# Activities and Participation

## Conversation Tool | Adult

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| --- | --- | --- |
| Person’s Name | icare reference number | Date |
|  |  |  |
| Other’s present for meeting | Case Manager/Planning facilitator | Case manager contact details |
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### Supports to complete activities and participate

* Supports may include paid (a support worker helping you get ready in the morning) or unpaid (a family member who helps you prepare a meal). It’s helpful to think about paid and unpaid supports when discussing the sections below.
* Consider how often you need support – always, frequently, sometimes, once in a while.
* Do you currently use any ‘assistive technology’ to help with activities? If not, is there any assistive technology you would like to try. We use the term “assistive” technology to include any piece of equipment or product, whether it is acquired commercially, modified or customised, that is used to increase, maintain or improve your ability to function. It includes equipment such as disposable continence products, medications, eating aids, walking and transfer aids, orthoses, wheelchairs, information and communication technology, mobile phones and environmental controls.

## Section 1: Communication

Do you need support with any of the following aspects of communication?

* Understanding other people, making yourself understood? (in your preferred language).
* Reading and writing?
* Using phones, email, social media?

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| *Comments: consider the type of support you require and how often. Do you use any assistive technology to help you communicate? Would any other assistive technology help?* |

## Section 2: Moving around

Do you need support with any of the following aspects of moving around?

* Changing positions, keeping your body in position?
* Transferring in or out of bed, on or off of chairs, or the toilet?
* Holding objects with your hands, carrying them and moving them around?
* Moving around your home?
* Moving around in the community? (e.g. using stairs, in a car, using public transport or crossing the road)

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| *Comments – Consider the type of support and how often. Is any assistive technology used to help with moving around? Would any other assistive technology help?* |

## Section 3: Self-care activities

Do you need support with any of the following aspects of self-care?

* Showering/bathing/washing yourself, including drying yourself, washing your hair or cleaning your teeth?
* Going to the toilet?
* Choosing your clothes and getting dressed?
* Eating and drinking or managing your diet?

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| *Comments – Consider the type of support required and how often. Is assistive technology used to help with self-care? Would any other assistive technology help?* |

## Section 4: Relationships

* Do you need support to get along with people? (e.g. Making and keeping friends, having intimate relationships, behaving within accepted limits, coping with feelings and emotions)?
* Do you understand what might cause someone to get upset with you?
* Do you understand what kinds of things cause you to become angry or upset with other people?

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| *Comments – Consider the type of support required and how often.* |

## Section 5: How you learn and remember your day to day routine

* Do you need support to learn something new?
* Do you have any difficulties with your memory? Are you able to remember things when you need to? Are you able to concentrate on a task for the time you need to?
* Do you need support to plan what you need to do for the day or week? Make decisions? Solve problems? (provide an example appropriate to the participant).
* Do you know when something is too risky - such as something which may cause harm to yourself or others?
* Do you need support to carry out different tasks at the same time? Work out your priorities?
* If something doesn’t work out as planned or expected, do you usually manage to find a solution?

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| *Comments – Consider the type of support required and how often. Is assistive technology used to help with memory? Would any other assistive technology help?* |

## Section 6: Responsibilities at home

Do you need support with any of the following home responsibilities?

* Preparing meals for yourself and others?
* Domestic, home maintenance and gardening tasks that you are responsible for? (e.g. laundry, cleaning, mowing the lawn).
* Shopping for groceries and personal items?

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| *Comments – Consider the type of support required and how often. Is assistive technology used to help with responsibilities at home? Would any other assistive technology help?* |

## Section 7: Major areas of your life

Do you need support with:

* education (e.g. school, TAFE, University)?
* work and employment (including voluntary work)?
* recreational activities, hobbies, your spiritual life (e.g. church/religious activities) or other activities?
* motivation to do the things you should do or would like to do?
* sleeping? Do you get tired quickly?

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| *Comments – Consider the type of support required and how often. Is assistive technology used to help with any of these areas of your life? Would any other assistive technology help?* |

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|  | Lifetime Care  GPO Box 4052, Sydney, NSW 2001  **General Phone Enquiries: 1300 738 586** Email: [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |  | Workers Care  GPO Box 4052, Sydney, NSW 2001  **General Phone Enquiries: 1300 738 586** Email: [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |