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3 Operations

This Information Sheet describes what needs to be considered in managing the key activities involved in day to day operation of the shared accommodation arrangement.

It contains the following sections:

3.1 Person-Centred Planning

Person-centred planning is an essential element of providing individualised funding and supports. Section 3.1 describes what is involved in person-centred planning. The Support Plan developed should be implemented in a manner that is consistent with person-centred and family focussed practice (see Section 3.2).

What is person-centred planning?

Person-centred planning (also known as self-directed planning) is a way of helping someone to plan their life and support, focusing on what is important to the person.

Person-centred planning has five key features:

1. The person is at the centre of the planning process;
2. Family and friends are partners in planning;
3. The plan shows what is important to a person now and for the future and what support they need;
4. The plan helps the person to be part of a community of their choosing and helps the community to welcome them; and
5. The plan puts into action what a person wants for their life and keeps on listening - the plan remains 'live'.

Person-centred thinking is the basis for person-centred planning. It means that the person's supporters hold person-centred values and a belief that a person must have control in areas such as who supports them, what they do with their day, being listened to, and making decisions about their lives.

Person-centred planning ensures the particular needs of each person are central to all decisions and that the person is able to set goals for the future and identify the type of support they require to live a life of their choosing. Person-centred planning aims to improve the person's quality of life, participation, inclusion, self-determination, independence and sense of personal value.

Person-centred planning puts the power in the hands of the individual, and their supporters to determine what is important to them, and what they need to achieve their goals.

The planning is about life, aspirations and holistic responses – it is not just about funded services. This is a critical difference in planning, particularly where a person has individualised funding (a Package). Planning must focus on the person, and building a range of responses that include informal, community based, and funded disability supports (see 3.1.3).

Person-centred planning is a process (not an end in itself) and is not something that occurs only in an individual planning meeting or in the completion of an Individual Plan.

It requires an ongoing commitment to working in active partnership beyond any planning meetings. Without such commitment, it becomes tokenistic.[1]

What is involved in planning?

Person-centred planning is used widely in sectors such as disability, mental health and aged care. Common to all approaches is a set of principles that can be applied regardless of the tool used, or the process undertaken. Understanding the principles of person-centred planning is fundamental to achieving a real shift for people with disability and their families from service-centric to person-centric models of support and care.

This means that the planning is designed around the individual's supports needs and not about what a service can offer.

Principles include:

- The person is kept at the centre of the process
- The person, family and friends are partners in the planning process
- Planning takes account of the person's style of interaction and preferred method of communication The resulting plan reflects what is important to the person, their capacities and the supports that they require
- The plan reflects what is possible, not just what is available at present
- The plan uses, wherever possible, natural and community supports
- The plan results in actions about the person's life, not just services
- Activities resulting from the plan foster opportunities and skills to achieve personal relationships, community inclusion, dignity and respect
- Acknowledging the person's cultural background and spirituality throughout the planning process
- Each plan results in action, review, ongoing listening and further action.

At times of transition there is a need for a plan that describes the strategies and supports required to assist the individual to make a successful transition (see 3.1.4).

There are many ways to plan with a person. What is important is that the plan must be meaningful to them and understood by them.

Some planning methods (or approaches) include:

- MAPS (Making Action Plans)[1]: These are very visual graphic plans that look at a person's history and their aspirations for the future.

[1] Developed by Judith Snow, Jack Pearpoint and Marsha Forest

- PATHS (Planning Alternative Tomorrows with Hope)[2]: This looks at a person's 'North Star' (dream for the future) and puts it into action, reviewing the plan in one to two years' time.
- Personal Futures Planning[3]: A graphic plan which maps a person's life now and changes for the future. A good style for community mapping.
- Essential Lifestyle Planning[4]: This is very detailed and was developed for people with high and complex support needs. It includes a section on communication. It will usually have a health action plan as well.

All these planning approaches require a person who is trained and aware of person-centred planning to support the process.

What are the options?

Some people with disability and their supporters may need help developing a true person-centred plan which focuses on the person, their goals and aspirations, and considers a range of informal, community based and funded supports. Others will want to do this with their family, friends and supporters.

A support planner is someone who can:

- Assist a person to undertake initial planning;
- Provide the person and their supporters with technical assistance as to how to make supported living work best for their individual needs;
- Provide assistance to help choose a suitable service provider, and cost supports; and
- Provide information to service providers as they commence implementing individual Support Plans.

What should I consider?

When undertaking a person-centred planning process, a person with disability and their supporters must decide whether they will engage a support planner, a trained person-centred facilitator, or develop the plan themselves.

Table 1: Deciding on how the plan is developed

Considerations (*tick Self or Support planner boxes as appropriate* ✓)	**Self**	**Support planner**
I know exactly which services I require		
I am well engaged in community life and access a range of supports in addition to my funded disability supports		

[2] Developed by Jack Pearpoint, Marsha Forest and John O'Brien

[3] Developed by Beth Mount and John O'Brien

[4] Developed by Michael Smull and Susan Burke-Harrison

Considerations (*tick Self or Support planner boxes as appropriate* ✓)	**Self**	**Support planner**
I have just received an individual support package and am unsure of the different options available		
I am approaching a key transition point in life (leaving school; moving out of home)		
My family, friends and I have different ideas about the supports and services that might suit me		
I am keen to try some things before committing to any particular supports and services		

Where an individual choose the assistance of a support planner, funding from their ADHC Package can be used. Ask ADHC for a list of support planners in your area.

Examples/Case Studies

Alison has just been allocated a small individual support package. Alison and her family have been having a lot of discussion recently about the best way for her to use this. What she is most keen to do is to learn the skills she needs to eventually move out of home and live independently.

Alison and her family have developed their own support plan which includes assessment and by an Occupational Therapist to assess her current skills and develop a program; and to engage a disability support worker to assist her to implement the program. They have all agreed that the program should be reviewed after six-months to see how things are progressing and if they need to make any other decisions.

Luke has attended a day program since he left school 11 years ago. While Luke has many friends there, he often attends activities and outings because that is all that is on offer and it is better than being by himself.

Luke recently met someone at a community activity who has recently reduced his day program to 3 days, and uses individual support package funds to do things he enjoys in the community. This means he sometimes stays home during part of the day and uses his funding in the evenings or on weekends.

Luke would like to try something like this and perhaps use his funding to attend a community art class and visit different galleries on the weekends. Luke knows he would be happier doing this but also knows his mum would be against the idea of him spending any time at home by himself.

A support planner may be able to help Luke and his mum work through the various options, consider the risks and safeguards required, and put in place a plan that can be reviewed regularly until everyone is comfortable.

The next four Information Sheets (3.1.1 to 3.1.4) describe how to set goals, support planning, transitional planning and the range of supports to consider.

Tips and links

There is a lot of literature about person-centred planning. Some examples of further reading and resources can be found at:

- Helen Sanderson and Associates:

  www.helensandersonassociates.co.uk/reading-room/how/person-centred-planning.aspx

- Victorian Department of Human Services

  www.dhs.vic.gov.au/__data/assets/pdf_file/0008/737558/05_familycentredpracguide_planners_and_case_managers_1012.pdf

- University of Minnesota:

  www.rtc.umn.edu/docs/pcpmanual1.pdf

3.1.1 Goals, Strategies and Actions

This Information Sheet describes how to develop goals, objectives and actions which are central to good person-centred planning. This Information Sheet should be read in conjunction with 3.1 to 3.1.4.

What are goals, strategies and actions?

Effective planning can help you, with the support of your family and network, to decide what is important to you, and what you want to achieve in the longer term. Setting goals, objectives and actions are the steps in helping you to work towards the things that are most important you.

What is involved?

Goals

Goals must capture what you want in your life now or work towards in the future. Goals must be written in a way that makes it clear what you want to achieve.

Goals are not about what other people or service providers can provide. Goals that are restricted to only what is available do not generally result in actions towards the best possible life for the person. For example, *'to attend a day service'* is not a goal.

In helping you to think about your goals, *it is critical* that the goals are yours and not those of the family or service provider. While some goals may seem unrealistic at first, the planner will work with you to identify the steps needed to assist you to reach the key elements of your goal.

Objectives

Once your goals have been developed, the next step is to create specific objectives for each goal. Ideally these should be based on a 6 – 12 month period only, as objectives that go beyond this are at risk of losing focus and momentum.

Effective objectives are termed 'S.M.A.R.T.' objectives:

- Specific
- Measurable
- Attainable
- Realistic
- Timely.

If an objective is **specific**, there is a much greater chance of it being accomplished. The setting of a specific goal involves considering:

- Who is involved?
- What is to be accomplished?
- Where it is to take place?
- By when?

A general goal may be: *'To get healthy and fit'* and a **specific** SMART objective related to this goal would be: *'By December I will be swimming three times a week.'*

Being able to **measure** an objective means understanding when progress towards it is made and recognising when it has been achieved. Making a goal measureable means also understanding how it can be measured.

After the goal is identified, it is important that the plan describes the steps to achieving the goal. Almost any realistic goal can be **attained** if the steps necessary to its achievement are planned and implemented wisely. Thinking about your skills and abilities, as well as those of the people who support you and community opportunities can be helpful.

A **realistic** objective is one that you want to achieve. Only you can decide what is important to you; however, the achievement of each goal should represent substantial progress and be a step towards helping you to achieve your goals and aspirations.

A **timely** objective should be grounded within a specific time frame. Without a time frame, there is no sense of urgency and no way to measure your progress and achievement.[2]

Actions

Following the creation of goals and objectives the next step is identify the strategies and actions needed to help the person attain their goals. Actions describe what needs to happen, the steps involved and how the person will be supported.[3]

Any number of actions can be developed to help you to work towards the achievement of a single objective. Good actions *'build the person's capacity, independence, relationships and community connections and have a positive impact on the person's life now, even if the person's goal reflects a vision for the future.*[3] (p. 58)

Where necessary, actions should be written in a way that acknowledges the barriers the person needs to overcome. For example, a specific action may be *'to attend twice weekly English classes at the local TAFE to improve my literacy.'*

Tips and links

- Further reading and resources on person-centred planning and key approaches can be found at:
- ADHC:

  www.adhc.nsw.gov.au/__data/assets/file/0006/228291/ExploringandImplementingPersonCentredApproachesUpd.pdf
- Helen Sanderson Associates:

  www.helensandersonassociates.co.uk/media/88158/developingoutcomesgraphicposter.pdf
- Department of Human Services, Victoria:

www.dhs.vic.gov.au/__data/assets/pdf_file/0008/737558/05_familycentredpracguide_planners_and_case_managers_1012.pdf

3.1.2 Support Plans

This Information Sheet describes support planning. See also Information Sheets 3.1, 3.1.2 to 3.1.4.

What is a support plan?

A support plan describes what a person wants to change about their life and how they will use their Package to make these changes happen.

A support plan is a written record (usually) of the supports a person requires; when and from whom. Support plans can be developed in variety of formats and should be seen as a living document, rather than something that is developed and *'left on the shelf.'*

What is involved?

As described in the Information Sheet on person-centred planning, the planning process is based on a number of key principles, and can take many different forms, depending on what best suits the person and their supporters.

