

Individual Planning Framework

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Disability Services

Individual Planning Framework

Part I Introduction

An individual plan in relation to a person with disability is a plan that might include:

- the outcomes the person with disability intends to achieve through the provision of services
- the services that may be required to achieve outcomes
- the rights and responsibilities of the person with disability and the service provider
- the period of time that the individual plan will cover and
- any other matter important to the individual in order to achieve outcomes/goals.

This is an essential part of supporting a person with disability and might also provide details about an individual's goals and objectives. An individual plan enables everyone involved in support services to focus on areas that are important to the person with disability and to deliver services that assist the individual to achieve their goals and outcomes. The person with disability should direct the development of the Plan as far as practicably possible in order to tailor this plan to their needs and to achieve their goals or objectives. If it is not practical for a person with disability to prepare their own individual plan with a service provider, a person may be nominated to act on the individual's behalf (nominated person).

1.1 Purpose

The purpose of this framework is to provide support and resources in developing individual plans for people with disability. Noting that the use of the attached resources is optional; the Individual Plan template identifies the minimal content and concepts; providers can adopt or adapt this template or use an alternative format. This framework is targeted at funded organisations and funded private persons supporting a person with disability within the Tasmanian context and corresponds to the requirements of the *Disability Services Act 2011* (Part 2, Division 2).

The intention of this framework is to ensure that people with disability experience consistency during planning and development of individual plans, as well as when implementing these plans.

With the transition to the National Disability Insurance Scheme (NDIS) it is increasingly important to develop individual plans that are about self-determination, capacity building, choice and community engagement; as well as upholding the rights of the individual. This is achieved by working with the individual being supported, and where required, acquire support that is flexible and enables greater choice and control

Through implementation of this framework Disability and Community Services (DCS) aim to assist funded service providers to:

- assist the person with disability to direct planning and make their own choices about how they wish to live their life
- assist the person with disability to identify their goals, aspirations and needs, and the necessary supports required
- respect and uphold the rights of the person with disability to encourage choice, skills development and opportunity to communicate needs

- provide information, opportunities and support to a person with disability to make informed choices
- enable family focused planning that is respectful and considerate of each individual's role
- be sensitive to the cultural, religious and gender orientation of the person
- provide for flexible and responsive implementation.

1.2 Scope

This framework is intended for use by Disability Service Providers (DSPs) funded by DCS and anyone employed within those services who are involved in the support of a person with disability.

This framework may also be used as a guide by individuals, including families and carers, who are supporting a person with disability and may assist in consistency and collaboration in planning for goals and outcomes. In line with good practice, the preparation of the individual plan should involve liaison with all providers involved in the person with a disability's life as far as practicable.

1.3 Context

This framework has been developed to correspond with the *Disability Services Act Tasmania 2011* (DSA). An individual plan is a legislative requirement under the DSA. The DSA sets out content requirements, development and maintenance conditions of individual plans and is a condition of a grant to a provider or private funded person.

The *Tasmanian Disability Services Regulations (2015)* and the *National Standards for Disability Services* have also been considered in the development of the framework to increase a focus on rights and outcomes for people with disability.

1.4 Individual = Person with Disability

Throughout the document the term 'individual' is used to indicate the person who uses a service or support. This is primarily the person with disability. 'Individual' is used instead of words such as 'consumer', 'client' or 'service user'.

1.5 Transition to the NDIS

Until commencement of the full scheme NDIS on 1 July 2019 all providers delivering DCS funded specialist disability services and services to NDIS funded participants are required to maintain compliance with DCS policies and procedures. Existing arrangements relating to Quality and Safety will remain in place for all individuals and NDIS participants until the national approach is implemented in Tasmania, that is providers are required to comply with the *Quality and Safety Framework for Tasmania's DHHS Funded Community Sector* and ensure compliance with the *Tasmanian Disability Services Act (2011)* and *Tasmanian Disability Services Regulations (2015)*. Providers will be notified formally of any change in arrangements relating to quality assurance.

Some people currently receiving DCS funded specialist disability services may not be eligible for NDIS funding. These people and the funded services they receive will remain under state based legislation and policies and procedures.

Working collaboratively, open communication and information sharing during this transition period are essential. Providers with questions about DCS policies and procedures should contact their DCS Area Office, Community Partnership Team for clarification.

