Disability Justice - A Person Centred Approach

FACILITATOR’S GUIDE
This is a one day training package that will require the following resources:

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<tr>
<th>No.</th>
<th>Resource</th>
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<tr>
<td>1.</td>
<td>Projector <em>(venue booking will confirm)</em></td>
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<td>2.</td>
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<td>5.</td>
<td>Participants Handbooks <em>(one for each participant)</em></td>
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<td>- 10 <em>stretch activity</em> examples sheets</td>
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<td>- Training Evaluation forms</td>
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<td>8.</td>
<td>Blue, yellow and red coloured dot stickers</td>
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## TRAINING PLAN

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<tr>
<th>Time</th>
<th>Slide</th>
<th>Session content</th>
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<tr>
<td>Prior to 9.30am start</td>
<td>Slide 1 – Intro slide</td>
<td>Preparation</td>
<td>• 10 example sheets</td>
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<td>• Set up icebreaker activity – bluetac the 10 example sheets on the wall ready for the icebreaker session</td>
<td>• Blue, yellow and red dot stickers</td>
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<td>• Welcome participants</td>
<td>• Attendance sheet and pen</td>
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<td>• Attendance sign on – have sign on sheet and pen available for participants</td>
<td>• Whiteboard</td>
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<tr>
<td>9:30 – 09:45am (15 mins)</td>
<td>Slide 2 – Welcome &amp; Introduction</td>
<td>1.1 Acknowledgement of Country</td>
<td>• Whiteboard markers</td>
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<td>1.2 Welcome and introduction - Explain that the session was developed in collaboration with ACWA, LWB and IDRS. It does not replace other person centred training available but will compliment other courses (reference list at back of participant handbook)</td>
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<td>1.3 Housekeeping - identify Fire Exit Procedures, toilet locations</td>
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<td>1.4 Group Agreement – verbal or written up on whiteboard</td>
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<td>9.45 – 10.00am (15 mins)</td>
<td>Slide 3 - Icebreaker Activity</td>
<td>3 Icebreaker activity</td>
<td>• A3 activity list</td>
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<td>• Instructions</td>
<td>• Blue, yellow and red dot stickers</td>
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<td>‘Reading through each of the 10 examples listed on the wall; use either a blue, yellow or red coloured dot to describe how you would feel about it’</td>
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<td>• Group reflection</td>
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<td>Ask the group ‘how many people in the group used a red dot for an activity on the wall?’; ‘what came to mind about that activity?’</td>
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<td>• Link</td>
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<td>Advise participants that you will have the opportunity later in this session to link back in to this activity</td>
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<td>NB: Activity will <strong>link to the comfort, stretch, panic theory (session 8)</strong></td>
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| 10.00 – 10.10am   | Slide 4 – Brainstorm Activity | **2.1 Person Centred Approaches – What do we mean?**  
**Brainstorm** in large group, write up responses on whiteboard to the question:  
• What do we mean by person-centred approaches?  
Prompt participants for their understanding of PCA; have they utilised these approaches before; or received training?  
*In this section we are looking participants to come-up with some responses - such as ‘putting the person at the centre of their life, active listening to hear what is really important to them, focusing on strengths, not deficits, inclusion, the person’s identifies their own goals’.*  

Then ask the group:  
• If a person was Aboriginal, would there be any additional points to consider when thinking about using a person centred approach?  

PCA is very much a holistic way of providing service and ensuring an individual’s needs are met, and therefore culture, race, beliefs, kinship, etc are all considered when applying this theory. |
| (10 mins)         |                            |                                                                                  | • Whiteboard  
• Whiteboard marker |
| 10:10 – 10:15am   | Slide 5 – PC Definition    | **2.2 Person Centred Definition, Origins & History**  
Person Centred Planning is:  
“a process of continual listening, and learning; focussed on what is important to someone now, and for the future; and acting upon this in alliance with their family and friends. It is not simply a collection of new techniques for planning to replace Individual Programme Planning. It is based on a completely different way of seeing and working with people with disabilities, which is fundamentally about sharing power and community inclusion” (Helen Sanderson 2000) |
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<td>(2 mins – slide 6)</td>
<td><strong>Slide 6 – Origins and history</strong></td>
<td>Provide a brief overview of Person Centred Approaches - following normalisation theory (Nirje and Wolfensburger) which aligned with a social shift towards de-institutionalisation of people with disabilities. The move from these institutions to community based homes, focused on a medical model of support, primarily as a result of lack of medical and health attention to these individuals when they were in institutions. Safety and risk were also a major focus as individuals previously in congregated care, were physically isolated from society and were use to a very rigid, structured day-to-day routine. Pioneers of this work recognised that a focus on health and safety, didn’t ensure a full and happy life for individuals. <em>Use your own examples here to illustrate above.</em> Also acknowledge that for people with criminal justice history ‘risk management’ and ‘protection of the community’ may have become a dominating feature of service planning at the expense of applying person centred approaches. Being person centred is especially important for this group - need to resist abandoning person centred approach.</td>
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<td>(2 mins – slide 7)</td>
<td><strong>Slide 7 – What we will explore</strong></td>
<td>2.3 What will we explore today?   • <strong>Content specific</strong> - Note that the day is in reference to the disability sector for people with cognitive disability who are at risk of contact or in contact with the Justice System  • <strong>What we will explore</strong>  ➢ Supporting people to discover and work on, what a good life looks like for them now and in the future  ➢ Utilising various theories to support your practice with individuals  <em>Teaching Points:</em>  o Emphasise that person centredness is not so much a destination we arrive at, but a journey we are all on, all the time.  o It is not something we are, or are not, but a skill we strive to improve through on going listening and learning. There are no quick fixes!</td>
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**WE**

