NDIS Information

Attendance at Autism Camp Australia (ACA) camps will be subsidised with funding support from the NDIS, through your individual plan (Plan Managed and Self-Managed only - not NDIA/agency managed).

Support Categories

There are several support category options we can split costs across:

<table>
<thead>
<tr>
<th>Support Purpose</th>
<th>Support Category</th>
<th>Item</th>
<th>Item description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>Assistance with Daily Life Tasks in a Group or Shared Living Arrangement</td>
<td>01_045_0115_1_1</td>
<td>Short Term Accommodation and Assistance</td>
</tr>
<tr>
<td>Core</td>
<td>Daily Personal Activities</td>
<td>01_010_0107_1_1</td>
<td>Assistance with, or supervision of, personal EA Y N tasks of daily living where overnight support is needed, but the care giver can sleep when not required to provide support.</td>
</tr>
<tr>
<td>Core</td>
<td>Social Community and Rec (3:1)</td>
<td>04_104_0125_6_1</td>
<td>8.30am-8pm x 4 days 3pm-8pm x 1 day 8am-10am x 1 day</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>Innovative Community Participation</td>
<td>09_008_0116_6_3</td>
<td>Mainstream services that promote inclusion of people with disability to expand opportunities for community participation and employment.</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>Improved Daily Living Skills</td>
<td>15_059_0128_1_3</td>
<td>Provision of interventions by one or more professionals in a group session towards the participants agreed goals</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>Improved Daily Living Skills</td>
<td>15_038_0117_1_3</td>
<td>Training for Parents/Carers for a person with a disability</td>
</tr>
</tbody>
</table>

**Short Term Accommodation** is a good category to specifically ask for when negotiating your new plan with your Local Area Coordinator (LAC) if your primary funding is in **Core**.

**Innovative Community Participation** is a less common support category to have included in your plan, but the category is tailor made for camps. This is a good category to specifically ask for when negotiating your new plan with your Local Area Coordinator (LAC) if your primary funding is in **Capacity Building**.

We can work with you, or your plan manager, to make the split of costs across support categories work for you.
Goals
If your child receives NDIS support you may wish to consider including the following goals in your plan:

**Goal 1**
I would like to identify and develop strategies to cope with my emotions so that I feel less anxious in situations at home and in the community.

**Goal 2**
I would like to improve and develop my communication skills so that I can increase my participation in social and community activities and create, develop and maintain new and existing relationships.

**Goal 3**
I would like to challenge myself with new activities and develop positive self-esteem and confidence in my strengths, and acceptance of my difficulties and differences, to enable me to be more independent.

**Goal 4**
I would like to improve my social skills to increase my social and community participation and reduce my social isolation and vulnerability.

Outcomes
It is advisable to discuss the outcomes and benefits of attending a camp with members of your key support team (Paediatrician, Psychiatrist, Psychologist, Occupational Therapist, Speech Pathologist etc) and, if they are happy to do so, have them endorse the benefits in terms of capacity building from your attendance at a camp in their report for your NDIS planning meeting.

The Autistic Young People Program combines group therapy sessions with adventure and art/craft filled activities. All activities are capacity building, encourage communication, teamwork, self-confidence, self-care, peer-to-peer relationship building, emotional regulation and new experiences.