In preparing a support plan, it is important to remember:

- The plan belongs to the person – it is not a document that belongs to the funder or a service provider.
- The plan should be developed and recorded in a format that is meaningful to the person – use of pictures, graphics and audio can assist.
- The plan should represent all the supports a person requires – not just the funded ones. While funders are often responsible for funding the development of the plan, including a focus on informal and community supports can help a person see that not everything they need has to be purchased.
- Some people may also need support to 'bring their plan to life'. The assistance of a planner to help engage service providers, or investigate and establish community links that can be critical to ensuring that plans that are developed do not just 'sit on the shelf'.
- All plans should be reviewed on an agreed, regular basis.

What is in a plan?

A support plan is:

- Like a map that shows you where you are right now, where you want to get to, and how you will get there. It is easy to get lost without a good map.
- There to make sure you know what your goals are, what you need to do to achieve them, and who is going to help you.

- Where you explain what your goals are for now and for the future. Your goal may be that you want to move into a place of your own one day. Your plan then describes the supports you will need to make that happen.[4]

The seven essential criteria for a support plan that are recommended as a good starting point for you include a series of important questions:

1. What is important to you?
2. What do you want to change?
3. How will you arrange your support?
4. How will you spend your Package?
5. How will you manage their support?
6. How will you stay in control and be involved in decision-making?
7. An action plan to explain what happens next? [5]

Tips and links

- Websites that may be helpful when planning supports:

  www.helensandersonassociates.com.au

  www.thinkandplan.com

- The NDIS website:

  http://www.ndis.gov.au/participants/planning-process

3.1.3 Supports

This Information Sheet describes the range of supports available to assist individuals to have their support needs met and to attain their goals. It should be read in conjunction with 3.1, to 3.1.4.

What is support?

As part of support planning, you will need to consider the types of supports you will need to meet your goals and objectives.

Mapping out your supports

Your support plan should explore all support options, not just paid supports or the disability sector. Informal (natural, unpaid) supports, available community services, other sources of funding and private services (e.g. cleaning, gardening) should be considered and incorporated into your plan.

Support mapping can help you to create ideas beyond the traditional supports, through looking at assistive technology, the people in your community and what is the best approach for paid support.[6]

There are a range of different support types that can be considered, including:

- *Informal support* – support that is provided by family and friends. It can also include mutual support, where you might support a friend or housemate and they would assist you in return;
- *Community support* - support that is generally available to all members of the community. It can include public services such as; local libraries; community health centres; hospitals and neighbourhood houses; community clubs; as well as private services based in the community such as gyms and adult education classes;
- *Funded support* – support that is required because of a person's disability, and cannot be provided by family or friends; or accessed in the community. The support is usually purchased from a disability service provider, Home and Community Care provider or person who specialises in supporting people with a disability. These supports include personal care, therapy, allied health, day services etc., but can also be of a more generic nature such as domestic support or gardening; and
- *Assistive Technology* - is a general description for a range of applications of (mainly) electronic equipment used to help you to be as independent as possible or sometimes to check on your safety.

Informal support

For all members of the community, regardless of whether they have a disability, support from family and friends is often an important part of their lives. Making important decisions; caring for small children; or managing the housework when unwell are things family and friends assist with. In many circumstances, support from family and friends is considered before

purchasing services. For example, most people would talk to a friend or family member when needing babysitting, before seeking out professional help.

For individuals with informal support networks, thinking about how family and friends can contribute to meeting their goals and objectives should also be considered ahead of purchasing services.

Informal support can be used to support you in community outings, such as going to a concert or to help you shop; sharing a holiday with you; inviting you for a weekend meal at their home; helping you cook at home or even spending the night at your home in place of a paid support worker.

Tips include:

- Not to assume that people will not want to help
- Considering the roles other people have in your life and how they could be expanded
- Not being afraid to ask people to become involved
- Identifying the people you know who share their interests
- Using a range of contacts to find supporters
- Exploring who you want to spend time with and who wants to spend time with you. [3]

Community support

Exploring community supports, such as the services and facilities available to everyone in the community can also provide many opportunities to assist you to meet your goals and objectives. Using community supports can assist you to:

- Connect with others in your community and increase your opportunities to make friends
- Access supports in an informal way, thereby reducing the risk of becoming caught up in the *'service world'*
- Reduce the need for funding.

So ask your Planner to help you to find out more about your local community, and make contact with local services.

Some community services or clubs may be reluctant to support a person with a disability. It is useful to try to find out why. Often it is because they feel ill-informed and uncertain about how to support the person. Sometimes all that is needed is to provide them with good information and ready access to back up support. Experience has found that this support for the community service or club may be more intensive to begin with but following the successful inclusion of the person, their need for back up support may reduce over time.

Tips that you could consider include:

- Contacting the Local Council or Community Health Centre in your community to find out what supports and services are available

- Searching for local services in the local paper, Yellow Pages or on the internet
- Thinking about how you could have your needs met. This can include asking others in their social network
- Making sure the service or support meet your needs and helps you to achieve your goals and is something you really want to be a part of. Some services become well known. At times you may feel drawn to use these supports and services because they are easy to access rather than it being something you really want to do.

It is important to remember that identifying a community activity is only the first step. Planning or case management supports need to be available to:

- Properly investigate the activity and ensure its suitability for you
- Approach the activity, if required and discuss your support needs with the people involved
- Decide if you need help to transition to the activity (e.g., having a support worker accompany you for the first few times).

Funded support

Formal, paid supports are often necessary. To ensure you are as independent as possible and leading an ordinary life, formal supports are in addition to any support that you may receive from your family, friends and the community.

Assistive Technology

There is potential for all types of assistive technology to support you and help you to be more independent. Assistive Technology covers:

- Telecare – the remote managing of needs for social care and possibly intervention when required
- Telemedicine/ health – the remote managing of mental or physical status and possibly remote action
- Environmental control – equipment that assists you to remain as independent as possible.

Tips and links

- These websites have more information about Assistive Technology:

  www.gojiaccess.com

  ww.ilcaustralia.org.au

  www.justchecking.com.au

  www.zyteq.com.au

  www.tecsol.com.au/cms123/

3.1.4 Transition Plans

This Information Sheet describes the key elements of transitional planning. It is part of a series on planning (3.1 to 3.1.4). Another type of transition plan is a succession plan that describes the future arrangements for the individual in the event key people in their lives are no longer able to provide support.

What is a transition plan?

Transition planning is about creating a plan to prepare for the transition to a new living, or other arrangement. A transition plan should be based on those same principles described in person-centred planning.

What is involved?

Transition planning should be considered from both a practical perspective, and an emotional one.

Practical considerations

In preparing a transition plan, it may be useful to consider:

- When should you begin discussing the transition? Some people may be anxious if the discussion is held months/years in advance; while for others, this is a key way to ensure they are ready. Some may need to physically visit the new location before they can begin to think and talk about it. Think about what would best suit you.
- How 'ready' are you to transition to their new living arrangement? Have you been involved in any of the planning; selection of furniture and fittings etc.?
- Do you know the area well? While your accommodation will change, will you still be able to catch the same bus, be able to visit the same shops, maintain your existing community connections? Or, will you need to learn more about your new area?
- How well do you know the other people you will be living with? If you do not know them well, it may be useful to create some social opportunities.
- Do you need to develop some new skills (for example, some cooking skills, strategies to manage being on your own)? Your transition plan should clearly identify these skill sets.
- Decide whether it would be best to have a graded transition over a number of weeks or best to commence living full time in their new accommodation If you would prefer a graded transition, create a timetable (for example; two nights a week for two weeks; four nights a week for two weeks and then full time).
- Creating a weekly timetable for the new shared living arrangement will be essential to ensure that your funds and supports are in place, particularly if you plan to pool some of your funds and supports.

- Flexibility – Remember that not everything always goes according to plan. Your transition may go more smoothly than expected and could be sped up; but it could also take a little longer than you envisaged.

Emotional considerations

For any person leaving home for the first time, mixed emotions about the move are very much the norm. For many parents, this time can also be difficult.

Where the individual has been dependent on their parents for high levels of care, the idea of 'letting go' may be one that brings significant anxiety and grief. There are concerns about what the change will be like. Parents who are used to being 'on-the-go' around the clock (even overnight), may fear being at a loss and question if their child can be adequately cared for away from their home.

For parents who identify with some of these feelings, it is useful where possible to take the time to consider how you are feeling and perhaps seek professional/other support as the transition time approaches, and in the weeks/months following.

Succession or future plans

Each individual and their key support network would be advised to consider the arrangements to be in place in the event that key family members are no longer able to maintain their involvement in the individual's life and/or the shared living and support arrangement. While this can sometimes be a difficult conversation, it is nevertheless an important one.

'A futures plan is dynamic and usually covers things like:

- my dreams, aspirations and goals
- who will be in my life and how will I build my community and natural supports
- how will I keep myself safe
- who will assist me to make decisions—big and small
- what do I need to consider in relation to my legal and financial arrangements
- what do I want for my current and future living arrangements including my housing, tenancy and support
- *do I want a career, a job or a vocation.'* (p.5)[7]

Some family governance groups (for example, HomesWest), have made succession plans a requirement of entering the shared living arrangement. It can be useful to establish a support network (sometimes referred to as a circle of support) for each individual to ensure that there are others in the individual's life who they can rely on to assist them.[8]

The succession plan should also describe the various support arrangements and outline issues in regard to Wills and Guardianship and enduring Power of Attorney to deal with financial, legal and health matters. Specialist advice should be sought.

Tips and links

- Parents and other family members facing difficulties with the transition can consider professional help to assist. Carer agencies such as Carers NSW offer many services such as counselling and support www.carersnsw.org.au/how-we-help/counselling

The Internet is also a great place to locate resources including:

- Moving On - Transition Tips for Parents of Young Adults with a Disability www.medicalhomeportal.org/link/2475
- All In a Life's Design – Planning Independent Living. A Resource Handbook for Parents With A Young Adult With A Disability Moving Out Of Home www.ilsi.net.au/resources.php/685/all-in-a-lifes-design-planning-independent-living
- Futures Planning Framework: Planning a Good Life www.communityservices.act.gov.au/__data/assets/pdf_file/0010/172594/Futures_Planning_Framework.pdf

3.2 Service Model

This Information Sheet describes some options for your group to consider when developing your support model. It should be read in conjunction with the other sheets in this series (3.2.1 to 3.2.3).

What is a service model?

When developing your support arrangements, having a well-articulated model based on the support needs and preferences of the individuals will make it easier for your group to:

- Clarify its expectations and preferences about your support arrangements
- Describe it to potential support providers and any new residents
- Ensure that staff are engaged and trained in a specific way
- Be confident that services and supports will be provided in a way that is consistent with your vision and principles.

The model describes the way in which the supports and services are to be provided. This is important when individuals are choosing services, but also when people are sharing supports.

What is involved?

A support model usually describes a small number of concepts or ideas. This is not be confused with policy and procedures - which describe the way the support model is implemented into everyday practice.

Examples of support models include:

- Active Support
- Person-centred and family focussed practice
- Positive behavioural support
- Community and informal supports.

Active support

Active support is a way of providing support that focuses on individuals being actively engaged in their own support (Information Sheet 3.2.2).

