Support personal planning to enhance individual lifestyles with a person with a disability

23371 V1

Name _________________________________________________

Careerforce reference number ___________________________________________
Support personal planning to enhance individual lifestyles with a person with a disability

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Level 3
Credits 4
Support personal planning to enhance individual lifestyles with a person with a disability

23371 V1

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Name ________________________________________________
Employer _____________________________________________
NZQA number _________________________________________
Date _________________________________________________

“All the answers in this workbook were completed by me.”

Signed _______________________________________________
Getting started

Welcome to Support personal planning to enhance individual lifestyles with a person with a disability: one in a series of workbooks especially developed for support workers in the CPQ (Career Pathway Qualifications).

How do I use this workbook?
- Use highlighters to identify the important ideas.
- Take your own notes.
- Complete activities as you go through the workbook and write answers in the spaces provided.

What will I learn about?
When you have finished this workbook you will have learned more about:
- Preparing for personal planning to enhance individual lifestyle for a person with a disability.
- Participating in the planning process.
- Participating in implementing and evaluating a personal plan.

Acknowledgements
This workbook has been designed to support your learning and prepare you for the unit standard assessments.

The contents of this workbook include scenarios, learning activities and activities for general health and disability settings. They are not specific to any setting and should be used as a general guide for learning.

Careerforce would like to thank the people who have contributed their time and effort into each workbook in:
- Research and content validation.
- Advice and expertise.
- Testing of activities and assessments and their personal experiences.

And the people who have contributed a human dimension to the workbooks.

Look before you leap!
Take the time to go through this workbook before starting on the activities. Read the sections and make notes as you go.
Getting started

Trainee assessment portfolio
The trainee assessment portfolio contains assessed activities and workplace verification which must be completed to meet the requirements of the unit standard. These questions or tasks must be completed by you and signed by your workplace assessor in order for you to be credited with the unit standard.

Learning activities
These help you understand the content, and will help you with workplace verification tasks. The instructions and answer panels for learning activities have a light yellow/orange background like this.

Stop activities
You will also come across the pencil in places where you are asked to STOP (see the graphic on the left) and record your current knowledge or impressions, as a reference point to return to later.

Pause and Rewind activities
Pauses are for summarising, questioning, and reflecting as a reference point to return to later. Rewinds take you back to a PAUSE, STOP or TEST YOUR KNOWLEDGE and give you an opportunity to add to, change or validate some of your initial thoughts and ideas.
Getting started

The assessment for this unit standard requires you to take part in preparing, developing, implementing and evaluating a personal plan for a person with an intellectual disability. This workbook will provide you with background information about:

- What personal planning is.
- Why personal planning is important.
- The principles of personal planning that make it such a powerful and useful tool.
- The steps involved in personal planning.
- The roles that various people play in the personal planning process.

You can use this background information to prepare yourself to take part in personal planning for someone you support. It is important to note that although all organisations share similarities in their approach to personal planning, there are also many differences. So throughout the workbook you will be encouraged to find out how your organisation carries out personal planning; what its policies and procedures are; and what your role will be at various stages in the planning process. You must follow your organisation’s policies and procedures to meet the requirements of this unit standard.

You may notice that the term “focus person” is used throughout this workbook. This term refers to the person for whom a personal plan has been prepared.
Before you go any further in this workbook, think of what you know about personal plans for people with a disability…

TEST YOUR KNOWLEDGE

Here are some questions to get you thinking:

<table>
<thead>
<tr>
<th>Why is it important to tailor plans for individuals?</th>
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<tbody>
<tr>
<td>What types of plans does your organisation have for the people it supports?</td>
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</table>
What are some of the principles of personal planning?
What steps do you and or your organisation take before starting the personal planning process? List these steps (up to six) below.

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6

What do you think makes the person’s personal plan a worthwhile document?
What is personal planning?

Planning is helping someone work out what they want and then helping them work out how to get it.

People, Plans and Practicalities, page 28

Personal planning is a way of making decisions and developing a plan. It is carried out in a way that supports people – in partnership with others – to think through their needs, identify their goals, and set out to achieve their goals. Every resulting personal plan is, and should be, unique.

Different people and different organisations call personal plans different names. A personal plan may also be called a:

- Lifestyle plan.
- Individual plan.
- My plan.
- Person centred plan.
- Support plan.
- Map.
- PATH.
- Essential Lifestyle Plan.
- Something else unique to a particular organisation.

Children and young people with disabilities who attend pre-school or school may have an Individual Education Plan (IEP) or Individual Development Plan (IDP). These plans are usually led by their early childhood centre or school, or by Ministry of Education staff. There may be goals in the IDP or IEP that become included in your organisation’s personal plan for the person. If you support someone who has an IEP or IDP, you should know what is written in that plan as well. This will help you to provide good support for that person.

Every personal plan is unique to the particular person for whom it has been written and must reflect that person’s needs, desires and goals.
What is personal planning?

“Tom helped me to decide who I wanted to invite to help me plan. I decided to have my first planning meeting on a Saturday evening. I wanted a Newcastle United theme, as I’m a big fan. I invited the people to the meeting and asked everyone to wear only black and white. Food and drinks were black and white and I decorated the room.

I wanted people at my meeting to help me to dream about my life and things I want to change. I really wanted to think about how I could get my own house.

Tom helped me decide to do a PATH [plan]. We drew the PATH on a big piece of paper on the wall, and at the end of the meeting Tom took a photo of it.

I decided that everyone who came to the meeting could have a copy. I also have the big paper on the wall in my bedroom – it reminds me what my dream is. Everyone who came to help me plan agreed to help with one thing to make it happen.

Quoted by Lizzie, www.handsoffmyplan.co.uk”
What is personal planning?

The following quote explains how personal planning made a huge difference to “R’s” quality of life. R is a young Filipino man in his 20s. He has an intellectual disability, with high support needs, no verbal communication, and complex epilepsy.

“The first meetings were very much focused on sharing ideas that were the most important for R’s future. They talked a lot about health, family, cultural issues, religious festivals and holidays. A mixture of written plans, photographs and videos recorded the meetings…people brought lots of ideas and tried to be as creative as possible. As R couldn’t express his wishes, everyone had to think from his perspective – there were lots of things as a group we began to realise he would like. One idea seemed to generate another and people became more creative and thought of new ideas. After the plan had been completed and put into practice, R attended many more mainstream activities and events such as music festivals, pubs, Filipino restaurants and holidays, which no one thought he could access or enjoy before… As a consequence of all of this, there was a dramatic improvement for him and a better quality of life.

Quote taken from Person Centred Planning and Care Management with People with Learning Disabilities by Paul Cambridge and Steven Carnaby (page 160)
What is personal planning?

An individual’s personal copy of his/her plan, put together so that the person can remember and be motivated to achieve own goals. A formal written action plan for achieving these goals would also be developed.

Example of a formal written plan that is unique to the organisation that developed it.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Steps to achieve goals</th>
<th>Person/people responsible</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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Additional information/comments:

Review date/reporting requirements:

Plan to be distributed to:

Focus person’s signature Date

Service manager’s signature Date
Find out what your organisation calls a personal plan. Record your answer in the space below.
The importance of personal planning

Personal planning is important because it:

- Keeps the focus person in control of what is happening in his/her life – many people with intellectual disabilities use support services, or rely on others for support in some aspects of their lives. Unless it is clear what the focus person wants for his/her life, that person is at risk of receiving support that he/she doesn’t like or want, or having personal wishes ignored.
- Improves the focus person’s quality of life in ways that make the most difference to him/her – personal planning reflects what is important to the focus person, and ensures that any decisions that are made align with the focus person’s own values and beliefs.
- Minimises the risk of the focus person’s choices being ignored.
- Ensures that everyone who plays a role in the focus person’s life has the opportunity to contribute in a supportive way.
- Can harness the special skills that are available through the focus person’s support networks.
- Is a positive way of planning for the future.
- Ensures that service providers think carefully and provide what is required of their services – not just provide the same support for every person.
- Ensures that the right level of support can be planned for so that the focus person has the best chance of meeting personal goals – service providers can use the information from personal plans to help them work out how much support is required, what times/days support is most required, and in what form, and where they need to find other ways to help people to meet their goals (such as using support from other community agencies, volunteers or friends).
- Holds service providers and individuals accountable for what they agree to do. Because the action plan is recorded and regularly reviewed, it provides a reason for people to follow through with agreed actions.

