

Vol 32, Issue 1, Mar 2011

IDA

Intellectual Disability Australasia

Magazine of the Australasian Society for Intellectual Disability

positive pluses

asid
research to practice

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front cover:
by krvt DESIGN

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Intellectual Disability Australasia is produced and distributed by the Australasian Society for Intellectual Disability.

The views expressed in this newsletter are not necessarily those of the Australasian Society for Intellectual Disability.

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Printed by:

Bloxham & Chambers Printers

editorial



I hope you find the March edition of IDA full of interesting information as the focus is on the implementation and impact of positive behaviour support across a range of settings; within the family home, residential services and educational placement. Implementation of excellent and well meaning plans is often the 'sticking point' when it comes to making changes to people's lives. This issue is addressed in both articles. The authors of both papers presented their work at the 2010 ASID conference in September. ASID members were fortunate to be in Brisbane well before the awful floods of the new year.

IDA is pleased to include a report from Madonna Tucker, last year's conference convener on the success of the conference, and over the coming months we hope to provide readers with articles based on other presentations from the conference. It is reassuring to realise just how much good and innovative work is being done in the Australasian region.

2011 has not made a very auspicious start across the globe, with the natural disasters that have beset many Australian states and that most devastating of earthquakes in Christchurch, as well as the political unrest and upheaval in many Arabic countries.

On a brighter note, the Australian Productivity Commission has published its draft report on the introduction of a National Disability Insurance Scheme, a brief summary of which is reported in IDA. There is a long way to go before such a scheme will be operational but for those of us in the sector it is reassuring to see that the lack of funding and inequities in the system are at last recognised in government circles.

Finally, it is with sadness that we learnt of the passing of one of the great thinkers of our time, Wolf Wolfensberger. Wolf Wolfensberger (1934-2011) was born in Germany in 1934. He influenced disability policy and practice worldwide and there are few people working in the disability field who have not been influenced by his philosophies and values.

Much of Wolfensberger's work concerned with ideologies, structures and planning patterns of human service systems, especially concerning persons with intellectual disabilities and their families. He authored and co-authored more than 40 books and monographs, and wrote more than 250 chap-

Positive Behaviour Support

by Debbie Lobb



It goes without saying that a family faces many challenges and exciting times when a member of that family has a disability. For some families however the presence of challenging behaviour places great strain on their capacity as a family to cope and for some families, even the ability to continue to care for their child. Accessing services which support them to put in place strategies to address the behaviour can sometimes be very effective. Commonly this involves providing professional advice on positive behaviour strategies and parenting skills to help parents understand the behaviour and put in place strategies to manage or replace difficult behaviours. For many families this approach to intervention is effective and can result in significant change.

It must be recognized that the individual exhibiting challenging behaviour lives within a family system and is surrounded by other support systems. Within these systems are intricate relationships between people, many different beliefs and values and differing levels of skills. For some families, the complexity of the challenging behaviour and the system involved results in change being difficult to achieve. It then becomes the challenge of the support services involved to provide a more complex and thorough positive behaviour approach to support them to achieve lasting and ongoing positive change.

The Positive Behaviour Team as part of the Positive Behaviour Framework, Disability Services Commission, was formed in 2007 with this goal in mind. The PBT's original goal was to provide services to families who were experiencing the impact of challenging behaviour and who had not achieved lasting positive change as a result of previous interventions. The team is comprised of highly skilled clinicians who work closely together to assist families to develop knowledge and skills in the key areas that encompass positive behaviour intervention. The team draws on their knowledge of Applied Behaviour Analysis, Family Systems Interventions and Interventions to support Functional Communication. All three of these 'pillars' of positive behaviour support, are necessary in order to achieve lasting change. Behaviour does not exist within a vacuum and all behaviour, positive and challenging, exists as a result of relationships and interactions formed between people and environments over time. So for positive lasting change to occur there must be change across the system that surrounds the person with a disability.

The Positive Behaviour Team provides services to families of children with a disability who exhibit challenging behaviour. The service model is driven by the three essential factors to support lasting ongoing change, that is, exploring the impact of family systems, behavioural interventions and the influence of communications skills of both the child *continued page 4*

editorial

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ters and articles. His books *Changing Patterns in Residential Services for the Mentally Retarded*, *The Principle of Normalization*, *PASS* and *PASSING* are his best known works. His writing has been translated into 11 languages.

Dr. Wolfensberger is the originator of *Citizen Advocacy* and *Social Role Valorization*, and was the foremost

propagator of 'normalisation' in North America. In 1999, Wolf Wolfensberger was selected as one of 35 parties that had been the most impactful on intellectual disability worldwide in the 20th century.