**LIFE WITHOUT BARRIERS**

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| 10:15 – 10:30am (15 mins) | Slide 8 – Good Life Activity | **3.1 Good Life**  
- **Individual Self Reflection:** (5 mins)  
  Ask the participants to think about themselves, and what makes a good life for them.  
- **Large group feedback:** (10 mins)  
  Use two pieces of butchers paper - ask participants to call out their responses to the Good Life Activity.  
  On 1st butchers paper – write up ‘Imp To’ examples that are called out  
  On 2nd butchers paper – write up ‘Imp For’ examples that are called out  
  At the end of the feedback, then add the headings to the top of the butchers papers ‘Imp To’ and ‘Imp For’.  
  NB: you may need to prompt IMP FOR examples – physical, mental and emotional health and wellbeing; as well as cultural obligations and responsibilities, cultural beliefs | Participant handbook - page 3  
Butchers paper x 2  
Textas bluetac |
| 10:30 – 10:35am (5 mins) | Slide 9 – IMP TO / IMP FOR | **3.2 Important To/Important For**  
Important To and Important For is a foundational tool within person centred thinking. Explain:  
- IMP TO - things that bring happiness, contentment, fulfilment  
- IMP FOR - things that relate to health (physical, mental, emotional, spiritual) & safety |
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| (4 mins – slide 10 and discussion) | Slide 10 – quality of life | Quality of Life – requires a balance between IMP TO/IMP FOR  
   **Ask participants** *(they can write it in their handbook; page 4)*:  
   - What if we only focused on IMP TO? What impact would that have?  
   Discuss – this leads to all choice/no responsibility.  
   Use an example - we know that healthy food is important for us, but what is important to me, is going out to a restaurant with my friends or family and enjoying an amazing meal and dessert and wine, whilst not worrying about calories or whether it is nutritionally good for me.  
   However, if I choose to eat out in this way every night, drink what I like etc *(focusing only on Imp To)*... **What would happen after 6 months of serious overindulgence?**  
   (wait for the group to answer – what we are hoping they say, is I might start getting sick, looking unhealthy, putting on weight, turn up late to work hung-over, might lose my job etc).  
   **Ask participants:**  
   - So if we only focused on Imp For? What impact would that have?  
   - What would we be missing out on?  
   Discuss – that health and safety will dictate life choices; likely to be risk averse.  
   **Other teaching points:**  
   o Reinforce that Imp To/For is about balance and understanding that each impacts on the other  
   o **Imp To & Imp For influence each other** *(e.g. if I lose my job and find it difficult to get another job in the same field, it may become important to me to retrain myself in another area of work; or consider taking a job below my experience and qualifications for less pay – this will then impact on my income and other areas of my life...am I willing to sacrifice other important parts of my life?)  
   o **Things change throughout our lives** – what’s important to us now may not be in the future | Participant handbook – page 4 |
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| 10:35 – 11:02am (27 mins) | Slide 11 – Case Study | 3.3. Contextualising Imp To/For (DJ case study)  
• Case Study  
  **Individual work** (5 mins):  
  Refer participants to Case Study in Participant Manual on page 5, individually spend 5 minutes reading the case study and noting IMP TO/IMP FOR.  
  **Small group work** (10 mins):  
  Then in small groups spend 10 minutes discussing & recording:  
  • From the case study, what do you think is IMP TO/IMP FOR George?  
  **Large group feedback** (5 mins)  
  Ask each group to provide verbal feedback on one IMP TO/IMP FOR example each whilst facilitator records responses on butchers paper. Continue to do this until all IMP TO/IMP FOR are covered.  
  Then **ask the group** (5 mins):  
  • How could you support George to have a better balance between what’s IMP TO / IMP FOR him?  
  **Self Reflection** (2 mins)  
  Refer participants to self reflection questions at bottom of page 5 of participant handbook. Give 2 mins to complete:  
  o Understanding the need for a balance between Imp To/Imp For, for people to have good lives, how does that impact on the way you view your current role?  
  o What would you consider doing differently?  
  *Teaching Point – get group to consider in their current roles where is most of their work focused on the IMP To or the IMP For side.*  | Participant handbook - Page 5/6  
Butchers paper x 2 Markers |
### Time