Person-centred and family focussed practice

Person-centred practice is about supporting the individual in a way that places the person at the centre of the decision-making about their lives and supports. The individual, along with the family and/or others who care about them, takes the lead in deciding what is important, which community opportunities should be taken or created, and what their future could be (Information Sheet 3.2.1).

Positive behaviour support

Positive behaviour support is a way of providing support for people with behaviours of concern (Information Sheet 3.2.3).

What should I consider when making decisions?

Person-centred and family focussed practice, active support and positive behaviour support are just some of the different components that can make up a preferred service model. The needs of each individual will drive the key aspects of the service model. For example; if no one in the service displays any behaviours of concern, there may be no need to include Positive Behaviour Support as part of the service model.

Discuss with the rest of your group about how you would like services to be provided. This will help you to identify the key elements of your support model. It is recommended that you write these down - as they will assist in recruiting support providers and assessing the effectiveness and alignment of the supports provided etc.

Tips and links

See Information Sheets 3.2.1 to 3.2.3.

3.2.1 Person-Centred and Family-Focussed Practice

This Information Sheet provides a brief overview of person centred and family focussed practice. It is part of a series on support models (sheets 3.2.1 to 3.2.3). Also see the Information Sheet on person-centred planning (3.1).

What is person-centred practice?

Person-centred practice is broader than person-centred planning as it involves enacting the Support Plan and providing supports in a manner that reflects the individual's preferences, support needs, goals, strengths and aspirations.

The aims of person-centred practice and self-directed supports include:

> *'... enabling people who need support to move away from formal mechanisms of delivery where services, agencies and professionals retain control, to a situation where people can live independently and have control over their own lives, and make real choices about the nature and level of support they access from a wide range of networks and, options and opportunities.'* [9](p.13)

Key principles of person-centred practice include:

- Getting to know the individual
- The individual being central to decision making
- Services being based on the person's strengths, preferences and goals
- Sharing power and responsibility
- Flexibility and adaptability
- Co-ordination across services.

Person-centred practice is important in ensuring:

- Support and care are provided in ways that are specific to the needs and wishes of the individual, and are therefore as effective as possible
- People engage in decisions regarding their care and support, and are empowered to self-manage.

What is family-focused practice?

Family centred or family focussed practice acknowledges that families:

- Play an important and constant role throughout their children's lives
- Care for their family member and know them best
- Have considerable knowledge and expertise
- Are unique.[10]

When infants and children are involved, services should be family-centred and parents/legal guardians should be actively involved in decision-making.

Family-centred practice is based on a partnership between the service provider and the family and it:

> '*... puts family life – and the strengths, needs and choices of people with a disability and their families – at the centre of service planning, development, implementation and evaluation'*.(p.13)[11]

However, as the individual matures and becomes an adult, it should be assumed that the individual can make more decisions about their life. As a result of this developmental change, services then become person-centred and family focussed. This shift recognises the changing relationship and decision-making, but also acknowledges the ongoing importance and centrality of the family in the individual's life.

Many individuals may continue to live with their family who provide ongoing support. When the individual continues to require assistance with decision making and daily living, a balance must be found to ensure they are able to contribute to decisions that affect their lives, but are supported to ensure they understand the impact of those decisions, and that appropriate safeguards are in place.[11]

Principles and values

Services provided to individuals and their families should be guided by the following principles. Services should be:

- Based on a human rights framework that promotes decision-making choice and control and also the right to make mistakes
- Consistent with the preferences and choices of the individual and in keeping with their best interests
- Holistic and coordinated and focus on maximising the individual's potential, opportunities, connections, contributions and community inclusion
- Based on equal partnerships, trust and open communication
- Strengthen or maintain existing relationships with family and culture
- Culturally appropriate.[11, 12 13]

Tips and links

- Document: Family-centred, person-centred practice:

  www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/family-centred-practice,-person-centred-practice

- Website: Helen Sanderson and Associates:

  www.helensandersonassociates.co.uk/

3.2.2 Active Support

This Information Sheet explains Active Support and is part of a series on support models. It should be read in conjunction with sheets 3.2 to 3.2.3.

What is active support?

Active Support was developed and tested more than 20 years ago. *Active Support* is a way of supporting people with an intellectual disability to participate in their own lives, and engage in activities to the maximum extent possible.

Active support is essentially a series of procedures and guidance for working with people with intellectual disabilities, especially those with severe and profound intellectual disabilities.[14] Put simply, *Active Support* is a way of providing assistance to people with a disability (particularly those in group accommodation) that maximises their participation, upholds their rights and engages them in their own supports.

Active Support increases individual's participation and skills. The literature reports improved:

- Participation
- Quality of life and wellbeing
- Skills and functioning
- Opportunities to control their lives and participate in meaningful activity
- Self-esteem, achievement and sense of being valued.

In contrast, when support workers *do* things for people all the time, it has been found that individuals:

- Can be excluded from their own lives through lack of involvement in key activities
- Skills diminish and they have few opportunities to learn and practice their skills
- Cease to participate, lose confidence and motivation and can become withdrawn and depressed.

The environment can also become impoverished and feels more like a workplace than the individual's home etc.

What is involved?

Many service providers will say they provide supports that are in line with *Active Support* and promote individuals' participation. However, there are several reports that embedding *Active Support* in everyday practice across an organisation is not always easy; there are reports of inconsistency in the way Australian support workers use this approach in their day-to-day work.[14]

Implementing *Active Support* requires changing organisational culture - it requires congruence between policies, procedures and practice. Importantly, it requires effective leadership, training and supervision that reinforces that *'this is the way we do things here.'*

Implementing *Active Support* requires the following key steps:

- *Planning*: This includes the activities they want to be involved in and what this involvement entails
- *Documenting:* To ensure all workers provide support the same way
- *Supporting:* The supports are delivered in a manner that is consistent with the individual's preferences. This support should be *'just enough'* – not too much or too little
- *Recording:* This involves recording how things are going, checking, and reworking goals and/or levels of support to suit the person.

Planning, lifelong learning and record keeping are all central to Active Support.[15]

What should I consider when making a decision?

'Active Support is not the solution to everything' (p.5),[16] but has been found to be an effective way of supporting individuals to live the life they want. Consider if this approach will assist you to be as independent as possible and to achieve your goals.

Tips and links

This is a list of articles that you may wish to read.

- Mansell, J., Beadle-Brown, J., Bigby, C., *Implementation of active support in Victoria, Australia: An exploratory study.* Journal of Intellectual and Developmental Disability, 2013. **38**(1): p. 48-58.
- Clements, T. and Bigby, C., Making life good in the community: Implementing person-centred active support in a group home for people with profound intellectual disabilities: Issues for house supervisors and their managers. Department of Human Services Report, September 2008.
- Stancliffe, R., Harman, A., Toogood, S., and McVilly, K., *Australian Implementation and Evaluation of Active Support.* Journal of Applied Research in Intellectual Disabilities, 2007. **20**, p. 211-227.
- McVilly, K., Gelman, S. and O'Neill, S., *Active Support: Organisational preparation and implementation.* Melbourne, Australia: Jewish Care (Victoria).
- Mansell, J., Elliott, T., Beadle-Brown, J., Ashman, B., and Macdonald, S., *Engagement in meaningful activity and "active support" of people with intellectual disabilities in residential care.* Research in Developmental Disabilities, 2002. **23**, p. 342-352.
- Stancliffe, R., Jones, E., Mansell, J., and Lowe, K., *Active support: A critical review and commentary.* Intellectual & Developmental Disability, 2008. **33** p. 196-214.

3.2.3 Positive Behaviour Support

This Information Sheet provides information about positive behaviour support. It is recommended that you consult with a specialist in behavioural supports, if this type of support is required. It is part of a series on support models (Sheets 3.2 to 3.2.3).

What is positive behaviour support?

For some people with disability, the ability to regulate and control their behaviours can at times be a difficult task. This can then lead to what are termed 'behaviours of concern.' Behaviours of concern have been described as:

> *'behaviour of such intensity, frequency and duration that the physical safety of the person or others is placed or is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to ordinary community facilities, services and experiences.'* [17]

What is involved?

Positive Behaviour Support (PBS) has been developed to support people with behaviours of concern and has become the best practice approach. It is based on decreasing behaviours of concern and improving the person's quality of life.

It is a holistic way of working with the individual in a manner that does not just focus on the behaviour but also examines their feelings and needs and assists them to create a good life. It includes clear responses to manage their behaviours along with proactive strategies, skill development and being responsive to the individual's needs. This occurs within a context of knowing that the intervention works best at times when the behaviour is absent. [18]

PBS is also focussed on individuals' rights and involves working positively with people. The steps involved include collecting useful information, completing functional behaviour assessments, creating and implementing support plans and an ongoing process of evaluation and review.[18]

It also includes these elements:

- 'Valuing the person, deliberately building a sense of self-worth, and acknowledging all attempts at positive interaction
- Creating situations where the person is placed at their best advantage
- Acknowledging and trying to interpret what the person is communicating via the behaviour
- Analysing the functions of the behaviour
- Teaching the person other ways to meet their need or communicate their feelings
- Gently supporting and leading the person to a calmer state

- Providing encouragement and feedback about personal successes along with aspects of difficult situations the person may have handled well.' (p.7) [18]

What should I consider when making a decision?

Depending on the needs of the individuals in your group, the inclusion of a positive behaviour support approach may not be needed, but, when a person displays behaviours of concern, PBS is an effective way of supporting people, reducing the incidence of their behaviours and improving their quality of life.

If a behavioural management plan is needed, ask ADHC for a list of practitioners who could assist you.

Tips and links

For more information see:

- ADHC

  www.adhc.nsw.gov.au/individuals/support/behaviour_support

- McClean, B & Grey, I. *An evaluation of an intervention sequence outline in positive behaviour support for people with autism and severe escape-motivated challenging behaviour.* Journal of Intellectual & Developmental Disability, September 2012; 37(3): 209–220
- Luiselli, JK., Putnam, PF., Handler, MW., Feinberg, AB. *Whole-School Positive Behaviour Support. Effects on student discipline problems and academic performance.* Educational Psychology, Vol 25, Nos 2-3, April-June 2005, pp. 183-198

3.3 Support Coordination & Communication

This Information Sheet describes the communication methods needed when coordinating supports.

What is support coordination & communication?

Effective communication between all the respective parties is important when coordinating and providing support. This includes all forms of communication, such as:

- Written and electronic documents
- Letters and emails
- Meetings and minutes
- Informal meetings and telephone calls
- Communication books
- Individual's records and files.

What is involved?

Your group should consider what you expect of the service provider and support workers in their communication to you and also what they expect from you. It is also possible that an individual will have more than one funded support provider. To illustrate, an individual may have one provider for their shared and individual in-home support, a different provider for their day services and another for additional for community-based one-to-one support.

Some may also have informal supporters such as their family, friends, others from their circle of support and/or community providers. As a result, how all these parties communicate with the individual and between each other is crucial. Otherwise, miscommunication can easily surface. Ensuring that all parties are aware of each other's roles, regular meetings occur and records are kept up to date will assist.

