that the use of the Active Support Model significantly increases levels of resident engagement in activities of daily life.

What will be different?

Nothing will change with regards to staffing and rostering arrangements in the house, only how staff time is utilised and how events are recorded in the house. Staff will continue to engage with residents on activities of daily living in the home and community. The Active Support Framework provides a structure to support staff to plan for activity, support requirements and organisation more fully and effectively. This does not mean that residents will be doing something all the time and some of the activities will be short in duration, like many household jobs.

Feedback from staff using the Active Support Framework has been overwhelmingly positive. Staff have reported how exciting it is to see residents developing skills and the reduction in challenging and self injurious behaviours. Staff also reported that their communication with colleagues is more effective and that the Active Support approach helps in orienting new casual staff to the residents and their support needs.

All houses visited spoke of the increased sense of team amongst the staff group and improved overall job satisfaction. Whilst they reported the paperwork was a slight additional burden all staff reported how helpful it was in assisting them to plan and review activities and support and demonstrate the gains made. Use of Active Support has also been shown to reduce accidents, a benefit for all staff and residents whilst assisting with Occupational Health and Safety obligations.

What if residents don't want to participate?

The Active Support Model works on a basic assumption that people would rather be involved in the aspects of daily living than not, this has been born out in studies in the

UK of the Model. When people have the opportunity and the right support they will become involved even when they may not have previously.

There will be times when residents will not want to participate in an activity. Using some basic strategies staff will attempt to encourage participation and will record where activities are refused for group review later. Sometimes it may not be the activity but the timing of it or the approach to it that is causing the problem, through trial and observation these possibilities can be explored.

The Active Support Model requires recording of daily activity, opportunity and individual plans. These plans and daily recording against them enable staff to ensure that residents are receiving appropriate agreed opportunities and support and monitor participation. This helps inform the staff team how things are going and highlight areas for further development or discussion.

NOTE: The hyperlinks above are in Violet.

LISA Comment: Our research shows that a very reasonable level of meaningful and consistent active support can occur without additional funding, where direct care staff work value expectations are set, accepted and implemented with the help of positive management support and encouragement to meaningfully reflect the direction, intention and spirit of recognised care policies, standards and values.

Extra 1: [S.A. Disability Lists Explode](#) - "Disability Speaks" - Media Release

Extra 2: [Electronic Communications Tool - iPod](#): Assertive Technology

Extra 3: Videos: "Going the Distance" and, "It's a Long Road", distributed by [Carers Association WA](#)

Extra 4: [Autism Drug - Break Through](#)

Extra 5: [Workforce Gap Analysis - Victoria](#) Submissions Close **30/10/10**.

Extra 6: Promote NDIS via "[GetUp](#)" Go to "Advocating for NDIS", and vote.

Extra 7: [News from the NDIS Team](#) - September 2010

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