11:02 – 11:07am (5 mins)

### Slide 12 – Needs Theories

### Session content

**The Needs Framework:**
Looking at Maslow’s framework to understand what our focuses may be. Understanding that the concept of this framework as a hierarchy is not true for all people; what is important to us can differ markedly based on our past and current experiences.

*Use own example to link to Disability Justice focus.*

**Existence, Relatedness and Growth Theory:**

Alderfer (1969) – developed his ERG Theory from Maslow’s work. A streamline of Maslow’s 5 categories to 3.

1. **Existence:** needs relating to health and safety
2. **Relatedness:** needs relating to love/belonging, inclusion, relationships & self esteem
3. **Growth:** needs relating to self actualisation; creativity, learning and personal development

**Ask participants:**

- What might happen if we, as workers, only focus on one of these areas when supporting someone? Is there a balance?

**Existence group** - concerned with providing the basic material existence requirements. They include the items that Maslow considered to be physiological and safety needs.

- Safety is a major issue for Aboriginal people due the effects of invasion and colonisation.
- Most Aboriginal people don’t feel safe because of the effects of trans generational trauma, which has been passed down through generations, and the mistrust of a society that does not value Aboriginal people.
- The issue of safety has a cultural context in relation to the Existence group, given all Aboriginal people are actually the remaining survivors, of country, which actively participated in genocide towards Aboriginal Peoples.

### Resources

Participant handbook – page 7
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| 11:07 – 11:09am (2 mins) | Slide 13 – why focus on person centred approaches? | **Relatedness group** – the desire people have for maintaining important interpersonal relationships. These social and status desires require interaction with others if they are to be satisfied, and they align with Maslow's social need and the external component of Maslow's esteem classification.  

**Growth needs**: an intrinsic desire for personal development. These include the intrinsic component from Maslow's esteem category and the characteristics included under self-actualization.  

*Alderfer also proposed a regression theory to go along with the ERG theory. He said that when needs in a higher category are not met then individuals redouble the efforts invested in a lower category need. For example if self-actualization or self-esteem is not met then individuals will invest more effort in the relatedness category in the hopes of achieving the higher need.* | Participant handbook – page 8 |
|              | 3.4 Why focus on PCA? | - Baldry et al study for ADHC 2012 – [read out slide 13]:  
  “Having a cognitive impairment predisposes persons who also experience other disadvantaged social circumstances to a greater enmeshment with the CJS early in life...  
Persons with cognitive impairment and other disability such as mental health and AOD disorders (complex needs) are significantly more likely to have earlier, ongoing and more intense police, juvenile justice, court and corrections episodes and events.”  

**Mention Aboriginal incarceration and deaths in custody rates**  
**The research says...**  
- There is an over-representation of people with mental health disorders or cognitive impairment in prison  
- Trajectories to the Justice System are often due to a lack of support services, including specialist disability services, drug and alcohol services and general social services such as housing and income support |
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| 11:09 – 11:11am (2 mins) | Slide 14 – Shut Out Report 2009 | **3.5 What the Disability Community say...**  
A 2009 Report SHUT OUT: The Experience of People with Disabilities and their Families in Australia found similar experiences for people with disabilities. Submissions identified exclusion and negative social attitudes as critical issues. The consequences for people of having these devalued roles in the community were evident.  

Read out Slide 14 -  
“People with disabilities and their families, friends and carers reported daily instances of being segregated, excluded, marginalised and ignored. At best they reported being treated as different. At worst they reported experiencing exclusion and abuse, and being the subject of fear, ignorance and prejudice.”  

This statement sums up general community opinions of Aboriginal Peoples as well.  

Ask the group to:  
• Consider what it is like being Aboriginal and having a cognitive disability |

ACT Gov 2011 - significant policy shift; emerging theme of person centredness - services being highly tailored and wrapping around a person/family to deliver meaningful outcomes for individuals, families, communities and Governments; widespread recognition that specialist services cannot achieve outcomes in isolation.  
Characteristically an overarching framework for the provision of support to range of vulnerable groups requires:  
• Improved access – including single entry point  
• Early intervention  
• Lifelong planning  
• Increasing social participation  
• Service planning – including provision of person centred services  
• Support for carers (where they exist)  
• Increased workforce capacity  
• Increased access to Indigenous people  

Participant handbook – page 8
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| 11.11-11.15am (4 mins) | Slide 15 – Sociological Risk Factors | 3.6 – Sociological Risk Factors  
Drawing from previous DJP training session, there are identifiable risk factors that are a trajectory towards a DJ pathway.  
  **General discussion** – Given the research, what people with disability report they are experiencing, and the sociological risk factors....  
  o Do we feel our current approaches working?  
  o Can focusing on balancing IMPORTANT To and IMPORTANT FOR lead to better outcomes in a person’s life?  
  
