

Disability Services Planning policy

Disability Services Division 2009



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1 Context statement

The *Disability Act 2006 (the Act)* was passed by Parliament on 4 May 2006 and became fully operative on 1 July 2007.

The Act provides the framework for a whole-of-government and whole-of-community approach to enable people with a disability to actively participate in the life of the community. The Act is guided by the principles of human rights and citizenship and provides substantial reform to the law for people with a disability in Victoria.

The Act outlines an approach to planning that reflects the reorientation of disability services and enhances the self-directed approach.

2 Definitions

The Act	means the <i>Disability Act 2006</i> .
Assistance with planning	supports a person to identify their goals, needs and aspirations and the range of informal, community-based and disability supports that may assist them to meet their identified goals. Assistance with planning may be limited (provided by the Department of Human Services or a disability service provider) or extensive (provided by a planner) and, in most circumstances, takes place as a person first enters the disability service system.
Disability service provider	means (a) the Secretary or Department of Human Services staff who are providing disability services under the Act, or (b) a person or body (community service organization) registered on the register of disability service providers.
Disability support	means a support provided by a disability service provider.
Funding plan	an approved funding proposal (see next entry).
Funding proposal	a document that outlines the disability services funding and supports requested to meet a person's disability support needs.
Ongoing disability support	day program, facility-based day option, flexible support package, individual support package, shared supported accommodation, residential institutions.
Residential institution	means any premises which is proclaimed to be, or deemed to be, a residential institution under Section 86. These institutions are known as Sandhurst, Colanda and the Long Term Residential Program at Plenty Residential Services.
Planner	a planner provides extensive assistance with planning, and works with a person (in most circumstances) <i>prior to</i> the person being in receipt of any disability-funded supports. A planner supports a person to plan broadly for their aspirations, goals and needs (see assistance with planning).
Support plan	required where a person is in receipt of an ongoing disability support. A support plan describes a person's goals and strategies, and describes how the support from the disability service provider is intended to address those goals.

3 Structure and format

This document has three key components:

Legislative requirements: These are written in the legislation and provide the basis for the policy. Legislative requirements *must* be fulfilled.

Policy requirements: Disability Services, along with those individuals and groups who took part in the various consultations, have developed this policy to support the legislation. Policy requirements *must* be fulfilled to ensure the intent and purpose of the legislation is realised.

Practice requirements: Disability Services has provided guidance for people with a disability and disability service providers when applying this policy. This guidance comes from a number of sources, including current practice in Victoria and best practice from interstate and overseas. Practice requirements *should* be followed in applying this policy.

4 Application of this policy

- This policy applies to all disability service providers in relation to how they undertake planning with people who have a disability in accordance with the definition in the Act.
- This policy provides information for people who have a disability as defined by the Act and who require assistance with planning to determine their support needs and/or implement their supports.

5 Objective

The objective of this policy is to:

- provide an overview of Sections 52–55 and 223 of the Act
- provide people with a disability and their support networks with an understanding of the way in which planning is undertaken in accordance with the Act
- provide disability service providers with an understanding of the way in which planning is undertaken in accordance with the Act and their obligations and responsibilities
- provide a framework for planning that supports people with a disability to explore their goals and needs within the context of the community.

6 Key policy elements

Planning is the key mechanism for people throughout their various life stages, from childhood and adolescence to adulthood and ageing, to identify their goals and aspirations.

For each person, planning will have a different focus. Planning for a child living with their family will have a different focus from planning for a young adult who is seeking a job and the opportunity to live independently.

This policy describes how planning supports can be provided to people through:

- assistance with planning
- support plans
- planning for episodic disability supports
- personal and private information for daily living
- linking plans and plan information.

7 Guiding principles for planning

The Act outlines an approach to planning that reflects the reorientation of disability services. Under the Act, planning takes place within the self-directed framework and is about self-determination, community membership and citizenship. This is achieved by working with people with a disability to plan and, where required, acquire support that is flexible and enables them to pursue a lifestyle of their choice.

Section 52 of the Act provides guiding principles for planning.

Section 52

- (1) Planning...should be undertaken to the extent to which it is reasonably practicable in accordance with the principles specified in sub-section 2.
- (2) Planning should –
 - (a) be individualised
 - (b) be directed by the person with a disability
 - (c) where relevant, consider and respect the role of family and other persons who are significant in the life of the person with a disability
 - (d) where possible, strengthen and build capacity within families to support children with a disability
 - (e) consider the availability to the person with a disability of informal support and other support services generally available to any person in the community
 - (f) support communities to respond to the individual goals and needs of persons with a disability
 - (g) be underpinned by the right of the person with a disability to exercise control over their own life
 - (h) advance the inclusion and participation in the community of the person with a disability with the aim of achieving their individual aspirations
 - (i) maximize the choice and independence of the person with a disability
 - (j) facilitate tailored and flexible responses to the individual goals and needs of the person with a disability
 - (k) provide the context for the provision of disability services to the person with a disability and where appropriate coordinate the delivery of disability services where there are more than one disability service providers.

