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Individual Planning in Autism Services: New Case

The relevant line managers of the service carries out a home visit to the new referral. They take along the "*Planning Booklet"*. A structured interview takes place with the booklet questions, notes are made into the booklet.

The autism resource worker manager lists out these priorities in the "*Planning Booklet"*. For each priority identified, the autism resource worker manager sends a referral to the staff member responsible for actioning this priority.

On receipt of the referral the staff member follows up on the issue. A file note is generated to log work done on addressing the priority.

By the end of July and again by the end of November, the autism resource worker is responsible for ensuring that the progress is recorded under each priority. They do this using the Planning Record form.

Where the autism resource worker has completed the work on the priority themselves, they fill in the relevant section of the form, setting out the work that took place in relation to this issue over the past months. Then they should describe what will take place in this issue over the next planning period.

Where the work on the priority was completed by another team member, the autism resource worker should ask the relevant staff to supply a report of setting out the work that took place in relation to this issue over the past months and what will take place in this issue over the next planning period. The autism resource worker then copies this information into the planning record.

This planning record form is now complete record of work carried out on addressing priorities for an entire planning year. It should be saved electronically in the folder "Person Centred Plan" under the service user f drive folder system.

Individual Planning in Autism Services: Current Active Case

At the start of the second year with the service, the autism resource worker/named staff reviews the previous year's "*Planning Booklet"* with the young person/family to reflect on issues progressed and identify areas where further attention is needed. This updated information will be recorded into a new "*Planning Booklet*". It is important the autism resource worker reviews the previous year's *"Planning Record"* with the young person/family to reflect on progress and help focus on priorities for the coming year.

At this point, it may be possible to arrange a "*Planning Meeting"* with all the relevant staff and families. The purpose of the meeting is to review progress as a group, problem-solve issues that are arising and identify new priories. Priority should be given to children and family where transitions are coming up, where there is uncertainty or lack of agreement on the way forward.

Once the booklet is completed, identified priorities are progressed as required by the autism resource worker. If an identified priority requires the input of other autism team members, the autism resource worker sends a referral to the staff member responsible for actioning this priority. A file note is generated log work done on addressing the priority.

By the end of July and again by the end of November, the autism resource worker is responsible for ensuring that the progress is recorded under each priority. They do this using the Planning Record form.

Where the autism resource worker has completed the work on the priority themselves, they fill in the relevant section of the form, setting out the work that took place in relation to this issue over the past months. Then they should describe what will take place in this issue over the next planning period.

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Table of Contents

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 1: 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.

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. ***Strong Support Networks***

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.

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.

11. ***Organising a Planning Meeting***

The Named Staff should consider the following if they plan to hold a planning meeting:

- Who will be involved. Who would the child/family want there. Who is important in their life. Who needs to be there. Strongly consider who attends the meeting, the numbers present and the balance of paid/unpaid support present at meeting

- How will a relaxed and informal atmosphere be created at meeting. How will the meeting be set up so there are no prior associations with meetings that people have previously experienced. To create a different way of working then it helps a great deal if the set-up is different than any previous experiences child has had

- Location of meeting - Consider venue where people have no prior associations and can be most relaxed, a place where people can freely talk and express themselves – the child and family may prefer to have it in the family home

- Before the meeting –What is the purpose. What will be discussed. How will this be done in manner which allows for everyone to participate and keeps agenda focused on child/family's wants and needs. How will the child participate or have a meaningful presence

- Consider refreshments/ length of meeting /managing discussion/what contributions would be useful from people /how decisions will be made, etc.

- How will a record of the key points be agreed. How will the record of the meeting be shared with the relevant people. Specific actions should be agreed and set out in the Planning Record so that progress can be tracked

- How will participants in the planning process keep in touch and communicate progress made. How do families want to be informed.

12. ***Using Additional Person Centred Planning Resources***

There may be situations where it is important to spend more time exploring with people their goals and aspirations in order to yield a more comprehensive set of priorities. This will usually happen during transition time but may also be of benefit during times where there is a lack of direction or agreement on how best to proceed. In these situations the following more in-depth planning tools are recommended. Copies of these resources can be obtained from the Evaluation and Training Department:

- Personal Outcomes Interview for Families of Young Children
- Personal Outcomes Interview for Children and Youth
- Social Network Analysis.

SECTION 2: PROCEDURE

Individual Planning in Autism Services: New Case

Phase One: Developing the Plan

1. The relevant line managers of the service carries out a home visit to the new referral. They take along the "*Planning Booklet"*. A structured interview takes place with the booklet questions, notes are made into the booklet

2. The booklet is given to the admin support in autism services to type up and save in the folder "Person Centred Plan" under the service user f drive folder system

3. Each child/family should receive a hard copy of the completed *"Planning Booklet*" in a folder so that they can keep this at home for their reference

4. For each priority identified, the autism resource worker manager sends a referral to the staff member responsible for actioning this priority

5. On receipt of the referral the staff member follows up on the issue

6. A file note is generated to log work done on addressing the priority by this staff member.

Phase Two: Tracking the Plan

1. By the end of July and again by the end of November, the autism resource worker is responsible for ensuring that the progress is recorded under each priority. They do this using the Planning Record form. This document should be saved electronically in the folder "Person Centred Plan" under the service user f drive folder system

2. Where the autism resource worker has completed the work on the priority themselves, they fill in the relevant section of the form, setting out the work that took place in relation to this issue over the past months. Then they should describe what will take place in this issue over the next planning period

3. Where the work on the priority was completed by another team member, the autism resource worker should ask the relevant staff to supply a report of setting out the work that took place in relation to this issue over the past months and what will take place in this issue over the next planning period. The autism resource worker then copies this information into the planning record

4. In particular, the autism resource worker should check file notes and minutes of case meetings to ensure that all relevant actions are captured and recorded on the planning record across from the relevant priority.

Individual Planning in Autism Services: Current Active Case

Phase One: Developing the Plan

1. The autism resource worker is responsible for contacting the family to review progress from their perspective and set new priorities. The autism resource worker should use the "*Planning Booklet"* form with the young person/family to complete this work. It is important the autism resource worker reviews the previous year's "*Planning Record*" with the young person/family to reflect on progress and help focus on priorities for the coming year

2. At this point, it may be possible to arrange a "*Planning Meeting"* with all the relevant staff and families. The purpose of the meeting is to review progress as a group, problem-solve issues that are arising and identify new priories

3. Each autism resource worker should decide with their line manager whether a planning meeting is required. Priority should be given to children and family where transitions are coming up, where there is uncertainty or lack of agreement on the way forward

4. A new "*Planning Booklet"* for the year ahead is completed with the family either through consultation between the autism resource worker with the family or through a formal planning meeting with the family and all the relevant staff

5. The booklet should be typed up and save in the folder "Person Centred Plan" under the service user f drive folder system

6. A copy of this booklet is made available to families once completed

7. Once the booklet is completed, identified priorities are progressed as required by the autism resource worker

8. If an identified priority requires the input of other autism team members, the autism resource worker sends a referral to the staff member responsible for actioning this priority

9. On receipt of the referral, the staff member follows up on the issue

10. A file note is generated to log work done on addressing the priority by this staff member.

Phase Two: Tracking the Plan

1. By the end of July and again by the end of November, the autism resource worker is responsible for ensuring that the progress is recorded under each priority. They do this using the Planning Record form. This document should be saved electronically in the folder "Person Centred Plan" under the service user f drive folder system

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3. Where the work on the priority was completed by another team member, the autism resource worker should ask the relevant staff to supply a report of setting out the work that took place in relation to this issue over the past months and what will take place in this issue over the next planning period. The autism resource worker then copies this information into the planning record

4. In particular, the autism resource worker should check file notes and minutes of case meetings to ensure that all relevant actions are captured and recorded on the planning record across from the relevant priority.

FORM 1: PLANNING BOOKLET

Form 1

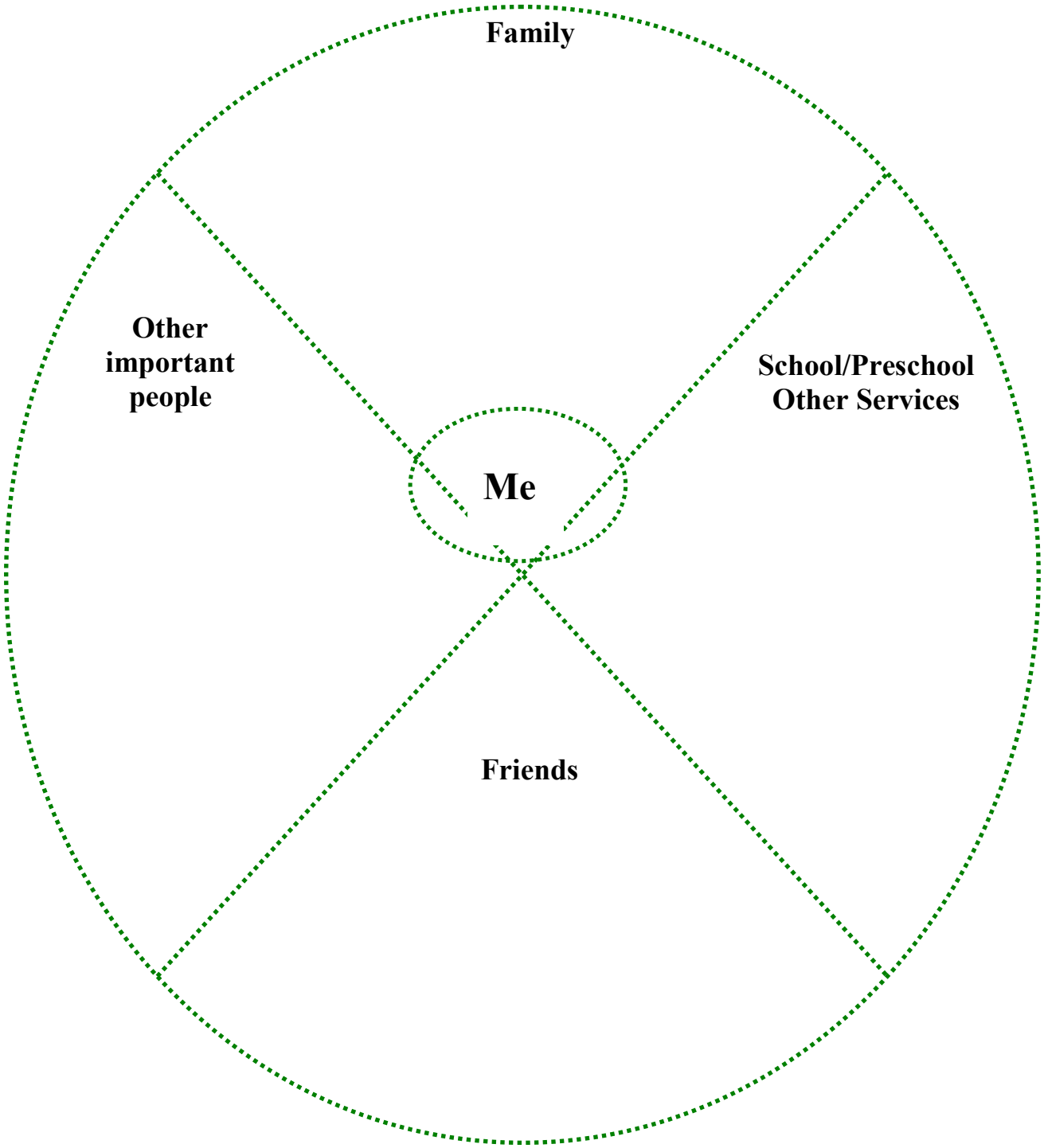
Planning Booklet

- This form is first completed when families begin their involvement with the service, at the initial visit
- It is used to review with the family their current concerns and highlights initial goals and priorities
- This Planning Booklet is reviewed with families each year by the Autism Resource Worker to reflect on progress and identify new priorities
- A new copy is completed each year as information is updated
- The Family receives a copy of the booklet each year