A diary kept in your home can be an excellent way of recording each visit, and communicating any significant changes in your health, schedule etc. This diary should also be backed up with formal communication in line with your procedures. You need to also discuss where any records will be kept and in what form (paper or electronic) and who will be responsible for their maintenance. Subject to the individual's consent you also need to consider how communication will occur to keep all parties abreast with what is happening for the individual they support.

Tips and links

See Information Sheets relating to Decision-making (3.13) and Dispute Resolution (3.14).

3.4 Shared and Individual Disability Supports and Costs

This Information Sheet describes your options in regard to shared and individual supports.

What are shared and individual supports and costs?

Having decided to live with, or nearby others creates opportunities for you to use your Package to purchase your disability supports in a range of ways and these occur across a continuum.

All individual supports

Combination of individual and shared supports

You can decide to purchase all individual supports, or a combination of individual and shared supports.

What are the benefits and limitations?

One of the key benefits of using individual supports is that it places you in control of these arrangements - including who provides them, when they are provided and how. The support will be individually tailored based on your preferences and goals. However, by using only individual support you will purchase less hours of support with your Package.

You also many incur some additional costs, for example, you may require an hour of support in the morning but to comply with current worker salary award conditions staff need to work a minimum of three hours. So unless someone else in your arrangement or nearby also needs support at this time, a one hour service may cost you three times the amount. For some people, using only one-to-one support can result in them feeling a little lonely.

If you choose to share your supports then it is possible that others will require support at a similar time so this will reduce your costs. Using shared support also allows you to purchase more hours of support, as the cost is divided by the number of individuals who share the support. If your group purchases the majority of your supports from one provider you may also be able to negotiate a lower price from the service provider.

When you choose to share with others, some compromises are likely - as you will need to agree on the service provider and when the support is delivered. It is also possible that when shared support is provided that there is less opportunity to work on your own goals and have individual support worker time.

Combining individual and shared support

By using a combination of individual and shared supports you can make some costs savings and also get more hours of support but, at the same time ensure that you can have some one-to-one support. For example you could

use shared support within your home, have one-to-one support three times a week for independent living skills, and join with three others who like to attend live football games once a week and share the costs of a support worker to help you.

In this scenario, you may use one service provider for the shared support in your home, but a different one for attending the football and for your one-to-one support. Evidence shows that when people use more than one provider the outcomes are better. You can also consider other support options, such as support from family members, friends, neighbours, and community members and groups. Information Sheet 3.1.3 describes these options in more detail.

How do we make the decision?

Each group member needs to consider the pros and cons of these support options and how they fit within your Package. It is likely that your Package will not be sufficient to have 24/7 one-to-one support as this option is only available to people with very complex needs. Use your weekly timetable and the *Sharing Support & Household Costs Tool* provided to look at the different scenarios and decide on how to fit your supports within your Package and where you could make some savings.

You also need to consider the time of day you need the support and whether it is a weekend or public holiday – as penalty rates apply for evenings, weekends and public holidays, so the costs will be higher at these times.

Other factors to consider relate to group member's safety and any potential risks in the proposed arrangements. A safeguard is a support and/or backup plan designed to manage risks and keep you safe and in control of your life.

It is important to include safeguards as part of your support planning so that, if you need it, you have a plan in place to deal with known or potential risks. When you have considered all these factors, discuss your preferences with the other group members; including the extent to which you wish to share the supports and how much you wish to keep separate.

If your group decides to share some of your supports, read the next Information Sheet and use the Sharing Support in Our Home Tool (Section 5).

3.5 Setting Up a Shared Support Arrangement

This Information Sheet describes the steps to consider in setting up a shared support arrangement. Section 5 in this Resource Kit provides instructions for using the Sharing Support & Household Costs Tool which will assist your group to realise the savings of sharing your supports and Packages.

What is a shared support arrangement?

A shared support arrangement may be quite simple, for example three individuals want to share a support worker to accompany them to the movies. Another group may like to share a staff member for general supervision during evening routines as individuals do not require 1:1 support at this time.

What is involved?

The following steps have been drawn from the literature and are provided as a guide, but please consider other factors relevant to your group along the way.

Step 1 – Decide on what the goal or purpose is

Before embarking on a pooled arrangement, you firstly need to look at your support plan and goals and think about why it would be beneficial and/or easier to share your supports with others. Any group arrangement is more likely to succeed if there is an agreed sense of purpose or common goal.[19, 20] (Information Sheet 1.3)

Step 2 – Find others

For sharing supports to work, there needs to be a way for people who may have similar interests or preferences to find each other. Your group has already identified an interest in living with, or nearby others. So you may decide to share some of your supports, or you may also want to share some community activities with others who may or may not be part of your group. If you want to find others with similar interests to participate in particular activities, ask your support planner about the best way to find others in your local area.

Step 3 – Set up the right arrangements

As described earlier in the Resource Kit you will need to create agreements about:

- How decisions will be made
- Managing disagreements
- The legal status the group will have in the event you want to directly employ support workers, take out insurance or want to open a bank account for shared household costs (excluding Packages which cannot be held in the same bank account by a governance group).

Step 4 - Decide on the shared support arrangement

You need to think about the supports you could potentially share, the costs of these supports and whether you plan to top up your supports from any personal funds you may have. You should also consider other ways to meet your needs (for example, using assistive technology, informal supports etc.)

You also need to be clear about any risks for example: What happens if the arrangement breaks down or someone doesn't pay their contribution?

Depending on your goals and interests, it is possible that you could develop more than one shared support arrangement. What is important is that people are satisfied with the arrangement and that it meets their goals articulated in their Support Plan.[20]

A signed agreement is recommended, such as the one for a simple shared support arrangement titled *Our Club* developed in the UK by Richmond Users Independent Living Scheme (attached).

For more complex arrangements, as a minimum, the agreement should include (but not be limited to):

- Duration of the agreement
- Who will provide the support
- When and how the support will be provided
- Employment terms and arrangements
- A breakdown of the costs and what each member's contribution is
- Any inclusions or exclusions
- How the funds will be managed
- Payment terms and arrangements
- Entry and exit notification requirements
- Notifications of changes to the arrangement and the process by which these will be managed
- Identification of the risks in the arrangement and how these will be managed
- Disagreement and dispute management processes.

It is also suggested that notes are kept about any discussions and decisions and that everyone receives a copy.[20] Your group is advised to seek advice about any arrangements or agreements, particularly when it involves a number of people and different support arrangements.

Step 5 – Managing the costs and payments

Your group will need to agree on the costs of any shared support and the payment terms.

Discuss and agree on what each person will contribute. Will this be the same for everyone, or will this be based on individual need?

The *Sharing Support & Household Costs Tool* in Section 5 will assist you to work out the potential savings of sharing some of your supports. Seek advice from your funding body about any financial arrangements in regard to your Package.

Step 6- Engage a service provider or support worker/s

You may engage a service provider or agency who takes on the legal and workforce responsibilities (for example, recruit and pay staff, insurances etc.) or directly employ a support worker (if this option is available to you through using direct payments).

If you, your informal group or legal entity decide to use a service provider you may still decide to be involved in recruiting support workers and writing job descriptions etc.[19] The template section has an example job description and agreement with a directly employed support worker.

If you use direct payments and decide to employ a support worker/s, you will need to fulfil your obligations as an employer (Information Sheet 3.13).

Step 7 – Practicalities and contingency planning

It is important that your group reaches agreements about the actions that will be taken in response to foreseen events. These events may include (but not be limited to):

- Individuals wanting to leave the arrangement
- Cancellations or changes
- Prolonged absences (hospitalisation, holidays, etc.) or vacancies
- The support provider not arriving[21] to deliver the support or notifying you that they wish to exit the arrangement.

Developing strategies for these contingencies will be crucial and should be linked to a comprehensive risk identification and management process (Information Sheet 3.16).

The informal group or legal entity may need to set aside an agreed amount to address these contingencies[20] as there are financial risks associated with these arrangements. For example, is it expected that people will contribute to the costs for supports they do not receive (e.g. during absences) or is not delivered. You need to seek clarification about the various possible scenarios with your intermediary and your funding body and service provider.

Step 8 – Review the arrangement

As with any arrangement, it is useful to identify a process and timeline for review as part of the set up arrangements. The review should include the processes, outcomes and each person's experience of the arrangement.

Payment arrangements

Your group will need to agree on the payment terms - this will depend on which Package management each individual uses.

Tips and links

- Sharing Supports in Our Home Tool (Section 5)
- RUILS Pooling Budgets website contains useful information including a guide.
- www.poolingbudgets.org/
- The Essex County Council guide on pooling is also useful
- www.essex.gov.uk/Health-Social-Care/Care-for-Adults/Documents/Pooling-Funds-Guidance.pdf
- For more information about financial records, risk management, see Information Sheets 3.14 and 3.16

Attachment 1: Example of a simple shared support agreement

www.ruils.co.uk

Our Club Agreement

Our club name

What we do

How often we meet

Where we meet

Person who will make notes at meetings

Person who will look after the money

How much we all pay

When and how we pay

Where we keep the money

Person who organises activities and makes bookings

Person who organises transport

People who help us

How we communicate e.g. email / phone

What we do if someone leaves or is sick?

If we need new members how we will find them

How we make sure everyone is happy

When we will review the rules

Feel free to add some of your own

I agree to the rules of the club

Name of club member

Signature..... Date.....

.

I agree to the rules of the club ☐

Name of club member

Signature..... Date.....

I agree to the rules of the club ☐

Name of club member

Signature..... Date.....

I agree to the rules of the club ☐

Name of club member

Signature..... Date.....

Attachment 2: Example of a simple support staff agreement

Our Support Staff Agreement (Volunteer or agency)

Our club name	
Person or organisation who will support us	
Basis of our arrangement	Friend / family / volunteer / agency
Our contract or service agreement	Agreed by: Date:
Person in group who is organiser	
Insurance organised by (not needed for agency)	
What we need support with (use to write job description / care plan)	
What sort of person we want (use to write person specification)	
When they will support us	Days: Times:

How much we will pay them

Person in charge of the budget and paying the bill

What we will do if any of us is not happy

When and how we will review the arrangements

Feel free to add some of your own

We agree to these support arrangements

Name of club member.....

Signature..... Date.....

Name of club member.....

Signature..... Date.....

Name of club member.....

Signature..... Date.....

Name of club member.....

Signature..... Date.....

Name of club member.....

Signature..... Date.....

3.6 Changes, Absences & Vacancies

This Information Sheet discusses changes in supports, absences and vacancies.

What are changes, absences & vacancies?

Your group will need to consider how it will manage anticipated events such as changes in the support and resource pooling arrangements, prolonged absences and vacancies, as these will have an impact on support coordination and at times the financial sustainability of the arrangement.

What is involved?

It is likely that the shared living and support arrangements will require some flexibility to accommodate some foreseeable changes in these arrangements. These may include (but not be limited to):

- Changes in an individual's support needs and goals
- Changes in an individual's preferences as to when the support is provided and/or by who
- Cancellations - e.g. an individual decides not to go out with others at the last minute or to go away for the weekend
- A range of absences of varying duration due to individuals staying with family or friends, going on holiday or requiring hospitalisation etc.
- An individual deciding to cease pooling their supports and funds
- An individual setting up new support arrangements through informal supports
- An individual choosing to live elsewhere.

How these situations are managed depends on the arrangements and agreements in place between the various parties, including:

- The landlord and tenant/s
- The informal group or entity and the service provider
- The service provider/employer and the support staff
- The members of the informal group or entity
- The individuals and in some instances the informal group/entity, and the funding body.

The next two sections discuss tenancy changes and shared support.

Tenancy changes

In the event that someone wishes to leave your group living arrangement, a number of considerations and actions must be made.

Each individual will have signed their own tenancy agreement, which outlines the conditions of their tenancy including the number of weeks' notice they must give to announce a vacancy. They will be required to pay rent for this period once formal notification of their wanting to leave is given.

Your group should have an in-built contingency concerning the ability to pay rent for the vacant bedroom/ villa/unit to the landlord until the vacancy is filled.

Your group needs to discuss the possibility of future vacancies with your landlord, funding body, service provider(s) and/or support staff. Points to consider are:

- What happens when someone wants to leave (notice given)?
- How long until the vacancy must be filled?
- Can we have a say on who fills the vacancy?
- If there is delay, who pays the rent?
- Does my funding body have a register of potential individuals with a Package who may be suitable?
- If not, how else can we find someone to fill the vacancy?
- What impact will this have on my supports at home? Will the cost increase? Will I miss out on some supports?
- What can my informal support network do to plan for this?

If any vacancies occur, you will need to abide by the agreements you have in place between you and the landlord.

Whether or not your new shared living and support arrangements will operate within the government's central disability and housing vacancy management processes needs to be clarified. If it is outside these centralised processes then it is possible that the community housing provider or landlord and/or your informal group/legal entity could manage any vacancies. This requires careful consideration and agreements.

Changes in supports

Support plans are living documents and are likely to change over time. As part of the support plan review process, you should discuss any changes in your goals, needs, supports and preferences. Following your support plan review there may need to be some changes to your weekly timetable. It is suggested that you use the Tool in Section 5 to identify the potential savings or extra costs associated with these changes. Any changes should also be discussed with your service provider.

The agreement established at the commencement of this shared living and support arrangement between the group/legal entity and your service provider/s should describe:

- The process (including timeframe) to be followed to inform the service provider that you wish to cancel or change your shared or individual supports

- The process (including timeframe) for the service provider to inform the group or individual that they cannot provide a support worker
- The process (including timeframe) that any party is to follow if they wish to exit the support arrangement.

Closing comment

It is not possible to provide any further guidance for these scenarios, as each situation will vary depending on:

- Who owns the property and any agreements you have in place or any respective laws, policies and guidelines that apply
- Who provides the funding for the Package and the legislation, regulations, rules and policies that they operate under
- Who provides the supports and their policies and practices
- The different arrangement and agreements that are developed by each informal group and legal entity.

However, before you enter into any agreements it is important that these matters are discussed and reflected in any agreements, policies and procedures that are developed.

Tips and links

- See Information Sheets relating to Decision-making (3.13), Dispute Resolution (3.14) and Risk Management (3.16).

3.7 Day-to-Day Management

This Information Sheet describes options available to manage your new shared support and resource pooling arrangement. It should be read in conjunction with Information Sheets 3.8 - 3.12.

What is day-to-day management?

The management of this new shared living and support arrangement requires considerable thought about:

- How you will manage the day-to-day-operation
- Who will provide the support
- Who will manage the funds
- What the various parties' roles and responsibilities will be
- What structures, policies and procedures you will need.

You will also need to comply with relevant legislation regulations and standards.

What are some of the management and coordination options?

The options to consider occur on a continuum between:

- The governance group managing all aspects of the day-to-day management, funds and supports
- Having a service provider manage all aspects of the day-to-day management, funds and supports

Along this continuum are a range of variations to these arrangements, such as (but not limited to):

- The governance group/legal entity employs a coordinator or manager who then organises the support arrangements with one or more providers
- The governance group manages the supports and the intermediary administers the Package(s)
- The governance group (informal or entity) is involved in some aspects of day-to-day management such as being involved in recruitment and training of support staff, but leaves the rest of the management to a service provider
- The governance group recruits a service provider to manage all aspects of the arrangement
- Another option is using direct payments to the individual or their nominee and the option for the individual/nominee to directly employ support workers. This can be applied for under a Direct Payment Agreement through ADHC.

Examples of the governance arrangements in some other shared living arrangements are also provided (Information Sheet 2.4.8).

How do you decide?

By now, your group should have decided whether you will form a formal entity or continue as an informal group and determined the level of control you wish to have over everyday operations.

During the process of creating your vision and mission, deciding on what type of group or entity you will be, and using the Group Exercise in Information Sheet 2.4.1, it should be clear about the level of control, participation and level of risk each group member wants. Use this information to help you make this decision.

Also consider the potential benefits and risks for each option that you are considering. These may relate to (but not be limited to):

- Administration fees and costs
- Service quality
- The level of power and control over the funds and supports
- Individuals and their supporters involvement
- The extent to which the option is aligned with your vision
- Extent to which it may primarily be a service provider's workplace rather than individual's homes
- Use of informal supports (friends, family members, neighbours) and community supports
- Extent to which you can also use other service providers if this is preferred.

There is also more information on the various aspects of managing the funds and supports in the Information Sheets in this section.

What structures and processes may you need?

Meetings and committees

You can use meetings, committees or working groups, as ways of communicating with members, decision-making and sharing the workload.

Some structures are mandated in regard to particular meetings, for example, incorporated associations must conduct general meetings and committee meetings within the association's rules and maintain records of meetings and decisions as well as keep financial records.

Remember that participation in these structures should reflect individuals and families preferences.

If the expectations of what is involved are not clear - then tensions, disagreements and disputes may arise. It is good practice that you document the role of any committee you establish and include a clear description of their role and decision-making powers.

Succession Planning

Future planning for when you are no longer able to be part of the governance group is called succession planning and should be considered when you are deciding the structures you will use. The following factors will need to be considered:

- Who will fulfil this role if current members, for a range of reasons, are no longer able to do so, or if the governance group ceases?
- Will other family members be available or willing to step into the role?

Individuals and families proactively develop what are sometimes called 'circles of support' as a way of ensuring that there are others who know the individual well and involved in their lives. These members of these groups are often prepared to attend meetings and be an advocate, when needed.

In some situations it is possible that an administrator/guardian be appointed if required by the individual. In one Queensland example, having a succession plan is a requirement for participating in the arrangement.[22]

See Information Sheet 2.4.7 for requirements about record-keeping, financial management and communication processes and Information Sheets 3.7 - 3.10 about decision-making, dispute resolution, complaints and risk management.

Job and Role Descriptions

It is important that role or job descriptions are developed, as these outline the key responsibilities and activities to be completed in the role. Information Sheet 3.9 describes the content requirements.

Policies and procedures

You will need to consider the types of policies and procedures that you will need to support the day-to-day operations (see Information Sheet 3.12).

Compliance with standards and legislation

There are various laws, regulations and standards for entities, employers and services for people with disabilities and/or mental health issues.

This shared living and support arrangement will need to comply with relevant laws, regulations and standards. Some of these are listed in Information Sheet 3.12.

Tips and links

Pave the Way works with families throughout Queensland. It might be helpful to read other families stories and experiences.

www.pavetheway.org.au.pdf

3.8 Recruiting a Service Provider

This Information Sheet provides information about recruiting a service provider and the factors to consider.

It is important that you recruit a service provider that complies with relevant laws, regulations and standards and to have sound governance and quality systems in place. This may entail an accreditation requirement depending on the jurisdiction in which you live, or the scheme that funds your individual package.

In NSW ADHC has prepared a booklet called *Choosing an Intermediary for Individual Funding*, which lists all the organisations which are currently pre-approved by ADHC as Intermediaries for individual funding in NSW. (http://www.adhc.nsw.gov.au/?a=320506)

You may choose one of the organisations listed in the booklet. If you have a good relationship with an organisation that is not listed, you may talk to them and nominate them to manage your funds for you. ADHC will carry out some checks to make sure they are able to manage your Package.

You could approach potential service providers via a telephone call, email or letter with a written application process. The latter could be useful if you anticipate a large amount of interest and wish to shortlist potential providers.

Preparation for selecting a service provider

Your group will need to do some preparation. This will include compiling information that can be provided to the potential service provider. For example details about:

- Your group, your vision and the individuals choosing to live together
- The living situation
- Each individual's goals and the supports needing to be purchased – based on support plans/ weekly timetable
- The amount of the Package each individual has
- The level of involvement of family and friends in each individual's lives etc.

You will need to determine if you are looking for a provider to provide:

- All the supports for the individuals
- Some of the supports of the individuals.

A service provider can also be asked to manage the Package for all, or some of the individuals (Information Sheet 3.17). It is also possible to have an intermediary administer the funds and also pay the invoices from other service providers.

You should also consider the qualities that you are looking for in agencies and support workers.

Gathering this information will assist you to clarify what you are seeking but will also assist potential service providers to decide whether or not they can provide supports.

If your group chooses to use one provider you may need to consider the potential impact on the group if one individual chooses to leave this arrangement and/or wish to use a different support provider or use informal supports.

How to select a registered service provider?

It's regarded as good practice that you would conduct interviews with providers and also ask for testimonials or references from others who use their services.

To select a service provider you will firstly need to determine the key qualities that your group is looking for in a service provider and ensure that your interview covers off these areas.

Factors you might want to consider exploring in the interview might include (but not be limited to) the potential service provider's:

- Vision, mission and the extent these are aligned with your group's vision and mission
- Governance arrangements
- Accreditation status, quality systems, occupational health and safety, and complaint processes
- Experience in providing the types of supports needed
- Ability to provide flexible and individualised support
- Day to day practices in regard to individuals' choice, independence, goals, participation etc.
- Outcomes for others who have used their services
- Staff recruitment, training, retention, supervision practices and job descriptions and the qualifications, skills and qualities they look for in support workers
- Communication practices with individuals and families
- Hourly fees for support workers (weekdays, nights, weekends, penalties etc.)
- Other charges – e.g., late payments, cancellations/ changes in support schedules, exit costs
- Policies and how they are implemented in practice
- Links with the community and other agencies
- Expectations of families and individuals in this arrangement.[23]

To allow you to make comparisons between potential service providers you may like to complete a simple rating exercise for each potential provider.

This rating would be based on the items you have determined are important and then rating these items using as five point scale (e.g. 1=Very Poor, 2=Poor, 3=Neither, 4=Good, 5=Very Good.) A higher score indicates that the

organisation is more likely to be aligned with your preferences. An example provider checklist and rating tool is attached and is also located in the templates folder. You will be able to modify the version in the template to suit your own circumstances.

Service agreements

Once you have selected a service provider you should mutually agree on the arrangements and request all parties sign a service agreement that outlines these arrangements. This service agreement should include (but not be limited to):

- The respective roles and responsibilities of the agency, support workers, the individuals and their families
- The specifications for the supports to be provided
- The costs of services (pooled and/or individualised or by support type) and payment arrangements and any items regarding support workers' arrangements (police checks, involvement of individuals/families in recruitment, training etc.)
- The steps or actions to be taken if any party is not satisfied with the arrangement
- The review process for this arrangement.

Some service providers may have an existing template agreement in place that could be used or amended, otherwise one will need to be developed.

Tips and links

- ADHC template and instructions for developing a Service Agreement: http://www.adhc.nsw.gov.au/?a=320507
- ADHC website Information about the arrangements between ADHC and service providers: www.adhc.nsw.gov.au/sp
- NDIS model Service Agreement: http://www.ndis.gov.au/model-service-agreement
- NDIS Registration process for providers of support: www.ndis.gov.au/document/297
- ADHC Choosing an Intermediary for Individual Funding: http://www.adhc.nsw.gov.au/?a=320506
- Wesley and Inclusion Melbourne Making your Choice Tool:
- Information Booklet: www.inclusionmelbourne.org.au/wp/wp-content/uploads/2013/06/easy_english_info_booklet_web.pdf
- Scorecard www.inclusionmelbourne.org.au/wp/wpcontent/uploads/2013/06/scorecard_web.pdf

Attachment 1: Recruiting a Service Provider - Checklist and Rating Scale

Item	Very Poor	Poor	Neither	Good	Very Good
	1	2	3	4	5
Vision, mission and the extent to which these are aligned with your group's vision and mission					
Governance arrangements and extent to which these are aligned with your group's preferences					
Registration and accreditation status					
Evidence of outcomes for people currently being supported					
Operations:					
• Staff recruitment, training, retention and supervision practices					
• Experience providing the range of supports needed					
• Ability to provide individualised supports when preferred					
• Promoting choice, control, independence, goals and participation					
• Communication processes and practices with family and individuals					
• Ability to develop and work within arrangements that include a range of informal and community supports					
• Day-to-day management arrangements					

Item	Very Poor	Poor	Neither	Good	Very Good
	1	2	3	4	5
Policies and Charges:					
• Policies and extent to which they are aligned with contemporary practice and your group's preferences					
• Administration fee (if managing ISP funds also)					
• Hourly rate for supports (weekdays, evenings, weekends, public holidays)					
• Notice requirements to cancel or change day/ time of support					
• Notice requirements to exit the arrangement					
<Add other items that are important to your group>					
Score (add up scores in each column and then add to create a total score. The higher the score the better the match)					

Note: This tool is for use with registered providers only.

Adapted from Wesley Mission, Inclusion Melbourne (2013) Making your Choice.

3.9 Job Descriptions

This Information Sheet describes what to include in a job description for a support coordinator and support worker. Examples of job descriptions are provided in the Template section of this Kit.

What is a job description?

A job description describes what the role entails and what the person's responsibilities are. It assists:

- In recruitment as people can see what the role entails
- Employees to know what their roles and responsibilities are
- Individuals being supported to know what they can expect of their support team
- In ensuring consistency
- In performance management.

Writing a role or position description can also be useful for key roles (that may be unpaid) in an entity, for example to describe the role of the Chairperson, Treasurer and Secretary, etc.

What should be covered in a job description for a support coordinator or support worker?

The elements to include are (but not limited to):

- The title of the position
- The level or award band
- Skills and competencies
- The key activities to be undertaken
- Communication - who they report to and/or who reports to them
- Requirements such as, compliance with operational policy and procedure manual, training, legislation, standards, health and safety, record keeping and quality improvement etc.

Ideally it should contain no more than 12 key activities.

Getting the right match

Individuals and their families are increasingly exercising choice about the support workers who work with them. They want people who are a good match - in terms of interests, personalities and values.

'If you are to improve the quality of people's lives one of the most powerful things you can do is get a good match between staff and the people they support.' (p.1)[24]

Think about whether you want to be involved selecting support staff and ensure the job description contains the key qualities and skills you are seeking.

The Matching Tool developed by Helen Sanderson Associates may be useful. www.helensandersonassociates.co.uk/media/75047/matchingtoolwithexample.pdf

Tips and links

- On the internet you will find you will find various templates available on how to write job descriptions
- An example of a support worker job description is located in the Template section of this Kit.

3.10 Worker Induction and Training

This Information Sheet describes the key ways to train support workers.

However, if you use a service provider - they will be responsible for ensuring workers are adequately trained. But some individuals and their families may wish to participate in these activities with the service provider.

What is worker induction and training?

As part of an employer's legal obligations and good practice it is important that support workers and any volunteers who provide support are adequately trained. This ensures that they:

- Know how you like your supports to be provided
- Have the necessary skills and knowledge.

What is involved?

There are many ways to train support workers. These include:

- Talking to the worker about what you want them to do and how
- Creating a training manual that describes you being supported, what you like, dislike, your strengths and abilities, and goals. It also outlines the supports needed and when they are needed
- Telling them how you like your supports to be provided and how you like to be treated
- Creating a DVD that the worker watches that shows you doing a range of activities and how you like your support to be provided
- Having the support worker 'buddy' or shadow another worker on a shift(s), so they can observe and learn from another worker providing your support
- Asking the worker to read the operational policy and procedure manual. Once it has been read ask them to sign off on this to indicate that they have read the manual and will comply with the policies and procedures
- Requiring the worker to have an appropriate qualification
- Paying for your worker(s) from your Package to attend specific training that they need to support you (for example, PEG feeding, medication management)
- Providing guidance and support while on the job to build their skills and knowledge of you
- Providing supervision and mentorship from a more experienced worker or the support coordinator (if there is one).

Tips and links

If you are using a service provider to coordinate the supports then ask about how they train their workers and discuss whether you would like to be involved.

3.11 Direct Employment

This Information Sheet provides a brief overview of direct employment but does not provide detailed information on this topic. There are some comprehensive Australian resources available on this topic, so use the links at the end of this Sheet.

What is direct employment?

Direct employment is an option available when you receive direct payments and you or your nominee decide to employ support workers and pays their wages, entitlements etc.

To receive your Package as direct payments, you must enter a Direct Payment Agreement (DPA) with the Department of Family and Community Services (FACS). Under the DPA, FACS agrees to pay your funding directly to you and you must agree to spend the funding according to the terms and conditions set out in the DPA.

What are the benefits of direct employment?

Using direct employment allows you to:

- Choose who provides your supports and the skills, attributes or qualifications they need
- Negotiate the salary and hours of work directly with each support worker
- Determine how the support will be provided
- Negotiate any changes in the time the supports are provided or what is required in the role
- Directly address any issues with workers' performance or behaviour.

What are my obligations and responsibilities?

Your responsibilities include (but are not limited to):

- Complying with all your employer obligations. These relate to your legal, financial and human resources and insurance and work health and safety obligations
- Meeting all the costs associated with being an employer from your Package
- Keeping adequate employment records e.g. the type of employment (full time, part time, casual), the days and hours worked, salary and superannuation paid, tax withheld from the salaries and leave that is accrued.
- Provide any training required.

You cannot set up a business to employ support workers as:

'The Australian Taxation Office has ruled that Individual Support Package funding will be treated as income for the business and attract tax which will reduce the amount of funding available to purchase supports.' [25]

Who can use direct employment?

Having the option to employ staff is one of the benefits of using the Direct Payment Agreement (DPA). However, there are a lot of legal requirements and paperwork involved in employing staff. These requirements include ensuring that workers are paid according to any awards, training, rostering, performance management, record keeping etc. Chapter 6 in The DPA Handbook summarises the things you need to do and offers tips on where to get more information.

How to find support workers

If you wish to recruit support workers - some people prefer to employ people they know and trust, but others place advertisements in newspapers or job search websites. Please note there is one restriction - ADHC and the NDIS do not allow you to have family members who reside in the same house to be paid to provide you support. But you may recruit other family members, friends, neighbours etc. If you need assistance with human resource and account keeping obligations, you may wish to seek some specialist advice.

Police checks and qualifications

When you are in control of recruitment you can determine the skills, qualities and experience that you are seeking. Most often people using direct employment ask for a current Police Check and/or a Working with Children Certificate. Individuals and families can also decide whether they need a relevant qualification - sometimes it is the personal qualities, their interests and 'goodness of fit' that are seen to be more important. The individual or family then provide training that is particularly focussed on how they like the support delivered and what they require.

Across many industries it is now a mandatory requirement that employees have a valid and current national police check / Criminal History Check. This is strongly recommended when employing your own staff.

Interviewing

In some guides it is suggested that you do not interview potential workers in your own home, but instead use a public space or coffee shop. See Information Sheet 3.8 which explores interviewing service providers, for ideas about some of the factors you may wish to address in the interview.

Employment arrangements

As an Australian employer you are required to pay the worker within the relevant award. You should also have a contract that outlines what is required and when, the types of support to be provided and any notification required if either party wishes to terminate the arrangement.

Tips and links

- ADHC Direct Payments Agreement Handbook provides useful information
  http://www.adhc.nsw.gov.au/__data/assets/file/0007/298915/DPA_Handbook_Full.pdf
- More information on the Direct Payment Agreement can be found at
  http://www.adhc.nsw.gov.au/about_us/strategies/life_my_way/direct_payment_agreement

- The Victorian DHS has a direct employment resource guide that provides comprehensive information and includes a series of templates that you can use or adapt.

  www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/direct-employment-resource-guide

- Western Australia has also developed two good guides. These are:

  Carers WA *How to employ and personal care worker*

  www.carerswa.asn.au/resources/How-to-Employ-a-Personal-Care-Worker-Sep-2007.pdf

  My Place (WA) Pty Ltd: *A guide to engaging your own support worker*

  www.myplace.org.au/services/pdf/MyPlace_EngagingBooklet_Web.pdf

- Fair Work

  www.fwc.gov.au/

- National Crime Check

  www.nationalcrimecheck.com.au/police-checks

3.12 Policies and Procedures

This Information Sheet describes the types of policies and procedures that are likely to be needed. Policies and procedure templates are attached and examples of the types of policies you may need (and can be modified) are provided in the Template section of this kit.

What are policies and procedures?

Policies and procedures describe how *'we do things here.*' They also provide consistency and clarity.

Policies are:

> *'A statement of principles or standards of conduct which guide any decision making in relation to processes, activities and initiatives which happen, or are expected to happen, frequently.'* [26]

Some policies are required under particular legislation or standards, for example Equal Opportunity and Worker Safety.

Procedures are operational and describe how the policy is implemented on a day to day basis:

> *'Where policies provide the signposts or guidance, the procedures tell people how things will be done. A procedure specifies what will be done, when and by whom.'* [27]

Examples of procedures include, intake procedures, medication administration procedures, etc.

Types of policies and procedures that you may need

The number of policies and procedures you will need will vary depending on the arrangements you decide on. They should also be consistent with the new National Disability Standards (2013) and ADHC's Disability Services Standards. These standards focus on:

- Service access
- Individual outcomes
- Participation and Inclusion
- Feedback and complaints
- Service management
- Rights
- Family relationships.

Broadly you are likely to need some policies and procedures for:

- The entity or informal group that governs the arrangement
- The support arrangements
- The day-to-day operations.

Entity or informal group

Please seek specialised legal and financial advice about the legal requirements in regard to policies and procedures needed for the kind of legal entity or group you decide on, but broadly you will need written documentation that relates to:

- Decision-making processes
- Complaints and disputes management
- Financial management and records
- Meetings
- Risk management processes.

In the case of the documents relating to the entity, all members should receive a copy of them and/or know where to find them.

If you decide to not form an entity - then these requirements are not mandated, but we would suggest that having some agreements in place that cover these areas would be good practice.

Support arrangements

If you use a registered service provider you may decide to use their policies and procedures however; if you wish to govern the support arrangements, you will need to develop a series of policies and procedures. These will include (but not be limited to):

- Individuals' rights
- How the support is to be delivered
- How support workers will be recruited, trained, paid and supervised
- Any legislative or regulatory compliance requirements (e.g. the National Disability Standards 2013, ADHC's Disability Services Standards, The NSW Disability Inclusion Act 2014, Privacy Act, the National Disability Insurance Scheme Act 2013, Building Act, guidelines for group homes etc.).

For example, policies and procedures for shared accommodation typically address the following:

- Rights
- Person-centred and family focussed practice
- Active support
- Participation and inclusion
- Privacy & entry to individual's room/villa unit/home
- Medication management
- Least restrictive options
- Restraint and seclusion.

Service management

- Service access (e.g., entry and exit arrangements)
- Individual outcomes
- Rent, food and utilities
- Residential statements
- Complaints and grievances
- Residents meetings
- Duty of care and dignity of risk
- Advocacy
- Capacity and consent
- Decision-making
- Emergency management
- Records and confidentiality
- Health and wellbeing
- Safety & hygiene (food handling etc.)
- Risk identification and management
- Alcohol and drugs
- Visitors
- Pets
- Quality management
- Personal possessions
- Roles and responsibilities of the various parties (individuals, families, support coordinator, support workers)
- Staff recruitment, training and entitlements
- Staff rostering
- Workplace health and safety.

Developing, implementing and review processes

Policies and procedures should be developed by the respective parties. A process of drafting and reviewing them is suggested. Once the content is agreed, the policy or procedure should be approved and a review date set. It is essential that policies and procedures are implemented and monitored - they are not useful if they sit on a shelf gathering dust.

Tips and links

- ADHC's policies and procedures are aligned with the NSW Disability Services Standards. The National Standards for Disability Services are available at:

  http://www.fahcsia.gov.au/our-responsibilities/disability-and-carers/publications-articles/for-employers/disability-services-standards-2007/disability-services-standards-easy-english/national-standards-for-disability-services

  www.adhc.nsw.gov.au/publications/policies/documents_by_topic/somewhere_to_live

- Western Australia has developed a policy and procedure manual for service providers, which is aligned with the WA disability standards. You might wish to use some of these and adapt them for your purposes.

  www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/guidelines-and-policies/policies-and-procedures-manual-/

- Examples of some of policies and procedures are provided in Templates section of this Resource Kit.
- NSW Group Home Design Guidelines

  www.adhc.nsw.gov.au/__data/assets/file/0011/278417/Accomodation_design_guidelines_2013.pdf

- NSW Fair trading
  www.fairtrading.nsw.gov.au/ftw/Cooperatives_and_associations.page
- Refer to the Information Sheets related to the relevant entity about the types of agreements, policies and procedures that are required
- National Disability Standards:
  www.dss.gov.au/sites/default/files/documents/12_2013/nsds_web.pdf
- National Disability Strategy www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy
- NSW Disability Inclusion Act 2014 (commenced on 3 December2014)

  www.adhc.nsw.gov.au/about_us/legislation_agreements_partnerships/nsw_disability_inclusion_act

- United Nations Convention on the Rights of Persons with Disabilities

  www.un.org/disabilities/convention/conventionfull.shtml

- Fair Work

  www.fairwork.gov.au/

- Workplace, Health and Safety (WHS)

  www.workcover.nsw.gov.au/lawpolicy/acts-and-regulations/work-health-and-safety-legislation/Pages/default.aspx

The *My Disability Supoprts Managing Safety* website is aimed at people with disability who employ their own suport workers to understand their WHS responsibilities

www.safetymds.nsw.gov.au/

- Privacy Act and principles

  www.oaic.gov.au/privacy/privacy-act/the-privacy-act

- Some examples of staff roster templates and information:

  www.fairwork.gov.au/Templatesformschecklists/SACS-roster-template.docx

  www.fairwork.gov.au/employee-entitlements/hours-of-work-breaks-and-rosters/rosters

  www.fairwork.gov.au/ArticleDocuments/766/Roster-template.doc.aspx
  (Microsoft Word format)

  www.fairwork.gov.au/ArticleDocuments/766/Roster-template.xlsx.aspx
  (Microsoft Excel format)

  www.findmyshift.com/au/free-excel-roster-template

  www.softadvice.informer.com/Employee_Roster_Template_Excel.html

Attachment 1: Policy Template

<Insert group name or logo here>	**Operational Manual**

<Name of policy>		**Policy No: xxx**
Issue No: 1	Pages:	
Issue Date: x/x/20xx	Review Date: x/x/20xx	
<insert policy text here>		
Authorised person Signature:	Position:	Date: .../.../.....

Attachment 2: Procedure Template

<insert group name or logo here	Operational Manual

<Name of procedure>		Procedure No: xxx
Issue No: 1	No. of Pages:	
Issue Date: x/x/20xx	Review Date: x/x/20xx	
Person/s responsible for this procedure:	<Insert name>	

Purpose and scope

<insert text here>

Procedure

<List sequentially exactly what must be done (specify any exclusion)>

Documentation:

<List documentation to accompany the procedure. Provide example/s of completed documentation>

Records:

<List any records that are kept related to the procedure, where they are stored and for how long>

Authorised person Signature:	Position:	Date: .../.../.....

3.13 Decision Making Processes

Having clear processes for group decision-making are essential and can reduce disputes. This Information Sheet outlines formal and informal decision-making. Please also read Information Sheet 2.4 as this contains information about supported and substitute decision-making.

What are decision-making processes?

Decisions can be made in a range of ways. These include (but are not limited to):

- A group discussing an issue and reaching agreement
- A person (for example, chairperson) being given the authority to make some decisions on behalf of others
- Voting processes
- Secret ballots.

For groups of individuals or members of a group or legal entity, decisions fall into two broad types:

- Formal decisions: These may include voting process, Annual General Meetings etc.
- Informal decisions: These decisions are often made as the need arises and may include a discussion process that results in an agreed decision.

Legal entities such as incorporated associations and co-operatives typically make both formal and informal decisions. Groups such as families and house mates typically make mostly informal decisions. However, some informal groups, families/individuals and households also use formal decision making processes (for example, house meetings).

As depicted overleaf there are several factors that may influence decision-making; the two key factors are:

- The agreed decision-making processes
- The aims and guiding principles/values of the informal group or legal entity.

There are rules for annual meetings of legal entities such as incorporated associations and co-operatives. These rules describe how decisions are made in the annual meeting and other meetings such as special general meetings. Members of these organisations also need to make decisions about what type of issues will need a formal decision-making process and what type of issues will be made with an informal process. If your group chooses to form one of these legal entities you will need to comply with the relevant rules.

What is involved?

The table below summarises the different decision-making features, some of which are determined by your decision about whether to form a legal entity or not.

Table 2 : Factors that influence decisions

Features	Formal decisions	Informal decision
When	Annual General Meeting, Special General Meeting, Committee Meeting, Weekly House Meeting.	Any time.
Rules	There are rules for annual meetings in co-operatives and incorporated associations. Not all decisions need to be made at an annual meeting.	There are no specific rules for how informal decisions are made. Informal decisions may be made according to an agreed process. This may include decisions at residents' meetings etc.
By whom	All members of the group, association, co-operative or committee.	Variable. Decisions may be made by one or two people or everyone in the group.
What	Decisions may include determining which issues will be resolved by a formal decision and which will be made by an informal decision in the coming year. Accepting reports of the president, treasurer or committee must be done at an annual meeting for an incorporated association or co-operative.	Decisions may be about issues that need to be addressed frequently or that have been decided at an annual meeting as needing an informal decision making process.
How	There are rules for how decisions are made at annual meetings. The process includes a motion being proposed, seconded and then voted upon. There are rules about when the president has a deciding vote. There are rules about how votes are cast, whether by a ballot or a show of hands and when proxy votes are allowed.	There are no specific rules for how informal decisions are made. Often a group will agree on a process for making informal decisions. Some decisions may be delegated to one person.

How long	Formal decisions typically apply. over a longer period (from several months up to a year).	Informal decisions typically apply over a shorter period (from days to weeks).
Changes	Decisions made at an annual or special general meeting can only be changed at another annual or special general meeting.	Informal decisions can be changed in another informal forum.
Examples	• Deciding to subscribe to pay television • Deciding on how to arrange group social outings • Deciding how specific dietary requirements will be managed day to day • Deciding how to manage changes to shared support available when a resident is admitted to hospital.	• Deciding what to watch on TV tonight • Deciding where to go on this week's outing • Deciding on the menu for the week • Deciding what changes will be made to manage the changes to shared support available when a resident is admitted to hospital.

What should I consider when making decisions?

Agreeing on how decisions will be made on day-to-day issues can make it easier to address these issues. It may mean that there are fewer disagreements about these decisions. Agreeing on who can make decisions in certain circumstances (for example, in an emergency or when it is a relatively small decision) is also useful. Consider also:

- What say will individual residents have in decision making?
- Will a resident also sit on any committee to represent the group?
- Will there be a residents committee to make certain decisions regarding interests and activities in the home?

Agreeing on the aim (mission) and principles for your group can help guide decision-making and ensure that decisions are made fairly and consistently (See Information Sheet 1.3).

Other considerations

Decision making processes that are seen as fair and equitable by all members of a group or organisation are an important part of its functioning.

Tips and links

- See Information Sheet 2.4.1 that explores group members participation in decision making and governance, including supported and substitute decision-making for individuals.

- Website - www.cooptools.ca. Canadian website that includes general information about co-operative decision making.
- Resource – NCOSS Fact Sheet – Ethical Decision Making. Available at www.ncoss.org.au
- Resource – Department of Human Services: Supporting decision making - A guide to supporting people with a disability to make their own decisions. Available at www.dhs.vic.gov.au

3.14 Disagreements and Dispute Resolution

This Information Sheet describes strategies for managing disputes.

What are disagreements and dispute resolution?

Human nature indicates that at times disagreements and disputes will occur in any group.

Disagreements and disputes may arise where not everyone has the same understanding of the purpose and function of the group, or has different expectations of what they will receive or how things will operate.

There are many different definitions for the term *dispute*. The terms *disagreement* and *complaint* have related but different definitions.

In these Information Sheets the following definitions are used:

- Disagreement – a difference of opinion about an event or issue where the parties are not seeking a resolution.
- Complaint – information about a concern or issue that is communicated to another party (see Information Sheet 3.15).
- Dispute - a disagreement between two or more parties, where the parties are seeking a solution. In disputes a third party usually helps to find a solution that meets some of the interests of each party.

What is involved?

