

STANDARD TWO: INDIVIDUAL NEEDS

Each service user receives support that is designed to meet his or her individual needs, personal goals and aspirations.

Standard 2.1

INDIVIDUAL PLANNING AND REVIEW

2.1.1 Purpose and Scope

The purpose of this policy is to guide and instruct Samaritans staff on their obligations and role in developing an effective Individual Plan with service users.

2.1.2 Definitions

Service user: a person receiving support from a Samaritans service.

Individual Plan: a written plan of action outlining the steps to be taken to achieve an outcome.

Individual Planning Process: the series of activities and actions involved in commencing, developing, reviewing, implementing and evaluating an Individual Plan.

Case/service Plan: an alternative format for setting out the agreed supports and goals to be achieved with the service user. This is to be used where the service user chooses not to have an Individual Plan or where the type of support being offered requires an alternative approach to identifying service user goals and objectives.

Key worker: the nominated staff member who is responsible for supporting the service user in the Individual Planning process.

Service Supervisor: a Samaritans staff member allocated responsibility in their position description for a specific service outlet.

Goal: a statement of future aims for the individual.

Objectives: a statement of a specific and measurable outcome that will be achieved within a specified timeframe.

Outcomes: is what is to be achieved. The completion of a single objective should typically have a wide range of positive outcomes.

Review: an evaluation of the activities and actions undertaken to date.

Strategies: are the proposed mechanisms by which the objective will be achieved. Monitoring and measuring mechanisms are typically specified as a strategy.

Domain: An aspect of a person's life to be explored through the Samaritans Global Assessment Tool. The domains consist of Lifestyle Options, Health and Wellbeing, Community Living and Education and Vocation.

Sub-domain: specific and related areas within each domain that assist a comprehensive and holistic understanding of the service user's strengths and opportunities for building their competencies.

2.1.3 Principles

Samaritans recognises and endorses the aims of the Individual Planning process as a mechanism to enhance and optimise the outcomes for service users. The planning process supports the service user to move towards a positive future based on increased independence and improved quality of life.

Individual Planning enhances the service user's opportunity to make decisions and exercise choice in the context of increased community participation, integration and promotion of socially valued roles. Samaritans believes that these outcomes are best met through a comprehensive consultation process that establishes a collaborative and integrated approach between the service user and all their support networks in meeting their needs, wishes and aspirations.

2.1.4 Policy

Individual Planning provides opportunities for a service user to plan for the goals they aspire to achieve as well as the support they require to do this. This plan forms an agreement between the service user, the support services and friends/family that are involved in their life.

Individual Planning reflects both the service user's needs/wishes/aspirations and the service's ability to directly meet or coordinate other supports to meet these. Individual Planning maximises opportunities for participation in community life through, skills development, building competency, promoting independence and self reliance of each service user.