For you and me, and for my other non-disabled children, life is easy. Things seem to fall into our lap. But for my disabled son, every step has to be fought for. That is why he needs person centred planning.

Quoted by a parent of a child with an intellectual disability, in Person Centred Planning and Care Management with People with Learning Disabilities, by Paul Cambridge and Steven Carnaby (page 68)

Anyone can choose not to have a personal plan. When this happens the person’s choice is recorded by the organisation/support services that the person uses. If a person does not have a personal plan the organisation will develop another way of recording how the person should be supported.
Principles of personal planning

There are some key principles that form the basis of personal planning. These principles are what make personal planning such a powerful tool in helping people with disabilities to reach their goals. Most approaches to personal planning share a great number of these principles, and some use all of them:

- **Person at the centre** – this means thinking about a person’s life from that person’s point of view and remembering that the plan is for a particular individual, and has been developed to support that particular individual in meeting his/her goals. Plans could cover all or some areas of the focus person’s life, including: working, learning/studying, daily living, recreation, spirituality, culture, health and wellbeing, skill development, relationships and social interactions, among other things. Sometimes each of these areas is planned for separately. Sometimes they are combined into a single plan. The plan will differ depending on the person you support, and the policies and procedures of the organisation that you work for.

- **Plan is owned by the person** – this means that the plan should be developed with and for the focus person. The focus person will own the plan and should be involved as the key figure in every aspect of the planning process.

- **Led by aspirations** – this means that the process starts by drawing on the focus person’s dreams, passions and aspirations – which guides the development of goals. Goals should be based on the person’s wishes and needs, rather than on what a service can easily provide, or has always provided, or what other people think should be included. It is important to think creatively and find unique solutions to meeting the focus person’s goals.

- **Positive focus** – this means focusing on the person’s gifts and capacities, not on the difficulties. Personal planning is a time for working on what is important to the focus person. Other issues should still be addressed by services, but not through the personal planning process.

- **Commitment to inclusion and equality** – this means that a key focus of the plan should be about supporting the person to have his/her rights met, and to be a valued and included member of the community.
Principles of personal planning

(Personal planning) makes the explicit assumption that life is more than services, that people, families and communities are resources not problems, and that the job of services is to complement and renew those resources, not to displace them. It puts relationships between people in the foreground and challenges services to treat promises as personal.

People, Plans and Practicalities, page 65

- **Involving the people who are most important to the focus person** – this means developing partnerships with the people who are important to the focus person, so that they are able to contribute. People who could be involved in personal planning might include: family members, friends, partners, flatmates, community members, key/main support workers, other support workers, the manager of the support service, or other significant people in the person’s life. The role that each of these people plays depends on individual circumstances. This issue will be discussed in more detail through each of the following sections of this workbook.
- **Shared actions** – this means working towards everyone involved being committed to the plan and sharing the responsibility for implementing it.
- **Facilitation** – this means using skilled facilitators to guide the personal planning process. Someone who is really familiar and skilled in all aspects of the process helps to gather information, involve everyone, make sure everyone knows what is happening and why, ensure that the person’s wishes are heard, and records the plan so that it makes sense and is useful.
- **Questioning** – this means using open questions to guide the process of enquiry and decision making, “digging deep” to find what is most important, and helping everyone to think creatively (“outside the square”).
- **Recording in whatever way is most helpful to the focus person** – this means considering the use of written words/pictures/photos/drawings/graphics to show the importance of goals and to make the plan easier to understand. Many people with intellectual disabilities have limited reading and writing skills. So, having a plan that can be understood is important. After all, it is difficult to work toward goals that you don’t know about or can’t remember! Visual/graphic detail can also be used right through the planning process to help people understand what is going on at each stage.
Learning activity
Involving the people who are most important to the focus person is one of the key principles that promotes success in personal planning. Think about a person who you support. From your knowledge of this person and his/her life fill in the “circles of support” diagram opposite, writing on to the diagram the names of people who are involved in that person’s life.

Note - Not all of these people would need to be involved in developing the focus person’s plan, but this diagram can provide a useful starting point. Some facilitators use a process like this to help them get to know someone every time they start the planning process.
Personal planning approaches

There are many different approaches to personal planning. Most are based on the principles outlined above, and have common features. Although it is interesting to find out about the variety of approaches, it is most important that you understand the approach used by your organisation. For this reason, only a small amount of detail is provided here to outline some of the most frequently used approaches.

**Essential lifestyle plans**

Essential lifestyle planning focuses on the person’s current life and how it can be improved. It can help identify what is important to a person and what is required to improve quality of life. It does not usually address what the person’s ideal/dream future would be, though this can be built in. It leads to a plan that specifies how support should be provided on a day-to-day basis. It is helpful when a team is just getting to know the focus person or if a person is moving from one setting to another.

**PATH - Planning Alternative Tomorrows with Hope**

PATH is interested in a person’s current situation, but not so much in the person’s history. It records a person’s dreams and positive and possible goals, and charts a time-lined action plan that includes those people who will join the person in achieving his/her goals and dreams. The process has a number of steps that must be followed. PATH is most useful when a team is “stuck” or has a problem to solve. PATH starts by looking at what a person wants for his/her future, and subsequently develops a plan to reach the desired future goals.

Different organisations will take a different approach to person planning for people they support. It is important that you are familiar with the particular processes used by the organisation that you work for.
Personal planning approaches

MAPs – Making Action Plans

MAPs is a particular style of planning which aims to retell a person’s story (history), find out about the person and his/her strengths, then build a shared commitment to help a person move towards these dreams and away from situations that the person wants to avoid or fears. It is often seen as a middle ground between PATH and essential lifestyle planning (see below for both) because it allows for discussion about dreams and getting to know the person (limited inclusion in PATH), but is not as detailed in its planning as essential lifestyle planning.

Personal futures planning (PFP) or person centred planning (PCP)

PFP and PCP are two terms used to describe the same thing. The process starts by finding out about the person’s life then identifying what the person wants in the future. These wishes are subsequently translated into functional, meaningful goals and objectives.

Circles of support

A circle of support is a group of people who work together and meet regularly to support an individual to achieve his/her life vision. The circle is led by the person with the disability (or the person’s spokesperson) and the group is initiated by the person to reach goals which he/she would be unable to reach alone. A circle of support may or may not involve disability support service staff.

Unique approaches developed by individual organisations

Many organisations develop their own approaches to individual planning. They may share characteristics of some of the approaches above.

To find out more about the different tools for personal planning see the following websites:

www.inclusive-solutions.com/pcplanning.asp
www.elpnet.net.
www.handsoffmyplan.co.uk
www.helensandersonassociates.co.uk
www.ttac.odu.edu/Articles/PcentPl.html

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The organisation that you work for will have policies and procedures about how it expects personal planning to be carried out. Some organisations use specific approaches (such as MAPS, or PFP – as described above). To complete this unit standard you will need to find out what these policies, procedures and approaches are. If you are unsure of where to find this information, talk to your supervisor. Record the names of the related documents (at least three), and where you can find them, in the space below.

<table>
<thead>
<tr>
<th>Names/titles of personal planning documents</th>
<th>Accessing each document</th>
</tr>
</thead>
<tbody>
<tr>
<td>For example, Personal Planning Guidelines, MAPs Instructions</td>
<td>For example, “It is kept in the locked filing cabinet in the staff sleep-over room in residential services”, or “It is included in the Service Standards Manual – I have to ask my manager for a copy.”</td>
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</table>
Before starting the personal planning process

There are several things to do before starting the personal planning process. Completing these tasks lays the basis for a positive start to personal planning and ensures that everyone is prepared and knows what to expect. It also decreases the chance of people having unrealistic or inappropriate expectations. Important things to do include:

• Supporting everyone involved to understand the personal planning process.
• Clarifying support worker roles and responsibilities.
• Making sure that the focus person has someone to advocate on his/her behalf if necessary.
• Appointing someone to facilitate the planning process.
• Finding out the best ways to communicate with the focus person.
• Building rapport with the focus person and all involved with the person.

