GOVERNMENT OF WESTERN AUSTRALIA

Disability Services Commission

Disability Services Commission – Local Operations

Local Coordination Planning Framework

Approved: February 2017
Review date: June 2018

Introduction

The Local Coordination program assists people with disability, their families and carers, to advocate, plan, organise and access the supports and services they need to live a good life in their local community. Local Coordinators work with family members and others involved in supporting people with disability, helping them to further strengthen their caring role.
Planning is central to the Local Coordination approach. During the planning process, individuals and their families/carers are supported to explore possibilities, plan for the future and achieve the lifestyle of their choice.
Plans enable people with disability to achieve their individual goals for a good life by providing clarity in direction. The resulting plan will reflect each person's chosen pathway. The plan will be flexible, responsive to challenges and changes in the individual's life, and incorporate strategies tailored to their skills, strengths and need for support.
This Planning Framework has been designed for Local Coordinators, to support them during the planning process. It includes guiding questions, example scenarios and resources which can be drawn on as needed.
This document can also be used by individuals, families, carers, service providers and others who wish to learn more about the Local Coordination planning approach. However, it is recommended that this be read in conjunction with 'A guide to planning in Local Coordination'.

Vision

People with disability, their families and carers will be able to exercise genuine choice and control over the supports and services they need to live a good life in their local community.

Planning principles

- 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 the planning process.
- 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.

Outcomes

Individualised planning supports people with disability, their families and carers to:

- choose how their life will unfold
- identify opportunities to belong and make a valued contribution
- develop their relationships and their connections within the local community
- develop their talents and potential
- adopt valued community roles
- feel safe, secure and confident in their future, and
- access the support they require to achieve their goals.

Local Coordinator planning approach

People with disability have traditionally been planned FOR. The Local Coordination approach recognises everyone's need to have a meaningful life where what is important to each person is most valued and central to their plan. This approach is based on universal human rights to be respected, experience a range of valued roles, be part of welcoming communities, enjoy every day experiences and tackle challenging opportunities.

In planning, the Local Coordinator develops a respectful partnering relationship with the individual and their family/carers, to ensure they understand the person within the context of their family and community. Planning is based on a series of future oriented conversations where the person with disability is supported to consider how their life is, how they would like it to be, and what it would take for them to get there.

The Local Coordinator supports people with disability, their family and carers to explore strategies which will assist them to achieve their goals (for example, by providing tailored information and suggestions for a range of options to consider). They will also take care to focus on the individual's skills, passions and strengths as the foundations for planning their future.

Planning may take place through a series of conversations, however, it is expected that a plan is developed within 90 days of an individual first connecting with a Local Coordinator. Local Coordinators are there to support the individual, their family/carers, as much or as little as needed throughout the planning process.

Existing support arrangements (e.g. family, friends and local connections) will form the foundations of the plan and be linked to the person's goals. However, sometimes additional support may be required for the person to achieve one or more of the goals in their plan. The Local Coordinator will assist in formulating a clear rationale as an integral part of the person's plan which supports a request for any funding required.

The Local Coordinator has an ongoing role in assisting people to:

- review their progress towards their goals
- keep their plans on track
- re-align their plans to their changing lives, changing goals or unexpected difficulties.

Guiding questions

The planning process is personalised, future-focused, responsive and reviewable. It is underpinned by a trusting relationship between the person with disability, their family, carers and a Local Coordinator. The relationship may take time to establish and requires ongoing engagement. The person with disability can choose to involve others in this process (for example, family/carers, friends, support workers, local community members, and trusted staff from specific service providers or mainstream organisations).
The person with disability is central to the process and takes control of their plan to the extent that they wish. Their plan for a good life will be developed from their responses to the following guiding questions:

1. How would I like my life to be? (Vision)
2. My/our story? (Current situation)
3. What would I like to build on? (Long-term goals and Plan goals)
4. How can this happen? (Support strategies)

The plan will reflect the individual's aspirations and goals, their current circumstances, and clear pathways to achieving their goals.

A selection of planning tools attached to each question is included as a resource for Local Coordinators to assist with initiating conversations.

Please note: All efforts have been made to acknowledge sources of these tools, many of which have been adapted. Local Coordination acknowledges the wisdom of such thinkers as John O'Brien and Michael Kendrick that is embedded in this framework. The Disability Services Commission would particularly like to thank Helen Sanderson and Associates, Jane Sherwin, Heather Simmons, The West Australian Department for Child Protection and The West Australian Mental Health Commission for their permission to use their material.