Part 2 Guiding Principles

2.1 Person Centred

Individual plans place the person with disability at the centre of planning and delivery and maximise as much as possible the capacity of the person with disability to take control of their lives. As guided by the individual it is also important to consider and respect the role of other persons who are significant in the life of the individual such as carers, family and friends.

2.2 Individual Outcomes

Individual plans build on individual strengths and reflect individual needs, interests, goals, formal and informal support networks. Each person with disability brings their own unique attributes when considering setting goals, including the age of the person with disability; their current circumstances; personal beliefs and values. It is important that these factors are considered when setting goals and outcomes align with the person's individual needs and wishes.

Individual plans incorporate, as relevant, medication and financial management alongside behaviour support plans as legislated by the DSA.

2.3 Decision Making and Consent

Individuals are encouraged and supported to be involved in decision making and planning as far as possible according to their capacity. All individual plans should be negotiated with the person with disability, or a person nominated by the person with disability.

All activities associated with individual planning should be carried out in accordance with the Disability Services [Consent by Clients Policy](#).

2.4 Support for Self - Management

Individuals are actively encouraged and supported to be involved in their individual plans and goal setting. An individual plan must be directed by the person with disability or their nominated person.

Individuals who wish to self-manage may do so under the terms of the DSA (grant to funded private persons) and are supported by the policies and procedures of self-directed funding http://www.dhhs.tas.gov.au/disability/projects/self-directed_funding.

2.5 Maximise Choice and Control

Individual plans must support the right of the person with disability to exercise control over their own life and maximise choice and independence.

2.6 Developing Quality Individual Plans

Developing quality individual plans requires time and careful consideration of content. The National Disability Standards note the importance of:

- promoting valued roles for people with disability in public and private life
- connection to family, friends and chosen communities
- economic and community participation and associated benefits to the individual and broader community
- participation based on an individual's interests, identity, heritage, preferences, goals and aspirations (which may change over time), and
- the role of family, friends, carers, advocates and other organisations in promoting participation and inclusion.

2.7 Individual Planning is undertaken in line with written policies and procedures

As outlined in *Part 3 Roles and Responsibilities*, DSPs should have their own policy and procedures which support the Disability Services Individual Planning Framework (this document) and outlines practices specific to the sites, service delivery and staffing arrangements of the organisation. These policies and procedures will ensure that Individual Plans are developed and reviewed within reasonable timeframes.

Written policies and procedures relating to individual planning are readily available to all staff, individuals and others involved in supporting people with disability.

2.8 Evaluation and Continuous Improvement

All parties involved in the individual planning process including people with disability, their families, carers, DCS and Disability Service Providers have a responsibility to reflect on current practice, to recognise when and where problems exist, identify factors which contribute to those problems, initiate interventions and evaluate the outcome of interventions to improve practice. All parties are also responsible for considering when an individual plan may need updating. The DSA requires an individual plan to be reviewed at least once every 12 months (See Part 5 Reviews).

2.9 Legislation and Standards

Individual plans are mandated by the *Disability Services Act 2011* and supported by relevant documentation including the Disability Services Regulations 2015 and the National Standards for Disability Services.

Part 3 Roles and Responsibilities

3.1 All Parties:

- work co-operatively to ensure the appropriate and effective development, implementation and continuous monitoring of individual planning and
- must comply with legislative and regulatory requirements e.g. Disability Services Act 2011, the Disability Services Regulations and the National Standards for Disability Services.

3.2 Person with Disability:

- must be actively engaged in decision making as far as practicably possible
- may have varying levels of ability and capacity to make decisions. It is therefore important to consider
 - variables which effect the individual's capacity to engage e.g. time of day, environment, people involved and/or timing
 - capacity to consent to decision making and who to discuss planning with in the instance the individual is unable to consent e.g. person responsible, legal guardian, close relative
 - communication style e.g. use of visual supports, reading level
 - physical capacity e.g. visual impairment, hearing impairment
- work in partnership with those who support them and seek assistance to solve problems when they arise, and
- can be supported through the process by a Nominated Person, Person Responsible, familiar staff members, advocate or guardian.

3.3 Person Responsible:

- as defined by the Guardianship and Administration Board can make decisions in the best interests of the person with disability
- ensures that the wishes of the person are communicated and adhered to as much as possible and
- work with the individual, DSP, health professionals and other support networks to ensure that the individual's goals are consistently observed.

3.4 Disability and Community Services:

- develop and implement structures, funding mechanisms, policies and procedures which support individual planning and
- monitor compliance with the DSA and Funding Agreement.