Individual activities and their direct benefits:
- **Proprioceptive/Sensory Play** – supporting cognitive development, improvement in fine and gross motor skills and processing, boosting creativity and self-discovery, social competence, improved social interaction skills;
- **Movement/Rhythm Therapy** – integrative dance – improvement in gross motor skills and processing, connection, social and community participation, communication (especially for non-verbal young people), improved social interaction skills;
- **Social Skills Support & Learning** – new friends - social and community participation, improved family relations, confidence, social competence, improved social interaction skills;
- **Equine Assisted Learning** – improvement in gross motor skills and processing, assertiveness, emotional awareness, empathy, stress tolerance, flexibility, impulse control,
problem-solving skills. self-actualisation;
> **Art Therapy** — improvement in fine motor skills and processing, behavioural management, process feelings, emotional release, stress and anxiety relief, increased self-esteem, self-discovery;
> **Rock Climbing Wall** — improvement in fine and gross motor skills and processing, increased flexibility and muscle extension, encourages internal regulation, develops the vestibular system, problem solving, decision-making, ability to think sequentially, improved focus on cognitive tasks, cardiovascular exercise and general health and fitness;
> **Kayaking** — improvement in gross motor skills and processing, balance and mobility, problem-solving skills, independence, confidence gaining, cardiovascular exercise and general health and fitness;
> **Colour Play/Nature Craft** — improved cognition and fine motor skills and processing, social and community participation, confidence, develop interactive skills, stress and anxiety relief, increased self-esteem, self-discovery;
> **Coastal Birds and Kite Making/Flying** — reduced anxiety, improved cognition, fine and gross motor skills, social and community participation, confidence, develop interactive skills, increased self-esteem, self-discovery; and
> **Group Interaction Out of Hours** - social and community participation, improved family relations, daily living skills, choice and control, confidence, improved social communication and social interaction skills.

**Case Study**

The following case study gives a good overview of the type of outcomes you can expect from your stay at ACA.

X who is 12 is socially isolated due to behavioural issues (anxiety and aggression) and sensory and communication deficits related to his ASD. His carer, Y, is a 54 yr old single mum who suffers from Chronic Fatigue Syndrome and anxiety/depression related to her social isolation and burden of her caring role for a child with severe behavioural issues. The child is very attached to the mother and very dependent on her for all his needs even day to day care - dressing, eating, organising all his education, medical appointments, therapy, social activities as well as his NDIS supports and managing his team of support workers. The child’s sibling Z is fearful of her brothers’ aggressive behaviour, feels isolated, resentment about changes to family routines, about X getting all the attention, and guilt over her own abilities and successes. The family unit has broken down, which is common in families with ASD, and all friends and extended family have been alienated over time due to the child's behavioural issues and demanding behaviours. Both X and his sibling Z, however, enjoy holidays in cabins and outdoor activities.

ACA would provide for this family:
For the autistic young person (X):
> Social and community participation: X will make and keep friends, interact with the community, learn to behave within limits accepted by others, learn to cope with feelings and emotions in a social context, develop communication skills;
> Learning: X will improve his understanding and remembering of information, learn new things, and practice and use new skills;
> Independence and autonomy: X will learn skills, and become more motivated to improve cognitive capacity to organise his life, to plan and make decisions, and to take responsibility for himself, including completing daily tasks, making decisions and problem solving;
> Sensory and emotional regulation: X will learn how to perceive and discern other’s emotions, and use that information to facilitate his own thinking, problem solving, acting and regulating his own emotions.
> Fine and gross motor skills: improving his fine and gross motor skills are important for X’s independence. Having good motor control will help X explore the world around him, and help with his cognitive development; and:
> Will result in the opportunity for X to work towards attending an annual camp independently (with the assistance of specialised disability support workers).

For the parent (Y):
> Y will experience temporary relief from caregiving responsibilities;
> Peer-to-peer support – Y will boost her knowledge through information sharing and go home with insight into emotional, social and practical skills to enable her to function better day-to-day;
> Y will have easy (logistical) access to educational/learning supports for the family;
> Self-Care – Y will take a moment to look after herself - boosting her confidence and self-esteem, and giving her renewed energy to care for X; and
> Reduced need for formal and informal supports: Y will be less reliant on NDIS and disability worker supports.

For the sibling (Z):
> Z will feel a sense of relief from the burden of responsibility;
> Z will have an opportunity to express her concerns about the future care of her brother;
> Z will have a greater understanding of issues pertaining to her brother’s disability;
> Peer to peer support – Z will understand that she is not alone with her concerns and feelings;
> Z will have support to express and deal with these feelings; and
> Z will have an opportunity to develop strategies to deal with difficult situations.

Evaluation
Activities at ACA programs are aligned with an individual’s capacity building outcomes and their personal NDIS goals and aspirations. At ACA we will develop an Individual Capacity Building - Camp Plan for each participant and goals will be documented, actions monitored and success measured at the initial phone meeting, at the end of the camp and at a 6 month follow up.