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

This question addresses a person's need for meaning and purpose in their life. It opens up thinking about hopes and dreams. It is a series of conversations about possibilities and what the person, and their life might become. It is intended to develop a complete picture of their idea of a good life. Opportunities that may never have been considered can be introduced.

The following may help to start these conversations:

- What makes life worth living?
- What does an interesting and fulfilling life look like for me?

- If everything were going well for me, what would it look like? What would I be doing?
- Who would I like in my life? (I may not have met them yet)
- What other things have I dared to dream of?
- What is especially important to me?
- Who do I admire? Why is that?
- How would I like to be thought of?
- What does my ideal day look like?
- What is a bad day like for me?
- Have I ever thought of-------?
- I wonder whether-------?

Suggested resources:

- Balanced life model
- Great day/bad day
- Person Centred Planning PATH
- Three Houses
- Visualisations/imagination/drawing e.g. place of relaxation, happiest time etc.

2. My/our story (Current situation)

These conversations focus on a person's identity in the context of their family and community and their experiences. The aim is to develop a shared understanding of how the person's life is now, who is in their life, how they spend their time, and how they feel about it. The conversations should focus on the person's uniqueness, their strengths, interests and capabilities, whilst acknowledging their vulnerabilities and any need for support. Opportunities for change in their life may become apparent.

Some of the following questions may assist in getting a real sense of who the person is:

- What has my life been like so far? What phrase would describe how I feel about it?
- What are some of the key things that have shaped my life?
- What do I value? (culture, religious beliefs as well as family, friends, pet, home, lifestyle---)
- What am I very proud of? Why is that important?
- What am I good at? What do I enjoy?
- What do people like about me?
- What do I like best about myself?
- Who are the important people in my life? How are they involved?
- What am I really interested in? What do I do about my interest?
- What do I do every day? Why do I do this?
- How satisfied am I with my life and situation? (For example, my relationships, my opportunities and choices, my health, my occupation, my home, my local community links)

- What am I not happy about?
- What makes me feel unsafe? How could I feel safer?
- What are the challenges or barriers I face?
- What am I responsible for and who am I responsible to?

Suggested resources:

- Building a one page profile (includes what people appreciate about me, what is important to me, how to support me)
- Communication chart
- Gifts and talents poster
- Gifts poster #1
- Map - the story
- Relationship circles
- Roles stocktake
- Weekly diary

3. What would I like to build on? (Long-term goals and Plan goals)

A **long-term goal** is something the person with disability wants to achieve into the future. Long-term goals are usually several years away.

A **plan goal** is a concise description of <u>what</u> the individual wants to achieve by the next plan review date, typically within the next 12 months.

From the earlier questions the person with disability, their family/carers and supporters will have a picture of what a better life looks like to them. People may choose to tackle one or more elements to develop or change. This question aims to engage the person's enthusiasm for a better life and translate this into the goals that they would like to achieve. It focuses on what the person thinks should be built, what should be retained, and what should be reduced in their life.

An example of a good plan goal might be:

Aaron would like to develop his meal preparation and cooking skills (3rd person)
Or
I would like to develop my meal preparation and cooking skills (1st person)
Questions that may assist include:

- What do I need to thrive, not just survive?
- What motivates me?
- What do I look forward to?
- What challenges me?
- What do I want to achieve?

- What is most important to me right now? What would make the most difference to my life? What are my priorities?
- What is working well now? How will I maintain this?
- What skills, experience, interests and qualities would I like to build on?
- What do I really dislike in my life at present?
- What am I worried about? What am I frightened of?
- What information or experience do I need to make the right choice for me?
- If I could offer myself a reward what would it be?

Suggested resources:

- Factor of ten and planning for roles (includes example)
- Mapping my community (includes example)
- People, places, activities
- Presence to contribution (includes example)
- Satisfaction wheel

4. How can this happen? (Support strategies)

Support strategies are the actions or activities that will be implemented to achieve a particular plan goal. A strategy needs to be linked directly to a goal to enable the goal to be achieved within the agreed timeframe.