  **Teaching point:**  
  The need for services to work collaboratively and holistically ‘around a person’ is essential to identify and respond to risk factors in a person’s life; to reduce the rates of recidivism; and to work on quality outcomes with the individual. | Participant handbook Page 9 |
| 11:15 – 11:30am (15 mins) | Slide 16 – Morning Tea |  
| 11:30 – 11:45am (15 mins) | Slide 17 – Self Reflection | 4.1 The Five Valued Experiences  
Get participants to start with the self reflection exercise:  
  • **Individual work** – self reflection (10 mins)  
    *In participant handbook on page 10, answer what it feels like when these are present/not present in their life:*  
    • Relationships  
    • Able to contribute meaningfully  
    • Respected and valued  
    • Choice and control  
    • Places to go and things to do | Participant handbook Page 10 |
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| 11:45 – 11:55am (10 mins) | Slide 18 – The Five Valued Experiences | **4.2 The Five Valued Experiences (cont.)**  
John O’Brien was influential in the Normalisation and Social Role Valorisation movements as well as the move towards inclusive forms of service provision. According to O’Brien (1989) the five valued experiences include:  
1. Growing in Relationships (Belonging)  
2. Contributing  
3. Sharing Ordinary Places  
4. Dignity of Valued Roles (Being respected)  
5. Making Choices  
Finding a sense of belonging (through relationships/ and our roles):  
• is a sense of knowing who you are and where you fit  
• means having meaningful relationships  
• depending on others and having them depend on you (contribution/roles)  
<p>| Participant handbook Page 11 |</p>
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<td>Making choices:</td>
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|      |       | • feeling/being in control of your life; having the power to make your own decisions and learn from your mistakes  
|      |       | • contributes to your self esteem and self worth |           |
|      |       | o **Focus on how they all interrelate and influence positive change e.g.** find a place where you share a common interest with others (ordinary place), get to know new people and potentially develop friendships & have a role in the group (belonging and being respected, and contribution)... all of these experiences from connecting in an ordinary place |           |
|      |       | o **Focus on Inclusion vs exclusion** – how the values promote inclusion |           |
|      |       | o **There may be additional challenges & barriers to applying ‘person centred’ approaches to people with criminal justice history. EG That the person’s life experience may have led them to be suspicious of others, unable to trust. The challenge of building a trusting relationship based on truly person centred approaches.** |           |
|      |       | o **Focus on the particular importance of being trustworthy as a worker to build trust, doing what you say you will do and not letting people down. This group may have long experience of being let down and may have learned to expect to be let down.** |           |
|      |       | Group reflection/discussion |           |
|      |       | **Ask participants** to think back to George (first case study); how many valued experiences were present in his life? |           |
|      |       | Other questions to pose to the group: |           |
|      |       | *So thinking about people who have returned to community/returned home after being in custody for several years; putting ourselves in that person’s shoes, what must it be like to have to rebuild connections/relationships, develop valued roles, go to ordinary everyday places?* |           |
We all strive to have these valued experiences in our lives, whether these come from a negative or positive relationship.

E.g. someone may have just come out of custody. In the past, if they have been a member of a gang for instance, this may have filled their sense of belonging, being respected and valued by the gang because of the role they fulfilled in the past. This has a strong connection to a person’s sense of identity, sense of self and self-worth.

Understanding this, is it a surprise that people will gravitate back towards these groups/relationships again when they come out of custody?

Eg. This is a very similar experience for Aboriginal people who are released from prison and return to the same communities in which their offence occurred. Often nothing has changed but to leave their community, which may be dysfunctional, means they have to leave their families and kinship supports.

Prompt:
- So the work for us then is, how do we open up other opportunities, for people to have these experiences, but in a more positive setting, that does not link them back to offending pathways?

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| 11:55 – 12:05pm (10 mins) | Slide 19 – Valued Roles | **5.1 The dignity of Valued Roles**

Being respected and having dignity are basic needs. Our self-worth doesn’t come from our possessions or how much money we have...it comes from our *titles, labels and roles*. We are fathers, mothers, artists, listeners, neighbours, employees, and a host of other things.

But we all also have our problems and struggles....what if those shortcomings defined our lives? Would that be a dignified way to live?