Supporting everyone involved to understand the personal planning process

Not everyone involved will have been part of personal planning before. It is important that everyone involved knows:

• What the purpose of personal planning is.
• What the process is – this is particularly important if a new approach is being used for the first time.
• How they can be expected to participate or contribute, and the limitations of their contributions.
• Who to contact if they have questions.
• The timeframe for their involvement.

Forward planning is the key to ensuring that the personal planning process for each person is carried out in a way that promotes the best outcomes for that person.
Some organisations have pamphlets or written information about personal planning that they share with those involved. Other organisations share this information through discussion, or in other ways. Find out how your organisation shares information with the following people:

- The focus person.
- People who work for your organisation.
- Others (such as the focus person’s family members or friends).

Record your answers in the spaces provided below.

<table>
<thead>
<tr>
<th>Person(s)</th>
<th>How information is provided</th>
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</thead>
<tbody>
<tr>
<td>The focus person</td>
<td>For example, training course, pamphlet distributed by facilitator, discussion with service manager etc.</td>
</tr>
<tr>
<td>People who work for your organisation</td>
<td></td>
</tr>
<tr>
<td>Others (such as family members or friends)</td>
<td></td>
</tr>
</tbody>
</table>
Before starting the personal planning process

Clarifying support worker roles and responsibilities

Your role and contribution to the personal planning process depends on many factors, such as:

- The role you have with the focus person – for example a key/main support worker may be closely involved in helping to gather information at the start of the planning process, whereas other support workers may have more involvement in implementing particular goals once they are set.

- Your organisation’s policies and procedures – policies and procedures give guidance about the way that things should be done and the roles that various people play. Every organisation has different policies and procedures.

- The personal planning tools used by the organisation that you work for – some organisations use specific planning tools such as Personal Futures Planning, Essential Lifestyle Plans, MAPS, or PATH. Each of these tools follows different processes and has different requirements, which influences people’s roles in the process.

- The goals chosen for the plan – some goals might be best supported by family or friends, while support workers may take more responsibility for other goals

- Whether your organisation uses specialist personal planning facilitators – a facilitator is a person who helps to guide and lead the personal planning process.

Making sure that the focus person has someone to advocate on his/her behalf if necessary

If the focus person has limited ability to contribute to the process (for example, because of the nature of his/her support needs or communication ability) the person should have access to someone who can advocate on his/her behalf. This should be someone who knows the person well, and who has his/her best interests at heart.

Please note that every effort should be made to involve the focus person in whatever way that person can contribute at every step in the process.
Before starting the personal planning process

**Appointing someone to facilitate the planning process**

Facilitation, as described earlier, means using a skilled person (usually called a facilitator) to guide the personal planning process. The facilitator’s role is not to make decisions or personally develop the plan, but to support all aspects of the process, involve everyone, make sure everyone knows what is happening and why, ensure that the person’s wishes are heard, and ensure that the plan is recorded in a way that makes sense to the focus person and is useful to others.

A good facilitator has usually been trained (formally or informally) in how to facilitate the personal planning process successfully, and has the following qualities:

- Believes in and is committed to the philosophy of personal planning.
- Understands the process of personal planning and can guide others through it.
- Is skilled in guiding groups to work together – can help a group to resolve conflict constructively, build consensus within a group, foster team work, and ensure that everyone has a chance to participate and contribute in meetings.
- Is non-judgemental.
- Has excellent communication skills – uses open questioning to gather information and help the group to develop a shared vision, seeks clarification when necessary, listens well to everyone involved.
- Has excellent relationship-building skills – establishes a welcoming environment, builds relationships with those involved so that they are encouraged to participate and contribute, and uses humour when appropriate.
- Is flexible and can adapt things to suit those involved – time, process, recording – and can change the pace accordingly.
- Is self-confident – which helps everyone else to feel confident about the process and the expected outcomes.

The facilitator may be someone who works for your organisation in other roles as well (support worker, manager, speech-language therapist, or in any other role), or someone who is employed externally.
It is important to know who will be facilitating any personal planning that you are involved in. It may be you! Find out who in your organisation facilitates personal planning, for example: specialist people who are contracted from outside the organisation, trained staff from within the organisation, the focus person’s key support person.

Record your answer in the space below.
Before starting the personal planning process

Finding out the best ways to communicate with the focus person

Approximately 70% of people with intellectual disabilities have difficulty communicating in some way. People who have difficulties with communication are more likely to be ignored, misunderstood, not consulted, or have their attempts to communicate disregarded. This places them at risk of not having their needs met, living a life they don’t want, and never reaching their goals.

Every person has unique skills, abilities and support needs. People communicate in many different ways (such as spoken word, vocalisations, body language, gestures, facial expressions, pictures, signing and writing). Even people who have the most severe communication impairments still communicate, though it may not always be on purpose. People’s body language, facial expressions and vocalisations can give us a lot of information about what makes a person happy or unhappy and we do not need to rely on talking to find out what is important to people. Some people who have communication impairments are only able to use typical communication strategies in limited ways. They may be more successful using some alternative communication support strategies (such as signing, or using photos or real objects to show their choices).

For people who have difficulty understanding things it is vital that others know how to adapt their own communication to meet those people’s needs. This means:

- Making sure that the environment is set up to make communication as successful as possible. For example, making sure the lighting is right (so that the person can see his/her communication partner or strategy); and there is not too much background noise, or too many distractions.
- Choosing our words carefully – using words that the focus person can understand, and reducing the complexity of what we say so that the person can understand. For example, instead of asking: “What are your aspirations for your living situation?” which is very complex – we could ask questions such as “What’s good about where you live?”; or “What’s bad?”; or “What would make it better?”

Each person – whatever the nature of his/her disability – is able to communicate in some way: verbal or non-verbal. The key for you, as a support worker, is to find out what the person is trying to communicate – and once you know this, you are able to enter that person’s world.
Before starting the personal planning process

- Observing to find out about a person’s likes/dislikes, wants, values, relationships etc. This is especially important when a person has limited ability to understand spoken language and may not be able to respond to questions that we ask. Even if people cannot tell us what they want to do in the future, we can get an idea of what they like and try several different things – observing their reactions can give us an idea of whether they want to continue doing it or not.

- Using whatever ways are necessary to help people understand us – this may mean using more body language or gestures, showing or demonstrating what we mean, using visual strategies, signing, or saying things many different ways until we get it right! For example, a blank diagram could be used to start with, and the focus person could add the photos (pre-printed by the facilitator or key support person) to show who he/she would like to include.

- Responding to all attempts at communication with the people we support.
Before starting the personal planning process

- Not giving up when it’s difficult to understand people (clarify – ask them to tell you another way, or show you what is meant, or check with someone else who might know) – and making sure that we are respectful and let people know when we are not able to make sense of their message.
- Giving people time to get their messages across, and waiting patiently while they do. During personal planning people may need a lot of time to think about different ideas and decide on specific goals.
- Encouraging people to communicate with us and others using whatever communication strategies they can manage.

It is important to find out how the focus person communicates and the best way to communicate with the person. This information could be found:

- By asking the focus person his/her preferred method(s) of communication.
- By asking other people who know the focus person well.
- By reading the file that your organisation has for the focus person – previous copies of personal plans or professional reports may include helpful information.
- By talking to any communication support specialists who may be involved – which could include speech language therapists, or other specialists.
Before starting the personal planning process

- In a Personal Communication Dictionary
  - Personal Communication Dictionaries help communication partners understand/interpret a person’s unique ways of communicating. They are most often used when supporting people who have limited verbal communication, or who communicate unintentionally. They are usually produced on paper, in the form of a table with three columns showing a) what the person does; b) what this action means; c) how to respond.