3.5 Disability Service Providers' Responsibilities:

- comply with the following framework requirements:
 - ensure that there is a shared understanding of goals between the individual and service provider prior to the individual commencing regular access to the service. This can form a draft version of the individual plan
 - develop plans for existing individuals who do not have one at the required standard consistent with this framework within 60 days
 - work co-operatively and collaboratively with the individual and other parties to meet goals
 - actively seek to understand the needs of the individual
 - make use of available resources effectively
 - review plans every 12 months or more frequently if there is a significant change to the individual's circumstances and
 - comply with legislative requirements of the DSA.
- comply with specific requirements as follows:
 - develop organisation specific policy and procedures which support the DCS Individual Planning Framework (this document) and which outline practices specific to the sites, service delivery and staffing arrangements of the organisation.
- comply with the DCS Individual Planning Framework
- An Individual Plan belongs to the individual with disability. It is their choice with whom to share their plan. When developing the plan, it is important to decide who will be responsible for implementation and review, especially when there is more than one service provider involved. Collaboration between providers will allow for sharing of knowledge, ideas and expertise; as well as increased support to allow the individual to achieve their goals. An individual may choose either to have a single plan for themselves across services or a plan with each service from which they receive support, or a combination of these possibilities.

If an individual does not wish to have a plan:

- DSPs are required under the Act to ensure an individual plan is prepared for a person in receipt of ongoing disability support¹
- DSPs have a responsibility to provide information to the person about the supports being provided
- DSPs must discuss with the person:
 - development of the individual plan is an opportunity for an individual and service provider to agree on how to best support the person on a day-to-day basis or to work towards their goals
 - the legal requirement to ensure an individual plan is prepared
 - the option to involve advocates in the planning process or engage independent facilitation

If an individual accesses more than one service:

- ask the individual whether they would like each service to develop and maintain their own individual plans or if the individual would prefer one plan to encompass all service support and goals
- in the case of having one plan across services, ensure that reviews are conducted with the participation of all service providers
- consider how services can work together to provide a consistent and unified approach to supporting the person with disability

If a person declines to get involved in the development of a plan:

- document this along with the reason provided
- develop a plan based on previous planning, knowledge of the person and day-to-day support requirements
- give a copy of the individual plan to the person in a format that is most meaningful and
- provide ongoing opportunities for the person to direct the review of their plan.

Part 4 Individual Plans

An individual plan is a living document that is created between the person with disability, their supports and a DSP that reflects the goals of the person with disability, describes how support will be provided to address and achieve their goals and how outcomes will be measured. DSPs may also keep a variety of other documents/ plans about an individual including personal profiles, support plans etc. An Individual Plan is unique in that it is legislated by the Disability Services Act 2011.

4.1 Contents of Individual Plan

Essential contents of an individual plan is governed by legislation and policy framework. Under the *Disability Services Act 2011*, the contents of an individual plan in relation to a person with disability is a plan that includes²:

² Disability Services Act 2011, Part 2, Division 2, section 10

- (a) The outcomes intended be attained by the person, through the provision to the person of specialist disability services or the provision of other goods or services; and
- (b) The specialist disability services, and other goods or services, that may be required in order to attain those outcomes; and
- (c) Any specialist disability services, or other goods or services, that may require financing under a grant; and
- (d) The rights and responsibilities of the person and any disability services provider or funded private health person that provides specialist disability services to the person; and
- (e) The period for which the plan is to be in force; and
- (f) The prescribed matters, if any.

[Disability Services Medication Management Framework](#) also specifies that DSPs are required to include medication management preferences within an individual plan.

Essential elements of an individual plan include:

- information about the person
 - likes and dislikes
 - physical health
 - mental health
 - medication management preferences eg self-administration, partial assistance
 - financial management
- goals and aspirations
- actions and strategies
- resources
- outcomes
- monitoring
- reviews

Best practice suggests that individual plans also include goals and interventions related to:

- environmental and personal context - including existing supports, informal and mainstream supports
- how the support from the DSP is intended to address the individual's goals
- where possible, an Individual Plan should build on any previous planning that has been undertaken
- individuals should be able to lead the development of their Individual Plan if they choose, or ask a DSP and
- an individual plan should be personalised to the individual's needs in terms of font, context and language. Formatting could include photos and pictures to present a plan that is meaningful to the individual.