*You could introduce anyone’s deficit first. My lazy son. My useless and distant husband. My clinically depressed sister. There is my brother, you know, the one who dropped out of*
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<td>school, never stays in a job for longer than six months and always comes over to ask for loans (that he never pays back). There’s my uncle that apparently has a sore back...been on painkillers for years...still manages to drink like a fish. All of these examples negatively label people.</td>
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<td><strong>Brainstorm activity:</strong></td>
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<td><strong>Ask the group</strong> and write up responses on whiteboard:</td>
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<td>Thinking about Disability Justice and the people we support who have experience with the Justice System...</td>
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<td>• What are some of the labels that they may experience if their role is viewed as a negative one? E.g. gang member, paedophile.</td>
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<td>• What effect would these have on the individual long term?</td>
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<td>E.g. The stereotypes of Aboriginal Peoples often depict people with a lack of dignity, and their experiences of racism and discrimination often define who they are as a race, and further compound the issues of why Aboriginal people often struggle to attain the same outcomes as non-Aboriginal people.</td>
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<td><strong>Teaching point</strong> – we want to focus on building opportunities for positive valued experiences to reduce the long term negative impact of experiencing isolation, exclusion...which can lead to depression, low self-worth, not wanting to engage with people/go out into community etc.</td>
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<td>Also consider that people we are working with might be angry – need to build a positive, trusting relationship (following through on what we agree to do, not letting people down)</td>
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**Whiteboard and markers**
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<td>12:05 – 12:25pm</td>
<td>Slide 20 – Group Activity</td>
<td>5.2 Roles</td>
<td>Butchers paper and text as at each table</td>
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<td>(20 mins – small group)</td>
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<td><strong>Small group activity</strong> - In small groups, record responses on butcher’s paper:</td>
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<td>Think about a person you support who may have a perceived negative role, focus on one person’s example in your group - and answer the following:</td>
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<td>• What valued experiences are being met in the person’s life currently; and how?</td>
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<td>• How could we start to support opportunities for other positive valued experiences?</td>
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<td><strong>Give an example prior to group work starting</strong>: e.g. lookout person during robberies - remind the group that some roles are strongly valued by the person because of the sense of belonging and contribution which can give them a strong identity to that role. How can we support opportunities to build on existing positive roles or new positive roles, that fulfil the same values and what is important to the person?</td>
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<td><strong>Feedback to larger group</strong>: prompt small groups to present their butchers paperwork</td>
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<td>12:25 – 12:45pm</td>
<td>Slide 21 – Quote</td>
<td>Summing up prior activity - the importance of Social Roles</td>
<td>Participant handbook Page 11</td>
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<td>(20 mins – feedback)</td>
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<td>John O’Brien quote on slide 20: “Social roles not only provide a key to understanding how bad things happen to people with developmental disabilities, they also open a way to increase the chances that good things will happen to a person; see and treat people as developing, contributing citizens”</td>
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<td><strong>Teaching point</strong>: When we are working with individuals, particularly people at risk of, or in contact with the Justice System, it is about looking deeper than there presenting offending behaviours. So thinking about and talking with the person about what is IMP To them in their lives and also thinking and talking about what valued experiences are being met and how, should be central to our work.</td>
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<td>So not only thinking about our work from a support needs framework (i.e. Maslow and Alderfer) which we still need to do, but ensuring that we are balancing that out with what is IMP To/For a person for a good life.</td>
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| 12:55 – 1pm (5 mins) | **Slide 23 – Service Accomplishments** | **5.3 Service Accomplishments**  
O’Brien discussed five closely linked service accomplishments that guide service staff in their work (O’Brien, 1989). Each accomplishment supports a vital dimension of human experience that has been somewhat limited for people with disabilities.  

The five valued experiences are created by people’s own effort and the efforts of friends, family and community members, and are assisted by these accomplishments:

1. **Community Presence**: How can we increase the presence of a person in local community life?  
2. **Community Participation**: How can we expand and deepen people’s friendships?  
3. **Promoting Choice**: How can we help people have more control and choice in life?  
4. **Supporting Contribution**: How can we assist people to develop more competencies and contribute their unique gifts?  
5. **Valued Roles**: How can we enhance the reputation people have and increase the number of valued ways people can contribute? (O’Brien, 1989)  