2.1.5 Procedures

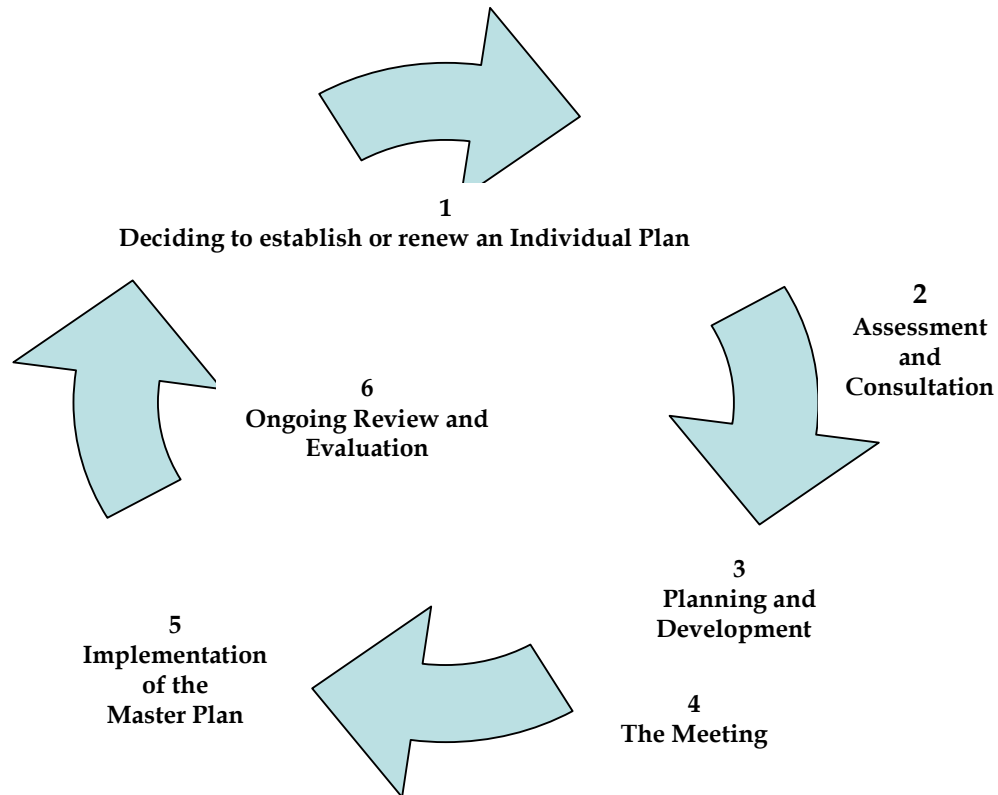
- Each service user is given information at the time of entry to a Samaritans service that support centres around Individual Planning. Each service user is assisted to understand the Individual Planning process.
- Each service user has an Individual Plan that has agreed goals, objectives and strategies to be achieved through the development of skills, allocation of resources and coordination of supports.
- Samaritans respects a service user's informed choice not to participate in the Individual Planning process. This decision is recorded in the service user's file and is reviewed every six months. Where a service user makes an informed choice not to have an Individual Plan Samaritans ensures the Case/service plan outlines the agreed supports be provided for the service user.
- The planning process involves the service user and provides for genuine opportunities for them to set their own goals as well as coordinate the development and implementation of the plan. This may involve the service providing education, support and encouragement to the service user using communication methods that are meaningful and accessible for the individual. The education may include communication skills, assertiveness skills and active support.
- An essential component of Individual Planning is a review of the service user's lifestyle and environment and the development of a plan to maximise the strengths and opportunities identified during this review. The major tool used to achieve this review is the Samaritans Global Assessment Tool.
- The service user's right to confidentiality is observed at all times. This includes the service user making an informed decision not to involve others in the planning process.
- The Individual Planning process is offered in a flexible manner to meet the support needs and skill level of the service user.
- A key worker coordinates the plan. The key worker has the responsibility to assist the service user to develop the plan, implement the strategies and coordinate with other services, where necessary. The specific role of the key worker is detailed in Standard 2.2.

- The goals, objectives and strategies included in the Individual Plan are consistent with the aims of the services to promote the attainment of life skills, independence and empowerment of the service user to enhance their opportunities for valued roles in the community.
- The goals, objectives and strategies included in the Individual Plan emphasise the strengths, abilities, choices and options of the service user, in addition to those areas where competencies need to be further enhanced.
- Where a service user lives in a residential centre or group home the accommodation service has a primary responsibility for Individual Planning. The plan will include strategies for how the services compliment one another in supporting the service user to achieve their agreed goals as well as how to communicate this between services. Strategies may include regular case conferences and/or sharing of IP activity notes where the client consents to this.
- Where a service user receives multiple services it is recommended that services support the service user to establish an Individual Plan through an integrated and collaborative process as negotiated by all parties. The plan includes strategies for how the services compliment each other in supporting the service user to achieve their agreed goals.

Individual Planning Process

- Samaritans Companion Guide – Individual Planning details the steps involved in the Individual Planning process as well as an explanation of the documentation used.

The Six Stages of the Samaritans Individual Planning Process



- All staff are initially oriented to the Individual Planning process as part of their induction at a service level and in the NewStar training that all new employees must attend. Staff are offered ongoing training and support through supervision and in-service training at team meetings (as requested). Staff are also able to support one another in their learning about Individual Planning through offering buddy support.
- Samaritans has a number of resources or tools available to support staff in the various stages of the Individual Planning process.

Individual Planning stage	Existing tools/resources
Pre IP Planning/ Review	<ul style="list-style-type: none"> • Annual dental and medical checks updated • Consents updated • Update the service user's profile in their file • Review Client Risk Profile