This question leads to discussion of how goals can be achieved, what steps best suit the person's chosen outcome, who could be involved, and when these actions can be undertaken. This part of the plan should be practical and steps should be attainable. It must link inextricably with the preceding parts of the plan. The person and their family's existing connections, local friendships and support, and what is already working well should be central to their plan. New and different opportunities to engage these connections in the person's life should also be considered. People should think about the idea of "just enough" support to achieve their goals.

An example of a good strategy might be:

Aaron will learn how to prepare and cook a range of meals by following step-by-step visuals; and through regular opportunities to practice. (3rd person)
Or
I will learn how to prepare and cook a range of meals by following step-by-step visuals; and through regular opportunities to practice. (1st person)

The following questions may assist in the development of a clear, comprehensive action plan:

- What will it take to help me build a better life in my community?
- What will I do to make the changes I would like?
- What will others do?
- How will I increase and strengthen relationships and connections? Where in the community might be a good place to start?
- What extra opportunities might there be for me in the community?
- What will I continue?
- What will I start doing?
- What will I stop doing?
- Which of my skills, experiences or knowledge do I want to build?
- What kind of support do I need to help me do what? How will I make sure I have "just enough" support?
- When and how often do I need help?
- What are the challenges in supporting me?
- When would I like these changes to happen by?
- What are my first steps?

Suggested resources:

- Capacities, opportunities, roles, brainstorming, good ideas, first steps
- Decisions in my life
- Domain of need
- Everyday lives checklist
- Hopes and dreams to action
- Identifying vulnerability
- Next steps
- Support planning
- Support planning - 2

Scenarios

Example One

Tom, a school leaver in 2014, has some ideas about his future. He would like to get a job, and eventually move out of home like his older brother. He has an interest in cars and thinks that he might like to try something arty as he enjoyed art at school.

Tom is rather bored with his current lifestyle and feels lonely. He enjoys some recreational activities with his support worker but he is frustrated because he never gets to know anyone else, and he finds it hard to catch up with his old school friends. He also feels that his life is not going anywhere and it depresses him to think nothing may ever change.

A Local Coordinator supports Tom, with help from his family, to develop a plan that captures his dreams for his future and the goals and first steps they will take to achieve them. Tom decides to start doing some volunteer work with support, and explore opportunities for training through TAFE and other courses in the community. He hopes this will help him gain skills to enhance his employment opportunities, help him to meet more people who share his interests, and increase his contribution to his community. Tom knows of a cousin who is also interested in cars, so he decides to visit the Speedway regularly with his cousin, and consider photography classes at the local centre. He thinks he might take pictures of cars at the Speedway.

Tom will review his plan regularly with his Local Coordinator, explore how he is going with his goal of employment, and plan towards moving out of his family home in the future.

Example Two

Kathy is five and lives with her mother, Helen. Kathy has loads of energy and enjoys being outside climbing jungle gyms and running about. Kathy has started school this year and hopes to make friends who will invite her to play dates and parties. Helen would also like to get to know the mothers at the school and join them for coffee and after school outings.

Helen and Kathy have become very isolated over the year. Helen has become estranged from her extended family and she stopped going to playgroup because she could never feel relaxed due to Kathy's behaviour, which can be unpredictable. Helen also reports that Kathy does not seem to benefit from the therapy that is offered although she has seen that therapy makes a difference for other children. Helen just feels she is lurching from crisis to crisis and any help she gets, she perceives as disjointed. Helen would love to have the energy, time and space to work out how to make changes in her life so that she and Kathy could take advantage of support that is offered.

Since Helen and Kathy cannot identify any friends or family members who could help, a Local Coordinator supports Helen to talk to the lady who works at the local deli, as she seems particularly fond of Kathy. The lady agrees to have Kathy at her home once a week, and while there, Kathy joins in her family's activities and plays in the backyard on the trampoline and climbing frame. This gives Helen some time and space for herself. After a few weeks Helen says that she feels ready to chat with the Local Coordinator about other things that could make a difference in Kathy's and her life. Helen and the Local Coordinator decide to work together on a plan for the next twelve months.

The plan includes ideas about the family making some local friends and connections: Helen will volunteer at the school uniform shop to begin with, invite a child to play with Kathy once a fortnight and have support to gradually introduce Kathy to an after school gym class at the local recreation centre. In addition, Helen requests support to help her establish predictable routines for Kathy at home, and decides to ask the therapy provider at their next session for

help in this area. The plan also provides support for Helen to explore her own interests for future friendships that may lead to valuable connections for future employment.