8 Legislative definition of planning

The Act includes a note that describes planning in the following way:

Section 52(2) Note

Planning encompasses a range of responses from a brief discussion and agreement about actions required through to an extensive process and the development of a plan across a whole range of life areas documented in a format that is meaningful to the person and their network.

This note highlights that planning is a dynamic process and recognises that its implementation must be flexible and responsive to the person with a disability.

The legislation describes two key areas in relation to planning with people with a disability:

- **Assistance with planning (limited or extensive)** is provided to assist people with a disability to identify their goals, needs and aspirations, and the range of informal, community-based and disability supports that can assist them to meet them. Assistance with planning is proactive and takes place, in most circumstances, as a person enters the disability service system, prior to the receipt of disability supports. It is also available to a person who is already in receipt of disability supports and who is at a point of significant change in their life, needing an extensive planning process to identify new goals, needs or aspirations.
- **Support plans** are required for any person in receipt of an ongoing disability support. Support plans document a person's goals and needs and how the disability service provider(s) will support them to meet those needs.

9 Assistance with planning

The following sections of the Act refer to assistance with planning:

Section 53

- (1) A person with a disability or a person on their behalf may request the disability service provider to provide assistance with planning.
- (2) The disability service provider must within a reasonable period of receiving the request for assistance arrange for the assistance to be provided.

Section 55

- (1) If a person with an intellectual disability or a person on their behalf has requested disability services from a disability service provider, the disability service provider must offer assistance with planning in accordance with the principles specified in section 52.
- (2) If an offer of assistance with planning under sub-section (1) is accepted, the disability service provider must arrange for the assistance to be provided within a reasonable period after the offer is accepted.

9.1 What is assistance with planning?

Guided by the note in the Act, assistance with planning:

- is a **proactive approach** that is undertaken with people with a disability and their families
- assists a person to **plan earlier** and build strong links with the community
- **supports a person to identify their goals and needs and the range of informal, community-based and disability-funded supports** required to meet those identified needs.

Assistance with planning takes place without reference to any required support responses, enabling a person to develop a vision for the type of life they would like to lead. In determining how this vision may be achieved, assistance with planning considers available community and informal supports, complemented by disability supports where required.

The degree of assistance with planning required by an individual will depend on the person's needs, and may be limited or extensive:

- **Limited assistance with planning** includes assistance to enable a person to identify their goals and needs, information provision and referral to services and supports.
- **Extensive assistance with planning** includes both assistance to enable a person to identify their goals and needs **and** significant support to build a person's informal networks, link them into the community and build the skill and capacity of people with a disability and their networks.

9.2 Who is assistance with planning for?

Limited assistance with planning is provided to people with a disability or their family members who have already considered some of their needs and goals, and require information and some assistance to engage appropriate supports to assist them to achieve their goals.

Extensive assistance with planning is provided primarily to people with a disability who are seeking support for the first time. People suitable for extensive assistance with planning are generally those who are unsure of their specific needs and require more extensive support to explore their needs and goals and the possible range of support options available to them.

For people with a disability who are seeking support for the first time, assistance with planning can assist in developing a vision of the sort of life the person would like to lead, and identify the supports they need to realistically achieve this. Planning may help a person make choices about the goals that are most important to them, which may or may not be achieved using disability-funded supports.

For people with a disability who already receive disability supports, extensive assistance with planning should be considered when experiencing or anticipating a significant life change that is likely to result in a substantial change to both the type of supports they receive and the service providers involved.

9.3 Who provides assistance with planning?

Limited assistance with planning is provided by **any** disability service provider, and includes providing advice information and/or a referral. This is considered to be part of the core business of all disability service providers.

Extensive assistance with planning is provided by a disability service provider funded by the Department of Human Services to deliver planning and/or case management support as one of their core functions **and** with the expertise to develop informal, community and disability-specific responses.

9.4 When is assistance with planning available?

The Act states:

Section 53

- (1) A person with a disability or a person on their behalf may request the disability service provider.
- (2) The disability service provider must within a reasonable period of receiving the request for assistance arrange for the assistance to be provided.

