



Disability Services Commission – Local Operations

A guide to planning in Local Coordination

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1. Welcome to Local Coordination

This guide is designed to explain the planning process and to help you begin thinking about planning for your / your family member's life and future.

Being connected to Local Coordination means you will have access to a Local Coordinator who will be able to guide you through the planning process. This guide is not meant to replace the conversations that you will have with your Local Coordinator during the planning process. It is simply to help you learn more about how planning works.

Your Local Coordinator is there to support and assist you as much or as little as you like. You can also include family members, carers or anyone else you consider important when thinking and talking about planning for your support needs.

Local Coordinators support you to:

- identify your strengths and needs, and any goals or aspirations you would like to start working towards in your plan;
- explore how you are going to reach the goals outlined in your plan;
- choose the supports and services that best suit your needs and goals;
- develop stronger links with your local community;
- build on natural and informal supports such as friendships, neighbours and local community groups;
- write your plan (if you need help with this).

2. Planning Principles

Planning is central to the Local Coordination approach. Planning assists individuals along with their families to consider possibilities and how they would like life to be now and into the future. The resulting plan should be flexible, responsive to challenges and changes in each person's life, and be as individual as the person it aims to support.

The planning principles are as follows:

- The person with the disability is central to the planning and decision-making process.
- Planning is based on the person's wishes, capabilities, and strengths and will provide greater opportunities in the future.
- Planning leads to a more satisfying and secure life and includes safeguards to address vulnerability, enabling the individual to take risks and make mistakes.
- Family, friends and other people who are important to the individual are encouraged to be involved in planning.
- Planning is flexible, outlining realistic, achievable goals and strategies that are renewable and reviewable.
- Planning encourages the use of informal and local community connections ahead of formal, paid supports and services.

- Planning acknowledges the uniqueness and diversity of each person including culture, lifestyle and religious beliefs.

3. Thinking about your Plan

Local Coordination focuses on planning for current and future needs. Your existing connections, friendships and supports, and what is already working well will form part of your plan.

Your Local Coordinator can support you to:

- explore strategies (for example, by providing you with specific information and suggestions) which will assist you to achieve your goals;
- develop some practical steps to help you with any or all of the strategies you have identified in your plan.

Planning takes place over time through a series of conversations, and a number of meetings may be needed to develop your plan. Plans are individualised and likely to change over time, as your life, needs and goals change. In general plans are reviewed every 12 months but can be reviewed earlier if required.

Essentially, planning is based on the answers to four questions:

- How would I like my life to be? (Vision)
- My story/our story (Current Situation)
- What would I/we like to build on? (Goals)
- How can this happen? (Strategies)

You may not have complete answers to any or all of these questions straight away. If you are new to the Commission, your Local Coordinator can help you explore a variety of options.

4. Goals, strategies and supports

Your Local Coordinator will ensure you, or your family member's plan, is individualised and takes into account all aspects of your life. You may have overall long-term goals, for example, you may wish to work towards living independently. Your plan will typically break your long term goals down into steps which can be achieved during the period of your plan, usually the next 12 months.

Your **plan goals** may include things like:

- a) I would like to learn how to maintain a clean house and tidy yard.
- b) I would like to improve my physical fitness.
- c) I would like to improve my volunteering skills, try new things and make friends.
- d) Our family would like to support Charlie to express himself more effectively.

The **strategies** in your Plan will be linked to your overall goals, and will be more specific in terms of highlighting the steps you will take towards achieving your plan goals. Some examples of strategies related to the plan goals above may be:

- a) I will help mum and dad with the chores around the house and learn how to do some simple gardening by assisting my neighbour with her front yard.
- b) I will attend swimming classes on Mondays and a session with a personal trainer on Thursdays. A support worker will take me to and from these sessions. The other days I will do 30 minutes exercise of some sort. I can do this myself.
- c) I am going to approach an animal refuge and the local vet clinic to find out if I am able to do any voluntary work with them. I don't require support for this at the moment.
- d) We will work with a speech pathologist once a week to help Charlie develop his communication skills and techniques.

Some of these strategies may be funded through Local Coordination, but some may not require any funding. Your Local Coordinator can help you to consider different options, and support you with ideas for building and strengthening relationships, community connections and skill development.

Don't worry about the detail of your plan at this stage. If, however, you would like to do some preparation, just think about your life in general terms as described in section 2 - Thinking about your Plan. You can also make notes under the headings below to assist you.

5. Guiding Questions

How would I like my life to be? (Vision)

Focus on the next few years.

- What would an ideal living situation be for you? (e.g. living on your own, with family, with friends)
- How would you like to spend your days and who with?
- What will you do during the day? (e.g. working, socialising, playing sports)

Notes:

My story/our Story (Current situation)

Focus on what happens currently in your life and in your family.

- What sort of things are you good at? What do you enjoy?
- What is your family situation like and who supports you?
- What are some of the things you like to do?
- What sort of things do you find challenging?
- What would you like to build on/improve?

Notes:

What would I/we like to build on? (Goals)

- Are there particular skills that you would like to develop?
- What do you look forward to?
- What goals do you want to achieve in your future?
- Are there areas of your life you would like to focus on? (e.g. finding work, studying, meeting new people, getting fit, learning to cook)

Notes:

How can this happen? (Strategies)

- What can you start doing?
- What can you keep doing?
- What can you reduce or do less of?
- What do you need some guidance or extra support with?
- What is needed to assist in building your skills or developing personal and community connections?

