A1	Appropriate Services	Person-centred Planning Policy and Procedures

What this policy aims to do	Every service user will have an individual plan to ensure their needs and aspirations are identified
Who this policy applies to	Every person who uses any of MASS services and all staff
Who is responsible for carrying out this policy	The Director or responsible managers and service delivery staff
What words used in this policy mean	'*Person-centred practice'* is the approach to assist someone to plan their life and supports '*Individual Plans'* capture individual goals, preferences and support needs to ensure that services provided support individual development '*Inclusion'* means participating and feeling a sense of belonging as a valued member of the community '*Work*' may include paid work or volunteering roles *'Relationships'* can include family relationships, friendships and intimate relationships between adults
Legislation this policy is based on	National Disability Service Standards Victorian Human Services Standards NDIS Practice Standards UN Convention on the Rights of Persons with Disabilities
Other relevant policies	A2 Decision Making and Choice HS13 Duty of Care

	AA1 Service Access A5 Communication Support

Version	Date	Author/Editor	Approved by	Notes
1.0	26/8/2016	Peter Lane		
1.1	31/5/2018	D Stephenson		Update format
1.2	27/5/2020	D Stephenson	S Reeves	Added NDIS references

Person-centred Planning Policy

MASS believes that all people should be supported to realise their individual capacities for physical, social, emotional and intellectual development. An individual, person-centred plan will be developed to capture individual goals, preferences and support needs to ensure that services provided support individual development.

MASS will provide a positive environment and appropriate support to enable service users to fully participate in the individual plan process. Staff responsible for the individual plan will take the time to get to know the person (and family as appropriate) and facilitate opportunities for them to express aspirations, preferences and choices.

An initial individual plan will be developed upon entry to MASS services. This plan will be reviewed within three months and then at least every 12 months thereafter on an ongoing basis (a more frequent schedule may be adopted for children and young adults).

Typically, a planning meeting or a series of meetings will be coordinated to develop the individual plan – MASS will work to ensure meetings are at times and venues convenient to everyone involved to maximize the participation of people who can help ensure that the individual plan is a true representation of the person's needs and aspirations.

Individual plans are holistic and may include support to be provided by family, social networks and other services.

Person-centred Planning Procedures

Prior to service entry:

- ☑ Consultation will take place with the person and their family, advocate, guardian and/or others as appropriate, about the various perceptions of the person's needs and issues which may impact on the delivery of services
- ☑ Communication and support needs of the individual who will be receiving MASS services will be addressed to maximize their participation in the planning process
- ☑ Staff responsible for the individual plan will take the time to get to know the person (and family) and facilitate opportunities to express aspirations, preferences and choices. All information provided to people will be in a format they can understand.

On entry to the service:

- ☑ An initial Individual Plan will be developed reflecting the needs and aspirations of the person and/or family and the supports required to meet those needs
- ☑ One or more planning meetings will be coordinated to develop the plan
- ☑ Meetings will be at times and venues convenient to everyone involved to maximize the participation of key people
- ☑ The individual plan may be informed by other people who know the person but it must be person-centred and reflect the decisions and choices of the individual service user first and foremost.

Content of the plan:

- ☑ The individual plan will include goals (and support required) for each of the following:
  - health and wellbeing
  - participation (school/study/work)
  - independent living skills development
  - engagement in the local community
  - recreational activities at home or in the community
  - forming friendships and peer networks
  - taking holidays or overnight breaks
  - managing finances, material possessions and/or accumulating savings
  - self-expression including clothing, appearance (appropriate to their age)
  - exploring different lifestyle choices in relation to food, exercise etc
- ☑ Individual plans may include support to be provided by family, social networks and/or other services
- ☑ Some goals will be clearly defined while others may be vague or exploratory – that is the reality of people's lives. It is important that goals are realistic

- ☑ The individual plan will set clearly defined targets which are measurable and achievable within time given frames
- ☑ Once agreed, a copy of the plan will be made available to the person/family in a format they can understand (and may also be provided to family members and guardian/administrators where appropriate and with the consent of the person if an adult).

Review of the plan:

- ☑ The individual plan is a living document and can be modified or reviewed when required
- ☑ After the first three months of service delivery the initial plan will be reviewed
- ☑ At minimum the individual plan will be reviewed and redeveloped every 12 months (a more frequent schedule may be appropriate for children and young adults).