<p>IP planning and development (including assessment and consultation)</p>	<p>Companion Manual sets out the steps for completing the Global Assessment Tool as well as providing resources including:</p> <ul style="list-style-type: none"> • Standards in Action • Consultation Guidelines • Record keeping and documentation • Communication with people with a disability • Decision making and choice <p>Key worker checklist</p> <p>Global Assessment Tool - Individual Planning</p> <p>Individual Planning Resource Folder. It contains:</p> <ul style="list-style-type: none"> • Notes section for each lifestyle domain • Individual Planning forms <ul style="list-style-type: none"> ○ Exchanging Information Consent ○ Coordinator Supervision sheet ○ Annual Medical Review sheets ○ Annual Medical and Dental consents ○ Individual Plan format ○ Draft Individual Plan comments and suggestions ○ Individual Plan agreement ○ Meeting invitation ○ Meeting Agenda ○ Meeting Minutes <p>IP Master Plan</p>
<p>IP implementation</p>	<p>IP section of service user file. It contains:</p> <ul style="list-style-type: none"> • IP Activity Notes • IP Skills Program Cover Sheet • Task Analysis • Daily Incidental Learning Log (optional) • Group Program Cover Sheet (optional) • Program Log (optional) • Participation Log (optional) <p>IP supervision sheet</p>
<p>IP review and evaluation</p>	<p>Monthly and Annual Reviews (Service Supervisors and key workers)</p> <p>Quarterly Reviews (ASSET services)</p> <p>IP Review register (Area Coordinators)</p>
<p>IP quality assurance</p>	<p>IP audit tool</p>

- The Individual Planning process usually involves a meeting(s) or other form of consultation where the service user, their family members/advocates and staff from all relevant services have an opportunity to discuss and agree upon the service user's strengths, opportunities and aspirations.
- The planning meeting(s) determines the service user's specific life goals and the means by which to achieve them. This also includes the time frames for implementing and achieving the agreed goals. The meeting also nominates people responsible for supporting the service user to achieve the agreed goals.
- The outcome of the planning is documented in a format accessible to the service user and the key worker responsible for supporting the service user to achieve their agreed goals.
- The service user and the key worker are responsible for the implementation of the Individual Plan. This includes support to obtain necessary resources, coordination with other agencies, implementation of skill development strategies and ongoing support for the service user to enhance their skills in managing their own Individual Plan.
- All team members in a service play a role in supporting a service user to achieve their Individual Planning goals. This may include supporting service users with implementing programs and completing Individual Planning documentation.
- Individual Plans are reviewed monthly and annually. The annual review is the formal review of the plan and its implementation. Following the annual review directions are set with the service user for achieving outcomes for the next twelve months. Quarterly reviews may also be required for some service types depending on funding requirements.
- The monthly review of the Individual Plan is to monitor progress. During the review of a plan it may be identified that a goal is not being achieved. Analysis of the reasons for this and possible solutions are identified for the achievement of the goal, as appropriate. In addition reviews occur where significant unplanned changes arise.
- The service user is involved in regular and annual reviews of their Individual Plan.
- Requests to review or alter the plan at other times may be made by the service user. This is supported in accordance with the genuine opportunities and support given to people to make decisions and choices in

their lives. All requests for reviews of the Individual Plan in addition to the monthly and annual review processes are to be referred to the Service Supervisor in the first instance.

- Any inability to meet the timeframes specified in this policy is to be discussed with the Service Supervisor or Area Coordinator.

2.1.6 References

Human Rights and Equal Opportunities Commission Act 1986 Schedule 4 & 5
NSW Disability Services Act 1993 - Objects 3 (a, b, i & ii & e), Principles 1 (a, c, d, e, j, k, & l), Applications of Principles 2 (a, c, d, e, j, k & l)
NSW Disability Services Standards - Standards 2, 3, 5, 6 and 9
Samaritans Disability Services Policies and Standards

Decision Making and Choice

Family Relationships

Key Worker Role in Individual Planning

Individual Planning Process for each Service

2.1.7 Person Responsible

It is the responsibility of the key worker to:

- support the service user
- complete the Global Assessment in consultation with the service user, family/advocate and other service providers that the service user nominates
- be involved in the development of the plan
- support the service user through the achievement of the strategies outlined in the plan
- be involved in the reviews of the plan.

It is the responsibility of the Service Supervisor to:

- appoint a key worker
- review the activities of the key worker at monthly supervision sessions
- write the Individual Plan goals in consultation with the service user and key worker
- review the progress towards achieving the plan.

It is the responsibility of the Area Coordinator to:

- support Service Supervisors to write Individual Plan goals
- support service users and teams to understand the Individual Planning process through the provision of in-service training and supervision
- monitor the quality and implementation of the Individual Plan
- maintain the IP Review Register.

It is the responsibility of Senior Practitioners to:

- support staff and teams to understand the Individual Planning process through the provision of training
- approve all documentation used as part of the Individual Planning process

It is the responsibility of the service team members:

- Participate in the Global Assessment consultation process
- Support the service user to implement programs as identified in their Individual Plan
- Complete Individual Planning documentation

2.1.8 Implementation and Evaluation

Individual Plans are developed after three months of support and are reflective of the consultation outcomes identified through the Samaritans Global Assessment Tool. Plans are reviewed monthly (or as required) and annually.

2.1.9 Documentation

The following forms/documents support the development, implementation, review and evaluation of the Individual Plan:

- Global Assessment – Individual Planning
- Companion Guide – Individual Planning
- Individual Planning Resource Folder
 - Notes section for each lifestyle domain
 - Individual Planning forms
 - Exchanging Information Consent
 - Coordinator Supervision sheet
 - Annual Medical Review sheets
 - Annual Medical and Dental consents
 - Individual Plan format
 - Draft Individual Plan comments and suggestions
 - Individual Plan agreement
 - Meeting invitation
 - Meeting Agenda
 - Meeting Minutes
- IP Master Plan
- Monthly and Annual Reviews
- Quarterly Review (ASSET service)
- IP Review register
- IP Activity Notes
- IP Skills Programme Cover Sheet
- Task Analysis
- Daily Incidental Learning Log
- Group Program Cover Sheet
- Participation Log
- Programme Log
- IP supervision sheet
- Annual dental and medical checks
- Consents update
- Client Risk Profile

STANDARD 2.2

KEY WORKER ROLE

2.2.1 Purpose and Scope

The purpose of this policy is to guide and instruct Samaritans staff on the role of a key worker, including the development of effective Individual Plans for service users.

2.2.2 Definitions

Service user: a person receiving support from a Samaritans service.

Key worker: the nominated staff member responsible for supporting the service user with a range of tasks and processes including the Individual Planning process.

Individual Plan: a written plan of action outlining the steps to be taken to achieve an outcome that enhances the life experience and opportunities of an individual.

Individual Planning Process: the series of activities and actions involved in commencing, developing, reviewing, implementing and evaluating an Individual Plan.

Service Supervisor: a Samaritans staff member allocated responsibility in their position description for a specific service outlet.

2.2.3 Principles

Samaritans appoints a key worker to work with and for each service user to enhance their access to services, to actively involve and empower the service user and to coordinate services across the span of agencies providing support to the individual.

2.2.4 Policy

Samaritans support for service users is guided by their Individual Plan. The key worker aims to ensure that each service user receives the support and opportunities that will enable the service user to meet their needs, wants and aspirations, as identified by the service user, their family member/advocate and other relevant staff. The key worker monitors and evaluates any disparity between the service user's current quality of life and their optimal quality of life in consultation with all key stakeholders.



The concept of quality of life is constructed from a combination of the specific needs and wishes of the individual service user with other global indicators including social inclusion, community participation, self determination, valued relationships and roles, health and wellbeing, material and financial wealth, safety and security. The key worker is the primary facilitator of the day to day identification, monitoring and implementation of measures that will enhance the service user's quality of life.

2.2.5 Procedures

There are two specific roles that a key worker undertakes to support a service user:

- Individual Planning
- General key worker role

A key worker is usually allocated from the service with the most involvement with the service user. Where a service user receives support from more than one Samaritans service each service allocates a key worker. The tasks and responsibilities for each key worker are agreed during the Individual Planning process.

The service provides adequate training and support to the key worker to ensure they are able to carry out the role effectively.

Key worker role in Individual Planning

Key workers play an important role in the planning and development, implementation, review and evaluation of a service user's Individual Plan. Key workers are supported by their direct supervisor and team members to undertake these tasks.

Key Worker Role	Tasks
<p>IP planning and development (including assessment and consultation)</p>	<p>Complete the Global Assessment Tool by collecting feedback from the service user, family/friends/advocates, key stakeholders and team members and Service. Supervisor/Programmer as required.</p> <p>Consult with Service Supervisor in the development of goals.</p> <p>Research resources available to the service user.</p>



Key Worker Role	Tasks
IP implementation	<p>Set up the Individual Planning section of the service user's file.</p> <p>Develop identified skills development and participation programmes with appropriate recording, monitoring and evaluation mechanisms (e.g. task analysis, participation log and IP activity notes) in consultation with Service Supervisor</p> <p>Liaise with other agencies providing support to the service user to ensure consistent services of a high quality to the service user</p>
IP review and evaluation	<p>Monitor the progress of the IP by:</p> <ul style="list-style-type: none">• Checking the IP activity notes and other recording mechanisms• Reviewing programmes, including task analysis and participation logs and report back to Service Supervisor, and service user• Completion of monthly key worker Report <p>Make changes as required to the IP in consultation with the service user and Service Supervisor.</p>

- The key worker's role is identified and agreed upon within the Individual Planning process. The minutes of the Individual Planning meeting state this agreed role.
- The key worker receives regular supervision from the Service Supervisor to discuss the issues related to the implementation of the Individual Plan and monitor the progress of implementing the Plan.
- All team members participate in supporting a service user to achieve their Individual Planning goals. This may include supporting service users with implementing programmes and completing Individual Planning documentation.

