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| **This document aims to provide ideas and/or examples to support a consumer-parent in their preparation to applying for support to the NDIS and, if successful, with the annual reviews.**  Hints for factors that determine the level and frequency of support:   1. What roles, responsibilities, activities and tasks does the person need support with? 2. How often does the person require assistance with particular tasks? How many times does the person need support per day, per week, per month or per year? 3. What support is currently provided? Are services already involved which can provide details about how long tasks take or areas that need more support/time? 4. What are the goals of the support and will this affect time allocated? (E.g. learning skills in an area to build independence as opposed to doing the task for the person). 5. Is this enough or the right sort of support to promote living a ‘ordinary life? The NDIS stated Vision is; ‘Optimising social and economic independence and full participation for people with disability’. 6. What natural supports are around the person? Can these be maintained/sustained? 7. What supports might be grouped or can overlap, e.g. support with transport might roll into support with social interaction or assistance with shopping. 8. Draw up a weekly or monthly timetable with the person and identify when/where the person will require assistance/support. 9. Will the level of support change? (E.g. due to the episodic nature of the person’s illness or the potential that the person will require less support in the future) Given this, what might be the average over a month, 6 months or year? From <https://ndis.gov.au/html/sites/default/files/Completing_the_access_process_for_the_NDIS_Tips_for_communicating_about_.._.pdf>   Goals may include: improved living situation; increased social and community participation; finding and keeping a job – including reducing impacts on poverty levels; improved learning; improved relationships; and improved daily living. | | | |
| **Functional Domain** | **Symptoms** | **Examples of functional impact (as a parent)** | **Support considered (for parenting role)** |
| Mobility Skills | * paranoia, * anxiety, * sensory sensitivity * low confidence * side effects causing weight gain, lethargy, * tremor compulsions | * Difficulties driving or using public transport or leaving the house, to go to shopping centre, attend recreational/vocational activities or to unfamiliar environments. This can impact on taking children to school, health appointments, any leisure activities, having play dates with friends, inability to attend family and cultural events. * Mobility difficulties as a result of side effects of treatment (eg tremor, weight gain). This could impact on the ability to prepare meals or assist with any activities, homework assistance, or skill development activities the child/ren require. | * OT Assessment: Mobility /transport/ meal preparation to identify capacity to perform task/ capacity to improve performance of tasks. * May then require a worker to do the task completely, assist with task and or facilitate training/ skill capacity building to support and implement strategies overcoming limitations and barriers from mobility. * Person to assist parent in transporting children to school , family or other leisure activities. * Person to assist and skill up older children to be able to undertake some meal preparation. Special equipment to assist with meal preparation or delivered meals, e.g. Lite ‘N Easy. |
| Communication | * Disorganised/ thought disordered * delusional thinking, * hallucinations, range of affect * cognitive difficulties – social cognition | * Difficulties interpreting communication, following instructions, conversations or directions, seeking help/direction, reading nuances of verbal and non-verbal cues, awareness of others, communicating needs/wants. The symptoms could impact greatly on the parenting role and capacity to parent effectively, as well as the ability for children to be able to communicate to their parent and be understood. | * Person to assist parent to be able to communicate with their children – and to assist children to be able to have key tools and strategies to communicate with parent. * Specialist equipment for parent, and person to assist children to know how to receive information and ask for it from parent, using this equipment. * Potential for Parenting Groups and Children’s Groups – to provide psycho-education and information about the impact of mental health for family and particularly children. * Practical groups to practice communication skills and strategies learnt, role play and seek feedback and support from peers and facilitators regarding progress and perceived and actual barriers met when implementing strategies * Circle of Security, CHAMPS and associated parent groups, Space4Us, Satellite Foundation) These are all specialist groups providing psycho-education and support to children, young people and their families re impact of mental health |
| Social interaction | * Post-traumatic stress, * anxiety, * cognitive difficulties – social cognition (e.g. challenges with reading nuances of verbal and non-verbal cues), disinhibition, aggression,   irritability,  mood lability, interfering behaviours),   * side effects of medication, * rapport with others, disrupted social development, * response to stigma/discrimination, low confidence | * Difficulties initiating and responding to conversations, making and keeping friendships, talking to particular people, interacting with the community and unfamiliar people, coping with feelings and emotions, friction or avoidance of others in the household. Unable to attend work, education or training on a regular basis/other than for a short period. * Potentially significant impact on children regarding education/kinder/school attendance, interaction with teachers, ability for children to make any friendships, if unable to bring friends to the home. Potential for conflict with other parents. Highly likely the resources required for school will be out of financial reach – poverty and these consequences. Potential conflict if renting, for housing instability. * People can often be vulnerable to the influence of others or reduced social cognition results in misunderstanding or misinterpretation of meaning. This may impact parents’ perception of being welcomed/ not welcomed by the school community, communicate ineffectively to school regarding their own and their child’s needs or experiences. Parent may isolate themselves from school community and reduce their active role/ involvement with their child’s education and broader community opportunities. * Parents whom experience emotional dysregulation may not be able to tolerate distress and perceived rejection regarding guidance or requests from school or activity facilitators, parents etc… and may become hypersensitive and heightened arousal levels and unable to recover in a timely manner to be able to take on information, advice, direction provided and then action advice etc… and can elicit unhelpful and confrontational interaction. | * Person to assist parent with school interaction, and to foster positive and supportive relationship with the school (teacher, principle and welfare officer) * Person to assist with any planning and organisational scheduling to assist children to attend school – key times that may be difficult (morning and/or evening) * Person to assist parent with obtaining resources to assist children’s education and community participation * Person to assist in enabling the development of friendships for children * Person to assist in ensuring housing stability and negotiating with any landlords/real estate agents * Person to support and encourage emotional regulation and managing interpersonal conflict or misunderstandings and improving interpersonal relationshhips * Person to assist the child to understand why sometimes misunderstandings happen with the parent and identify a person the child can talk with about this when occurs |
| Learning | * Cognitive difficulties – alertness, * orientation, * spatial awareness, concentration, * learning, * planning , problem solving, * following instructions, generating ideas. Distracted/tangential thinking. * Poverty of thought. * Side effects – lethargy. | * Difficulties following complex instructions, concentrating on longer tasks for more than 30 minutes, slowed movements or reaction time due to symptoms or treatment effects. Difficulty in concentrating on any productive task for more than a few minutes. * With these functional difficulties, impact on parenting and children’s needs being met would be significant. * Parental reading to children, engaging with homework tasks and encouraging children to read to them * Challenge for parents to remember/ recall/ organise and follow any appointments or requirements communicated regarding children (school excursions, completing forms correctly and returning by the stated time, having all the required items for an excursion organised and with child on the given day | * Person to assist children with homework – tutoring in the home. * Person to assist in transporting children to school and home/activities/cultural events. * Person to assist with household activities and teach older children to undertake some simple household activities. * Person to provide parent with respite. If young baby/toddler and waking at night – person to provide support during night due to impact of medication and sleep. * Personal coach for parent to assist with understanding developmental needs of children and what the parent can provide. * Parent information group regarding importance and how to support learning at home * Person to assist developing a structure with school to prompt and support parent to ensure child attends excursions and opportunities and chld always has required items etc… |
| Self-care | * Cognitive difficulties * issues related to self-awareness * safety * self-esteem * lifestyle choices * compulsions * understanding of illness * Side effects – weight gain increased appetite * lethargy amotivation. | * Issues with personal care/grooming, coping strategies, maintaining physical health, non-accidental self-injury, managing medication, sexual health and well-being. * Living independently but potential to neglect self-care, grooming or meals. Needing some support to live independently to maintain adequate hygiene and nutrition. * Needing continual support with daily activities and self-care. * Judgement, decision making, planning and organisation functions may be disturbed. | * Person to assist parent and children with personal care, and skills to undertake their own care for older children. Potential for a group education session to provide and reiterate information as well as peer feedback To reduce further stigma and isolation of parent and child by presenting themselves as clean and neatly groomed parent and child * Person to assist parent and older children to develop a routine/ checklist to ensure essential self care attended too each day * Person to assist children to undertake exercise/activities, as well as attend school/preschool. * Specialist equipment to assist with reminders (potentially flashing light set up) for providing care for children’s physical needs, particularly if very young children who are unable to care for themselves. * Meal preparation/provision services – such as Lite ‘N Easy, or person to assist with shopping for food and clothing/resources for children. |
| Self-management | * Amotivation * cognitive difficulties – impulsivity * decision making planning, * problem solving * Side effects – weight gain, lethargy. * Issues related to self-awareness * self-esteem * safety /vulnerability/ lifestyle choices * mood disturbances * thoughts of self harm/suicide | * Difficulty in attending to responsibilities due to lack of motivation, interest, concentration, organisation, or different priorities. Easily overwhelmed. * Difficulties/requires prompting/assistance managing household responsibilities (eg laundry, paying bills, housecleaning), budgeting money, solving problems that arise, making decisions, taking responsibility, behaving responsibly/safely, maintaining adequate diet/nutrition, shopping/cooking. Keeping safe in home environment (food storage, use of stove, etc.) * Unusual behaviours that may disturb other people or attract negative attention and may sometimes be more effusive, demanding or obsessive than is appropriate to the situation. * Slight difficulties in planning and organising more complex activities. * Difficulty coping with situations involving stress, pressure or performance demands. * Behaviour, thoughts and conversation are significantly and frequently disturbed. * Guardian/administration order in place? State Trustees? Family support? * Significant impact for parent and children, so support services required. | * Person to supervise, prompt, support with care of house, managing money, getting services, problem solving, develop new skills, supervise and support children with any educational and leisure requirements. * Personal support to provide feedback/behavioural support * Equipment/aids/devices that can assist with cognitive problems. * Person to assist children and young people to understand some of the difficulties parent has and provide assistance/information/coaching about the equipment and some of the ways they can ask for assistance. * Person to provide significant assistance and support to children in the home, and to monitor safety and wellbeing needs. |

Adapted from ‘Prompts for clinician report/part F of the NDIS request form’