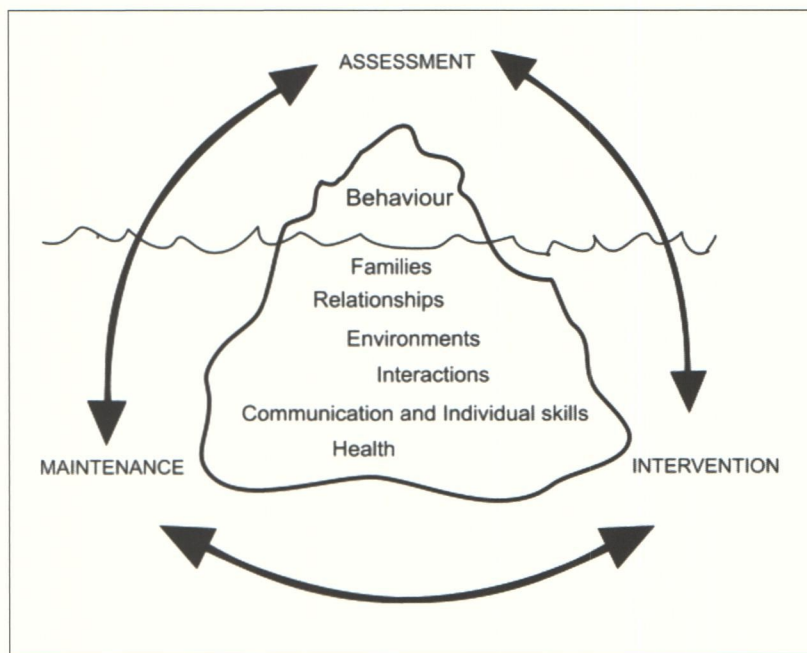
Cheers, Sue

Positive Behaviour Support

continued from page 3

with the disability and other family members. It is well known that these areas of support form the foundations of positive behaviour support for service providers. However how these services are delivered are critical in achieving lasting change for the family. Families regularly receive advice and support from services that conduct an assessment and provide recommendations for intervention strategies. These strategies are often based on solid assessment foundations and are recognized, evidenced based, positive behaviour strategies. So why is it that the strategies are often ineffective or not maintained in the family environment? The Positive Behaviour Team recognize that in order for the family to have ongoing capacity to continue to care for and understand their child, they need to develop a thorough understanding of why the behaviour exists and how the behaviour meets a need for the person with a disability. The core component of services provided through the PBT is achieved through the assessment period where the family is guided to formulate their own thorough knowledge of what is happening across all areas of their family functioning and how this impacts on the behaviours of concern. The family is guided to explore and make links between how behaviours have developed over time as a result of family relationships, personal beliefs and thoughts, patterns of behaviour and what the person is trying to communicate through the behaviour. Lasting change can only be achieved for a family if they themselves are the ones to understand that behaviour serves a function for their child and that the behaviour represents a gap for the child in their needs being met. Once a family knows why their child is engaging in the behaviour, then the goals and what needs to change become clear for the family resulting in change occurring across the family system independent of professional supports.

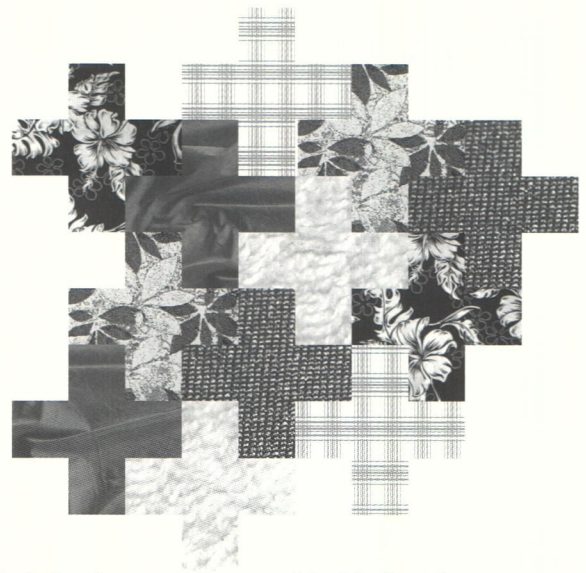
This model of family empowerment can be illustrated by the following example. This summary of how the PBT worked alongside a family illustrates the importance of facilitating the knowledge of client's caregivers



and the changes that can be achieved as a result.

A young man early in his teenage years was referred to the PBT with reported challenging behaviour such as hitting, scratching, kicking, ripping clothing, forcibly holding and strangling others. Whilst these behaviours can be relatively common amongst people with challenging behaviour, they posed a significant risk for the young man and his carers due to his significant size and strength. These behaviours did not occur on a daily basis but importantly the fear associated with the behaviours had a significant impact on the ongoing relationships within the family. The young man had an Intellectual Disability and was diagnosed with an Autism Spectrum Disorder. His family managed his outbursts of aggression towards others by wrestling him to the ground and restraining him on the floor for up to 45 minutes. Over time, the family had accessed many behaviour support services but no change had been reported in his behaviour. His behaviour was in fact getting more serious and difficult to manage as he got older and bigger. At the time of referral he was attending a disability support school. He had recently been excluded from his previous school due to significant injury to staff. Aggression towards staff had continued in the new school which required physical restraint by multiple male staff.

Early assessment with the family revealed that his behaviour was closely linked to a need for attention, particularly from his mother. He was also noted to be communicating task avoidance of activities he not



enjoy. For many services, assessment tends to stop at this point, with a program of recommended strategies to address the functions of behaviour. With this family, assessment continued for 8 months as the team explored with the mother, the intricacies surrounding why he had the need for high levels of attention and a desire to escape or avoid some tasks. Over this assessment period, his mother began to understand the following themes to her son's behaviour:

- The relationship that had developed between herself and her son, how he controlled this and why he needed to control this,
- Beliefs and attitudes amongst family members and the impact this had on management and the ability and commitment to bring about change,
- That behaviour was a manifestation of her son experiencing and communicating anxiety due to triggers in his environment,
- His anxiety often manifested as a change in mood and this bodily reaction would often plateau for a number of days until an often unrelated trigger would tip the level of anxiety over the edge resulting in an aggressive episode, (this was very important as previously it was believed that there was a lack of triggers and confusion surrounding his ability to control his aggression),
- That anxiety was triggered by changes in the environment, changes in his expectations of what would happen and receiving insufficient information to meet his expectations and knowledge,
- The impact of how she responded to some socially unacceptable behaviours and how her son may interpret her reactions,

- That his behaviours meet a need in his functioning and that she could meet these needs without accepting socially inappropriate behaviours.

As a result of this knowledge, his mother became more confident and empowered to put in place strategies to meet her son's needs. Her relationship with her son shifted from being fearful and reactive to his behaviour to being empowered with the knowledge of what he needs and that she had the skills and confidence to put supports in place and be in control.

A behaviour plan was formulated with his mother outlining the supports required to meet his needs on an everyday basis. With an increased knowledge that behaviour serves the purpose of communicating a need, his mother was able to identify that the focus of developing support strategies is not only knowing how to respond to challenging behaviour but more importantly how to meet her son's needs everyday so as to prevent him from experiencing anxiety in the first place. As a result his mother put in place various strategies that were intricately aligned with a thorough understanding of his needs a differing levels of anxiety and hence behaviour escalation. For this young man, the primary focus of strategies was to ensure he has enough information to make his life predictable and to meet his need for knowledge and details and also how to communicate that information to him in a way that met his processing capabilities.