Section 55

- (1) ... if a person with an intellectual disability or a person on their behalf has requested disability services from a disability services provider, the disability service provider must offer assistance with planning in accordance with the principles specified in section 52.
- (2) If an offer of assistance under sub-section (1) is accepted, the disability service provider must arrange for assistance to be provided within a reasonable period after the offer is accepted.

Where a person asks a service provider for assistance with planning, or where an offer of assistance with planning made by a disability service provider is accepted, the Act states the disability service provider must arrange for the assistance to be provided within a reasonable

time. This assistance should be arranged as soon as practicable but within four weeks from acceptance.

It is important to note that **arranging** assistance with planning refers to the responsibility of a disability service provider to ensure that a person with a disability will receive this support. It is not expected that assistance with planning is provided within these time lines.

9.5 When should a referral for assistance with planning be made?

In some cases, the disability service provider that has been asked to provide, or has offered, assistance with planning, may not be in the best position to provide this support. Reasons for this include limited expertise, for example, if extensive assistance with planning is required and the provider is not funded to do so (refer to Part 9.3), or limited capacity.

When a disability service provider is unable to provide assistance with planning, the person with a disability must be consulted and agree to being referred to an alternative provider that has the expertise or capacity to provide assistance with planning. This referral must be made as soon as practicable but no later than four weeks from the request or acceptance of the offer to provide assistance with planning.

Disability service providers who make a referral for assistance with planning must ensure that the provider to whom the referral is being made has the capacity to respond to the request for assistance with planning without a subsequent referral.

9.6 What are the outcomes of assistance with planning?

The outcomes of assistance with planning are:

- an agreed set of **goals**
- **strategies** for achieving the goals
- **outcomes** that will show when the goals have been achieved.

Where a person is already receiving disability supports, the planner is responsible for ensuring a **new support plan** is developed.

Where a person with a disability requests a written plan following assistance with planning, this should be documented in a format which is meaningful to the person.

Service providers responsible for assistance with planning should keep appropriate records and documentation regardless of a person's preference regarding the development of a written plan.

10 Support plans

The following sections of the Act refer to support plans:

Section 54

- (1) This section applies if a person is receiving on-going disability services.
- (2) If this section applies, the disability service provider must, in consultation with the person with a disability, ensure that a support plan identifying the disability services being provided to that person is prepared within 60 days of the person commencing to regularly access the disability services.
- (3) While a person is receiving on-going disability services, a support plan –
 - (a) may be reviewed at any time by the disability service provider or at the request of the person with a disability or a person on their behalf;
 - (b) must be reviewed at least once during each period of three years commencing from when the support plan was first prepared.
- (4) If a person ceases to receive on-going disability services, the support plan is terminated.

Section 55

- (3) A person with an intellectual disability residing in a residential institution must have their support plan reviewed at intervals not exceeding 12 months.

10.1 What is a support plan?

A support plan is required where a person is in receipt of an ongoing disability service. It describes a person's goals and strategies, and describes how the support from the disability service provider(s) will address those goals.

A support plan is developed under the direction of the person with a disability and their network, where appropriate (refer to Part 10.5) and must be flexible and tailored to the needs and wishes of the person with a disability, their family and support networks. The format, content and language of the support plan **must** be individualised to meet the needs of the person with a disability.

While goals and strategies related to ongoing disability services are the **minimum requirement** for a support plan, consistent with best practice for planning, a support plan **should also** include goals and strategies related to:

- other disability supports
- community supports
- informal supports.

A support plan **does not** contain detailed information related to how the personal care, health care, or other specific needs of a person with a disability should be met. This information should be recorded as **personal and private information for daily living** (refer to Part 12).

10.2 What is the purpose of a support plan?

The purpose of a support plan is to:

- reflect the **goals** of the person with a disability
- describe how the **support from the disability service provider(s)** is intended to address the person's goals
- include an exploration of the **strategies and resources** required to achieve the goals of the person; and,
- how **outcomes** will be measured.

A support plan must be developed in line with the guiding principles for planning.

10.3 When is a support plan required?

The Act states that where a person is receiving ongoing disability services:

Section 54

- (1) This section applies if a person is receiving on-going disability services.
- (2) If this section applies, the disability service provider must, in consultation with the person with a disability, ensure that a support plan identifying the disability services being provided to that person is prepared within 60 days of the person commencing to regularly access the disability services.

An ongoing disability service is defined as a service that:

- involves the recurrent allocation of resources (subject to review) for an individual
- does not provide a short-term or episodic service, and
- does not involve the provision of goods (exclusively).

Based on this definition, the Disability Services activities that are considered to be ongoing are:

- day programs
- facility-based day options
- flexible support packages
- individual support packages
- shared supported accommodation
- residential institutions.