Notes:

6. Scenarios

Below are some examples to demonstrate planning in action.

Scenario 1 - Alison

Alison is 38 years of age and lives in her own home. She has an intellectual disability and autism. Alison has limited verbal communication skills, but she knows what she wants, likes and dislikes. Alison's behaviours can be challenging and unpredictable when people do not understand her choices. She also experiences frequent seizures which require additional medication to be administered to her.

Alison's goals are to continue to live safely in her own home near her parents, increase her fitness and keep enjoying a busy lifestyle in her local community. Alison's parents are both in their 70s but remain involved in Alison's life. Alison likes to visit her parents to share a meal and play cards twice a week.

Alison has been supported by her Local Coordinator to develop a plan which assists her to live in her own home. Alison's team consists of a home sharer (who, in exchange for rent, shares grocery shopping and meal preparation with Alison two nights a week, provides assistance with reading of mail and is an overnight presence), two casual support workers who provide regular drop in support and an unpaid volunteer, Jane, who helps out once a week. With this support Alison is learning to be more independent, her personal care has improved, she is contributing with jobs around the home and is learning to do her own grocery shopping.

Alison is well-known in the local community through her part-time employment at the leisure centre and she recently joined the local bowling club which Jane attends. Alison enjoys regular outings with her support staff, including swimming at the local leisure centre and going for drives in her car to the beach.

Scenario 2 – Alex

Alex is eight years of age and lives at home with his family. Alex has cerebral palsy, a mild intellectual disability and his behaviour is frequently challenging both at home and school. He has experienced medical complications which have resulted in frequent hospital stays and intensive post-operative therapy. Alex is a reluctant school attender and whilst his mother is very committed to achieving a great life for him, she finds it challenging managing the demands of a young family as well as Alex's additional support needs.

Since engaging with Local Coordination, Alex and his mum have been supported by their Local Coordinator to develop and implement a plan to meet the needs of both Alex and his family. Alex now enjoys staying overnight once a month with a neighbouring family who have a son the same age as him. Alex also accesses support to attend swimming lessons with this boy. These strategies have been beneficial to Alex's social skills and have enabled his mum to have regular breaks.

With support from his Local Coordinator, Alex's mum has negotiated with the school to make several changes including the provision of an educational assistant to support with his personal care and learning. Alex's mother has also been connected with another family from the school who live nearby, and they are now sharing the school transport duties. Alex really enjoys this, and so is happier to attend school.

Alex has regular transdisciplinary therapy sessions with input from a physiotherapist, occupational therapist and speech pathologist via the school age therapy services. His therapy team have provided the school and the family with strategies to ensure consistency and enhance his overall learning and development.

Alex also regularly attends trampolining sessions at a local centre which has improved his vestibular balance and muscle strength. He uses PECS (Picture Exchange Communication System) to communicate and the speech therapist has recommended using proloquo2go on an iPad to enhance his expressive communication.

Scenario 3 – Paul

Paul is 55 years of age and lives in a country town with his partner Ann. Paul has a teenage son named Sheldon who lives with his maternal aunt. Paul has a mild spinal injury, an intellectual disability and has been diagnosed with depression by his GP, which has impacted his ability to work for any considerable length of time. Paul experiences periods of social isolation, often remaining indoors for days as he becomes overwhelmed when trying to arrange outings. Paul visits a clinical psychologist every 6 weeks through the Better Access to Mental Health Care Medicare initiative to develop coping strategies. Paul also attends monthly physiotherapy sessions for his rehabilitation, but does not exercise regularly.

Paul's partner Ann has a mild cognitive disability as a result of an accident – this is sometimes difficult for Paul to cope with as he has his own struggles. Paul has difficulty managing his in-home routines and maintaining a tidy home and garden. He would like to spend more time with his son yet he only wants to see him when he is in a happy space. Paul would like to develop his computer skills so he can manage his bills independently; and would like to develop his employability skills so he is able to return to work.

Local Coordination has supported Paul to plan effectively and he is now achieving his goals. Paul has established a routine that enables him to do the things he enjoys such as gardening and keeping his home orderly and attractive. Paul says that having some outside support with in-home routines has made a big difference to his relationship with Ann and to his overall wellbeing.

Paul has achieved his goal of spending more time with his son. He and Sheldon now attend local footy games together once a fortnight. Paul is also getting the opportunity to meet other AFL enthusiasts and he is considering organising a social catch-up after a game. Paul's Local Coordinator has assisted him to link in with an employment coordinator who is working with Paul to explore employment options. Paul attends a local computer course

once a week and has gained the skills and confidence to manage his bills online. Paul will continue to develop his computer skills to assist his pursuit for employment. Paul is also swimming twice a week with his neighbour Fred who frequently swims at the local pool. The swimming has assisted Paul's gross motor movement and the social interaction has had a positive impact on Paul's self-esteem.

7. Further information

If you are already connected to a Local Coordinator, you can ask them more about the planning process or how to access resources.

Alternatively, you can contact your local office for more information. If you're not sure where your local office is, just go to: www.disability.wa.gov.au > individuals, families and carers > then fill out the 'Your local support' section.