- In a “Book about me” (sometimes called a Communication Passport). This is a tool that is used to give information about a person to others. It is usually used when a person isn’t able to provide the information him/herself, particularly if the person’s communication is largely unintentional. It may include information about communication and understanding, important values, cultural or spiritual beliefs, family and other important relationships, the person’s living or work situation, likes/dislikes, health information, and many other aspects of the person’s life.

Example - Patrick’s Personal Communication Dictionary

<table>
<thead>
<tr>
<th>What Patrick does</th>
<th>What this means</th>
<th>How to respond</th>
</tr>
</thead>
</table>
| Patrick’s body tenses all over and he makes a high pitched squeal. | Patrick is uncomfortable in some way. | Let Patrick know that you are going to move him, by touching his arm gently. Support Patrick to become more comfortable by trying the following things first:  
• Check Patrick’s continence products – they may need to be changed.  
• Alter the position that he is sitting or lying in.  
• Re-arrange his back and/or head supports, as they move over time. |
| Patrick shakes his head rapidly and makes a deep snorting noise. | Patrick is having a really good time, and is enjoying the activity that is going on. | Give Patrick a pat on the shoulder to show that you have understood his enjoyment; tell him you can see that he is having fun; and continue the activity. |
| Patrick cries. | This usually indicates that something is wrong with Patrick’s health, often an ear infection or stomach upset. | Sit with Patrick and tell him that you will stay. Play his favourite country music CD quietly, and give him a hand rub every now and again.  
Monitor his health status, using the health form in his file, taking his temperature regularly. Seek medical assistance as required. |

More in-depth information about communication impairment and specific communication support strategies can be found in the workbook supporting Unit Standard 16874 V2: Demonstrate an ability to support a person with a communication impairment.
Before starting the personal planning process

We create rapport by being “on the same wave-length” as someone else – that is, being able to understand and appreciate the other person’s position, and finding commonality between ourselves.

Building rapport with the focus person and all involved with the person

It is important that those involved in the planning process have a rapport with each other – that is, they have a good relationship that allows them to work together for the good of the focus person. It is particularly important for the facilitator, service providers and support workers to make an effort to build rapport with others who are involved. Having good rapport enables people to:

- Make people feel at ease so that they willingly contribute.
- Create enthusiasm.
- Keep a meeting in order.
- Get group agreement, especially if there are differing opinions.
- Lead difficult conversations without causing offence.
- Restore calmness if necessary.

Some of the ways you can establish rapport are by:

- Taking time to introduce yourself in advance of “work” needing to be done (if possible).
- Taking a personal interest in people.
- Listening with your whole body and focusing 100% on the other person. This way people will know that you are interested in them and willing to hear their point of view. Matching and mirroring the other person’s tone of voice, speed of talking, choice of vocabulary/words etc is a powerful way of getting an appreciation of how the other person is seeing/experiencing the world. Some people find this an uncomfortable thing to do. However, remember that we do this every day with our friends and family. When we do this respectfully it creates positive feelings and responses in yourself and others, and allows you to work together better.
- Asking clarifying questions to make sure you really understand what the person is saying.
- Being non-judgemental – being open to differences of opinion and not imposing your own opinions on others.
- Being trustworthy and honest – saying what you mean, and doing what you say you will do.

Definition

Rapport: having a positive relationship

It is the feeling of trust and comfort, when someone knows, hears, understands, accepts and values us. It is what most of our relationships are based on.
**Learning activity**

Think of a person who you support (the focus person). Consider how you could build and maintain rapport with the following people during the personal planning process: the focus person, the focus person’s family, the facilitator (if you are not the facilitator). Record your answers in the spaces opposite.

<table>
<thead>
<tr>
<th>The focus person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The focus person’s family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The facilitator (if you are not the facilitator)</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>
Before starting the personal planning process

A note about privacy
During the personal planning process you may be privileged to hear personal information, and sometimes intimate details, about the focus person, the focus person's life, and the people who are important to that person.

Please remember that you must treat this information confidentially. This means:

• Any personal information that you hear should be kept private.
• You should not discuss any of the information you hear with others, unless they are also involved in discussions and have the focus person's permission to discuss this information with you.
• Any written material that relates to the focus person or the person's plan should be stored in a locked place and not left out for other people to see, unless the focus person gives his/her permission.
• You must not discuss the plan with anyone except your supervisor, other people who have permission to use the plan, or the focus person (unless you have permission from the focus person).

There are some circumstances when it is acceptable to share confidential information. Please make sure that you are familiar with your organisation’s policy on confidentiality and follow it appropriately.
The personal planning process

Once the background steps (described in the previous section: “Personal planning approaches”) have been completed, the team is ready to move on to the key steps involved in personal planning. Personal planning is an ongoing process, not a one-off event. It starts with gathering information and then moves to setting goals, developing a plan, implementing the plan, monitoring the plan, making changes as required, and then evaluating the outcomes before starting again. This process is shown in the diagram below. It is important that each step in the process is followed. If any stages are missed the personal planning will be less successful. For example:

- If good quality information isn’t gathered at the start of the process, the goals that are set might not meet the focus person’s needs. The focus person may not be motivated to achieve these goals, and the plan will be of little use.
- If goals are set but no action plan is made, it will be difficult to know what support to provide. This situation could result in the focus person receiving inconsistent support, and being less likely to reach these goals.

Gathering insights and information
Personal planning usually starts by finding out about a person and his/her life. This step is important so that everyone involved can see what really matters to the person, and so that the plan can be truly person-centred. This phase leads to the development of goals that fit with the person’s lifestyle and values, and what the person wants for his/her life in the short and long term.

“There are so many reviews, reports, and everything else that they put together about your child. They do not talk about the person, their character, their gift or anything like that. I had never been asked what I like about my child until I did person centred planning (personal planning).”

Joan, mother of Layla, quoted in People, Plans and Practicalities, page 26
The personal planning process

(Personal planning) has given us hope and a vision for a better future for Mohammed. We now feel we can have a say in how and what service support he receives. We no longer believe that only professionals know best for our son. Mohammed’s faith and cultural needs are recognised and responded to.

Joynab, Mohammed’s mother, quoted in People, Plans and Practicalities, page 27

What information is gathered?

At this initial stage in the process it is important to gather information without concern for what goals will be decided. It is more important to get a holistic picture of the person and his/her lifestyle. Goals are decided at a later point, once all of the relevant information has been collected.

The type of information that could be gathered about the focus person and his/her life is outlined in the diagram that follows. Where most emphasis is placed in gathering information depends on some of the following things:

• What is important to the focus person at the particular stage of that person’s life – for example, if a person is planning to move from the family home to another living situation, the information gathering may include a broad range of topics, but focus on what an ideal living situation would be. Or for a child who is lonely, it may be important to focus on the nature of the child’s relationships and friendships, and the opportunities the child has for meeting and being around other children.

• The type of planning tool(s) being used – some planning tools have very detailed processes to follow that require particular information to be gathered or questions to be asked. For example, the PATH approach gathers information about what a person’s fears/worst lifestyle (“nightmares”) would be. Other approaches may not gather this specific information.

• Organisational policies and procedures that are in place.

How do you find out this information?

Some of the people you support will be able to tell you themselves what they are interested in. There will be other people who are not as able to explain their wishes. In that case the support team, including someone who knows the person really well and is able to advocate on their behalf, should take into account what the person likes, doesn’t like, their interests, and the types of activities and learning that will have a positive impact on their life. This can help you identify aspirations and wishes.
**Learning activity**

Think of a person you support. Consider the specific areas of this person’s life that it might be important to gather information about for the personal planning process. Record your answers in the space opposite.

For example, “Finding out who her friends are”; “Finding out how much and what kind of contact she has and wants with her sister”; “Finding out more about his culture and how his family participates in his culture”; “Finding out what his ideal daytime situation would be because I know he doesn’t like what he does now”.
The personal planning process

For the first time in years we felt we could dream with Nicola about her future, face our nightmares. It was a joy to hear people talking about the Nicola they know, not a list of labels and needs.

Lynne, Nicola’s mother, quoted in People, Plans and Practicalities, page 52

How information is gathered
Background information could be gathered in the following, and other, ways:

- Talking to, getting to know, or observing the focus person – individualised communication support strategies may need to be utilised if the focus person has difficulty with understanding or expressing him/herself. Find out what the person’s life is now, in a holistic sense, and ask about his/her priorities – what the person thinks is most important.

- Talking to those who know the person well – different people will have different information and different ideas. Everyone’s ideas and information should be treated with respect. Sometimes there will be conflicting opinions. At this stage the conflict does not need to be resolved.

- Checking file information and reports, where appropriate – some history or important details may be recorded in the organisation’s files, which could be useful. This also avoids wasting time with the focus person or his/her family by asking about information that will not have altered over time e.g. previous medical history, family details and educational experience.

- Checking a person’s “Book About me” (Communication Passport) or similar documents that include information about what is important to that person.

- Questioning should involve open questions, and be open to any possibility.
Learning activity
Read the four scenarios (Vocational: Jason; Residential: Patrick; Family/whānau: Tane; Independent: Jenny) that are included as Appendix Two at the end of this workbook. Of these four scenarios, choose the one that is most relevant to your work situation. Using what you have read in this section, think about how information could be gathered from and about the person in your chosen scenario to give a full picture of that person’s life, situation and dreams. Record your answer in the space opposite.
The personal planning process

Planning principles
When gathering information for personal planning, there are a number of over-arching principles that need to be taken into account at this stage of the planning process. The following table sets out these principles, and suggests some activities/processes which can be used to support and recognise the philosophy underpinning each principle.

<table>
<thead>
<tr>
<th>Planning principle</th>
<th>How the principle can be put into practice at this stage of the planning process</th>
</tr>
</thead>
</table>
| Commitment to inclusion and equality| • Seeking information about how the focus person is included as a member of his/her community.  
• Seeking information about how the focus person would like to be included in his/her community.  
• Seeking information about the focus person’s met and unmet needs. |
| Person at the centre                | • Ensuring that everyone involved tries to see things from the focus person’s perspective.  
• Finding out what is important to the focus person.  
• Including the focus person in gathering information from people who are important to that person.  
• Allowing time for the focus person to think and respond. Gathering information may need to take place over several weeks or months to allow for this reflection time.  
• Adapting communication to suit the focus person’s needs so that the person can contribute as fully as possible. |
The personal planning process

<table>
<thead>
<tr>
<th>Planning principle</th>
<th>How the principle can be put into practice at this stage of the planning process</th>
</tr>
</thead>
</table>
| Plan is owned by the person | • Discussing all process issues with the focus person before others, and seeking permission for contact with others where necessary.  
• Keeping the person up to date with progress.  
• Recording information in a way that the focus person can make sense of. |
| Led by aspirations | • Ensuring that this phase focuses strongly on what the focus person wants for their life, rather than problems or barriers to progress  
• Supporting the focus person to explore possibilities |
| Shared actions | • Ensuring that everyone knows what is expected  
• Providing information so that everyone knows what is involved and what they can contribute to |
| Involving the most important people to the focus person | • Liaising with all the people who the focus person wants to include.  
• Building rapport with these people so that they feel comfortable, welcome, and able to contribute. |
| Positive focus | • Keeping a positive note in all questioning or responses.  
• Looking to a positive future, rather than to problems in the past or to barriers that could prevent progress. |

This poster uses pictures and writing to explain what Jonathan's Dad, Kevin, least wants to happen to Jonathan. This poster is used as part of the MAP’s approach to planning. It was developed so that Jonathan could understand what had been discussed.

This is from the inclusive solutions website – http://www.inclusive-solutions.com
The personal planning process

<table>
<thead>
<tr>
<th>Planning principle</th>
<th>How the principle can be put into practice at this stage of the planning process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitation</td>
<td>• Having an identified person to lead or co-ordinate this part of the planning process.</td>
</tr>
<tr>
<td>Questioning</td>
<td>• Asking open questions, not leading questions.</td>
</tr>
<tr>
<td></td>
<td>• Seeking clarification when information is not clear.</td>
</tr>
<tr>
<td>Recording in whatever way is most helpful to the focus person</td>
<td>• Recording all gathered information in a way that can be easily understood by the focus person. This could mean that it is summarised and written in plain language; hand drawn on to a large sheet of paper; recorded as key points shown in pictures or photographs; or recorded orally by the focus person on to a DVD that can be viewed as the focus person chooses.</td>
</tr>
<tr>
<td></td>
<td>• Many organisations also require a full version of the information gathered to be recorded in a formal way, as a record of the process. There may be standardised forms that need to be completed as part of this process.</td>
</tr>
</tbody>
</table>
**Roles and responsibilities - Learning activity**

The organisation that you work for will have policies and procedures outlining how the information gathering process is expected to happen. If you are unfamiliar with these policies and procedures, ask your supervisor how you can learn about them, or ask if you can have copies of any written policies/procedures. Use this information to answer the questions opposite. Record your answers in the spaces provided.

<table>
<thead>
<tr>
<th>Task</th>
<th>Person responsible – for example: facilitator, key/main support worker, other support workers, the focus person, the focus person’s family members or friends, or any combination of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deciding who to contact to contribute information and insights.</td>
<td></td>
</tr>
<tr>
<td>Gathering background information and insights about the focus person.</td>
<td></td>
</tr>
<tr>
<td>Providing background information and insights about the focus person.</td>
<td></td>
</tr>
<tr>
<td>Recording the background information that is collected.</td>
<td></td>
</tr>
</tbody>
</table>
Establishing goals and developing an action plan

Setting goals and working out how to achieve them is the next step in the planning process. It is not enough just to set goals. Without a detailed plan of the steps involved to meet them, they are unlikely to be achieved.

The specific process for choosing goals and developing a plan to achieve them differs from situation to situation and from organisation to organisation. However, the general process usually follows something similar to what is outlined in the seven points following:

1. Sharing information with everyone involved about the general themes, gaps, priorities, common thoughts and areas of conflict identified through the information-gathering process.
2. Giving the focus person time to think about his/her options, based on what has been identified as a priority by the focus person and others.
3. Giving others time to think about the options, based on what has been identified as a priority by them and others.
4. Agreeing on a final set of goals for the plan.
5. Developing an agreed action plan of how to achieve these goals.
6. Recording and presenting the plan in a way that a) meets the needs of the focus person and b) meets organisational requirements.
7. Signing agreement to the plan.

| 1 | Sharing information with everyone involved about the general themes, gaps, priorities, common thoughts and areas of conflict identified through the information-gathering process. |
| 2 | Giving the focus person time to think about his/her options, based on what has been identified as a priority by the focus person and others. |
| 3 | Giving others time to think about the options, based on what has been identified as a priority by them and others. |
| 4 | Agreeing on a final set of goals for the plan. |
| 5 | Developing an agreed action plan of how to achieve these goals. |
| 6 | Recording and presenting the plan in a way that a) meets the needs of the focus person and b) meets organisational requirements. |
| 7 | Signing agreement to the plan. |
Support personal planning to enhance individual lifestyles with a person with a disability

Establishing goals and developing an action plan

Sharing information with everyone involved about the general themes, gaps, priorities, common thoughts and areas of conflict identified through the information-gathering process

This information-sharing step in the process could take place in a formal meeting where all participants are involved; or each individual person could be contacted and informed separately. The information from this section will need to be recorded in a manner that can be understood by the focus person and that meets organisational requirements.

- **Name** – the name of the focus person. This makes it clear who the plan is for so that the right support is provided to the right person.
- **Date of birth** – the focus person’s date of birth.
- **Address** – the focus person’s home address.
- **Service** – the service(s) that has/have taken responsibility for writing the plan (if the plan was undertaken by an organisation).
- **Date** – the date that the plan was completed. This information helps people easily to identify the most up-to-date personal plan.

- **Plan facilitator** – the name of the person who facilitated the personal planning process. If there are questions or queries about the plan, people will know who to contact.
- **Others involved in developing the plan** – the names (and possibly the relationships, e.g. mother, sports coach) of those involved in the process. This provides valuable information for people who are looking back on the plan. It also helps identify who may need to be contacted to provide progress updates, or to be involved in the next plan (at the focus person’s discretion).
- **Background information** – this section provides background information to guide the planning process. This information may be split into categories so that it is more easily understood.
- **Dreams/future vision** – this section outlines what the focus person wants for his/her future life. This helps the support team to work with the focus person to develop a plan that helps that person to reach long-term goals and desires.
Establishing goals and developing an action plan

**Giving the focus person time to think about his/her options, based on what has been identified as a priority by the focus person and others**

The focus person may benefit from support to:

- Select own priorities.
- Understand some of the options he/she would like to investigate more.
- Understand the consequences/outcomes of possible choices.
- Make an informed choice.

The support to enable the focus person to consider options could be provided by a designated support worker, the facilitator, family members, friends or others. This part of the process can take some time but is vital in ensuring that the focus person remains at the centre of the process (one of the key principles of the personal planning process).

**Giving others time to think about the options, based on what has been identified as a priority by them and others**

The time needed for others to weigh up options will vary. More time may be required when the issues are complex or if research is required.

**Agreeing on a final set of goals for the plan**

This part of the process, together with the next step, often takes place in a “planning meeting”. The planning meeting may involve as many or as few people as the focus person chooses. The focus person may choose to invite everyone who has been involved in the process and follow up the planning with a BBQ meal, or the focus person may wish to sit quietly with a support person and the facilitator and complete the plan over a coffee. This part of the planning can take place in any way that works for those involved.
Establishing goals and developing an action plan

**Quality goals**

The information gathered from the previous section of this workbook (“The personal planning process”) should be used to guide the focus person and his/her support team towards goals that:

- Support what the focus person wants for his/her life.
- Fit well with the focus person’s values and personality.
- Are achievable and realistic – this means that reaching the goals is possible when the following – and other – factors are taken into account: the person’s strengths and abilities; the person’s difficulties and support needs; the support that is available (alternative options may need to be explored); and availability of resources such as money (creative funding solutions may need to be sought). Selecting goals that do not fit with a person’s skills, abilities, or available support, sets people up to fail and is unethical.

With discussion, analysis, and creativity the support team (including input from the focus person) will be able to find realistic starting places that are related to these important aspirations and wishes. This process is shown in the diagram below.

For example, few people would have much chance of becoming an astronaut, but it doesn’t stop some people from dreaming about it. Someone with a similar dream could focus on related activities that the person still finds satisfying, such as learning to use a telescope, visiting a major observatory, joining an astronomy club, or – in the long term – saving to finance a trip to the USA to watch a shuttle launch. The specific goal would depend on factors such as what is realistic (whether an astronomy club exists in their locality, whether finances could stretch to meeting the goal), what is most important to the focus person, and how long the person is prepared to wait.

The focus person should be supported to include goals of own choice in the plan. These can be goals related to any aspect of the person’s life, and are usually selected because they will have a direct impact on improving the person’s quality of life, from the person’s own perspective. The focus person should be supported to explore many options but should not be pressured into including goals that he/she does not want to include, as this is against the principle of having a “person centred” plan.
Learning activity

Read the four scenarios (Vocational: Jason; Residential: Patrick; Family/whānau: Tane; Independent: Jenny) that are included as Appendix Two at the end of this workbook, and choose the one that has the most relevance to your work situation. Think about what is important to the person in the scenario you have chosen, and identify two possible goals that the person may want to include in his/her personal plan, and the reason for choosing them. Record your answer here.

1 Possible goal

Reason for choice

2 Possible goal

Reason for choice
Establishing goals and developing an action plan

Special considerations

- It is important to remember that many people with intellectual disabilities have had experiences where their choices, wishes and decisions have been ignored.
- Some people have never been given the opportunity to make their own choices. This can make them feel anxious about what is involved in goal setting; worried that no-one will listen to them; and unmotivated to participate.
- Many people with intellectual disabilities also need more time than other people to think about things and come to a decision that they are happy with. For this reason it is important to allow time to think and explore the options leading up to the deadline for writing the plan.
- The phrase “We don’t know what we don’t know” is very relevant in this situation. Many people with intellectual disabilities have had limited life experiences and do not know what is available to them. Options that fit with their dreams/aspirations, values, character and strengths and are realistic in terms of their abilities and areas of difficulty, should be explored. The focus person may need someone else to help to find these options and find out more about them, before a final decision can be made.
- There will be times when people disagree about the goals that should be included. For example, the focus person may strongly wish to do something that his/her family are absolutely opposed to. In these instances it is important to remember and reinforce the purpose of the planning process – to develop a plan that helps the focus person to live the life which that particular person wants to live. However, this choice must be balanced against the risk that particular choices may pose; the impact of choices on the focus person and others; and the consequences of particular choices. Senior managers/supervisors, advocates, and experienced facilitators need to be notified and involved at these times to ensure that the best outcomes are achieved with the least possible conflict and least possible damage to relationships.
- It is important to talk frequently and answer questions honestly as they arise. It is important that the focus person makes a decision that is as well informed as possible.

When establishing goals with people with an intellectual disability, it is important to remember that they may not have been given the same options and opportunities as people without an intellectual disability. Or being given options and opportunities may be an entirely new experience for them.
Establishing goals and developing an action plan

Recording goals

When goals have been chosen they can then be recorded. They are written so that everyone can understand exactly what is meant and everyone can tell when the goal has been met. Goals are usually written so that they:

- Are focused – i.e. they are specific and state clearly what the person wants to achieve. For example, rather than saying that the person wants to learn “be healthier” (which could mean almost anything), the goal might state that the person wants to “reduce LDL cholesterol to below 129 mg/dL”.
- Are measurable – they explain what will demonstrate success. This is so that it is easy to tell when the goal has been achieved. For example, it is not easy to measure/identify if a person is “healthier”, but it is easy to identify if a person’s cholesterol is “below 129 mg/dL”.
- State the level of support that is required to achieve them – not all goals will involve the person being independent. It is important to include this factor in the goal, which may mean including statements such as “on my own”, “without support”, “with prompting when required”, “with full hand-over-hand support” etc.
- State a timeframe for completion – this means adding a deadline to achieving the goal. It is not acceptable for the people you support to have to wait indefinitely for someone to support them with achieving their goals, so having a deadline is important. Having a deadline also keeps everyone motivated and on track.
**Learning activity**

Read the list of goals opposite. Decide which ones meet the criteria above (are focused, measurable, explain the level of support required, and have a timeframe). Place a tick next to those goals that meet the criteria.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I will get a job doing wood cutting.</td>
</tr>
<tr>
<td>2</td>
<td>I will be living in a privately rented house that I will pay for with my own money (either on my own or with flatmates) by October this year. I will have a few hours support from services to help me with it each week – mostly for budgeting and solving problems.</td>
</tr>
<tr>
<td>3</td>
<td>By December next year I will have finished an adult beginners’ Learn-To-Swim course at Pioneer with help in the pool from Thomas.</td>
</tr>
<tr>
<td>4</td>
<td>James wants to cook his tea.</td>
</tr>
<tr>
<td>5</td>
<td>Paddy will have a volunteer from Classic Cars (Max) support him to attend short half-day car club rallies at least four times this year.</td>
</tr>
</tbody>
</table>
If you will be responsible for writing goals as part of your work you can practise writing some here. Choose one of the goals (1-5) from the learning activity above that did not meet the criteria for a well-written goal. Re-write it in the space below. Make sure that it is written so that it is focused, measurable, explains the level of support required, and has a timeframe.
Establishing goals and developing an action plan

Developing an agreed action plan of how to achieve these goals

- **Goals** – the goals that have been chosen as targets for the timeframe covered by the personal plan (usually around 12 months).
- **Steps to achieve goals** – this section explains how the goals will be achieved and helps your organisation know what resources it needs to support the person.
- **Person responsible** – this section explains who has agreed to support the person to achieve each particular goal. This helps everyone to know who is responsible for which tasks.
- **Timeframes** – this section sets the deadline for achieving the goal. It is important to include this deadline so that people continue to work towards the goal and don’t forget about it.
- **Additional information/comments** – this section allows for any additional information to be included. This could include information about exceptional circumstances such as who should not be provided with copies of the plan (at the focus person’s request), or details of any changes to the planning process that have been made and the reason for these changes.
- **Review date/reporting requirements** – this section states when the plan will be formally reviewed and what reporting is required in the interim (e.g. standard monthly reports from support workers; service manager phoning family members to get updates on a two-monthly basis).

