

Individual Plans Survey - Summary of Findings

Background

The *Disability Services Act (2011)* (the Act) provides for the preparation and approval of individual plans by disability services providers or by a person nominated by a person with disability. Under Sections 10 and 12 of The Act, plans need to include personal outcomes, the resources needed to attain these outcomes and the rights and responsibilities of the person and the service provider. In addition regulations for the Act reflecting the National Disability Standards were released in 2015 and Regulation 4 - 'Individual Outcomes' requires disability services providers to engage in activities directly related to the preparation of individual plans. The requirement that all people supported by a service provider have an individual plan is also included as a clause in funding agreements between the provider and the Department of Communities Tasmania.

Developing person-centred individual plans for and with people with disability is recognised internationally as a crucial aspect of 'best practice' disability support. These plans provide a 'road map' for staff to improve the lives and skills of the people they support. Without a clear plan about what is important for and to the person with disability and strategies to advance the goals that are meaningful for them it is not possible to measure outcomes for individuals or those strategies which succeed in achieving community participation and inclusion.

In order to gauge the extent to which disability services providers are meeting their legislative and contractual obligations, the Senior Practitioner undertook a survey of the sector in April 2017 (see Appendix I for the list of questions). The data is summarised below and the information will help the Office of the Senior Practitioner devise strategies to assist organisations to improve the development of individual plans for the people they support.

General Comments

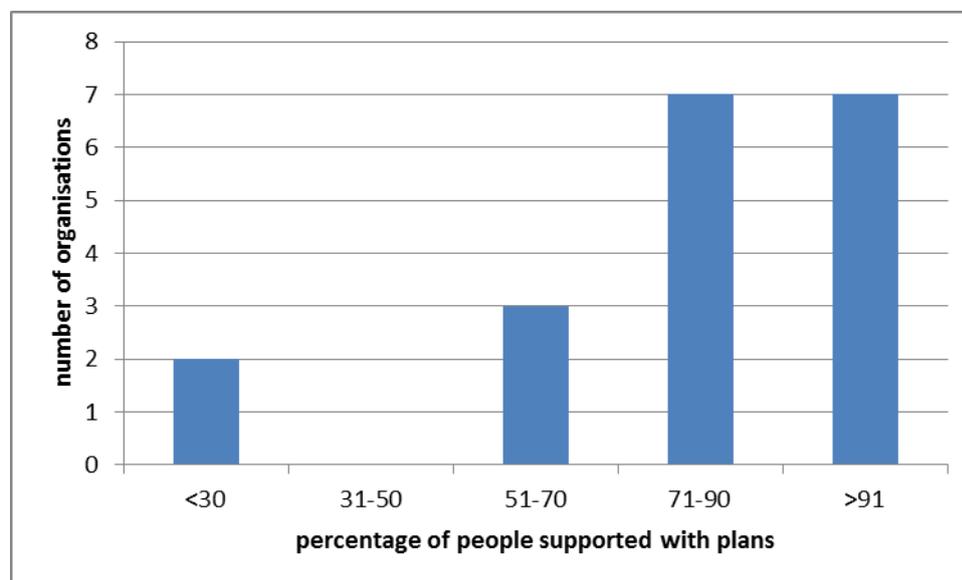
The survey was sent out to 34 disability services providers with 19 organisations responding. This equates to a response rate of 56 per cent. Five organisations chose not to identify themselves, the remaining 14 respondents represented a broad range of services from both accommodation and community access providers.

Of the five anonymous responses, two are predominantly residential support providers, one is a community access provider, one provides both types of support equally and one provides in-home community support.

Summary of Survey Responses

A) Individual Plans

Proportion of people supported with plans



This graph shows that 74 per cent of the responding organisations reported that a high percentage (over 70 per cent) of the people they support have an individual plan.

Conversely the graph also shows that nearly two thirds of respondent organisations (63 per cent) have 90 per cent or less of the people they support with current plans and need to improve their individual plan development activities to meet the requirements of the Act which states that every person should have an individual plan.

In terms of the spread of plan development across service type, there were four organisations (21 per cent) providing plans predominantly in accommodation settings, 4 organisations (21 per cent) providing plans predominantly in community access settings and 10 organisations (53 per cent) providing plans in both settings. One organisation provided plans solely within the 'in-home' service type. This reflects the trend in recent years away from 'single service type' organisations to the growth, through diversification or mergers, of 'multi service type' organisations.