All other service activities are considered episodic. Refer to Part 11 for **planning for episodic services**.

In order to meet the requirement for completing a support plan within 60 days of having commenced, services are considered to have commenced when:

- A person moves into the accommodation facility.
- A person commences at a day program.
- A person is allocated a flexible support package.
- A person's funding plan for an individual support package is approved.

10.4 Who must ensure a support plan is in place?

The Act states that it is the responsibility of the ongoing disability service provider to ensure that a support plan is in place.

The following provider is responsible for ensuring the support plan is in place for:

- congregate care: provider of the facility
- day programs: day program provider
- flexible support packages: Community Service Organisation (CSO)
- individual support package: Department of Human Services or CSO, where the CSO is contracted to provide individual support packages via a service agreement
- shared supported accommodation: provider of the facility.

10.5 Who directs the development of the support plan?

In accordance with the guiding principles for planning (refer to Part 7), the development of a support plan should be directed by the person with a disability and their network to the greatest extent possible. A person may choose to direct **and** develop their own support plan or ask someone in their network to do so, or may choose a disability service provider to develop the support plan under their direction.

While the goals of a support plan belong to the person with a disability, it is essential that disability service providers or other service providers are active contributors to the strategies required to achieve these goals. Both the person with a disability and their service providers have a role in the development and monitoring of the support plan and a joint commitment to the strategies included in it.

Only providers who are part of the development of a support plan can be allocated roles and tasks as part of that support plan. If person with a disability chooses not to have a particular provider involved in the development of a support plan, then no responsibilities can be attributed to that provider. In such a circumstance, the person with a disability and the disability service provider must determine an alternative process for planning in relation to that service.

10.6 Who develops a support plan?

Although the Act states that a disability service provider must ensure that a support plan has been prepared in line with the guiding principles of planning, in some instances the disability service

provider may not be responsible for its development. Circumstances where this may occur include where:

- The person with a disability (along with their family and network if required) develops the support plan themselves.
- A person is in receipt of more than one ongoing disability service and a coordinated support plan is developed by one of the other disability service providers.

In these instances, the responsibility of the disability service provider is met when a plan is put in place.

10.7 When is a coordinated support plan developed?

Consistent with section 52 (k), a support plan should:

- (k) provide the context for the provision of disability services to the person with a disability and where appropriate coordinate the delivery of disability services where there are more than one disability service providers.

A coordinated support plan allows all the disability service providers involved in a person's life to understand what the person is trying to achieve, so that they can work together to support the person to do so. Where a person is receiving more than one ongoing service, a single support plan should be developed **unless the person with a disability requests otherwise**. Regardless of whether a person chooses to develop one or more support plans, the decision concerning what, and how, information is shared between providers remains that of the person with a disability.

In ensuring a support plan is in place, all disability service providers **must** ask the person with a disability if they would like a single support plan and **must** then work with other services providers to meet their wishes. In this case, the person with a disability, or their representative, may choose to coordinate the process for themselves or request a disability service provider do so.

Where a number of disability service providers are working together to develop a support plan with the person with a disability, it is important that the planning process consider:

- How the person with a disability can be supported to choose which disability service provider coordinates the process if they, or their family, are not able or wanting to take on this role.
- How the person with a disability can choose which information is provided to, or known by, each disability service provider.
- How changes to the support plan will be made and communicated to those involved.
- Who will be involved in monitoring and reviewing the support plan.

(The Planning Resource Kit and Implementation Guide for Disability Service Providers outlines additional detail regarding the roles and responsibilities of providers who are selected to coordinate the planning process.)

10.8 How is a support plan monitored and reviewed?

It is critical that the development of a support plan includes outcomes and how they will be measured. This supports the person with a disability, and disability service providers, to monitor and review the support plan.

While there are specific legislative requirements regarding review periods for support plans (refer to Part 10.9), it is important that support plans are developed and used as dynamic documents and not filed away until they are to be reviewed.

When developing a support plan, it is important to discuss how and when the support plan is to be reviewed, and who will be responsible, and record this in the plan. This is particularly important where more than one disability service provider is involved.

10.9 When must a support plan be reviewed?

The Act states:

Section 54

- (3) While a person is receiving on-going disability services, a support plan –
- (a) may be reviewed at any time by the disability service provider or at the request of the person with a disability or a person on their behalf
 - (b) must be reviewed at least once during each period of three years commencing from when the support plan is first prepared.

Section 55

- (3) A person with an intellectual disability residing in a residential institution must have their support plan reviewed at intervals not exceeding 12 months.