This part of the plan is vital. It is all about how to achieve the goals, and includes discussion about how to get around barriers to success; how to access the right support; and how to adapt activities so that the focus person can access them. Creative thinking is required. A good facilitator will help guide this process and keep everyone on track.

This personal plan template shows one way of recording the background information that will guide the rest of the planning process. The circled headings correspond to the sections in the paragraphs opposite.
Establishing goals and developing an action plan

For an action plan to be successful it needs to have the following components:

- Someone identified to take overall responsibility – to check, encourage, and motivate everyone
- Realistic and achievable steps to follow
- Enough detailed information so that everyone knows what to do. In some instances more detailed planning may need to occur after the plan has been formalised, or it may need to be recorded in attached pages.
- Clear and agreed responsibilities
- Timeframes for completion of the tasks/steps

Development of the action plan often takes place during a “planning meeting” (the same meeting used to agree on goals) so that those who can provide support for particular goals are able to contribute to the discussion as it occurs. However, sometimes this does not suit the focus person. They may choose to complete this step in another way, such as by talking to each person who can contribute/provide support separately.

Recording and presenting the plan

The plan should be recorded in a way that:

- a Meets the needs of the focus person.
- b Meets organisational requirements.

Usually this requirement means that there is a formal written copy (to meet the organisation’s needs). There may also be an additional copy that is developed specifically to meet the needs of the focus person.

The focus person’s plan can be presented in any way that makes sense to that person:

- The plan may include a lot of detail, or only key points.
- The plan could be recorded in plain language, using photos or pictures, on video, or in some other way that is meaningful to the focus person.
- As with any communication strategy the plan is likely to be more successful if it is developed alongside the person who will use it – this way the person has input into what it looks like; can comment on aspects he/she likes and doesn’t like; and is more interested and motivated to refer to it and use it in the future.
Learning activity
Read the four scenarios (Vocational: Jason; Residential: Patrick; Family/whānau: Tane; Independent: Jenny) that are included as Appendix Two at the end of this workbook, and choose the one that has the most relevance to your work situation. Think about the best way to present the plan to meet that person’s needs (Jason, Patrick, Tane or Jenny). Record your answer in the space opposite.
Find out who in your organisation is responsible for writing/recording the plan. You may need to ask your supervisor where to find this information, or consult your organisation’s policies and procedures. Record the answer below.
Establishing goals and developing an action plan

**Signing agreement to the plan**
The focus person and the organisation(s) involved must agree to the final plan before it can be implemented. This agreement ensures that the focus person and the service are aware of what is included in the plan and agree to work towards it. The focus person and manager also record who may receive a copy of the plan. The plan should only be distributed to named people, to meet the requirements of the Privacy Act 1993.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Steps to achieve goals</th>
<th>Person/people responsible</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
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<td>5</td>
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<tr>
<td></td>
<td>Additional information/comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review date/reporting requirements:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Plan to be distributed to** – this section outlines who should receive copies of the plan.
- **Focus person’s signature** – this section is where the focus person signs (or someone signs on the person’s behalf) to say that he/she agrees with the plan.
- **Date** – this section records the date on which the focus person agreed to the final plan.
- **Service manager’s signature** – this section is where the service manager signs to say that he/she agrees with and will support the plan. All organisations have differing policies about who must sign and agree to support the plan.

This personal plan template shows one way of recording the background information that will guide the rest of the planning process. The circled headings correspond to the sections in the paragraphs opposite.
Learning activity
Some key activities during the goal-setting/action planning stage are listed below. Find out who is responsible for each activity in your workplace. You may need to refer to your organisation’s policies and procedures or talk to your supervisor to find the answers.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Person responsible (name or position)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing with everyone the results from the information gathering phase.</td>
<td>For example, focus person, facilitator, key support person, other support person, family members, friends, your supervisor</td>
</tr>
<tr>
<td>Supporting the focus person to consider his/her options, explore the outcomes or consequences of all choices, and decide on priorities.</td>
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<tr>
<td>Advocating for the focus person’s choice of options, even when others disagree.</td>
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<tr>
<td>Leading discussions when there is conflict over proposed goals or actions.</td>
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<tr>
<td>Organising the “personal planning meeting” where everyone gets together to agree on goals and develop the action plan.</td>
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<tr>
<td>Writing the final formal copy of the plan.</td>
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<tr>
<td>Developing an alternative copy of the plan for the focus person if required.</td>
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</tbody>
</table>
**Learning activity**
Consider what YOU can do in your role to apply the personal planning principles at this stage of the process. Only complete the sections where your role has relevance. Record your answers in the spaces provided below.

<table>
<thead>
<tr>
<th>Planning principle</th>
<th>How YOU can apply this principle during goal-setting and developing an action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to inclusion and equality</td>
<td></td>
</tr>
<tr>
<td>Person at the centre</td>
<td></td>
</tr>
<tr>
<td>Plan is owned by the person</td>
<td></td>
</tr>
<tr>
<td>Led by aspirations</td>
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<tr>
<td>Shared actions</td>
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<tr>
<td>Involving the most important people to the focus person</td>
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<tr>
<td>Positive focus</td>
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<tr>
<td>Facilitation</td>
<td></td>
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<tr>
<td>Questioning</td>
<td></td>
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<tr>
<td>Recording in whatever way is most helpful to the focus person</td>
<td></td>
</tr>
</tbody>
</table>
Implementing the plan

Implementation of a plan is the part that makes the real difference to the focus person. A plan without any action results in no change at all. Like New Year Resolutions there is risk that a personal plan will be forgotten or lost. To avoid this, and improve the chances of success, there are many things that support workers can do:

• Read and be familiar with the content of the personal plans of every person for whom you provide support. Knowing what a person’s goals are puts you in a position to carry out your own responsibilities.

• Regularly discuss the plan with the focus person. Remind the person of the goals, provide positive feedback about the progress you have seen made, and be supportive and encouraging.

• Do what you have agreed to do – remember, the focus person may be relying on you to provide support with things he/she cannot manage unaided. If you do not do what you have agreed to do, the focus person’s quality of life is at risk.

• Tell your supervisor if you are not able to do what you have agreed to do. This provides an opportunity for changes to be made, so that the focus person can still achieve his/her goals.

• Seek help when you are unsure of what is expected of you.

• Regularly discuss the plan and your related work with your supervisor and colleagues – this will ensure that you are doing what is expected, and that as a team you are all working consistently in supporting the person (if more than one person is involved).

• Complete reporting requirements (such as monthly updates, or whatever is expected by your organisation) so that progress can be monitored.

• Check progress updates from other people who are involved – this will keep you informed of any changes that have been made, or remind you of what needs to be done.
<table>
<thead>
<tr>
<th>Planning principle</th>
<th>How YOU can apply this principle during implementation of the plan</th>
</tr>
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<tbody>
<tr>
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<td>Recording in whatever way is most helpful to the focus person</td>
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</table>
It may take several months for the person you support to achieve his/her goals. During that time the person will probably have received many hours of support. To make sure that the person is being supported in the best way and that the plan is working, it is important to monitor and record what is happening.

For example, the focus person might achieve the set goals more quickly than anticipated and want to add some new ones. They person might also change his/her mind and want to remove a goal from the plan, or there may be factors preventing the person from achieving the set goals that need to be addressed. If a plan is not monitored carefully it can be difficult to make changes and get it back on track. This is particularly important if more than one person is involved in providing support.

Your organisation will have policies and procedures for monitoring and recording the progress of personal plans. This probably involves keeping written records of progress on each goal in the plan. If you are unsure of what your organisation’s policies and procedures are you should talk to your supervisor. Keeping the records up to date may be the responsibility of someone else, or it may be your responsibility.