Barriers to developing individual plans

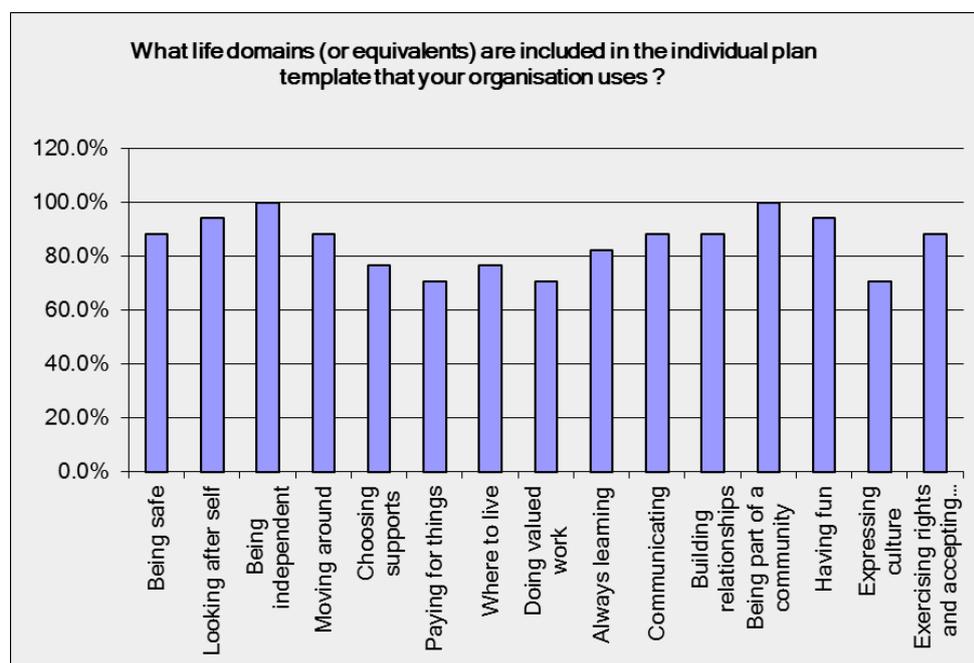
Organisations were asked to identify the barriers that they saw in developing individual plans. The most common reasons were:

- limited time, personnel and funds to develop and implement plans
- difficulties in gathering information, engaging with families; engaging with clients who are non-verbal or don't want to participate
- staff training
- people with disability not clear on their goals and objectives.

A few organisations (16 per cent) identified concerns that were specific to the NDIS participant planning process and reflected communication difficulties between Planners, Local Area Coordinators and Support Coordinators; processes for NDIS Plan reviews and changes; and funding of plans.

Follow up contact with these organisations confirmed that they did develop their own individual plans based on the goals of NDIA plans.

Content of plans - Life Domains



Organisations were asked to indicate what life domains they used in their individual plan templates by selecting from the list of options in the graph shown above. There was also an option to write down the life domains they use if none were shown in the ‘tick’ list.

The survey results show that most of the respondent organisations (89 per cent) use a high percentage of the life domains listed in the survey (or equivalents) in their plan templates.