It is rare indeed that a person exists within one system alone. Whilst the presence of challenging behaviour within this family significantly reduced at home, his behaviour escalated at school. With the support of the

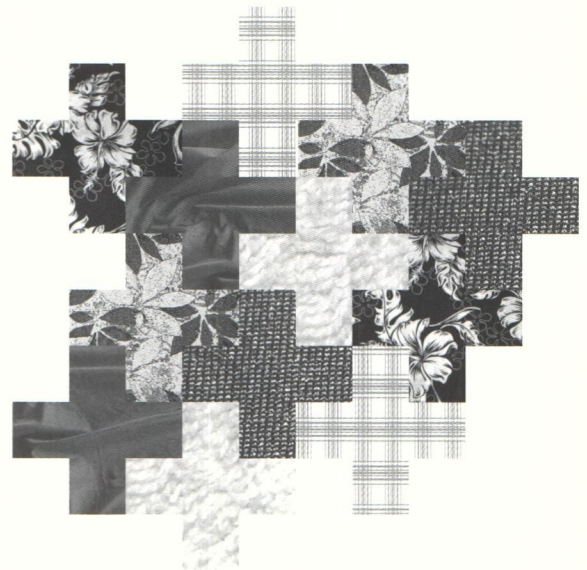
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Changed Behaviour Table

	Home		School	
	Pre intervention	Post intervention	Pre intervention	Post intervention
Forceful, restrictive holding of carer	Up to 10 incidences a day lasting in duration over an hour. At least once daily	3 incidences over a 4 week period up to one minute in length	Not recorded	Not recorded
Physical aggression toward carers	5 incidences over 3 month period	No incidences over 3 month period	6 or more incidences over 3 month period	1 incident over 3 month period

Positive Behaviour Support

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school administration, the PBT worked with staff intensively on a daily basis for a few weeks assisting them to again explore the impact of relationships and gradually discover the needs of the young man being expressed by his behaviour. This process was highly successful due to the contribution and collaboration of multiple staff members. As a result a detailed behaviour support plan was developed by the staff themselves which outlined the preventative support strategies that needed to be put in place in order to meet his needs in terms of structuring activities throughout the day, the information he required to make sense of his environment and how to best communicate this information to support his processing. Most significantly, the focus of attention was redirected away from developing strategies to deal with his behaviour to focusing on understanding what supports he needs and how best to put these in place.

The change for this young man and his family were significant in both the home and school environment. Some of the change is reflected in the following table (post intervention occurring 18 months after initial referral): (see below)

As clearly demonstrated, there was significant change in both the home and school environments. The reduction in the presence of the challenging behaviours was significant in itself and certainly the key component to maintaining a positive relationship with this young man. Lasting ongoing change also occurred for the family. Most importantly, the system and beliefs surrounding the young man were the main impetus of change. Change that occurred in these areas included:

- A separation of his identity from his behaviour
- Thought processes surrounding him were now support driven rather than behaviour driven
- Carer perspective and attitude toward him changed from being fearful of his behaviour to understanding the communicative purpose of his behaviour and planning for what supports he requires to meet his needs
- Carers were able to recognise early warning signs of anxiety/behaviour and put in place support to meet this need

- Carers were able to identify potential triggers for anxiety and reflect on supports to reduce these triggers
- Carers were aware of how to optimally communicate information to him to support his processing of information and meet his need for information.

For this family, along with many others, a reduction in the presence of challenging behaviour is significant in affecting their capacity to continue to care for their child. The results achieved by the family demonstrates the importance of delivering positive behaviour support to families in a way that addresses not only the behaviour of concern but the knowledge base and skills of the family.

Effective support services cannot claim that challenging behaviour will stop as a result of intervention, however it is the preventative, proactive supports that can result from the intervention that will keep the likelihood of negative behaviour low.

The challenge that continues to face many services and families alike is the energy and capacity of some families to maintain the level of supports required to meet the ongoing needs of their child on a daily basis. Families and carers of a child with a disability have the same challenges as every household and the additional challenge of maintaining a positive behaviour support plan for a person with behaviours of concern cannot be minimised. This challenge in itself raises many questions about how services providers can help a family to maintain the levels of support required to sustain positive interactions and behaviour. This is a discussion worthy of increased scrutiny. ●

SEEKING EXCELLENCE

Conference Convenors Report to Australasian Board

ASID 2010

Hilton Hotel, Brisbane

29, 30 September - 1 October 2010

by *Madonna Tucker*

Well, a very apt song lyric still rings in my ears “Oh. What a night...” or in relation to the 45th ASID conference: “Oh what a three days!” That is my summation of what was a very enjoyable: ASID 2010. On behalf of ASID, myself, Madonna Tucker as Conference co-convenor and conference partners Professor Nicholas Lennox from the Australian Association for Developmental Disability Medicine (AADDM) and Professor Karen Nankervis, from The Centre of Excellence in Behaviour Support (CEBS) we salute the over 500 attendees that made ASID 2010 possible.

The theme of the conference was “Seeking Excellence”. And we did strive to provide a conference that held up to that theme. The excellence began when ASID announced it’s exciting news about changing it’s name, logo and adding a tag line “research to practice”. One delegate gave us written feedback saying that the: “ASID name change is excellent” and I totally agree with them.

Soon after ASID announced it’s new name, the excellent research in this field was unveiled in the first Key note presented by Professor Chris Oliver. “Praise for the high quality of the conference generally and of the keynote speakers” was how one delegate described the keynotes. Another wrote: “Chris’ presentation was difficult to understand for some attendees. Regardless, it presented cutting edge research and he explained the ramifications well”. This is what we tried to provide during the conference. As ASID is a research based organization, it was delightful to have such a chal-

lenging evidence-based presentation to kick off the conference.

The other Keynotes were just as innovative and as one delegate put it: “an inspired presentation” was given by the Hon. Bill Carter Bill as he discussed the Intellectual Disability field in relation to where we have come but more importantly where we still need to go.

Dr Jennifer Zarcone then presented upon positive behavioural support and mentoring. She presented an innovative program relating to decreasing challenging behavior through staff training and engagement.

Prof. Helen Leonard followed Jennifer with “excellent yet very challenging content” in her presentation as one delegate put it. Helen presented an interesting picture of how research and data can be used to provide a great deal of information about the field of intellectual disability.

Prof. Deb Keen then spoke regarding autism and her “topic material is of great relevance, and the potential generalization of her approach to others areas of practice is very important,” said one delegate. The portraying of how research can be implemented into practice was the highlight of this presentation.