- The service user is consulted during Individual Planning reviews about the suitability of the key worker in that role.

General key worker role

- In addition to Individual Planning there are a range of possible roles and tasks that a key worker may be required to undertake to support a service user. The specific tasks will be negotiated with the service user and Service Supervisor and will be based on the individual needs of the service user.
- The key worker may diarise and delegate the completion of some of these tasks to be completed by other members of the team who are on shift. The key worker is responsible for checking that the tasks have been completed.

Key Worker Role	Tasks
Maintain regular contact with the service user	<p>Communicate regularly and meaningfully with the service user regarding their needs and wishes, satisfaction with the service they are receiving.</p> <p>Monitor the service user's quality of life utilizing a range of information sources and the implementation of monthly, quarterly and annual review processes.</p>
Maintain regular contact with family/advocate	<p>Clarify with service user and Service Supervisor what is to be discussed with family/advocate.</p> <p>Consult with family/advocate about their preference for frequency and type of contact.</p> <p>Diarise family/advocate contact schedule and maintain case notes as required in the service user's file.</p>
Maintain Individual File	<p>Use Service User Documentation Checklist in key worker report to review and update service user's individual file ensuring that information is current, relevant and consistent with Samaritans Disability Services Documentation Guidelines.</p> <p>Determine which optional sections of the individual file are required to be utilized and</p>



Key Worker Role	Tasks
<i>Maintain Individual File (contd)</i>	<p>archive documentation when no longer required in File.</p> <p>Make sure extra blank forms are available for any documentation that is to be completed on a regular basis.</p>
Maintain medication folder	<p>Ensure medication folder is in good condition and information is in correct order.</p> <p>Ensure medication information fact sheets are up to date.</p> <p>Archive non current medication information sheets and completed medication administration sheets regularly.</p> <p>Make sure extra blank forms are available.</p>
Liaise with Service Supervisor/ Programmer re: health care needs	<p>Ensure an annual health review is completed (compulsory for all group home residents, recommended for any other person who has an intellectual disability or significant health issues).</p> <p>Ensure all medical recommendations are included in the service user's Health Support Plan.</p> <p>Assist the service user to adequately budget for projected health care costs.</p> <p>Ensure Medicare card and health care card is current.</p> <p>Ensure private health funds payments are maintained where applicable.</p> <p>Ensure all payment rebates are claimed.</p> <p>Ensure medical appointments and tests are booked and diarized. Ensure all medical appointments are recorded in 2.1 Medication Diary.</p>



Key Worker Role	Tasks
Maintain stock of additional health care supplies	<p>Order health supplies as required by the service user eg continence, diabetes requirements etc.</p> <p>Organise additional blister packs if the service user will be away from service for long periods.</p>
Keep staff up to date on service users needs	<p>Handover to Service Supervisor or another staff member if the key worker is going to be away from the service. Inform what needs to be done whilst key worker is away.</p> <p>In consultation with service supervisor, raise significant issues at team meetings.</p>
Organise and ensure consents are up to date	<p>Annual medical/ dental (<i>residential services only. Other service types may encourage the service user, families/advocates or other service providers to organise this</i>).</p> <p>Information exchange consent.</p> <p>Individual Planning consent to gather information.</p> <p>Consent for organizational media use (if required).</p>
Maintain finance folder (please note the level of financial recording is based on the support requirements of the service user and the role of Samaritans staff. Refer to service user Financial Management policy for details)	<p>Ensure monthly income and expenditure sheets are being completed correctly and maintained.</p> <p>Complete end of month financial reconciliations and forward it to Service Supervisor to be signed off.</p> <p>Ensure extra blank forms are available Diarise relevant due by dates for required information.</p>



