PRACTICE FRAMEWORK FOR DISABILITY SERVICES

Empowering people with additional needs to achieve their vision of a good life by delivering excellence in support.
At Optia we have a very clear mission of providing service excellence, to ensure that everyone we support has the maximum potential to lead their vision of a good life.

We are conscious that we exist in an environment that is changing rapidly and it is essential that we have the capability to evolve and innovate. We need to ensure that our practices are world class, are demonstrably based on sound evidence and are embedded in a clear set of strongly held underpinning values.

We have been meticulous in crafting a robust and well informed strategic direction for the organisation based on best practice, quality assured service delivery; first choice client facilities; sector-leading innovation; trusted partnerships and the most capable staff with aligned values.

Together, we have developed an aspirational set of values, building on a long history of providing client-focused services. Our values respect and honour our past, but also look strongly to a future full of promise and challenges. As an organisation we need to be robust, flexible and innovative. We need to maintain a laser-like focus on our clients and their growth, aspirations and human potential.

Our values form the bedrock on which our practice is based. But our practice also needs to evolve and to always reflect the best practices and contemporary research and evidence. Our Practice Framework provides the capability to continually identify and assess emerging and leading practices; to identify and evaluate the best evidence available and to continuously test our practice against the highest possible standards. It is only this way that we are able to deliver our promise of ensuring all of our clients have the maximum opportunity to achieve their own potential.

GLENN CAMPBELL   Chief Executive Officer
BACKGROUND

The Practice Framework for Disability Services is designed to be a best-practice guide for Optia staff, grounded in core organisational values, legislation and evidence-based research.

The Framework reflects recent disability and Out-of-Home Care reforms in Australia, the new direction of the National Disability Insurance Scheme (NDIS) and ensures high quality, person-centred service provision.

Prior to the NDIS, a report by the Australian Government Productivity Commission (2011), clearly demonstrated a need for organisations to adopt client-centred and more equitable, effective practices than the previous system:

“The current disability support system is underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports.” (AGPC, 2011, p. 2)

Optia works to understand and recognise the individual’s abilities, needs and aspirations. This ensures that participants can live the life they desire and achieve the goals they set for themselves. Optia values independence, skill development and self-determination. Our clients have a voice and are provided with opportunities to make free and informed choices. We promote and encourage participation, and support individuals to engage in a range of different experiences in and outside of the home environment. Optia provides a high quality service through evidence-based approaches that are person-centred, innovative and collaborative.

The Practice Framework for Disability Services allows us to better meet the needs of the individuals we support. It focuses on creating safe, positive learning environments that encourage growth and that provide opportunities for successful goal attainment.

ABOUT US

Optia is a Tasmanian not-for-profit organisation that provides state-wide support services to people with disability, additional needs and children in Out-of-Home Care.

OUR SERVICES INCLUDE:

- Supported Accommodation
- Respite Accommodation
- Community Support and Access
- Semi-Independent Living
- Leisure and Recreation
- Specialist Support Services
- Out of Home Care
Disability support models and practice frameworks, including the new Disability Services Framework and the New Zealand Disability Strategy, are grounded in key principles and legislation (see DHHS, 2009; ODI, 2001). Standards including quality, safety and upholding personal rights, for example, underpin frameworks that guide actions. Optia’s Practice Framework is informed by these same standards, but also by our own core organisational values.
**OPTIA’S VISION, MISSION & VALUES**

**OUR VISION**
That all people supported by Optia will have the maximum potential to lead a good life.

**OUR MISSION**
To empower people with additional needs to achieve their vision of a good life by delivering excellence in support.

**VALUES**

**HUMANITY**
Human rights and dignity underpin all our decisions and actions. We believe that every individual has the potential to grow and the right to determine how their life will be lived.

**HONOUR**
We take pride in our work, are true to our word, honour our commitments and treat our colleagues and clients with integrity and respect.

**INNOVATION**
Driven by our commitment to excellence, we are continually learning, taking on new challenges, and constantly finding ways to excel in the dynamic world we operate in.

**ACCOUNTABILITY**
We know where we are heading and why. By being efficient, effective and persistent we find ways to make things possible and deliver results.
Areas of focus that underpin the current disability reforms are promoting choice, quality and safety in service provision.

There is a demand for approaches that meet high standards and that are person-centred and responsive to need. The practices we employ must be inclusive and tailored to the individual and their needs and aspirations (see DHHS, 2009; ODI, 2001). There is a need for approaches that enable greater engagement in activities and that lead to an enhancement in client health and wellbeing.

Optia’s practices are therefore guided not only by our purpose and values, but also by the current directions in the sector and evidence-based best practice demonstrated through research.

OPTIA’S APPROACHES INCLUDE:

- Person-Centred Approaches
- Inclusive Practices
- Active Support Practices
- Positive Behaviour Support Approaches
PERSON-CENTRED APPROACHES

All actions by Optia staff are based on achieving the desired outcomes for the individual, including short-term goals and life goals (see Stirk & Sanderson, 2012, p. 13). Optia always includes participants in planning and decision-making. We value and respect client choices, we listen and we act (see DHHS, 2009; ODI, 2001).

SOME OF OUR ACTIONS INCLUDE:

- understanding the client’s life story and planning according to expressed needs and aspirations
- planning with the individual - with a focus on skills development and participation activities
- implementing, reviewing and adapting personal plans and individual support plans to suit individual circumstances and need.

INCLUSIVE PRACTICES

The disability reforms strongly emphasise the right that participants have to make decisions and choices. Reform papers, disability frameworks and legislation highlight the need to uphold the right to access, equality and inclusion (e.g. DHHS, 2009; ODI, 2001; DSC, 2012). All individuals have the right to participate, feel they belong and be recognised as making a contribution (see DHHS, 2009).

OPTIA THEREFORE:

- creates safe and familiar environments that enable a sense of belonging as well as skills development
- empowers individuals to make choices and be involved in life planning
- provides opportunities to engage in various activities in and out of the home
- provides opportunities to engage in conversations, forums and meetings to voice opinions and network or make connections with others.
- create a sense of home, where ‘home’ is defined as:

“A home is not merely a shelter. A real home has hearth; a sense of warmth and comfort. A real home has heart; it’s a place of emotional warmth and emotional connection. Home is a place of privacy where the occupant can control who comes in and who does not come in. A real home has a sense of identity. It has roots, it is where the person belongs...” (BRIAN MCCLEAN)
**PRACTICE: APPROACHES & ACTIONS**

**POSITIVE BEHAVIOUR SUPPORT APPROACHES**

Optia employs positive behaviour support approaches as these are complimentary to several other practices including active support approaches, person-centred approaches, and inclusive approaches. Further to this, the positive behaviour support model aligns with our core values and the legislation.

**THE KEY ACTIONS OF OPTIA STAFF THAT ARE ASSOCIATED WITH THESE APPROACHES INCLUDE EITHER PREVENTING PROBLEM BEHAVIOUR OR REACTING TO IT BY:**

- creating environments designed to meet individual need, and knowing the person and their cues to communicate that they are not coping
- focusing on skills development, including skills that replace problem behaviour, and coping and tolerance skills
- responding to the needs that are being communicated through behaviour, and offering assistance and understanding.

*(SEE LAVIGNA AND WILLIS, 2012)*

**ACTIVE SUPPORT PRACTICES**

The disability legislation and the literature concentrate on upholding personal rights, particularly inclusion. Skills development and education are avenues to greater freedom, independence and choice; and hence increase the likelihood of social and economic participation and inclusion. To enable more opportunities for learning, growth, and inclusion Optia focus on active support practices which involve participation and engagement in a range of purposeful experiences.

**SOME EXAMPLES OF HOW WE DO THIS INCLUDE:**

- using a range of communication and engagement strategies to establish relationships between clients, staff and people in the wider community
- providing opportunities for engagement in activities that are meaningful to the individual and that include experiences both in the home and in the community
- focusing on what is important to the clients we support and planning skills development around their interests as well as their needs
- through designing and implementing specific projects for clients, for example, those that build confidence and self-determination and those that build community connections and friendships.

*(SEE STIRK & SANDERSON, 2012 AND MCVILLEY ET AL., 2011).*
RESEARCH & EVIDENCE

The disability reform literature and associated practice frameworks and strategic plans demonstrate a need for practices to be contemporary and evidence-based (e.g. DHHS, 2009; DSC, 2013). The practices that are currently included in Optia’s Practice Framework have been shown to be effective through published, peer reviewed research. Further to this, these practices are consistent with Optia’s Values and the legislation and frameworks under which Optia is contracted to provide services. All of Optia’s practices are grounded in protecting the rights of the individual, and in providing a high quality and effective support.

TO ENSURE THAT OPTIA CONTINUES TO DELIVER CURRENT BEST PRACTICE WE WILL:

- regularly consult with and always value the input of all participants
- reflect on and monitor our services by conducting research and measuring outcome.
- continue to research and innovate to generate new practices and evidence
- attend forums and conferences to share knowledge, learn about new directions and build collaborative partnerships with key stakeholders
- monitor literature, review emerging trends, implement and evaluate new practices
- regularly review the practice framework that guides our actions
- promote development and provide opportunities for staff to engage with relevant education and training.

OUTCOMES

Optia aspires to and achieves high standards. These standards are guided by our values, the legislation and new directions in service provision.

THE OUTCOMES WE SEEK TO ACHIEVE INCLUDE:

- social and economic participation
- enhancement in health and wellbeing
- increased goal attainment.

The outcomes are delivered by being aware of the direction we are taking, and being committed, motivated and courageous. Achieving excellence in service provision leads to outcomes for the organisation and the individual. Social and economic participation is achieved through creating opportunities for growth, discovery and learning in secure, safe environments. This builds on skills and allows for greater engagement in the home, school and community. This leads to increased goal attainment and enhances health and wellbeing.
As part of James’ NDIS plan, he and his family identified that he would like to live away from his family home. At 22 years old they all felt it was time James became more independent.

However, James, his family and the NDIS all agreed that he was not ready to live on his own and that sharing with others was the best option. James did not have the skills to take care of his own place and prepare his own meals. He also needed help making and keeping friendships as in the past he had frightened people he wanted to be friends with. He would get angry when they did not return his texts straight away or if they did not want to do the same things he did. James, who has autism, also struggles with anxiety and when really anxious, he has hit others and damaged property.

The NDIS asked Optia to prepare a quote for supported accommodation and suggested some other people that James might be able to share with. James does not always enjoy socialising and wants to live independently in the future, so Optia looked for a house that gave James the option of his own space when he needs it.

Before moving in, James and his housemates met at the house to choose rooms, pick some drapes and furnishings, have some meals together and go out on outings to make sure they wanted to share a house. James was encouraged to bring his favourite football posters and other prized possessions to decorate his room. All the residents had their first resident meeting before moving in and talked about things that were important to them such as taking turns to do chores, picking meals they liked and respecting each other’s personal space (bedrooms). From the start, staff sought to create a warm, caring, secure, and familiar environment that empowered all housemates to make choices.

As a result of this meeting, initial agreements about routines and expectations were established. Support staff followed these agreements, respectfully reminding and negotiating if housemates did not want to do a chore. Encouraging the person to discuss it at the next meeting so that a change or compromise could be agreed on. Staff always asked house mates for permission before entering the house or their personal space. If a housemate was not enjoying the company of a Support Worker, the Team Leader investigated the cause, and if changes could not be made, the support worker was moved to a more suitable location. Family members and friends also visited regularly and enjoyed staying for a relaxed meal. This is how a sense of home is created, when ‘home’ is defined as:

“A home is not merely a shelter. A real home has hearth; a sense of warmth and comfort. A real home has heart; it’s a place of emotional warmth and emotional connection. Home is a place of privacy where the occupant can control who comes in and who does not come in. A real home has a sense of identity. It has roots, it is where the person belongs…” (BRIAN MCCLEAN)

The Practice Development Consultant, James and his family identified some key goals that James wished to achieve. These included meal preparation, housekeeping skills, finding and keeping friends, and managing his anxiety better. All of which were essential to achieving James’ long term goal of living independently. Planning was done according to James’ expressed needs and life aspirations. The Team Leader and Support Team then broke down these goals into achievable steps. Three meals that he liked were chosen to teach him to prepare independently, and two chores - laundry and vacuuming - were the initial focus of housekeeping skills. Times to work on these skills were agreed with James as part of his weekly routine and staff monitored his progress, identifying different ideas for teaching and when James was ready to move on to learning a new skill.
When James did become upset, staff supported him by offering preferred activities they knew helped him to feel calm ... they also started to deep breathe with him as he mastered the skill.”

One of James’ biggest challenges was managing anxiety and frustration. The Team Leader and staff worked with James to identify the signs that James was not coping and also the key setting events and triggers. For example, being tired, consuming a lot of caffeine and or sugar, being in noisy environments, unexpected things happening, and feeling people were rude or rejecting him. Staff supported James by reminding him about the importance of healthy lifestyle choices and creating predictable routines. Staff created environments designed to meet individual need, and learnt about James and his cues to communicate that he was not coping.

James also worked with a psychologist on recognising anxiety and ways to manage this such as deep breathing, which support staff reinforced at home. He also participated in a self-advocacy program that helped him better understand his rights and the rights of others and to communicate assertively rather than aggressively. This provided skills development, including skills that replace problem behaviour, and coping and tolerance skills.

When James did become upset, staff supported him by offering preferred activities they knew helped him to feel calm, such as listening to his favourite music, spinning in his chill out chair and reminding him about all the people who liked him and the things they had done together. They also started to deep breathe with him as he mastered the skill.

Practice:

- Responding to the needs he was communicating and offering assistance and understanding.

A key goal for James was finding and keeping friends. While regular involvement in decisions about his choices and preferences as well as participation in resident meetings ensured James felt included within his home, his goal was to be included in his community.

Staff identified two key interests - playing guitar and listening to country music - and looked for opportunities for James to become more involved. James started guitar lessons with a tutor and attended regular country music nights at a local club.

As he became more confident he participated in ‘open mic’ sessions and volunteered to take money on the door. Staff and his psychologist discussed these social situations and what is expected, including role playing his job on the door. Recently a band has invited James to jam with them and he is practicing two songs that he will perform with them in future.
USEFUL RESOURCES