Name of Child:	**Date of Birth:**
Name of Parent(s)/Guardian(s):	
Contact details: Tel:	**E-mail:**
Present at initial visit:	
Name of Autism Resource Worker/ Named staff:	
Date Planning Booklet Completed:	

About Us

1. **Put names or pictures in the spaces……**



2. Diagnosis – what experiences have brought you here today?

*Reference as appropriate reports received on the child and their diagnosis to avoid family having to repeat information already received. Find out if the child aware of their diagnosis**.** This section is only relevant for the initial visit and should only be revisited if new diagnosis information comes to light during the child/families engagement with the service.*

3. What is going well for your child at present?

It is important to probe for the child's strengths and interests here.

- **Home**
- **School**
- **Community**

4. What worries and concerns do you have about your child at present?

It is important to get a sense of the family's assessment of the child's development across the following areas, even if it is not raised as a concern at present. In addition, establish where possible if the child's participation/skills varies across the setting he attends, i.e. at home or at school.

- *Independence/Self-help*
- *Communication*
- *Feeding/Diet*
- *Sleep*
- *Toileting*
- *Social Development*
- *Dressing/Undressing*
- *Sensory Issues*
- *Safety Issues*
- *School*

5. How is your child's health? Have you any health or medical concerns?

- **Are there any new medical issues for your child?** Establish what medical services have been involved or if there are any outstanding areas of medical concern not addressed.

- **How are you and the rest of the family?**

6. Does your child receive therapy services. Are you informed of any therapy programmes and how they are helping your child?

- **Are therapy activities and ideas integrated into school/home activities?** *Reference any information already obtained from referral sources. The aim is to check what the families understanding of and engagement with services has been and what potential follow up may be required in this area.*

- **Any other questions or relevant information about your child?**

7. Who are the people you are closest to? Apart from those you live with, how often do you see them?

- **What kinds of support can you avail of from the people you are close too, for example, babysitting, access to information, advice, etc.?**

- **Have you opportunities to talk with other people who experience similar challenges to your child and your family? Is this something you would be interested in?** *Have relevant sources of information available if required.*

- **What do you do for rest and relaxation time to be with your partner or other family members?**

8. Has anyone spoken to you about available benefits and entitlements?

- **Any issues with housing?**

- **Any issues with educational supports, i.e. home/summer tuition?**

9. Is there any other information you need or would like to receive?

10. List of Priorities - Having reviewed the child and family's situation, set out a list of the priorities they would like to address over the next 12 months. Where possible, across from each priority set out the specific actions to be taken and timescales involved.

FORM 2: PLANNING RECORD

Form 2

Planning Record

- This form used to record priorities identified, actions to be taken and progress made
- One page is used for each identified priority
- The Autism Resource Worker tracks work taken in relation to each priority using this form
- At the end of July and again at the end of November, a report is written for each priority, setting out progress made in relation to the identified set of actions

Name of Child:	
Autism Resource Worker:	
Others Involved:	
Last Planning Meeting:	

Progress Update

Child's Name: _____ **Date of Update: _____**

Priority 1: Agreed Actions and Timescales as Per Planning Booklet:	
What was done to achieve each of the agreed actions in the last 4 Months, by Whom and When?	What will happen next to develop this priority?

Priority 2: Agreed Actions and Timescales as Per Planning Booklet:	
What was done to achieve each of the agreed actions in the last 4 Months, by Whom and When?	What will happen next to develop this priority?

Priority 3: Agreed Actions and Timescales as Per Planning Booklet:	
What was done to achieve each of the agreed actions in the last 4 Months, by Whom and When?	What will happen next to develop this priority?

If the list of identified priorities was amended during this period, note the changes made and work carried out:
Form Completed by: