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Individual Planning Flowchart

The Named Staff arranges for the completion of the Planning Booklet with the Child and Family

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A Planning Meeting is arranged with the child, family, Circle of Support and all relevant services and supports. For the first time, the Planning Meeting will focus on setting initial goals. From the second year onwards, each Planning Meeting will involve a detailed report from the Named Staff setting out progress made on the previously identified goals, challenges that arose, new priorities that emerged over the course of the year and the rationale for any changes to the plan.

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The Annual Action Plan is agreed at this planning meeting. The Child and Family sign and receive their own copies of Annual Action Plan and the minutes of the Planning Meeting.

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The Named Staff implements the Annual Action Plan and logs progress on goals in the Daily Logs. These notes are then used by the Named Staff to complete a Four Monthly Progress Update to monitor progress in relation to priorities and to note any changes to the plan or new goals. The Named Staff uses these Four Monthly Progress Updates to complete their Named Staff report for the next Planning Meeting

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The next year of planning restarts when the Named Staff gets in touch with the Child and Family to review and update the Planning Booklet in time for the next Planning Meeting.

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Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.
Your comments will be forwarded to the person who has the lead for the ongoing development of the policy/procedure.
All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.

SECTION I: POLICY

1. ***Western Care Association Mission Statement***
   Western Care Association exists to empower people with a wide range of learning and associated disabilities in Mayo to live full and satisfied lives as equal citizens.

2. ***Individual Planning and Mission Statement***
   In order to achieve our mission of equal citizenship for the Child/Family who use services we need to have a process of empowering people to identify their priorities and match those priorities with our service efforts and resources. Our approach to Individual Planning is based on Child/Family C*entred* values and actions.

3. ***Individual Planning***
   Individual Planning is the process by which the Child/Family is supported to identify their hopes and dreams, their preferences for belonging and participating in community, what they want to achieve in their every day lives, how they want to spend their time and with whom, what do they want to spend their time doing, what are their requirements around health, rights, safety and security. The Individual Planning Process seeks to identify what really matters to the Child/Family and to respond to this. As the child's identity develops over time and their preferences change or become clearer the plan evolves to support the growth of the child. Learning and listening are at the heart of the individual Planning process. Developing a vision gives direction to the child/family and to their support network.

   The Child/Family's support network needs to act together to be helpful and work effectively. How to best organise the child/family's support network becomes a vital part of Child/Family Centred planning. Circles of Support are one well established method of mobilising the resources in the support network. A Circle of Support is a process that brings together the people who the child/family feels can help best.

4. ***Transition towards Autonomy***
   Over the lifecycle, the type of issues that might arise for children in family relationships will change. There is a gradual transition from the type of choices a young child has compared to an older adolescent. A young child will have most of the important decisions made by their parents. As the child matures into adolescence, they are gradually given more scope and independence in decision making. A child approaching school leaving at 18 years will have a very different level of autonomy in decision making than a 6 year old. Each situation has to be considered in context of the individual and their family circumstances. As children mature into adults, they continue to be important members of the families and look to their family ties for support and a sense of belonging.

5. ***Identifying Priorities:*** Each Child and Family's plan will address the safeguards, daily choices, sense of belonging and hopes and dreams for the future. Be careful to look for a balance in the Plan. A *balanced* Plan will consider:

   - ✓ The essential safeguards in a child's life to address any vulnerabilities in the areas of Health, Rights and Safety and Security. Whether the child has routine needs or major considerations will depend on their situation but these areas need to be considered and not forgotten

   - ✓ The day to day life of the child:
     - What they do all day, where they do it, who they spend time with
     - What does a week look like, how do we know; is there a planner or schedule they use to help organize their week
     - Does every week look the same
     - Does the child spend most of their time with the same people
     - Do these people have a disability
     - Are all these people paid supports
     - Does the child spend most of their time in one or two places
     - How much time does the child spend in the community
     - What would help the child to learn new skills to do things that interest them
     - What way do they learn best
     - What have they learned before

   - ✓ Hopes and dreams for the future:
     - Does the Child/Family have a clear identity or is this a bit lost by the nature of their environment
     - Does the child have any hopes or dreams
     - Are there things about the child's future they need help to explore
     - Is the future just a continuation of the present and the past
     - Is there anything that they would love to do.

   - ✓ If there are no dreams or hopes that are known where would we start to explore this possibility? A balanced Plan will show that thought has been given to safeguards, everyday life and future hopes and dreams. A good way to measure this is to look at the emerging Plan and to see if it leaves big gaps in the child's life.

   - ✓ Plans that are just about safeguards are very limited and suggest no expectations beyond basic safety and wellbeing. Plans that are all about the future may be aspirational unless it is strongly grounded in things that can start to be done in the here and now.

   - ✓ Life is also lived here and now so this needs to be a strong part of the plan. Things children enjoy may have little or nothing to do with the future or with big life decisions but it is important to have fun, achievement, freedom and incidental opportunity also.

- ✓ Having a Plan for a period of time such as a typical week helps show if the child is actively engaged in things they like to do, with people they like to be with and in places they enjoy.

- ✓ One useful test of how comprehensive the plan is would simply involve looking at how much time is addressed in the plan. For example, a child is attending school and using respite service, how much impact does the particular goals have on their daily lives. Are they once off events related to medical appointments or are they focused on day to day activities where real progress can be expected for the child and the support can have a real impact on their family life.

- ✓ It is the essence of person centred planning that all available resources and targets are focused around what the child and family prioritise as important. In addition, it is very important to ensure that all relevant therapeutic goals are incorporated in the plan. This ensures that the plan is a comprehensive assessment of the child's needs within the context of the overall priorities for his life at present.

6. ***Honouring Preferences:***

This Individual Planning system is a ***set of tools*** to help us provide supports that address the Child/Family's priorities. It is a way that we can be organised to take action. It also involves a level of formal process. Some Children/Families may not want to be involved in the paperwork and formal planning involved with this particular system or set of tools. This is their choice. Each Child/Family is unique, with their own experiences, potential, capacity, perspectives, preferences, likes and dislikes. Being Child/Family Centred means we try to honour the individual nature of the people. We listen and learn about what really matters to them. We try to personalise our supports to each individual. Individual Plans can help us to be organised to take the required *actions*.

However, not everyone wants an individual plan that looks the same as other people's. They may not want to have a formal Individual Plan as part of their lives. *The reason we have plans are mainly because people need support to make things happen and they need this to be done in a way that is organised*. If people can make the important things in their lives happen without being involved in a process they feel is too formal, intrusive or just not to their liking then we need to respect and honour that choice.

At the same time this does not allow us to avoid engaging with the Child/Family in a way that addresses our responsibilities as providers of paid support. We have to remain accountable for the way we provide that support where it is required. There are a variety of ways to do this without using the Western Care Individual Planning process. However we are obliged to follow the same *principles* of being Child/Family Centred, of listening to the people and responding in a way that is helpful and focussed on identified priorities.

Where the Child/Family does not wish to use this system the staff must engage with their manager to ensure the approach they are using as staff meets their obligations. As staff we need to keep a record of the agreements we have with people and the work we undertake to support them. Some Children/Families have developed their own approach to how they engage with support from Western Care staff. When these situations have arisen the staff have responded to the individual situation and developed a process that works for the Child/Family but also meets their obligations as staff.

In summary, this type of Individual Planning system provides a ***set of tools*** to help us to support Children/Families. If it is to be truly individual it has to be capable of becoming personalised to the individual. Staff should use it as the organisation approach but if the Child/Family supported wants a different approach staff should accommodate this while remaining true to the principles of the Associations Individual Planning system.