The Valued Experiences can identify areas of need, while the accomplishments can guide supports. The accomplishments guide organisations on how to build opportunities for the values to be present in people’s lives.                                                                     | Participant handbook Page 12 |
| 1pm – 1:30pm (30 mins) | **Slide 24 - LUNCH** | **Play video - Jason McElwain’s Story**  
Could consider mentioning other people’s low expectations of people with a disability… e.g. like with Jason… the coach offers Jason (waterboy and team manager) a chance to ‘suit up’ and in the last 4 minutes of the game actually play. Jason ended up being more skilled than a lot of the players. | Play video from Powerpoint |
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| 1:30 – 1:35pm   | Slide 25       | **Quick refresh – What have we covered so far?**  
• What are person centred approaches and where they came from  
• We asked you to think about a Good Life and what makes a Good Life for you  
• We linked that into IMP To/IMP For framework (a person centred thinking tool)  
• We looked at the Needs Framework (Maslow and Alderfer)  
• We looked at the statistics that are specific to Disability Justice (Baldry et al)  
• We heard what people with disability had to say (Shut Out report)  
• We spoke about the 5 valued experiences and what it is like when they are present/not present in your own life  
• We spoke about valued roles and the impact on people when these are viewed as negative  
• We then linked that back to what is that telling us is IMP To a person, and what are some of the valued experiences being met (belonging, being valued and respected for what you bring to relationships etc)  

**So now** thinking about Disability Justice, and the people we are working with who may currently have negative or limited connections....

Let's look at some other ways to open up positive social experiences, which then may lead into valued social roles.  |
| (5 mins)        |                |                                                                                                                                                                                                           |           |
| 1:35 – 1.55pm   | Slide 26       | **6.1 Building on Strengths and Interests**  
*Play video - Power of Ten (only show a few minutes for participants to get an idea of the concept)*  
The Power of Ten concept was advanced by architect Charles Eames, who first utilised powers to aid in the visualisation of large numbers. He directed the film of the same name. The film depicts the relative scale of the Universe according to an order of magnitude (or logarithmic scale) based on a factor of ten, first expanding out from the Earth until the entire universe is surveyed, then reducing inward until a single atom and its quarks are observed. The concept has a broader application today.  |
<p>| (20 mins)       |                | Play video from powerpoint                                                                                                                                                                                |           |</p>
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| (1 min - for example on whiteboard) | Slide 27 – group work | It can help us with design thinking. Reframe a question to get a different insight - take a step back and look at the problem from a broader context, or to take a step closer and look at it in more detail. It can also help us to consider different opportunities and possibilities for a person to experience different roles in their community. *Link this back to the 5 Valued Experiences.*

**Example on whiteboard** - Illustrate the ‘Power of Ten’ concept as a way of considering types of valued roles based on a person’s strengths and interests. Either ask participants to call out an interest or use one of your own; use the whiteboard to go through the example, asking participants to think of different places in the community where the person could have a valued role.

- **Small group work:**
  Nominate a strength or interest and work collectively to generate 10 ideas of different roles which involve the strength/interest.
  Additional challenge – ask participants to then think about possible barriers/restrictions (e.g. bail conditions) and creative solutions around those
  Additional challenge – ask participants to think about Aboriginality and cultural differences, responsibilities and obligations

- **Feedback to larger group** – ask one or two groups to feedback                                                                                                                                                                                                                      | Whiteboard and whiteboard marker  
Butchers paper and textas |
| (10 mins – for group work)                     |                        |                                                                                                                                                                                                                                                                                                                                                                     | Participant manual – page 13                                                                |
| (2 mins – for feedback)                        |                        | 6.1 Stages of Change Model
  - Introduce the change model
  1) Pre-Contemplation Stage: not thinking about or has clearly rejected change
  2) Contemplation Stage: thinking about change and perhaps seeks out support
  3) Planning Stage: is talking about what it would take to make change happen and what she or he wants for the future; plans how to make the changes
  4) Action Stage: begins to take positive steps toward improving his or her life by putting into |                                                                                              |
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| (5 mins – individual work) | Slide 29 – Individual work | practice (through trial and error) the plan discussed in detail  
5) Maintenance Stage: through continued support, he or she is able to achieve concrete developments in his or her life, is moving toward achieving a self-sustaining lifestyle and is living with many more protective factors than risk factors.  
6) Relapse: when relapse happens, a support worker must be relentless in identifying with the person what triggered the relapse, and again be relentless in motivating the person to go back and make either a new plan or a modified plan. The goal is for the person to return to the action and then maintenance stages.  

Applying the Stages of Change – Norcross et al 2013  
“Change is not viewed as a linear progression through the stages; rather, most clients move through the stages of change in a spiral pattern. While people progress from contemplation to preparation to action to maintenance, most will relapse. Fortunately, most move back to the contemplation stage and into preparation and action.”  

• Self Reflection - individual work:  
Complete participant handbook, page 13:  
Think about a person you support. What ‘stage of change’ are they at? What support/guidance can you give them at that stage; thinking also about working through barriers and risk factors.  