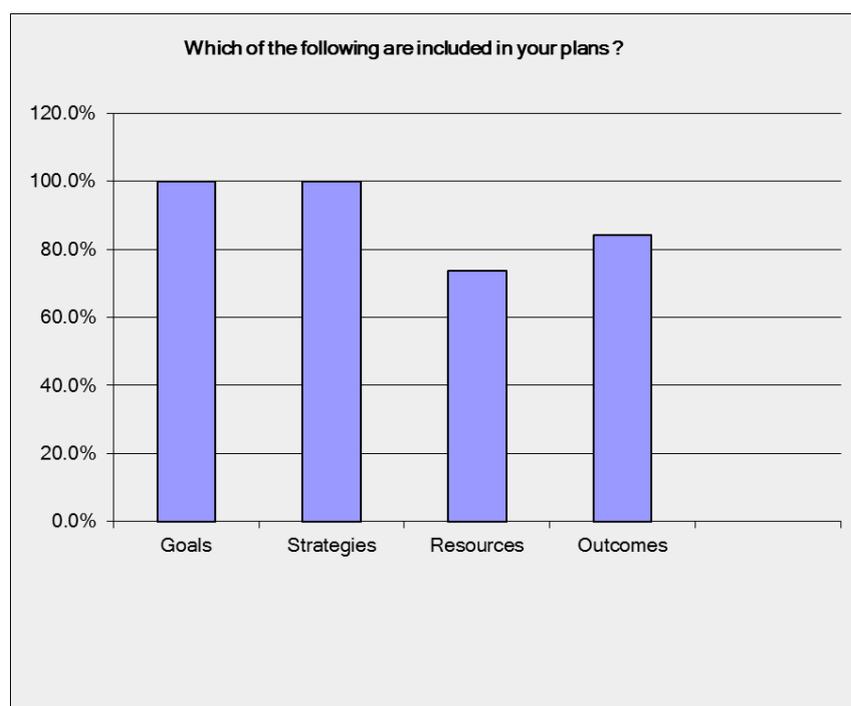
This ranges from about three quarters of the organisations including life domains such as ‘Paying for things’, ‘Expressing culture’, ‘Doing valued work’, ‘Where to live’ and ‘Choosing supports’ to all organisations including ‘Being independent’ and ‘Being part of a community’.

Other life domains some organisations use in their plan template are – ‘Keeping healthy’, ‘Eating well’ and ‘Behavioural issues’. Although 10 per cent of the respondent organisations reported that they did not use any of the listed life domains, they did describe a process that was fundamentally ‘person centred’ (i.e. asking ‘what works well/not well’, ‘what is important to you/for you’, ‘what would you like to learn’) and tailoring a plan to the individual’s specific set of circumstances.

Content of plans – The ‘Action’ elements

Section 10 of the *Disability Services Act (2011)* states that service providers must prepare individual plans for the people they support that include, amongst other things, the outcomes that the person wishes to achieve and any resources, including funding, that are required to attain those outcomes.

The graph below shows that the ‘Action’ elements of plans developed by all the respondent organisations have a high level of alignment with Section 10 of the Act.



B) Organisational issues

Policy/procedures

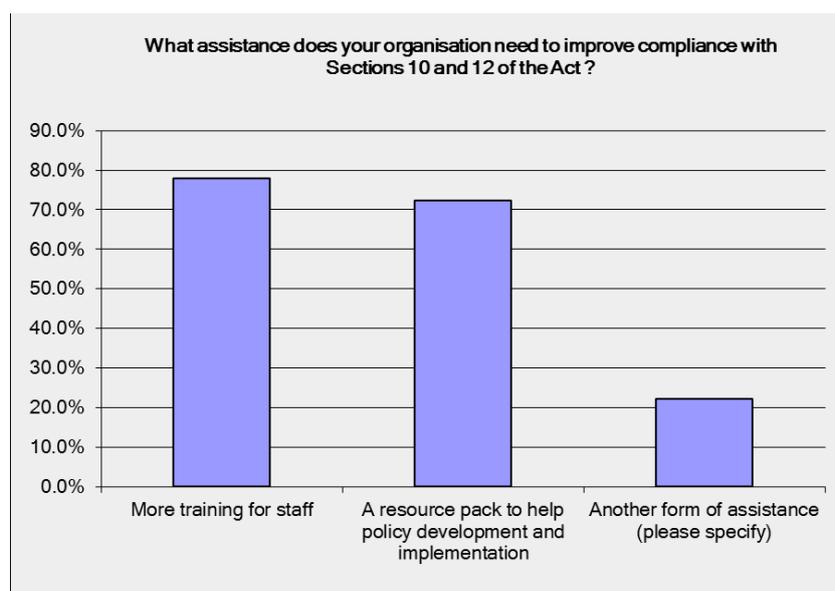
Fifteen organisations (79 per cent) stated that they had policy/procedures relating to the preparation of individual plans whilst four organisations (21 per cent) reported that they did not.

Training

Answer option	Response percentage
Never	16 per cent
Every 6-12 months	21 per cent
Every 1-2 years	37 per cent
More than 2 years	26 per cent

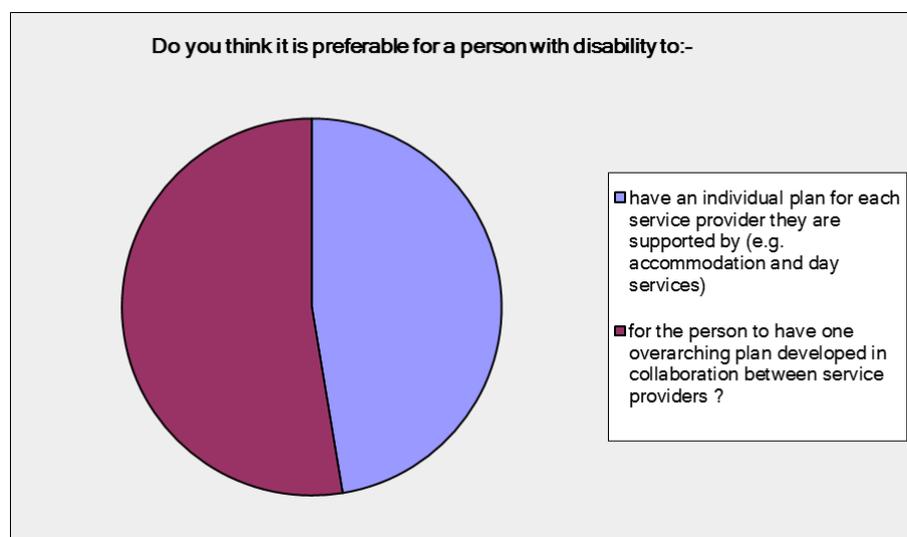
This table shows that nearly 60 per cent of the respondent organisations provide relatively frequent training in the preparation of individual plans.

Assistance



Although 60 per cent of the organisations replying to the survey indicated that they were providing regular training to their staff nearly 80 per cent thought that they needed more staff training. Just over 70 per cent of the organisations thought a resource pack would help them improve their ability to develop plans for the people they support. Three organisations (17 per cent) stated they needed additional funding to be able to develop plans properly.

How many plans?



The pie chart above shows that respondent organisations were evenly split between the idea of having one plan per person as opposed to one plan per service. This may be a reflection of the equal numbers of ‘single service type’ organisations vs ‘multi-service type’ organisations who responded to the survey.

The planning process - Staff

Nearly three quarters of the respondent organisations (74 per cent) used key workers and team leaders (or equivalent role) to develop individual plans for the people they support and the remaining 26 per cent used case managers. 42 per cent of the organisations also mentioned oversight from managers in their planning process, including one up to CEO level.

The planning process - Participant involvement

Seventy four per cent of the organisations who responded to the survey mentioned meeting with the person and the rest used discussion or including the person ‘face to face’ as their method of involving the person. Where meetings were held, only 63 per cent organisations mentioned including an advocate, nominated person or family member at the meetings. Only two organisations (11 per cent of respondents) described using some form of visual information or communication aids to assist in the planning process.

C) Workforce skills

Strengths and Opportunities for improvement

Comments received are summarised in the table below:

Strengths	Opportunities
<ul style="list-style-type: none"> • Training in Active Support • Knowing the clients very well and being able to communicate with those with 	<ul style="list-style-type: none"> • Understanding of Person Centred Planning (PCP) is not clear.

<p>limited communication skills</p> <ul style="list-style-type: none"> • Low turnover of staff • Staff are passionate and very client focussed. • Staff are well practised at writing plans • Very committed and diverse workforce • Training in Active Support and Person Centred Planning assists in plan implementation • Staff understand the values and philosophy of the process via the organisation’s practice framework • Plans are written well, simple and concise • Use of a variety of communication techniques • Being able to come up with good ideas • Staff have a deep understanding of the clients • Staff have significant skills in assessing and writing plans 	<ul style="list-style-type: none"> • Learning to engage better with families • Writing is weak in support worker population • There is a need for training • Even with skills the staff lack confidence in implementing plans • Specific training in this area • Lack of understanding about the quality of information needed so other staff can implement the plan. • Wide range of abilities with regard to completing paperwork • Writing to an audience with different levels of literacy • Risk assessment and mitigation • Literacy issues • Not understanding the relevance of plans • More training for other staff to be able to assist our main Planner
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The main themes identified in this area were that: 1) staff trained in Active Support and Person Centred Planning (PCP) have the skills to develop Individual plans; 2) knowledge and commitment towards the person with disability supports individual planning and 3) good individual planning occurs when the support teams are stable and have an understanding of their organisation’s values and philosophy.