It is important to note that although people with an intellectual disability who live in a residential institution must have their support plan reviewed at least once during each 12-month period, a review can be requested at any time. (Refer to Section 2 for the definition of a residential institution. It is important to note a residential service or a community residential unit is not a residential institution in accordance with the Act).

Requesting a review of a support plan prior to the time frame specified in the Act is important when:

- a person's needs change and this impacts on the resources required
- a person's goals are met or change, or
- strategies need to be reviewed.

10.10 Who should review a support plan?

A person with a disability and their family may choose to lead the review and redevelopment of their support plan.

For the ongoing disability services listed below, the following provider is responsible for ensuring that a reviewed support plan is in place:

- residential institution: provider of the facility
- day programs: day program provider
- flexible support packages: CSO.
- individual support packages: Department of Human Services or CSO, where the CSO is contracted to provide individual support packages via a service agreement
- shared supported accommodation: provider of the facility.

10.11 When does a support plan end?

The Act states that a support plan is terminated when a person with a disability ceases to access ongoing disability services.

Where a person with a disability is in receipt of more than one ongoing disability service and terminates one of these services but continues to receive others or start a new service, the support plan must be reviewed to reflect this.

Where a person with a disability ceases to receive ongoing services from a disability service provider who coordinated the development of the support plan, the person with a disability, and their families and networks, must consider requesting an alternative provider to coordinate the review and monitoring of their support plan.

11 Planning for episodic disability supports

While the Act specifies that a support plan must be developed for a person in receipt of an ongoing disability support (refer to Part 10), planning is essential in the context of all service provision, including episodic supports, and must be carried out in a manner consistent with the guiding principles for planning (refer to Part 7).

The episodic Disability Services activities that require the development of a plan include:

- behaviour intervention services
- case management
- criminal justice services
- Futures for Young Adults
- independent living training
- outreach support
- respite
- therapy.

Where a person is receiving any of these services **in addition** to an ongoing disability support, every effort should be made to support the person to have a single plan developed with the goals and strategies of any episodic service included as part of the support plan.

12 Personal and private information for daily living

The information included in a plan or support plan about the needs and goals of the person with a disability, and the strategies required to meet them, is important to the person with a disability, their family, their support networks and their support providers. This information helps everyone to understand the person's goals and the best way to meet them.

To assist staff working with the person with a disability to understand how best to support them, more detailed information may also need to be recorded, for example, information on how to assist the person with a disability during meal times or while dressing and bathing.

Personal and Private Information is used to support a person with a disability in a specific setting (for example, residential service or day program), and the details given to each provider may vary depending on the person's support needs in each setting. This information may be shared between service providers, with the permission of the person with a disability.

Some examples of the information that may be included in Personal and Private Information are:

- personal care, such as dressing, bathing, personal hygiene
- meal assistance
- health care issues
- therapy support
- communication issues.

Personal and Private Information does not form part of the support plan, but is essential to support many people with a disability. This information should be discussed by the person with a disability and the disability service provider, and recorded in a manner that best suits the needs of both.

13 Linking plans and plan information

Although this policy refers specifically to plans developed through assistance with planning, planning for episodic supports and support plans, a person with a disability may have a number of other plans in place, such as a justice plan, behaviour management plan or health care plan. These plans should contain detailed information and strategies to support the person with a disability, and those who live and work with them.

As described above, it is not intended that such detailed information is included in a person's support plan; however it is essential that there is a strong connection between these detailed plans (where they exist) and a person's support plan. For example, a person's support plan may list a goal 'to be fit and healthy' and include strategies such as meeting up with their sister twice a week to walk the local walking track, attending the local gym on Tuesday morning facilitated by their day program, and managing their diabetes. In this circumstance, it would be expected that the person's health care plan contain detailed information about their diabetes management and should be available to those who require it, but would not be contained in the person's support plan.

The impact and influence of other plans (where in existence) must be considered and, where appropriate, incorporated in the development or review of a support plan, ensuring consistency.

14 Related policies, procedures and legislation

- Victorian State Disability Plan 2002–2012
- Access Policy
- Information and Policy Manual
- Provision of Information Policy (to be included in the Information and Policy Manual above)
- Complaints Policy (will be included in the Information and Policy Manual above)
- Legislation Implementation Guide for Restrictive Interventions
- Legislation Implementation Guide for Supervised Treatment Orders
- Legislation Implementation Guide for Residential Treatment Facilities
- Better services, better outcomes, stronger communities – The Quality Framework for Disability Services in Victoria
- The Standards for Disability Services in Victoria
- Strengthening Rights in Residential Services Policy
- Support Your Way
- Individual Support Package Guidelines
- Individual Support Package Handbook

Approved

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Director, Community and Individual Support

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