Then finally Dianne Pendergast, the Adult Guardian here in Queensland presented as one delegate put it: a “very powerful speaker, engaging presentation, from the heart...highlighted experience by disadvantaged people in the community extremely well”. This I believe summed up Dianne’s keynote presentation beautifully.

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Intermingled with the Keynote sessions were the numerous concurrent sessions. “Frustration because of too great a variety of options and some titles being misleading” were the main feedback we received about the concurrent sessions. That was the dilemma about the programme, with so many papers it was always going to be difficult because there is always a paper that could be missed with so many choices. However, the Conference Program Chair – Dr Linda Gilmore and the Program Committee, however must be congratulated for doing an excellent job in organising the huge number of papers that were submitted and making them into a very enjoyable programme.

Budget and Finance

The conference was also a financial success. The estimated profit was more than expected but is gladly reported at \$55 942.75.

Social Program

As well as the educative experience there were also some successful social events held during the conference such as the conference dinner, the networking completed during all of the tea breaks and the welcome event that was organized for the Tuesday evening, the night before the conference. This was our way of saying ‘thankyou’ to not only the sponsors but also to everyone who assisted behind the scenes.

Speaking of behind the scenes, the conference success was due mainly to the excellent support it received from the conference co-ordinator Jude McPhee, the ASID Qld committee and to the Queensland Centre



for Intellectual and Developmental Disability (QCIDD) and to all who work there. I would also like to thank our sponsors –Disability Services from the Queensland Department of Communities as our Gold sponsor, Silver sponsors Nova Employment and Life Without Barriers and all the other organisations and services who supported the conference.

Overall, many sentiments regarding the conference were summed up by one delegate’s comment “everything was really well done.” I must agree with this delegate and on behalf of the co-convenors I hope you enjoyed the conference and it was a pleasure to have been part of ASID 2010.

Madonna Tucker

National Disability Insurance Scheme

The Australasian Society for Intellectual Disability welcomes the long awaited draft report from the Australian Government's Productivity Commission on Disability Care and Support.

The Commission has recommended the introduction of a National Disability Insurance Scheme (NDIS) and has outlined a number of recommendations about the way it could operate and be funded.

The report is long and detailed, examining many of the complex issues that must be addressed before the NDIS can be introduced and implemented.

The key points in the report into the introduction of the scheme are;

- The Commission has accepted that the disability system is "inequitable, underfunded, fragmented and inefficient and gives people with a disability little choice ... a real system for people with disabilities is required." The Commission has therefore accepted the need for reform and for an NDIS.
- The Commission has also accepted that the nation must better meet the needs of those people who currently do not receive any or only inadequate support and that their improved support packages would be portable across state and territory borders.
- The Commission recommends the introduction of a fully funded National Disability Insurance Scheme with individualised funding to ensure people with a disability and their families are able to exercise greater choice and control about the supports they need.
- The Commission has also suggested an entirely separate scheme for people requiring lifetime care and support for catastrophic injuries. To be known as the NIIS, a no-fault National Injury Insurance Scheme it would draw on the best schemes operating around Australia.
- The draft report recommends that the new scheme would be managed at a national level and would be funded through a small tax increase with money directed into a 'National Disability Insurance Premium Fund'.

The report suggests that the new scheme could be introduced progressively from 2014, commencing with

people with newly acquired disabilities and those who are currently disadvantaged under the current model, in agreed 'pilot' regions.

Bill Shorten, current Assistant Treasurer and Minister for Superannuation and Financial Services has long been an advocate for people with disabilities. In 2009, as Parliamentary Secretary for Disability in the Rudd Government Bill Shorten raised the issue of the support needs of people with a disability, as reported in the 2009 June IDA.

ASID has long supported the introduction of a National 'No fault' insurance scheme for people with disability. ASID members and all those interested in supporting the basic human rights of all citizens are urged to read the draft report and consider making a submission to the Productivity Commission on the recommendations.

Information is available at <http://www.pc.gov.au/projects/inquiry/disability-support> ●

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Queensland

by Madonna Tucker

Queensland has had some difficult times since the last IDA edition. Firstly my thoughts and prayers are with all those that are still recovering from the devastating floods Qld experienced earlier this year. And more recently, our thoughts are with our colleagues and friends who live in Christchurch. May you gain the strength you need to rebuild your life and your city...

Back to ASID...This year, ASID Queensland had our planning Day in late February, where we organized what we would concentrate on for the rest of the year. My thanks go to Julie Kelly for her effort before and during that day. ASID Qld has decided to make 'research to practice' our focus for this year. We want to get to know what our members and colleagues in Queensland understand by research and how it can be implemented into practice. So considering the complexity of this issue we will be asking people what the phrase "research to practice" means to them. We will be doing this through focus groups, specific meetings and by just asking people to explain how we can translate research into practice in a meaningful way. If you have any ideas about this feel free to contact us on 3163 1983. This focus on translating research to practice will be highlighted in this year's State conference. Our State Conference will be held in August and watch this space for more information about this event.

Finally a sad farewell must be said to Peter Smith, a dedicated committee member who left us recently. Thank you for your help Peter and we wish you all the best for your new ventures.

Victoria

by Sam Murray

With another year already whizzing passed us, we have started our second half of 2010/2011 with a renewed vigor. As the Australasian Board went through a strategic planning process and revitalisation of approach, so too has the Victorian Regional Council. We were at

a loss as to how we could enhance member benefits with the limited time and resources available to us, after we take out the time and energy put into the DSW Conference each year.

As such, the Victorian Council has set up three Sub-Committees to ensure that we can provide more to the members throughout the year and establish a framework whereby the committee's resources are used to the full potential.

At our February meeting we had a robust debate about the future of the DSW Conference, as well as local activities throughout the year, and how we communicate with our members. This has led to the creation of three sub-committees, the Conference subcommittee, the Publications subcommittee and the Events subcommittee.

The Conference Sub-Committee will be responsible for the ongoing development and coordination of the annual DSW conference. The Publications subcommittee will take responsibility of the Regional newsletter, IDA contributions, and marketing of activities, and the Forward Planning Committee will look at ongoing membership benefits with respect to activities throughout the year, sourcing traveling speakers and producing subject specific events for members and non-members alike.

This is an exciting time for the Region, as we look at how best to use the expertise on our Council and how this can then be all brought together to increase membership benefits and activities.

An upcoming event to look out for is: Disability Human Rights in Research & Practice with Professor Michael Perlin - Director of the International Mental Disability Law Reform Project and Director of the Online Mental Disability Law Program at the New York Law School. This event will be held on Friday 3rd June 2011, 10am to 4pm at Deakin University Melbourne City Centre - Level 3, 550 Bourke Street, Melbourne. For more information contact Keith McVilly: keith.mcvilly@deakin.edu.au

Also, be sure to check back in with the website to see

update

how things progress as we move towards the DSW Conference for 2011.

We would welcome any Victorian ASID members that are interested in being involved in any of these sub committees to get in contact with us via our Secretary: Erin Lindley erin.lindley@randstad.com.au

NSW & ACT

By Tina Purdon

One thing about the Community Services Sector is that there is no quiet period! The ASID NSW / ACT Committee were straight back into the swing of things in 2011 with our Strategic Planning Day!

It was 2008 when a group of interested people came together in Parramatta NSW to look at how ASID could be revitalised in the State. In just a few (seemingly very short!) years, much activity has occurred.

It was with great pleasure and enthusiasm that we reviewed the Strategies and Outcomes of our 2010 Strategic Plan and noted the achievement of many of the goals we had set just 12 months ago.

The ASID National approach and Goals were reviewed and adopted and we then set about adapting these to suit the needs and interests of NSW / ACT Members.

The following are the Goals of ASID NSW / ACT for the 2011 – 2012. These goals, brought forward from our previous Plan will embrace the current National focus as well as continue to advance the work already undertaken and progress achieved to date ;

- To promote research and understanding of Intellectual Disability. This will align with the National Measurable Targets of;
 - o To be an independent authority on intellectual disability issues
 - o To forge the interaction between disability research, policy and practice

- To bring together people with an interest in the field of intellectual disability. This will align with the National Measurable Targets of ;
 - o To lead the development of strategic partnerships
 - o Engage with and strengthen membership
- To ensure high standards of practice in the field of intellectual disability. This will encompass the National Measurable Target of;
 - o Ensure sound governance

In addition, the NSW / ACT objectives are broad and will support the Vision of the National Plan – “An Inclusive Society” through a number of initiatives.

This will include forward planning for the 2013 ASID Conference which will be hosted in our Region and for which we aim to continue the extremely high standard of recent National events.

At the March 2011 meeting, following the circulation of the revised Draft document, the 2011 Strategic Plan will be formally endorsed. However a number of initiatives outlined in the Plan are already being actioned.

We are currently working on a Partnership Agreement document outlining the responsibilities of partners in any ASID initiatives. The first of these partnership events will be an ASID NSW / ACT, Hot Topics Day hosted by The Ascent Group in Armidale, northern NSW with the involvement of the Centre for Disability Studies as well as Disability Professionals Australasia. This will be followed shortly after by similar events in Wagga Wagga with Kurrajong Waratah and other Regions with the support of ASID, Disability Professional Australasia and The Centre for Disability Studies. We also invite involvement from any other suitable partners. As we finalise our Partnership document, we would value any input from other ASID Committees regarding agreements they may develop. Please contact tpurdon@ascentgroup.org.au

In 2010, ASID NSW / ACT provided funding to support an Inclusive Research project, this is underway and we look forward to bringing information regarding this successful project in a future edition of IDA.

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As we leap into 2011 with energy and enthusiasm, we wish all our ASID colleagues great success with their Plans and Activities!

Western Australia

by Angus Buchanan

WA held the State ASID Conference on September 1 last year. The theme was "Seeking Excellence", focusing on what excellence means in the lives of people with intellectual disability. There was an emphasis on how research can lead to excellence and also on programs and experiences which promote and provide excellence. The key note speaker was Professor Tricia O'Brien. The attendance was one of the largest ever with over 140 people attending.

At the Conference the Guy Hamilton Honours Research Scholarship was launched and awarded to an honours student from a Western Australian University completing researching the area of intellectual disability. This year's winner was Carmel McDougall from Curtin University who will be conducting research into the experiences of carers living in rural and remote WA. This Scholarship honours Dr Guy Hamilton and recognises his outstanding work for people with disabilities and their families and his contribution to ASSID. At the time of the award Guy was very unwell and could not attend. Since then he has passed away and this award will remain a fitting tribute to the work and memory of a remarkable man.

The Annual General Meeting was held on following the Conference and the membership voted to change the name of the organisation to ASID – Research to Practice, consistent with changes made at the Australasian Board level. The new Board has entered the year with enthusiasm. It was encouraging to hear that membership has increased steadily over the last year reflecting the relevance of ASID and the work it undertakes.

The WA Council is working on a range of events in 2011 which will include a Conference and sundowner events. Future events will also be informed by the current work

being undertaken on the Australasian Strategic Plan. Once this is completed WA will commence a local planning process.

New Zealand

by Gary Wyatt

This update has been compiled after the devastating earthquake that occurred in Christchurch on the 22nd February 2011. ASID NZ sends its sympathy and condolences to those who lost loved ones in this terrible disaster as well as extending our thoughts to those who have lost their homes and possessions.

ASID NZ particularly sends its thoughts and aroha to those members who have been affected by this and we wish to acknowledge the effort of our own Dr Olive Webb during this time.

Olive was coordinating her own relief response efforts through Facebook and other media outlets during this disaster and provided her truck to take supplies of non-perishable food, blankets and water from Hororata to those in need throughout the Christchurch region.

This disaster has seen a large number of people with disabilities displaced and some of these people have been flown around the country to other regions where support services have been able to provide accommodation and support. The disability sector, including the local providers, NASC (Needs Assessment and Service Coordination) agencies, the Ministry of Health and local government agencies have been coordinating support for those people with disabilities and their families who have been affected by the quake.

The rebuilding has not yet started and the healing will take a long time. The disability sector in Christchurch region has yet to see what the future holds.

We acknowledge the support that our Australian neighbours have provided support especially so close after the devastating floods in Queensland and beyond.

The ASID NZ council is pleased to announce that our conference for 2011 will be held in the thermal won-

derland of Rotorua from the 31st August to the 2nd September 2011.

The call for papers for this conference as well as details about registration and accommodation can be found on the New Zealand page of the ASID website (www.asid.asn.au)

Details about keynote speakers will be released in due course. If you wish to receive details about this conference or have any questions, please feel free to contact gary@accessability.org.nz.

More local events will be planned for later in the year so keep checking the website pages for more details soon.

For further information on the NZ branch of ASID, council members in your area, conference information or networking, please contact gary@accessability.org.nz – other contact details are available on the New Zealand branch page of the ASID website – www.asid.asn.au or below

ASID NZ is also now on Facebook. You can find us by searching on Facebook for “ASID NZ”.

South Australia

by Denice Warldall

Most of the energy of the committee is taken up organising the Australasian Conference to be held in November.

The Committee have been actively involved in providing information and feedback to the Social Inclusion Board who are in the process of developing a blueprint for disability in South Australia. It is pleasing that the work of ASID has been acknowledged by the Social Inclusion Unit with several references in the discussion paper to ASID’s Position Paper related to Restrictive Practices and from ASID SA’s submission to the Board. ASID SA is looking forward to the final report and the beginning of a new era in South Australia in the way people with an intellectual disability are supported and valued in our community. Our hope is the reforms will be underpinned by rights based methodology.

Although busy with the conference the committee is in the process of organising a two day workshop on Active Support. There are several agencies implementing Active Support in South Australia and there is an energetic Community of Practise however many agencies, particularly small agencies report the desire to implement Active Support but feel overwhelmed by the prospect and require support to begin the journey. The workshop will involve experienced Active Support Practitioners working with a designated person from an agency teaching them the training package and process to implement Active Support.

Tasmania

No report ●

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Secretary:	Mr Gary Wyatt	09 262 5379 or 021 427 997	gary@accessability.org.nz
Treasurer:	Mr Martyn Matthews	03 455 7418	martyn.matthews@idea.org.nz

Putting Plans into Practice

By Sam McGowan and Peter Nash

(Specialist Response Service,
Department of Communities,
Queensland)



A support worker recently said, “How was I supposed to know that I should have used photos to communicate with Bill?” He said this during a workshop in which his team was being familiarised with Bill’s behaviour support plan. The trainer said, “Because that is what we said we would do in Bill’s support plan”. The staff person said, “Yes, but how was I supposed to know that?” That of course, was the purpose of the workshop. The plan on paper clearly was not sufficient to change day-to-day practice. Without support staff knowing what was expected the plan was doomed to poor implementation and a future of dust gathering.

Limited implementation of agreed support plans often results in little or no improvement in quality of life outcomes for service users and is a common source of frustration for service providers, professional staff and families. Outcomes achieved are often not representative of the work invested in negotiating and preparing plan documents. It has been estimated that less than 50% of most plans is typically implemented (La Vigna, Willis, Shaull, Abedi & Sweitzer, 1994). And so like many New Year’s resolutions, most of the planning we do does not result in changes to practice. It comes as no real surprise then that the people we support do not then gain the full benefits of behavioural assessment and plan development. This is a significant limitation, particularly in Queensland where legislation mandates that restrictive practices be used only where proactive behavioural interventions are planned and implemented. In a field which espouses a strong human rights focus, behaviour support specialists share a set of fundamental goals: Improve quality of life, reduce challenging behaviour, and reduce the use of restrictive practices. However, behaviour support providers have also shared a fundamental challenge – the challenge to get plans off the page and into practice.

Following assessment of challenging behaviour and the development of a behaviour support plan, the person’s support team enters an implementation phase in which

the plan is put into practice. However implementation is often fraught with problems such as:

- service providers report that plan documents are lengthy and unclear
- implementation is typically not measured and so the extent of implementation is evaluated subjectively
- difficulty testing the proposed function of the person’s challenging behaviour if the intervention is not attempted
- difficulty for substitute decision makers regarding consent to use restrictive practices where implementation of proactive strategies is not evident or unknown
- many hours (sometimes hundreds of hours) are invested developing and negotiating the content of plans but sometimes these plans result in very little change for individuals

LaVigna et al. (1994) developed a methodology called the Periodic Service Review to overcome poor implementation of services. The Periodic Service Review requires that performance standards are specified, performance is measured, and that feedback drives improvements in performance. Drawing on these concepts, the Specialist Response Service in Queensland has developed 3 tools which are yielding good results in improving the implementation of behaviour support plans.

1. Implementation standards

A behaviour support plan can be converted into a set of core implementation standards. Implementation standards are short, clear statements about the most important actions that the service provider has committed to in the plan. Implementation standards should:

- clarify what the support staff are expected to do
- be worded in measurable terms so that a standard is either ‘met’ or ‘not met’
- measure actions within the control of the support team regardless of the person’s behaviour

It is not important precisely how many standards are developed out of a behaviour support plan but rather that they reflect the most important actions that will be carried out. For instance, if a critical part of a person's plan is that they attend the gym to participate in sensory activities, then one standard might be "[Person] was taken to crash activities at the gym twice this week".

Implementation standards are similar to the LaVigna et al. concept of performance standards, except here implementation standards relate to both service-level actions (e.g., "A mini-fridge has been purchased and is available to the person") and procedural actions (e.g., "A portion of food was put into the person's mini-fridge 30 mins prior to the meal").

2. Implementation diary

Another tool is needed to determine which of the implementation standards have been met. An implementation diary is a purpose designed recording sheet that prompts support staff to record what they have done in practice in relation to the implementation standards. A useful implementation diary:

- has prompt questions that act as a regular reminder of the important actions required when supporting the person
- prompts reflective practice
- requires that staff have knowledge of the person's plan to answer the questions "correctly" (i.e., ask "How did you ...?" rather than "Did you....?")
- enables determination of whether each implementation standard has been 'met' or 'not met' on any given occasion.

For example, if an implementation standard requires that a person be taken to activities at the gym twice a week, the implementation diary might ask on what days the person went to the gym to ascertain how many times they went, and what activities they did while at the gym. Simple yes/no questions are likely to give less honest answers, they do not require knowledge of the intervention to be answered, and they do not prompt the same degree of reflective practice.