Areas for improvement include the need for more training and understanding of the PCP process as well as increasing the literacy skills of the workforce.

Satisfaction with PCP skills

The final question of the survey related to individual plan implementation and asked about the organisation’s satisfaction in their staff’s skills in reading plans, following plans and reporting progress.

Four respondent organisations (21 per cent) reported that they were satisfied with their staff’s skills in reading plans, following them and reporting progress against outcomes. Sixty three per cent of organisations acknowledged that there was room for improvement and 16 per cent of organisations felt that improvements were occurring. Respondents identified the following areas that either support the practice of PCP or require improvement:

- staff need to be held accountable for documenting outcomes achieved
- staff are improving in the quality of reporting under much guidance from their managers, by going over the documentation they have submitted and explaining what improvements need to be made
- literacy standards are still a worrying issue and the area of understanding written information can be equally problematic
- the timely review of the plans
- additional training/resources needed to ensure plans are documented appropriately
- skills are good at Coordinator and Management level but degrades at support staff level. There is a need industry wide to lift this skill
- plans require monitoring to ensure that staff are aware of and are supporting clients in accordance with their plan
- more training would be welcomed.

This suggests that training specific to the implementation of individual plans needs to focus on how staff monitor plans and document the progress of clients towards reaching their goals, taking into account the reported literacy issues of the support sector.

Summary and Recommendations

Sixty per cent of funded disability support organisations responded to the survey, this provides a reasonable representation of the disability sector's views about individual plans across Tasmania.

Although a number of organisations reported achieving a very high level of compliance with developing individual plans for the people they support the survey has identified that there are also about two thirds of the organisations that responded across the State who can improve in this area.

The barriers organisations identified included lack of time and resources, training, and difficulties with information gathering (including client goals).

Almost all organisations use 'person centred' life domains in their individual plan templates as well as including the 'Action' items – 'Goals' and 'Strategies'. However only three quarters of organisations currently use 'Resources needed' and 'Outcomes' in their plan templates.

In relation to Assistance, although 60 per cent of the organisations indicate that they are providing regular training to their staff, nearly 80 per cent think that they need more staff training. 80 per cent of organisations also stated that they have policies relating to the preparation of individual plans however there are also a significant number of organisations (70 per cent) that would benefit from resources relating to policy development, plan preparation and implementation.

Organisations use either a case manager or a key worker and team leader as the main personnel involved with developing plans. All organisations also include the person they support either through a planning meeting or individually to talk about their goals and aspirations. However it appears from the survey results that it is common for people with disability to be unsupported at these meetings. One third of organisations didn't mention including an advocate, nominated person

or family member at the meetings. In addition very few organisations use communication or visual aids to assist the person with planning. This finding supports the views expressed elsewhere in the survey that more training about person centred planning (PCP) is needed.

The survey also found that support staff have important strengths relevant to the preparation of individual plans particularly when they have training in Active Support and Person Centred Planning which is harnessed to their knowledge and commitment towards the people they support and their organisation's values and philosophy. Two very important areas that were identified to improve the skills of staff were training and understanding of the PCP process and increasing the literacy skills of the workforce.

Finally, and following on from the previous finding, the vast majority of organisations stated that there was room for improvement in the skills of staff in the area of reading plans, following them and reporting progress against outcomes. Comments provided suggest that staff would benefit from increasing their literacy skills and gaining more competence in plan implementation and the monitoring of outcomes.

Given the consistent responses from respondent organisations about the need for more training and resources in developing and implementing PCPs that takes into account improving the literacy skills of staff the Senior Practitioner recommends:

1. that DHHS develops a PCP framework and resource kit for provider use
2. that DHHS, in conjunction with National Disability Services, Tasmania, develop and deliver a training program to help organisations improve their PCP development, preparation and implementation
3. that the main findings from this survey are shared with the RTO sector in order to highlight the need to provide additional focus on these areas by educators in their ongoing training of pre-service support staff.