



# My Place

my life, my choice



Positive Behaviour Support –  
opportunities and challenges moving forward  
in the NDIS



# Context:

Previous WA funding model:

1988 Local Area Co-ordination established  
Individualized/portable funding- direct to families

Funding Centralized – CAPS process



# My Place

My Place (WA) Pty Ltd – est. in 1996 in response  
To lack of individualised services

Located in WA - metro and 2 regional areas

All services are individualised  
Funding from state/federal government, private;

Four management approaches  
Self-management – advisor – minimal contact

Shared-management - advisor

Shared Co-ordination – co-ordinated


Provider Managed - co-ordinated

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# PBS in NDIS

- Insurance Model- transactional and not relationship based
- The planning can difficult for families. Understanding the new system(Pros and cons here)
- Lack of assurance- often supports are 'one off' this leads to high anxiety for families
- Line items are becoming more flexible however in reality its still very limiting
- How funding is used- quality over quantity

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- Reactive model- Therapy focused ‘**expert**’ therapy team with specialist coordination- it gets complicated. Proactive preventative practices work!
  - This effects peoples choice and control- creative responses are often not encouraged
  - Implementing the resources required and working closely with the family/ person- they are the experts in their lives not the professional.....



# Edward's journey

## 2012 CRISIS

Hospitalisation

Restriction from local places

Isolated from people

Positive Behaviour Support team became involved and  
were 'life savers' – Ed's Parents



# Planning

Accommodation Model

Resources identified

Service design

Stabilising the situation

Re-establishing roles, community involvement

Share Managed model





Unit at back of family home  
Service design critical  
Right people, right relationship  
Family in 'driving seat'  
Control and choice  
Family recruiting supports  
Specific goals around independence  
Communication Strategy  
Community inclusion requires 4:1 support  
Creative approach





## 5 years on.....

Edward has many opportunities for engagement- he has built skills, takes pride in his home.

‘King of his own Castle’

Ed enjoys various activities: train rides, shopping locally, watersports, go-karting

Ed’s parents able to live their own lives

The arrangement is not intrusive

Refinement of model-Team Leader structure

SM suits a this stage however they can choose

‘full co-ordination’ in the future.


Constant improvement and development











The arrangement could be viewed as expensive-  
considering the effort the family still invest

“Fitting” into the new planning framework has been  
time consuming- 9 months with 2 planners  
Process has caused anxiety for Ed’s family

Additional community support is a ‘one off’ item  
Specialist therapy is welcomed and of great help but  
its more the ongoing support that causes uncertainty  
Thanks go to WA DSC for their ongoing support

- How **Reasonable and Necessary, basic and essential** will Edwards support be viewed into the future?
- Fear is without support to access the community Ed will have heightened anxiety, be socially isolated, more hyperactive when he does get out and his behavior's will increase again
- This contemporary model is 'best practice' we need to support Edward and his family/ there are trade offs but this is this families choice at this point in their journey- We should support what works for Edward now and into the future.



## Rob's story

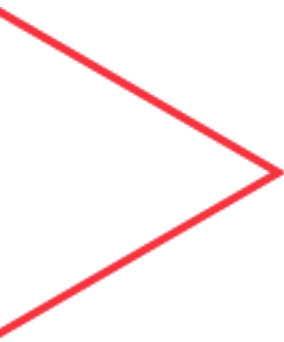
- Institutionalized at 6 years of age
- Lived in various shared living/group home arrangements until 47 years of age
- Approached My Place to support him to live in his own home in the community
  - History of behaviors of concern
- Experienced a number of restrictive practices











## Co-Resident Model

Greater choice and control

Employment

Community connections

Friendships

Family

Health improved

Life experiences

Overall happier, healthier and drastic reduction  
in behaviors of concern



## Concerns for the Future:

Gap in funding - will we be able to sustain Robert's support and lifestyle?

Continue to work in a pro-active way to minimize or eliminate behaviors of concern

Longer term health needs based on his ABI



## Conclusion

Resources needs to be flexible, relevant and work in *partnership* with individuals, family's and organizations.

This requires *trust* in individuals, family and key staff/advocates  
*-people who know the person well*

PBS needs to continue to be viewed as a holistic approach influenced by the culture and practice of support organizations- this can be supported and complimented with clinical intervention when required



Individualized services are not the panacea

More *qualitative* research needs to be done around the longer-term outcomes for individuals like Ed, who are at high risk of social isolation and/or institutionalisation because of behaviours of concern