In addition to the usual reporting requirements you should always report to your supervisor if:

- There is something that is making it difficult for the person to achieve the goals.
- Something significant has changed in the person's life – this could have an impact on the person’s interest and motivation in meeting the goals, or make it inappropriate to work toward a particular goal.
- You are not sure what is expected of you and are having difficulty understanding or following the plan.
- The plan is slipping behind schedule.
- The person you support has achieved his/her goal(s).
- The person you support wants to change the goals or any other aspect of the plan.
Find out what the monitoring and reporting requirements are for personal plans in your organisation. If possible take copies of the blank report templates and attach them to this workbook – you will need to use them to complete the unit standard assessment activities. Record any important details about your responsibility for monitoring and reporting progress on personal plans in the space below.
**Learning activity**

Consider what YOU can do in your role to apply the personal planning principles at this stage of the process. Only complete the sections where your role has relevance. Record your answers in the spaces provided opposite.

<table>
<thead>
<tr>
<th>Planning principle</th>
<th>How YOU can apply this principle when monitoring the plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to inclusion and equality</td>
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</tbody>
</table>
Evaluating outcomes

All plans have a timeframe for completion/achievement. At that point (when one plan is due to end, and a new plan is due to be developed) it is important to reflect on the process and progress and consider what went well, what could have been done differently, and what the person you support wants to do next.

- Evaluate the plan and the impact that it had on the focus person – what worked well for that person and for that goal, and what wasn't so great? Were the goals achieved? What change did the plan make to the focus person's life? The focus person may lead this process by self, or it may be the responsibility of your supervisor, a key/main support person, or someone else. Whichever way, you will probably be asked to contribute. There may be particular forms that are used or policies and procedures that are followed.

- Consider where to next...this is not the end but just the beginning.

- Evaluate yourself and the support you provided – what do you think you did well, and what could you improve on in the future, and what could you improve on in the future? It is useful to reflect on your own practice.

- Ask other people for feedback – this helps you to learn and develop your own skills.

- Celebrate success!
**Learning activity**
Consider what YOU can do in your role to apply the personal planning principles at this stage of the process. Only complete the sections where your role has relevance. Record your answers in the spaces provided opposite.

<table>
<thead>
<tr>
<th>Planning principle</th>
<th>How YOU can apply this principle during evaluation of the plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to inclusion and equality</td>
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</table>
Summary
This workbook has introduced the key principles and processes involved in personal planning, providing you with background about how you may be involved in the process. Personal planning can be a powerful and life-changing process that leads to significant positive changes for people with intellectual disabilities. Your involvement and the way that you carry out your role can have a major impact on its success. Next time that you are involved in supporting a person with some aspect of his/her personal plan, refer back to this workbook to remind you of the factors that can lead to success.
## Appendix One

### Personal Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Background Information</th>
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<tbody>
<tr>
<td></td>
<td>Likes/dislikes:</td>
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<td>Strengths:</td>
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<td>Values and beliefs:</td>
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<tr>
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<td>Living situation:</td>
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<td></td>
<td>Daytime situation (work, school, study, day service – describe):</td>
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<td>Family, friendships and relationships:</td>
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<td>Health and wellbeing and physical support:</td>
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<td>Culture:</td>
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<td>Spirituality:</td>
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<td>Communication:</td>
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<td>Support needs:</td>
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<td>Other:</td>
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<table>
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<tr>
<th>Date of birth</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Future Desires and Long-term Vision</th>
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<tr>
<th>Service</th>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Others involved in developing the plan</th>
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</thead>
</table>

Support personal planning to enhance individual lifestyles with a person with a disability
<table>
<thead>
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<th>Goals</th>
<th>Steps to achieve goals</th>
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</tbody>
</table>

Additional information/comments:

Review date/reporting requirements:

Plan to be distributed to:

Focus person’s signature | Date
Service manager’s signature | Date
Scenario One – Vocational

Jason is a young man in his early 20s who has an intellectual disability. Jason lives with three others in a residential service. He uses signing and symbols/pictures as his main way of communicating and does not use any verbal communication. Jason cannot read but has a good memory for the meaning of symbols/pictures, which he has used in the past as reminders. Otherwise Jason is quite independent, relying on his support workers to prompt him when he needs help, or to demonstrate new things for him and help him work through them in a logical way. He gets real satisfaction from completing tasks on his own. Jason is a typical young man and prefers the people around him, especially his support team, to be low-key and “cool”.

Jason routinely discusses how he wants to get a regular paid job doing outdoor work, with some support to start with. The kind of work he is interested in is outdoor manual work such as gardening, lawn mowing, fencing and farm labouring. He already knows how to use a lawn mower well and can operate a wood chipper/mulcher independently.
Scenario Two – Residential

Patrick is a man in his 40s who has a severe intellectual disability and has a limited understanding of his world. He recognises familiar people and situations and appears to anticipate some steps in familiar activities (for example, smiling when he hears the spa bath tap turn on). Patrick has spastic quadriplegia cerebral palsy – meaning that all four limbs of his body are affected by his cerebral palsy. He experiences awkward jerking movements, muscle spasms, stiff and contracted muscles and trouble with swallowing. He uses a specialist wheelchair and specialist seating. He requires full support for all aspects of daily living, and his support team use equipment such as hoists to support him with bathing.

Patrick lived in an institutional environment until a year ago. He has had little contact with his family in recent years, but since moving into a residential service is now living closer to them than he used to. His parents and sister often phone to ask staff how he is doing, but seem reluctant to visit. Patrick appears to enjoy their visits when they do come, and recognises them.

Patrick seems to really like the following things which he experiences on an irregular basis:

- Soft music, such as classical and country music.
- Sensory activities such as the spa bath, massage, foot rubs, time in a vibrating chair.
- Being outside in the warmth.
Scenario Three – Family/Whānau

Tane is eight years old and has Down syndrome and a mild hearing loss. He lives with his parents and older sister. He likes drama, swimming, sweet foods and backyard cricket. He is a busy boy who likes to be occupied with activities. He doesn’t like: sitting for long periods, very busy places (as it is difficult for him to hear), being made to do exercise (especially running), and eating green vegetables.

Tane’s parents would like to support Tane as he grows up to be able to live as independently as possible with his peers in community settings; to have a satisfying work life; to have interesting and fun recreational activities; and to have valued relationships. In the shorter term they would like to see him participating in his environments; being accepted by others; developing his skills (including his learning); and widening his circle of friends. They want him to be supported by people other than themselves so that he can develop wider support networks.
Scenario Four – Independent

Jenny is a woman who has a mild intellectual disability and some characteristics of autism. Jenny lives in a rented flat with a friend and currently has just four hours support a week at home, mainly to help with budgeting and social outings. Jenny has good literacy skills.

Jenny is sensitive to loud noises and can become anxious if exposed to them. She prefers small groups to large busy crowds. She likes things to be predictable, and having a routine is important to her. Jenny has an eye for detail and works well when she knows precisely what she should be doing. She is very tidy and good at keeping things in order.

Jenny is really keen on flowers and has talked about wanting to learn more about flower arranging, and meet people who are also interested in it. She also desperately wants to learn to manage her anxiety so that she can cope better when she is out in busy places. She thinks that this would open up a world of opportunity to her.
Key resources


My notes
My notes
My notes
Do you agree with your initial thoughts and ideas?

- yes
- no

If yes, do you have anything you would like to add?

If no, what would you change?
You have come to the end of:

Support personal planning to enhance individual lifestyles with a person with a disability

Check the following:

☐ Please check over all the activities to make sure you have completed them.

☐ Complete the trainee assessment portfolio and remember to sign your assessment portfolio in the place provided, verifying that you are the one who has completed all the assessments.

When you have completed the trainee assessment portfolio and have been signed off as competent by your assessor, your assessor will complete a Certificate and give it to you.

If you wish, you could frame it for display or mount it in a record book.
You have now completed

23371 V1 Support personal planning to enhance individual lifestyles with a person with a disability:
part of a Careerforce learning series designed for support workers in a health or disability setting.

Disclaimer: The images contained in these workbooks are visual illustrations only and are not representative of actual events or personal circumstances.