Teaching point:  
• Acknowledging the need to absorb the rebuff that you are likely to get at the start of working with people with damaging backgrounds. Don’t give up on the person, hang in there. |
| 2.05 – 2.25pm (20) (3 mins) | Slide 30 – Expressions of Power | 7 Expressions of Power  
• Introduce 4 ways power can be expressed:  
  o Controlling Power (Power Over) - is the power over others through:  
    - through rules and governing processes (visible),  
    - through determining who has the right to participate in decision-making and the settings in which people interact (invisible) | Participant handbook Page 14 |

**WE**  
LIFE WITHOUT BARRIERS  
**WE**
In the absence of alternative models and relationships, people repeat the ‘power over’ pattern in their personal relationships, communities and institutions.

- **Cooperative Power (Power With)** – the power with others to work together, find common ground to pursue a collective interest. Based on mutual support, solidarity and collaboration, ‘power with’ multiplies individual talents and knowledge. ‘Power with’ can help build bridges across different interests to transform or reduce social conflict and promote equitable relations.

- **Personal Power (Power To & Power Within)** – ‘Power To’ refers to the unique potential of every person to shape his or her life and world. ‘Power within’ has to do with a person’s sense of self-worth and self-knowledge; it includes an ability to recognise individual differences while respecting others. ‘Power within’ is the capacity to imagine and have hope; it affirms the common human search for dignity and fulfilment.

- Also talk to the Power Window *(participant handbook page 14)*

When there is equal power (power over = competition; power with = partnership)
When there is unequal power (power over = dominance; power with = nurturance)

![Power Window Diagram](image-url)
### Session content

**Individual work:**
- Refer participants to the statements list in Participant Manual – determine what expressions of Power are present.
- Go through correct answers – and discussion with the large group.

#### Statements list (power over, power with, power to/power within)

1. Susan is a heavy smoker and will often smoke all of her cigarettes before the end of the fortnight; she then will scab off other people and sometimes asks strangers in the street for smokes. Her support staff have worked with her on a Cigarette Management Plan and she has agreed for staff to keep them in the office and hand them out at the agreed times. Some staff will not give Susan her cigarette before the allocated time if she repeatedly nags and then gets loud and vocal demanding they give her a cigarette.

2. Ryan is 17 and has been talking heaps about hooking up with a girl. John, one of his favourite workers, has a chat with him to check if Ryan is practising safe sex and if his partner is over 16. Ryan says he knows that the girl needs to be ‘legal’ and that she is really into him too; he also says he knows that condoms stop pregnancy and sexually transmitted infections.

3. Mitch, the team leader, notices an increase in incident reports involving Ben. He talks to Ben who tells him that Hillary (staff) is pissing him off cause she won’t let him into the kitchen after 11pm; and that she puts the coffee away so he won’t stay up all night keeping her awake.

4. Paul’s bail conditions restrict him from being within 50m of any school. One of his support staff drives to purposely avoid these areas and tells Paul it’s for his own good or he’ll end up back in prison.

5. Margot knows of the agreed curfew time at her residential units. She often doesn’t come home on time and sometimes not at all. Staff work from the safe home model. Over time, Margot starts to return home before curfew and sometimes she chooses not to go out at all when she has discussed other plans with staff.

6. Georgia has been asking repeatedly to get driven to the shops. Mary, a staff member, locks herself in the office to get her paperwork done. With Georgia continuing to pester her, Mary tells her she won’t take her anywhere if she hears her pestering one more time.
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<td>(7 mins – small group work)</td>
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<td><strong>Small group work:</strong> Select one of the statements from the Reflection task, which describes ‘power over’, and as a small group discuss how you might shift this to a ‘power with’ or ‘power to/within’ example.</td>
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| 2.25 – 2.30pm (5 mins) | Slide 32 – Comfort, Stretch, Panic Theory | **8.1 Comfort, Stretch, Panic Theory**  
- Refer participants back to the first activity of the day (yellow, orange and red sticker dots on the examples on the wall)  
- Introduce the theory (Karl Ronke)  

**The comfort zone** – is just that...comfortable. It includes everyday activities; doing the same things and mixing with the same people. When most of your activities are in this zone life is, of course, ‘comfortable’ but you don’t learn very much or develop yourself – it’s simply more of the same and remaining in it can lead to your Comfort Zone shrinking i.e. more and more activities begin to become stretching.  

**Ask participants to:**  
- Think about the people you support...how many don’t go beyond what’s comfortable? What’s stopping them?  

**The stretch zone** - is the area of exploration, adventure and learning. Here are the things that are a little or a lot out of the ordinary – the things you haven’t done for a long time or have never done before. This zone is not really a comfortable place – but it is a stimulating one. It is where we stretch and challenge ourselves mentally, emotionally or physically. In social life it could be going to a different restaurant or pub. At work it could be asking for a bigger project or seeking a better position.  