4.2 Goals and Strategies

Goals are simply ideas about what an individual would like to do or achieve – they can be big or small and cover many aspects of an individual's life. Setting goals helps the person with disability to work towards the things that are most important to them and to change those things they are not satisfied with.

It is important that goals capture what it is that the person with disability wants to have in their life now or work towards for the future *NOT* what other people or service providers can provide. For example, a goal may be to ‘maintain a positive and productive family home’ or ‘develop independence away from my family unit’, with a supporting strategy being to access respite. Accessing respite is not a goal in itself.

When initially setting goals, it can be useful to think about all the aspects of an individual’s life, what is working well at the moment and what is more challenging. The NDIS has established an outcomes framework to measure goal achievement for individuals and to measure overall performance of the scheme. Given that Tasmania is currently in the transition to full scheme NDIS, it is useful to consider their framework in goal setting as it will be the way of the future. There are eight outcome domains in the NDIS framework. These domains help individuals to think about their goals in different life areas to assist in developing Individual Plans to explore where supports in these areas already exist and where further supports are required. The environmental and personal context of an individual plays an essential role in how they live their life and will help inform their goals and aspirations.

The eight life domains as identified by the NDIS outcomes framework are:

- choice and control
- lifelong learning
- daily living
- relationships
- health and wellbeing
- work
- social and community participation and
- home.

These domains within the individual planning context in Tasmania could be interpreted to include

Choice and control	Independence in decision making, managing supports, improved life choices
Lifelong learning	Building capacity and learning new skills, post school options, further education
Daily living	Living and working as independently as possible, transport, consumables, financial management
Relationships	Social skills development, engaging with others, improved relationships
Health and wellbeing	Medication management, maintaining health, weight management, healthy cooking, allied health
Work	Finding and keeping a job
Social and community participation	Assistance with social and community participation
Home	Accessibility at home, living safely, improved living arrangements

Strategies are specific tasks and actions that will assist the person to achieve their goals. They describe what needs to happen, the steps involved and how the person will be supported. Effective strategies must be specific and clear. Ideas that do not support what is important to the individual should be challenged. Good strategies aim to build or, at the very least, maintain an individual’s capacity, independence, relationships and community connections and have a positive impact on the person’s life now, even if their goal reflects a vision for the future. It is important that strategies have set time frames for achieving a particular goal and establish the supports required in reaching a goal.

4.3 Resources and Supports

Developing individual plans provides an opportunity for open discussion to identify and jointly explore the actual and potential risks to an individual. Individuals should be supported to consider a range of safeguards and support mechanisms when developing their plans, determining their support requirements and implementing their plans.

Resources and supports need to be identified in a plan so that those involved in its implementation know their role and what is required. It is important to consider if the person with a disability has any preferences for the ways they are supported. The environmental and personal context of the individual's living arrangements, informal and other community supports and social and economic participation, play a vital role in how they live their life and will help inform their goals.

Informal supports are supports that are provided by carers, family or friends. Mainstream and community supports are available to all members of the community regardless of whether they have a disability or not. For example, supports provided or funded through the health, education or transport systems.

When matching resources to meet strategies to assist an individual to achieve their goals it is important to:

- consider informal supports that are naturally present in the person's life
- consider the person with disability's right to dignity of risk
- don't underestimate how much the individual can do for themselves
- try to get the right balance - some plans have too much support
- build on the supports and resources already available to the individual.

4.4 Outcomes

Outcomes help identify what 'success' looks like for an individual and to make sure they are on track to achieving their goals. Outcomes assist those responsible for implementing the plan to monitor and review its success. Outcomes and how progress towards these outcomes will be measured should be discussed and agreed to during the planning process. This must include setting a review date.

Part 5 Reviews

The DSA requires an individual plan to be reviewed at least once every 12 months or more often as requested.

It is considered best practice to review individual plans every 12 months, particularly where the person has an individual support package where funding arrangements stipulate review on an annual basis. A date for review should be determined when the initial individual plan is developed.

An individual or their responsible person can request a review at any time. Changes should be communicated to all parties – the individual, person responsible (if relevant) and all DSPs involved.

5.1 Monitoring and Evaluation

All parties are responsible for the ongoing implementation and review of the Individual Plan. Each party is responsible for monitoring strategies relating to their service. A review of an Individual Plan is necessary if:

- individuals needs change e.g. physical deterioration, change of accommodation

- goals are achieved or change
- strategies are ineffective
- change in funding, support or service providers.