7. ***Circle of Support*****;** *A Circle of support is a process used to bring people together to deliver change in line with the focus person's vision for the future. The process is ongoing, sustainable, consistent and community orientated. It places a high value on having the right relationship with the focus person in order to support their pursuit of a good life rather than a good service.*

   Children/Families who have strong support networks have a much better chance of having a fulfilled life. Having someone in your corner can make all the difference. Typically support networks are strongest among family members. This remains the case throughout the life cycle. Families have a natural authority as advocates for their loved ones which needs to be understood and respected. Staff may come and go but family ties often last a lifetime and cross several generations. The strength of Support Networks however, is further increased by the inclusion of others who hold their best interests at heart. They can be friends, neighbours or advocates with whom the Child/Family has a positive relationship. One of the areas of work we need to focus on is the strengthening of people's support networks. Named Staff should ensure that the Individual Planning Process activates a strong circle of support. Throughout the planning process, there will be ongoing and active engagement with the circle of support. One point of contact is the active involvement of the circle of support in the formal planning meeting. This is not the only engagement with the circle but it is a key point of contact in the planning year. At this planning meeting, other services and supports will join the planning meeting to review progress and assisting the circle in setting new priorities.

8. ***Connecting to Communities and Developing Positive Social Roles***: Being Child/Family Centred challenges us to think beyond the routines and resources of the service. Sometimes the formal support system 'takes charge' without meaning to. This can result in the Child/Family remaining disconnected from others in their neighbourhoods and communities. Community members think we are the experts. They might also think we are the families' friend and that they don't need anyone else. We need to be aware of how we "model or translate" people to others. The community looks to us for example and leadership. We need to connect Children/Families with their communities in ways they find meaningful. We need to look to the contributions Children/Families can make to their communities and to discover what positive social roles they can play. Positive social roles bring people into contact with others on more equal terms than the role of service user. This can change the way they are seen and the way they see themselves in very significant ways. It can literally change people's lives.

9. ***Individual Planning for Children who do not communicate with Words***: This may pose a particular challenge for some children. However it is *never* the case that Individual Planning is considered suitable for some and not for others because of their ability to communicate or to function in different situations. There are many children who do not use words to communicate who will be quite clear on what they want and can be very clear in telling others exactly what they mean. For some it is more difficult. They may struggle with being clear in themselves to begin with. Some children with complex ways of processing information may have many challenges in making sense out of things in general. Children who struggle to be clear in themselves will have difficulty in being clear to others. There will be situations in which children seem puzzled, distressed and confused for considerable periods. We respond to them in the best and most positive way we can until we reach a point where their life is back on track. We know there is no formula for this. Families and those who know the child best are the best support of information and their active involvement with staff helps develop a comprehensive support plan that is based on each child's needs and preferences regardless of how those are communicated.

10. ***Holding High Expectations***; People respond to what we believe about them. Having high expectations helps others to see the potential in themselves. It also helps the wider community to see possibilities they may not have expected to find. We have many, many examples of children who have surprised others because of the belief someone had in them and who helped them find the courage to pursue their goals.

SECTION II: PROCEDURE

Phase One: Completing the Individual Planning Booklet

1. The first step in planning is to support the completion of the Individual Planning Booklet (Form 1). This is the foundation of all planning efforts. It combines the overall person centred priorities as identified by the child and family with an assessment of need under the various additional service supports that may be involved. Its focus is on identifying strengths, interests and abilities as well as specific needs so that a holistic set of goals can be focused on with the child and family.

2. When the child begins attending the service, the line manager will appoint a Named Staff who will contact the child and family to arrange the complete of the Individual Planning Booklet for the first time. It can be sent out to families for completion or worked on together with staff support.

3. The document template has set sections to guide information gathering. The Named Staff can amend or develop these sections as suits each individual Child and Family's situation.

4. Once completed, the document should be typed up and saved in the person's F Drive folder, in the Person Centred Plan subfolder. The person who completed the document and the date of completion should be noted on the cover of the booklet.

5. A copy should be printed off and brought along to the Planning Meeting.

6. After the planning meeting, this booklet should be filed in the Child's IP folder.

7. At the end of the first year in the service and for each subsequent year, the Named Staff arranges with the Child and Family to review the typed document to acknowledge changes and developments over the past year and to set new priorities.

8. Once the document has been updated, the changes are made to the online version and it is saved as a new document, with the person who updated the document and date of update noted on the front page.

9. The Updated booklet is brought along to the Planning Meeting and used to help formulate the priorities. After the meeting it is filed on the Child's IP folder and updated in the same fashion as above at the end of the next year.

Phase Two: Annual Planning Meeting

1. Once the Individual Planning Booklet is completed, the Named Staff can convene a Planning Meeting. Those invited to this meeting will include the child and family, their Circle of Support and all active services and supports involved. If the child or family are unable to attend the meeting, this fact should be noted as well as what arrangements in place to update them on the outcome of the meeting.

2. It is important that all services/therapies involved are invited to attend the meeting. If they are unable to do so, it is vital that arrangements are made for them to submit reports or updates on progress.

3. The meeting should be arranged at a time and place to suit the child and family and to facilitate their full participation.

4. A chair and note taker should be appointed.

5. Where this is the first planning meeting, the focus will be on reviewing the Individual Planning Booklet to select initial priorities.

6. Where it is the second and subsequent planning meeting, Named Staff should give a report of the implementation of the last year's action plan. This report should:

- ✓ Restate last year's priorities
- ✓ Describe what was achieved in the past year
- ✓ Outline what changes had to be made to the plan and why
- ✓ Indicate if there were any difficulties arose during the previous year that impacted on the priorities
- ✓ Set out what the Child and Family have indicated in the Individual Planning Booklet as priorities for the year ahead.

7. After the Named Staff report, other services/therapists present provide an update on their involvement. Where reports have been submitted by people unable to attend the meeting, these are referenced where applicable.

8. The Child and Family are supported to finalise the priorities for the coming year. Efforts should be made to develop a Balanced Set of Priorities (see page 5 of this policy for further guidance). However, as a general rule, it is better to limit the plan to a set of three main priorities.

9. The Named Staff ensures that the minutes of this meeting are typed up and circulated to all involved for agreement. The meeting minutes should be saved in the person's F Drive folder, in the Person Centred Plan subfolder

10. Once the minutes are agreed, the Child and Family are asked to sign a copy with the Named Staff. The Child and Family receive a copy of the minutes to take home.

11. At the same time, the Named Staff types out the Annual Action Plan with the goals as agreed at the Circle of Support set out with people responsible and time frames assigned to actions where possible. This document should be typed up and saved in the person's F Drive folder, in the Person Centred Plan subfolder.

12. The Child and Family are asked to sign this Annual Action Plan. A copy of this is then placed on the IP Folder and used to guide work on priorities for the coming year. They also receive a copy of this form to take home.

13. A template to help guide practice in the conduct of Planning Meetings is included, see Form 2.

14. The Annual Action Plan template is included, see Form 3.

Phase Three: Addressing Priorities

1. Once the Annual Action plan is agreed, the Named Staff can begin work on addressing identified priorities. It is a useful to ensure that where applicable notes of progress are referenced in daily logs as evidence of action.

2. At the end of the four month period, the Named Staff completes a progress update sheet for each priority, with one page given over to a report on each priority, noting the action taken by whom and when.

3. The final section of this document provides for the Named Staff to note if new priorities emerged during that four month period or if the plan had to be changed in some way.

4. Once completed, this document should be typed up and saved the document should be typed up and saved in the person's F Drive folder, in the Person Centred Plan subfolder. A copy should be placed on the Child's IP folder.

5. A new Four Monthly Progress Record is completed for the next two four monthly periods until the year is completed and it is time to review the Individual Planning Booklet.

6. This template is attached, see Form 4.