**The panic zone** - is the area of things-to-be-avoided either because they are unacceptable to you or because they are currently a ‘stretch’ too far! Energy is spent managing or controlling fear and anxiety. | Participant handbook Page 16 |
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| 2.30 – 2.45pm (15) | Slide 33 – group work (Panic to Comfort) | Use the model to help clients determine the right type and level of challenge to set themselves in order to nurture their own development (self-directed and power/control of pace and activity is set by the person); and the level of support they want from us. 

**Ask participants to** – think about the red dots you put up on the walls. **How would doing those make you feel? What if you were pushed to do them?** | Butchers paper and textas |
| (5 mins – group feedback and teaching points) | 8.2 Moving from Panic to Comfort | **Small group work** – supporting people to move from Panic to Comfort: 
One participant in group to talk through their own example of ‘panic’ stage - physical signs, emotions and thought processes when in panic stage; and what would be helpful to move them from panic (or stretch) to comfort zone (from selected scenario above)
**OR:**
One participant in group thinks about a person they support and talks through a situation that they feel the client is currently in ‘panic’ about; with the group, go through what might be helpful to support the client to move to a comfort stage.

- **Feedback** to the whole group – one group to feedback their example

**Teaching points:**
- These zones are different for everyone and ever changing.
- What is a stretch for one person can be a Comfort or Panic Zone issue for someone else.
  *E.g.* my Panic Zone issue in sports might be merely a mild stretch for you. My Comfort Zone issue in another area might be a stretch or panic issue for you.
  
  **Pre-plan with the person ([written in Participant Manual – page 15])**

- A person should never be coerced or pressured; listen to the person to get an understanding of the origins for the feelings of panic.
- The person needs to be in control of how they move from panic to comfort; and have an understanding of the benefits of this to them personally.
- Work with the person to plan out a stepped approach. Respect their pace; and always pre plan an ‘out’ for the person if it gets too much for them. Support the person to recognise...
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| 2.45- 3.00pm (15) | Slide 34 - Afternoon break | what their panic looks like and what strategies they could use to gain control and keep going.  
• Think about who the power is with – empower the person and build their confidence and esteem in their desire to move from a situation that causes them panic to a stage where they can be comfortable and benefit from the experience.  
• Pre plan and safeguard around risks; involve the person and support them to consider what strategies could work.  
• Link preplanning to the five valued experiences framework. Sharing an ordinary place based on an interest the person has, can open up opportunities to start new relationships and develop a sense of belonging and contribution.  
Also note re NDIS:  
• NDIS and the importance of making sure planning is person centred and takes advantage of the opportunity for each person’s NDIS package and services to be much more person centred | Participant Manual – pages 17 to 19 |
| 3.00 – 4.00pm (60) | Slide 35 – Case study | 9. **Major case studies**  
• Allocate each small group (table) one of the 3 case studies to work on – Assad, Sonja or Harvey’s story  
  • **Individually first**, ask participants to read the case study allocated to their small group (5 mins)  
  • **Then in your small groups**, work through your allocated case study. Draw on the theories and practices you have gone through today: | Participant Manual – pages 17 to 19  
Butchers paper and textas |
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| (20 mins – feedback) |  | As a group, work on:  
  - What is IMP TO/IMP FOR the person? Is there a balance?  
  - What valued experiences are present? How can we build on these?  
  - What changes is the person working through? What other changes may the person want to make based on what we know? How can we support the person with planning and achieving these changes?  
  - How is power being applied for this person? Are there any changes you would make to how power is being used?  
  - Can you suggest any ways that the approach of the service/staff could be more person centred?  
  - **Feedback to the whole group** – each group to present their work | |
| 4.00 – 4.10pm (10 mins) | Slide 36 – Theory/Practice frameworks | 9.1 Theory/Practice Frameworks that align with Person Centred Approaches  
  - Refer back to origins of Person Centred Approaches – human rights, normalisation movement  
  - Talk through:  
    Other theories/models that align with PCA and inform our practice (slide 35) | |
| 4.10 – 4.25pm (15) | Slide 37 – Self reflection | 10.1 Commitment to Action  
  - **Self Reflection/Action Plan**:  
    - What will I take away from today’s training to enhance my current work practices? | Participant Manual – page 20 |
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| (8 mins – evaluation forms) | Slide 38 – Evaluation | 10.2 Training Evaluation  
- Hand out evaluation forms – ask participants to complete and hand in  
- Advise of Post Training Survey email from ACWA |                                |
| (2 mins – close)        | Slide 37 – final thought | 10.3 Final thought:  
The biggest communication problem is that we do not listen to understand.  
We listen to reply.  
Thankyou and close of session |                                |
| 4.25 – 4.30pm           |                        | Additional time planned - if needed                                           |                                |