5.2 Termination of an Individual Plan

An Individual Plan is a dynamic document that can be updated and reviewed to reflect an individual's goals and needs at any point in time. Termination of an individual plan can only occur when an individual ceases to receive ongoing disability supports.

Part 6 Definitions

Assistance with planning	Supports a person to identify their goals, needs and aspirations and the range of informal, community-based and disability supports that may assist them to meet their identified goals. Assistance with planning may be limited (provided by the Department of Health and/or Department of Communities Tasmania or a disability service provider) or extensive (provided by a planner) and, in most circumstances, takes place as a person first enters the disability service system.
Carer	A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person without payment for their caring role other than a pension or benefit.
Consent	The process whereby an individual agrees to, or refuses, an intervention based on information provided regarding the nature and potential risk (consequence and likelihood) of the proposed intervention. Further information relating to consent can be obtained from Consent by Clients Procedure
Disability Services Provider (DSP)	An organisation funded by the Department of Communities Tasmania and is subject to a funding agreement relating to the provision of specialist disability services.
Individual	A person with disability who uses a service or support. 'Individual' is used instead of words such as 'consumer', 'client' or 'service user'.
Individual Plan	<p>A plan outlining the preferences, needs and supports required by an individual with disability. It includes (as defined in the Disability Services Act (2011)):</p> <ul style="list-style-type: none"> (a) the outcomes that it is intended be attained by the person through the provision to the person of specialist disability services or the provision of other goods or services; and (b) the specialist disability services, and other goods or services, that may be required in order to attain those outcomes; and (c) any specialist disability services, or other goods or services, that may require financing under a grant; and (d) the rights and responsibilities of the person and any disability services provider or funded private person that provides specialist disability services to the person; and (e) the period for which the plan is to be in force; and (f) the prescribed matters, if any. <p>An Individual Plan is prepared by or on behalf of, in consultation with, a person with disability.</p> <p>May also be referred to as a Personal Plan or Personal Support Plan.</p>
Informal Supports	Supports that are provided by carers, family or friends.

Mainstream / community supports	Mainstream and community supports are available to all members of the Australian community regardless of whether they have a disability or not. For example, supports provided or funded through health, education or transport systems.
Medication	<p>A substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease or otherwise enhancing the physical or mental welfare of people. Includes prescription and non-prescription medications, including complementary health care products, irrespective of the administered route.</p> <p>Medications include medications prescribed for the individual by a medical practitioner or health professional, medications purchased over the counter and complementary and alternative medications. The terms medication or medicine may be used interchangeably.</p>
Nominated Person	A person with disability can choose a person to receive information and to provide them with support. It is the selected person's role to provide support and to help represent the person with disability's views and preferences. Any person can be identified provided they are willing, available and able to fulfil the role.
Ongoing disability support	Day program, facility-based day option, flexible support package, individual support package, shared supported accommodation, residential settings.
Person Responsible	If a person has a disability and is incapable of understanding the nature and effect of medical treatment, a person responsible can be appointed to give consent on that persons behalf. Person responsible is defined as per the Guardian and Administration Act definition (see the Guardianship and Administration Act 1995)
Personal Plan	See Individual Plan.
Self-Administration	The action of an individual playing a central and active role in administering a medication to him or herself.

Part 7 Supporting and Reference Documents

http://www.dhs.vic.gov.au/_data/assets/pdf_file/0007/599605/dsapp_planningpolicy_pdf_170909.pdf

http://otwaycommunitycollege.wikispaces.com/file/view/dsapp_planningpolicy_implementationguide_20071128.pdf

[Disability Services Act \(2011\)](#)

[Disability Services Regulations \(2015\)](#)

[National Standards for Disability Services](#)

<http://www.wallara.com.au/wp-content/uploads/2017/10/NDIS-Pre-Planning-A-Guide-to-Setting-Your-Goals-3.pdf>

<https://www.ndis.gov.au/operational-guideline/planning/participant-statement-goals>

Part 8 Appendices

Appendix 1 - Individual Plan Template

Appendix 2 - Individual Plan Checklist

About You

Where do you live? Who do you live with? What do you like to do? What is going well for you?

What is going well in your life? What do you like?	What is difficult for you? What don't you like?
What is the biggest challenge you face in achieving your goals?	What support do you need to overcome this?
Where do you live? Who do you live with?	What is really important to you? What is really important for you?
What are you good at? What do people like about you?	How do you communicate best? Do you require any special supports or strategies?
Would you like to talk about advanced care directives, end of life planning or guardianship?	Is there anything else important you'd like to say or know about?
Do you feel safe?	What can be done to make you feel safer?

What does your week usually look like?

What community and other supports do you use to help you do the things you need to do each day?

Day	What you do	To do these things you get support from
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Occasional Activities – what do you do fortnightly, monthly or every now and then		
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Important people in your life

Who are the important people in your life? How do they support you?

Supports – supports that are provided by carers, family or friends. Generally these people are not paid to help you.

Who supports you?	How do they help?

Specialised Disability Services – these services are designed specifically for people with a disability who require more specialized support. It can include accommodation support, community support, co-ordination of support, respite.

Who Supports you?	How and when do they help?

Mainstream Services – These services are available to all members of the community with or without a disability. These include but are not limited to health, education, justice, housing, child protection, mental health and employment services

Who supports you?	How do they help?

Social and Community Participation

Taking part in the activities and experiences that matter to you and having fun can sometimes depend on having the right support to assist you.

Think about the things you like to do in your community and with your family and friends, and if you need support to participate. This may include regular group activities, after school care, sport, catching up with family and friends, or joining in holiday programs at libraries or community centres.

Activities you enjoy	Support you need to participate

Home

Would changes in your home environment make it easier for you to be more independent?

Safety and accessibility at home can be improved by installing equipment or making changes to building structures, fixtures or fittings. Home modifications can enable you to live as safely and independently as possible at home.

Modifications you will need in the next 12 months to be more independent at home	
Access – entrance/ exit, driveways etc.	
Kitchen	
Lounge	
Bathroom	
Bedroom	
Laundry	
Other	

Equipment and Technology

Do you need any technology or equipment to assist you? This may include communication devices, mobility supports like walkers or wheelchairs, specialist clothing or footwear and day to day self care supports.

Activity you need support with	Technology or equipment you have now	Technology or equipment you will need in the future or repairs/ servicing required for existing equipment/ technology

Choice and Control

This includes your independence in decision making, managing supports and making choices.

Are you satisfied with the level of choice and control you have in your life at present?

Types of Choices available	How you currently make choices and have control	Choices and control you would like to have in the future
Everyday choices are made throughout each day – what you eat, what support you receive, activities you are doing		
Lifestyle choices – these choices are connected to a person’s identity and can include– how you look, how to spend spare time, social activities, sporting activities, what equipment to purchase		
Pervasive Choices – these choices affect significant milestones in a person’s life and their aspirations. These choices are the most significant for you and include decisions about school education, employment housing, social relationships and community participation		

Your Goals and Making it Happen

Now that you've thought about your life, and what is important to you, it's time to come up with some goals and work out strategies to make it happen.

Longer Term Goal 1:	
Short term goals	Strategies

Longer Term Goal 2:	
Short term goals	Strategies

Longer Term Goal 3:	
Short Term goals	Strategies

References:

<https://www.createmysupportplan.co.uk>

https://www.melbournecitymission.org.au/docs/default-source/services/disability/ndis/mcm007-a4-disability-booklet-web.pdf?sfvrsn=26a45b92_2

<https://www.summerfoundation.org.au/resources/sample-ndis-plans/>

<https://www.ndis.gov.au/about-us/governance/IAC/IAC-advice-choice-and-control>

Personal Plan Documentation from Disability and Community Services Tasmania

Checklist

Was the individual plan prepared in consultation with the individual?	
Was the individual plan prepared within 60 days of the individual regularly accessing the service?	
Was the planning undertaken with in accordance with the individual planning framework?	
Is the individual plan review date within 12 months?	
If the individual is in receipt of more than one ongoing specialist disability support were they given a choice to have a co-ordinated individual plan?	
Does the individual plan include relevant back ground information about the person?	
Does the individual plan include goals and strategies related to ongoing disability services, mainstream services and informal supports?	
Does the individual plan describe outcomes and how they will be measured?	
Does the individual plan identify support required to implement the strategies such as people who will assist or funding?	
Does the individual plan describe how the plan will be monitored?	
When will the plan be reviewed and who will lead the review?	
Has the individual plan been recorded as prepared?	
Was the individual supported to lead and participate in planning?	
Do the goals relate to things that are important to the person or what they want to achieve?	
Do the goals relate to the 8 outcome areas?	
Does the individual plan include strategies that relate to surrounding supports?	