<p><i>Maintain finance folder (contd)</i></p>	<p>Ensure all relevant forms are completed and sent back to Centrelink in regard to service user's entitlements.</p> <p>Ensure service users are receiving all relevant monetary entitlements.</p> <p>Ensure income information up to date on service user budget form.</p> <p>Ensure weekly/fortnightly budgeting is undertaken with the service user and all relevant forms are completed.</p> <p>Monitor service user expenditure is within their monetary capacity. Discuss any concerns with the service user and the Service Supervisor.</p> <p>Ensure saving plans are in place for special events/ purchases.</p> <p>Liaise with Service Supervisor re: Office Protective Commissioner (OPC) involvement with service user.</p>
<p>Support service user to organise and celebrate special events</p>	<p>Liaise with Service Supervisor/ service user/ family/ advocate re : birthday needs/arrangements/ holidays.</p> <p>Support service user to send out birthday and Christmas cards and/or gifts to family/friends.</p> <p>Support service user to arrange outings/visits.</p> <p>Support service user to celebrate culturally significant occasions/events.</p>
<p>Support service user to maintain personal items e.g. clothes, toiletries, underwear</p>	<p>Identify personal items required.</p> <p>Arrange for budget and purchase.</p> <p>Add name to new items as required.</p>

Process for change of key worker

- As a minimum it is considered good practice for key workers to change annually. The maximum time that a key worker can support an individual service user is three years. This minimises the opportunity for a dependency or feeling of 'ownership' to develop by the service user, their family or staff. The specific timeframe for a key worker to be allocated to support an individual will be decided by the Service Supervisor in consultation with the service user/family/advocate and the staff member. The decision will be referred to the Area Coordinator where an agreement is not reached.

- A change in key worker can also be considered within this time period under the following circumstances:
 - Request by the service user and or family/advocate.
 - Direction by the Service Supervisor/Area Coordinator where a situation of dependency or a conflict of interest has arisen.
 - Where a change in a roster means that there is reduced contact with the service user that impacts on the ability to carry out the key worker functions.
 - By the key worker.

The Service Supervisor will endeavour to resolve any issues with the service user/family member/advocate before making the decision to change a key worker.

Orientation for new key workers

- It is considered good practice for new key workers to have been with the service for a period of 3 months prior to taking on the key worker role so that they have had time to get to know the service user. Where this is not possible the Service Supervisor will provide additional support to the staff member to understand the service user's needs and the key worker role.

Sharing the key worker role in larger teams

- In services where there is more staff than service users, the Service Supervisor can elect to share the key worker role for a service user, especially where this arrangement may provide a learning opportunity for new staff to learn about the service user and the key worker role.

- Where this shared key worker responsibility occurs, the Service Supervisor will work with both the service user and staff to document the responsibilities of each staff so that there is no confusion and the service user does not miss out on support. The Service Supervisor will include how the joint key workers will communicate with one another in this process.

- Where difficulties arise between the key worker and the service user/family/advocate, the matter is addressed through Samaritans policy on Complaints and Disputes Management.

2.2.6 References

NSW Disability Services Act 1993 Objects 3(f)
NSW Occupational Health and Safety Act 1983, and Regulations
Employment conditions based upon appropriate (State) Awards
NSW Disability Services Standards - Standard 2
Samaritans Disability Services Policies and Standards
Complaints and Disputes Management
Individual Files
Individual Planning and Review
Individual Planning Process for each Service

2.2.7 Person Responsible

It is the responsibility of the key worker to:

- support the service user
- be involved in the development of the Individual Plan
- support the service user through the achievement of the strategies outlined in the Individual Plan
- communicate with other services and agencies
- maintain the service user's file
- be involved in the reviews of the Individual Plan
- ensure any delegated key worker tasks are completed by team members

It is the responsibility of the service team members:

- support the service user
- participate in the Global Assessment consultation process
- support the service user to implement programmes as identified in their Individual Plan
- complete Individual Planning documentation
- support the key worker with roles and tasks to support the service user as requested

It is the responsibility of the Service Supervisor to:

- appoint a key worker
- review the progress towards achieving the Individual Plan
- review the activities of the key worker through supervision.



It is the responsibility of the Area Coordinator to:

- review the activities of the Service Supervisor where they are a key worker through supervision.
- determine the appropriate length of time for an individual key worker to be appointed where a consensus cannot be reached between the service user, Service Supervisor and staff

2.2.8 Implementation and Evaluation

Individual Plans outline the tasks and activities of the key worker. The service user is provided with opportunities to review and evaluate the role of their key worker.

2.2.9 Documentation

The Individual Plan and reviews are documented on the nominated forms. Key worker performance is documented during supervision sessions.