3. Feedback

The implementation standards and implementation diary allow the collection of both qualitative and quantitative information about how well a plan is being implemented. The improvement in plan implementation comes from using this information to educate and motivate support staff.

With regard to quantitative feedback, it is possible to calculate the proportion of implementation standards met on any given day. The percentage of implementation standards met is called the implementation rate.

$$\text{Implementation rate} = \frac{\text{No. of implementation standards met}}{\text{No. of total implementation standards}} \times 100$$

A written feedback page should summarise the evidence collected about:

- what implementation standards are being met regularly
- what implementation standards still require more attention and how these improvements can be made

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ASSID

membership

details

4 membership types: Organisation / Individual / Student / Associate

to join: download a form from www.assid.org.au, or, contact the registrar at the address below

to current members: please make sure you don't miss out keep your contact details up to date

registrar: phone 1800 644 741 PO Box 84 Rosanna VIC 3084 Australia
assid.nat@bigpond.com

- the average proportion of implementation standards met on any given day

Staff are often very keen to hear whether their implementation rate has improved from the previous period. Even small rewards can be powerful reinforcers for staff teams who have improved their implementation rate. Staff are also usually interested to see a summary of the behavioural data that they have been collecting, and it can be especially useful to demonstrate how challenging behaviour decreases as plan implementation increases.

Effectiveness in overcoming poor plan implementation

The graph below summarises the implementation rate and frequency of challenging behaviour for a person living in supported accommodation. Overall the implementation rate has increased since it was first measured in the early stages of plan implementation. It is also apparent that the frequency of the person's challenging behaviour decreased over time.

Staff using these tools have reported that the implementation standards clarify what they need to do. They have commented that the feedback helps them to identify weaknesses in their practice and to see how

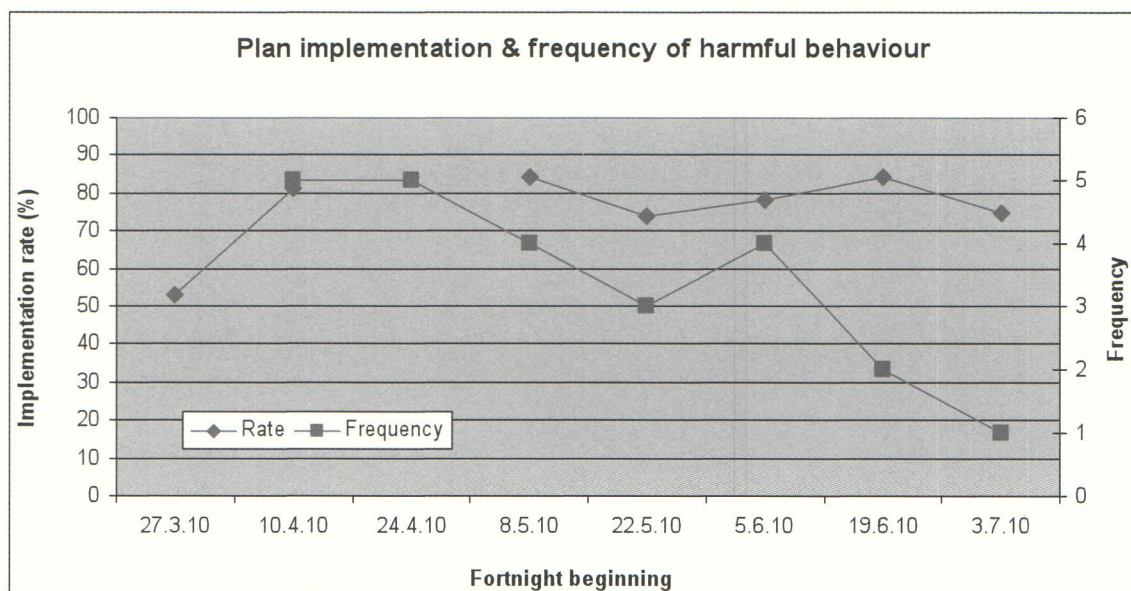
relevant the prompt questions in the implementation diary are to the person's support. These comments indicate that the problem of long, unclear plan documents can be resolved by reducing the plan down to a set of implementation standards.

Measuring implementation also reduces the tendency for subjective evaluations of the extent to which a plan is implemented and gives consenting bodies some evidence of this implementation. In Queensland, both the Community Visitor Program and the Queensland Civil and Administrative Tribunal have taken interest in this evidence.

The function of challenging behaviour is properly tested where plans are enacted. Reassessment of function is necessary where a well implemented plan is not resulting in a reduction in the person's challenging behaviour or the use of restrictive practices. Quality of life improvements are more likely to result with higher implementation rates and the hours invested in assessment and planning will yield better outcomes.

Reference

LaVigna, G. W., Willis, T. J., Shaull, J. F., Abedi, M., & Sweitzer, M. (1994). *The Periodic Service Review: A Total Quality Assurance System for Human Services and Education*. Baltimore: Paul H. Brookes. ●





New Zealand Branch

ASID NZ 8TH ANNUAL CONFERENCE and AGM

31st August to 2nd September 2011

Novotel Rotorua Lakeside, Rotorua, New Zealand

“Foundations for the Future”

Registration Form

Please print this document and complete all sections. Please complete one form for each person attending.

Personal Information

Title: _____ Given Name: _____

Surname/Family Name: _____

Preferred Name for Badge: _____

Organisation: _____

Postal Address: _____

Phone: () _____ Fax: () _____

Email: _____

I consent to the addition of the above details provided being included in a Conference list of participants (Name, organisation, address)

Payment options

Payment can be made by cheque payable to **NZASID**, or by direct payment to NZASID bank account. Receipts will be provided. Direct credit Cheque enclosed (Note cheques must be made out to **NZASID**)

Westpac Bank, Canterbury Centre, Christchurch

Account number: 03 1592 0303033 00

Reference code *Conf2011* and *your name* (to appear on statement)

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Registration Fee *

Member of ASID NZ or ASID (ASSID) (Organisational membership entitles up to 2 attendees at Members rate)	Totals
<ul style="list-style-type: none"> Full attendance \$350.00 (Two days) One Day Registration \$180.00 - Day attending: Thurs 1st Sept <input type="checkbox"/> Fri 2nd Sept <input type="checkbox"/> 	\$ _____
Membership number (Individual and Organisational members) _____	
Non-members and additional organisational members <ul style="list-style-type: none"> Full attendance \$410.00 (Two days) One Day registration \$210.00 - Day attending: Thurs 1st Sept <input type="checkbox"/> Fri 2nd Sept <input type="checkbox"/> If a non-member, would you like more information about NZASID sent to your email address <input type="checkbox"/>	\$ _____
^ I will be attending the Welcome Evening on the 31st August 2011	Yes <input type="checkbox"/> No <input type="checkbox"/>
Conference Dinner - \$60 (inc complimentary wine) – early registration recommended	\$ _____
Total payment (*ASID NZ is not registered for GST)	\$ _____

- ^ There will be a welcome function on the evening of the 31st August 2011 for those delegates who arrive the night before the opening of the conference. We welcome delegates to attend this complimentary function and relax with us prior to the conference.
- Registration desk will open at 5pm on the 31st August and then each morning at 8am on the 1st and 2nd September.
- Arrival tea/coffee, morning tea, buffet lunch, and afternoon tea is included in registration fee
- Please note, early registration is recommended and registrations will close on the 14th August 2011.

Do you have any special dietary requirements? Please state: Gluten Free Vegetarian Vegan Other

If other, please note how we can assist you - _____

Do you require any special assistance at the conference?

Please state - _____

Refund Policy

No refunds will be made for cancellations made after 14th August 2011. An administration charge of \$50 will be deducted from refunds made prior to that date. Registrations may be transferred to another person, but only with prior agreement of the ASID NZ Secretary.

Please return registration form and payment to:

Gary Wyatt
ASID NZ Conference Registrations,
PO Box 23-725, Hunters Corner, Papatoetoe, Auckland
Fax 09 262 5371

Registrations may also be emailed to gary.wyatt@accessability.org.nz

Accommodation Options

You are responsible for arranging your own accommodation. Accommodation is available at the conference venue. We recommend either the conference venue, the **Novotel Rotorua Lakeside** or the **Ibis Rotorua** located nearby. We advise early booking and registration to secure accommodation. For more accommodation information, check out "ASID NZ" on Facebook or email gary.wyatt@accessability.org.nz

To receive discounted rates at the Novotel Rotorua Lakeside or Ibis Rotorua, quote: ASID-NZ CONFERENCE 2011

* NB: Please do not include payment for accommodation with this registration. Accommodation payment is to be made directly with your accommodation provider.

upcoming events

	National Disability Insurance Scheme (NDIS) forums - various locations across the country. Check through www.nds.org.au/events
	Speech Pathology Australia 2011 National Tour <i>with Professor Leanne Togher</i> For information visit: www.speechpathologyaustralia.org.au/news-and-events
21 - 22 Mar 2011	Social Enterprise Partnerships Ltd National Conference <i>Disability Support: Options for reform</i> Melbourne
22 - 23 Mar 2011	National Disability Services & Disability Professionals Victoria Annual Conference <i>From strength to strength – focussing on Human Rights</i> Melbourne
4 - 7 Apr 2011	Pacific Disability Forum Regional Conference on Disability 2011 <i>Promoting actions on the UN Convention on the Rights of Persons with Disabilities in the Pacific Region</i> Auckland, NZ.
18 - 19 Apr 2011	Pacific Rim International Conference on Disabilities <i>Humanity: advancing inclusion, equality and diversity</i> Honolulu, Hawaii
2 - 3 May 2011	National Disability and Carer Congress 2011 <i>Make every Australian count</i> Melbourne
2 - 3 Jun 2011	Behaviour Support Conference 2011 Contact details: kay.mcpartland@flintwood.org.au
5 - 8 Jun 2011	Festival of International Conference on Caregiving, Disability, Aging & Technology <i>Growing older with a disability ; Caregiving in the 21st Century</i> Toronto, Canada.
29 Jun – 1 Jul 2011	Occupational Therapy Australia 24th National Conference and Exhibition <i>Making evidence work: informing practices, organisations and the profession</i> Brisbane
6 - 8 Jul 2011	Australian and New Zealand Communication Association (ANZCA) Conference <i>Communication on the edge: shifting boundaries and identities</i> University of Waikato, Hamilton, NZ
8 - 10 Aug 2012	10th Biennial Early Childhood Intervention Australia Conference Perth, Western Australia
5 - 6 Sep 2011	NDS Employment Forum venue to be announced
8 - 10 Sep 2011	Asia Pacific Autism Conference 2011 (APAC 2011) Perth, Western Australia ph + 618 9389 1488 e-mail info@eecw.com.au
21 - 23 Sep 2011	5th International SRV (Social Role Valorization) Conference <i>Getting the good life: from ideas to action</i> Canberra.
4 - 8 Oct 2011	Australian Psychological Society Annual Conference Canberra
27 - 30 Oct 2011	Australia Physiotherapy Association Conference Brisbane
9 - 11 Nov 2011	46th Annual ASID Conference <i>To Beg or to Choose; you decide.</i> Adelaide www.asid.asn.au

If you want to advertise your conference in IDA's upcoming events section, please e-mail: susan.peden@dsc.wa.gov.au

asid
research to practice

**to beg or to choose:
you decide**

AUSTRALASIAN SOCIETY FOR
INTELLECTUAL DISABILITY

46TH ANNUAL ASID CONFERENCE
9 – 11 NOVEMBER 2011
Stamford Grand Hotel
Glenelg, South Australia

About the 2011 ASID conference

The 46th annual Australasian Society for Intellectual Disability (ASID) conference will be held at the Stamford Grand Hotel, Glenelg, South Australia 9-11 November 2011.

We anticipate that the Productivity Commission's report on the viability of the National Disability Insurance Scheme will be available in 2011.

Given that the findings of this report may be paradigm shifting in terms of funding models for people with an intellectual disability, the 2011 ASID Conference will ask the question:

How will our community support people with an intellectual disability, their families and carers, in the future?

TO BEG OR TO CHOOSE: YOU DECIDE

Please join us to consider and discuss these issues. Further information on the 2011 ASID Conference will be available on the conference website www.asid.asn.au.

Denice Wharldall
Conference Chair, 46th annual ASID Conference