The Local Coordinator stays in regular contact with Helen and Kathy. At the end of the year, Helen reviews their plan, identifies some things that have changed for the better and feels more confident, in control and ready to consider next steps.

Example Three

John is a 43 year old man who lives independently with daily visiting and live-in support. John has an intellectual disability, autism, epilepsy and is mostly non-verbal. John exhibits challenging behaviours and can be aggressive, often putting himself and others at risk. These behaviours are unpredictable and the triggers are unknown. Due to frequent uncontrolled seizures and the need for medication, John requires constant monitoring day and night. A range of support options have been implemented, but none were successful. Recently John spent nine months in crisis residential living in the metropolitan area, after his previous accommodation option broke down.

John's parents, both in their 70s have always had an active role in his life. They have provided John with a lot of support over the years, including the provision of a house to live in, furniture and a vehicle.

John's plan has enabled him to return to live in his local community in his own home. He lives close to his family who are very much part of his life. John's plan provides him with 24 hours per day support in his home. This has been made possible through a shared-management model between his mother and a service provider. John is assisted by a flexible team of support people, many of whom have known John for a long time. Included in this team of support are two volunteers. John's supporters have received training from his family and the service provider to ensure they are able to manage his medication, seizures and challenging behaviours. With the support from 'team John,' and his family, he has settled back into his local community and his family have the confidence that he will be well supported into the future.

John is now a happier person as he is living a fulfilling life and his challenging behaviours have reduced significantly. John has become more independent with his personal hygiene; and he is contributing to domestic jobs including the grocery shopping. He is enjoying regular walks, picnics, driving his car and swimming at the local leisure centre. John has also resumed part-time work at the Country Club. He continues to visit his parents twice a week.

Further resources

- A guide to planning in Local Coordination

- Ageing, Disability and Home Care (ADHC) is part of the Department of Family and Community Services and has examples of planning tools used within a government policy framework in Australia (http://www.adhc.nsw.gov.au > Publications > Policies)

- Circles of Support: www.circlesnetwork.org.uk/
    - Circles network uses person centred planning tools to facilitate inclusion in the community.

- Disability Services Commission:
- All in a Life's Design: Planning Independent Living (2006)
- Resources to support disability sector organisations move towards self-directed supports and services (includes useful links) are located on the Disability Services Commission website.
  (www.disability.wa.gov > Reform > Self-directed supports and services)
- School's out 4 ever (2009)
- Spread Your Wings (2007)

- Examples of families leading Person Centred Planning is located here: www.familiesleadingplanning.co.uk/

- Fierce Conversations: Achieving success in work and in life, one conversation at a time – Susan Scott (2011). Focuses on overcoming the barriers to meaningful conversations.

- Helen Sanderson's website includes references to a range of planning resources (www.helensandersonassociates.co.uk > Person-Centred Practices)

- Jane Sherwin's website includes articles, training and resources (www.sherwinconsulting.com.au)

- John O'Brien and Connie Lyle O'Brien's website offers articles, tools, training and planning resources (www.inclusion.com > Inclusion Network)

- Learning to Lead: A guide to planning supports and resources for your child and family (http://acd.org.au > Resources)

- Paradigm is a UK based organisation supporting individualised planning (www.paradigm-uk.org)

- Planning for the future: People with disability booklet from Department of Social Services (www.dss.gov.au > our responsibilities > disability-and-carers > publications & articles > planning for the future: People with disability booklet)

- Resourcing Families: Developing a Vision . This website includes information and ideas for families, friends and allies of people with disability to help with planning and implementing ideas (www.resourcingfamilies.org.au > Developing a vision).

- Safe and Secure: Seven Steps on the Path to a Good Life for People with Disabilities 2015 Edition Al Etmanski and others (http://safeandsecureplanning.com > Get the book)

- Supported Living: A NSW based website with useful links to articles and tools (www.supportedliving.org.au > Resources)

- The Foundation for People with Learning Disabilities produces a range of publications, including reports, briefings and information booklets about planning and safety. Most of these can be downloaded free online (www.learningdisabilities.org.uk > Publications)

- WA Individualised Services (WAIS) Preparing to Plan Resource Guide and Card Set (http://waindividualisedservices.org.au > preparing to plan resource)

- Youniverse (formerly Vela Microboards Australia)
  A self-organising community of learning and practice which provides support for the establishment of individual Microboards (www.youniverse.org.au)