One way to avoid this happening is to spend time in the set up phase to openly discuss everyone's goals, their views, what they expect and how much they want to participate in day-to-day operations and decision-making. It is also important to discuss a range of situations that could occur and to seek each person's views on how these issues could be resolved. The timely management of disagreements can be beneficial and reduce the likelihood of them becoming larger disputes. Using your aims, values and principles and having clear processes to manage disagreements may also be useful.

Disagreements have occurred in some shared living arrangements. For example, in the Rougemount Cooperative, there was a reported disagreement among members about whether it was reasonable to share support workers. The way this was managed was to go back to the values and principles that had been agreed. When this occurred, the group decided that sharing support workers was not aligned with their values and principles and so sharing of support workers was not allowed in their arrangement.

The Fair Trading NSW website has information about managing disagreements and disputes. Incorporated associations must include a dispute resolution process in their constitution.

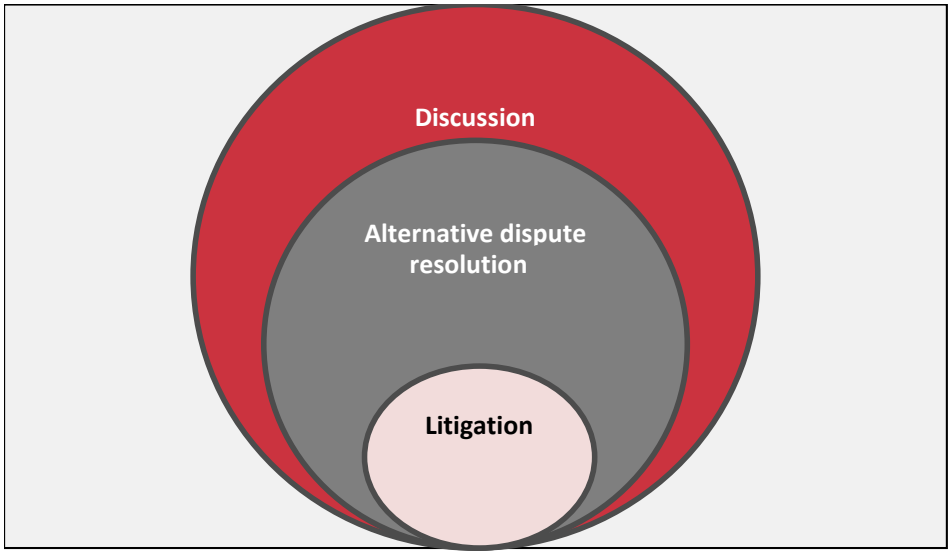
In an incorporated association, the committee of management is responsible for the management of disputes between members and for the management of disputes between members and the association.

Dispute resolution procedures for co-operatives are detailed in the Co-operatives National Regulations and in the rules of the co-operative once it is established. These regulations include requirements to meet to discuss the disagreement within 14 days and to use mediation where a disagreement cannot be resolved through discussion.

For both types of community groups a hierarchy of dispute resolution activities is used. Where a disagreement cannot be resolved through discussion between the parties, alternative dispute resolution procedures are used. Alternative dispute resolution procedures include negotiation, mediation and arbitration. For example, in one individualised accommodation service in Queensland the board annually appoints an independent mediator whose role is to resolve any issues that may arise between individuals, families or the agency providing support services.

Only disagreements that cannot be resolved though discussion or alternative dispute resolution processes are taken to litigation. The diagram below illustrates this dispute resolution hierarchy.

Figure 1: Dispute Resolution Hierarchy



What should I consider when making decisions?

It is important that your group discusses how you will manage disagreements and disputes and make sure these processes are clearly understood.

Tips and links

- Website - www.fairtrading.nsw.gov.au
    - Fair Trading NSW provides information about resolving disputes in incorporated associations.www.fairtrading.nsw.gov.au/ftw/Cooperatives_and_associations/Running_an_association/Resolving_disputes.page

    - Fair Trading NSW - provides information about co-operatives national laws and regulations www.fairtrading.nsw.gov.au/ftw/Cooperatives_and_associations/About_cooperatives/Cooperatives_national_law.page?

- Website - www.iama.org.au/ This website provides general information about alternative dispute resolution and independent third parties that can facilitate these processes.
- Website www.lawassist.lawaccess.nsw.gov.au/lawassist/lawassist_index.html This NSW Attorney General and Justice Department website provides general information about a range of legal issues and dispute resolution options.
- Information book – the Australian Attorney General's Department has published an information book *Your Guide to Dispute Resolution*. It is available from the department's website. www.ag.gov.au/LegalSystem/AlternateDisputeResolution/Documents/NADRAC%20Publications/your-guide-to-dispute-resolution.pdf
- Website – Small business NSW includes a webpage on avoiding business disputes www.smallbusiness.nsw.gov.au/dispute-resolution/how-to-avoid-disputes

3.15 Complaints Processes

This Information Sheet explains complaints processes and the differences between complaints, disagreements and disputes. For more information on decision-making and dispute resolution see Sheets 3.9 and 3.10.

What is a complaints process?

Your group or legal entity will need to consider how you will manage complaints. If you use a registered service provider, they will also have a complaints process.

What is involved?

Many organisations and groups establish processes for making and responding to complaints. These processes vary with the size of the organisation, the type of activities that the organisation undertakes and the range of people in contact with the organisation. For example, an organisation that provides goods or services (for example, a shop or restaurant) may receive complaints about its products or its services. An organisation that makes decisions (for example, an insurance company) may receive complaints about decisions that it has made. In shared living and support arrangements, complaints can relate to the quality of the food, staff, cleanliness etc.

Complaints processes usually:

- Have a particular person or department to whom complaints are made
- Allow for complaints to be made in different ways, verbally, with a paper complaints form or an online form
- Have a published process for dealing with the complaint
- Have a particular person or department to whom the complaint is made
- Have published the possible outcomes from making the complaint. For example, reviewing an operating procedure, reviewing a decision, providing staff training.

Complaints management processes can also provide information about constructive ways to make complaints and ways to identify possible solutions. Effective solutions:

- Allow the person to feel that their compliant has been heard
- Identify a solution that satisfies at least some of the interests of each party
- Identify if similar complaints have been made and act to deal with the causes of these complaints.

What should I consider when making decisions?

Having a published complaints management procedure helps everyone know:

- The process for making a complaint
- What will happen once a complaint is made
- The possible outcomes from making a complaint.

Consider what processes your group will use to make and respond to complaints. Also remember that potential complainants will not be limited to family members or the governance group; they can also be the residents, service provider, support staff and members of the community, etc.

Tips and links

- The template section in this Resource Kit has an example of a complaints procedure.
- Website www.smallbusiness.wa.gov.au
    - Small Business Western Australia – provides general information about businesses managing customer complaints www.smallbusiness.wa.gov.au/customer-complaints/
- Website www.millsoakley.com.au
    - Mills Oakley is an Australian legal firm with general information on its website about managing disputes and complaints in incorporated associations. www.millsoakley.com.au/disciplining-members-protecting-your-organisations-reputation/

3.16 Risk Management and Safeguards

This Information Sheet summarises ways to approach risk management. It also examines its relationship to safeguarding, duty of care and dignity of risk.

What is risk management?

Risk management is important at both the governance and day-to-day operational levels. Risks may relate to the group or legal entity or to the individuals being supported.

Risk management is a way of managing a range of scenarios and developing strategies to minimise or mitigate these risks. It consists of four key steps:

1. Identify
2. Assess
3. Reduce the impact
4. Monitor

How do you identify risks?

The first step is to create a risk plan that records foreseeable risks. An example of a risk plan is attached.

The risks that you identify could be associated with a range of issues that include (but are not limited to):

- The use of your Package and sharing supports
- Inadequate, poor or inconsistent service delivery
- Worker and individual safety – incidents, injuries, abuse
- Mismanagement and disputes about your Package and supports
- Litigation
- Prolonged vacancies
- Disputes and financial issues related to the legal entity or informal group (e.g., insolvency, fraud and mismanagement).

Assessing risks

It is important to consider both the likelihood of the identified risk occurring and the impact on the delivery of support or your arrangement if it was to occur.

Risk rating scales vary, but some use a 4 point scale, for example:

- The likelihood of the risk eventuating may be on a scale ranging from *Very Unlikely to Very Likely*
- The level of impact or consequence of the risk may be rated on a scale from *Low to Severe.*

For example, a risk such as a fire could be rated as *Very Unlikely* of occurring but as having a *Severe* impact if it did occur.

Risk mitigation and safeguards

The next step is to identify what actions are required and when. Some may require immediate actions but others may not.

For each risk or potential issue it is useful to identify the strategies or actions that would mitigate or minimise these risks. For example, in regard to the safety of workers and individuals, having routine audits of the property and services is one such strategy.

Safeguarding processes for individuals may include ensuring individuals have sources of informal support, knowing the strategies to use if a worker does not arrive, or what to do in an emergency etc.

Monitoring risk

Risks should be identified and regularly monitored and included on relevant meeting agendas. One way to do this is using a risk register and plan (see Attachment 1).

How does risk management align with duty of care obligations and dignity of risk?

Duty of care is a legal term that requires a standard or reasonable care to be provided when engaged in activities that could foreseeably cause harm. It is how the organisation manages the potential risks, which is important.

Some concerns have been raised by Australians that some service providers are risk adverse and this has led to reduced opportunities for people with disability to take some risks and to learn from these.

Dignity of Risk is a term used in the disability sector to describe an individual's right to choose to try new things and to take some reasonable risks in their lives.

Taking a risk management approach can be useful when supporting an individual to live a full life. For example, when working with the individual who may want to do an activity that has some inherent risks, it may be useful to collaboratively identify the risks, and discuss how these could be minimised and the actions that could be taken.

Tips and links

- The template section has a risk register and plan, and an example of a duty of care policy.
- The small business association of WA has information about risk management. www.smallbusiness.wa.gov.au/risk-management/

Attachment 1: Example – Risk Register & Plan

	Risk	Likelihood	Impact	Minimisation/ mitigation strategies
1	There is a prolonged vacancy	Likely	Severe	Agree with the housing provider and funding body how this situation can be managed Ask for two-months' notice when people wish to leave Advertise in relevant websites, papers etc., when a vacancy is available
2	Property damage	Likely	Moderate	The resident's handbook clearly identifies who is responsible for property damage when it is caused by a resident or visitor There are clear processes in place with the community housing provider about any damage that occurs as a result of normal wear and tear, maintenance or environmental event
3	Financial mismanagement	Very unlikely	Severe	An accountant audits the financial records Financial transactions are to be authorised by two people Financial reports are to be provided at each governance meeting
4	Personal injury	Unlikely	Moderate	Monthly property audits are scheduled Resident's, families and workers are requested to report any safety issues

3.17 Package Management

This Information Sheet describes the options to manage the funds in your Package. The following sheets (3.13.1 to 3.13.3) describe each option in more detail.

What is Package management?

Packages are based on the needs of the individual and the amount of funding provided is based directly on the person's support plan. The funding is allocated to the individual and is portable. Packages allow people to design a package of supports that best suits their needs and to have more control over their support arrangements.

The Package is used to pay for your disability supports and services. It focuses on your disability support needs and agreed goals, and on helping you achieve your potential.

The Package is not intended to provide all the supports or financial assistance that you need. It complements existing or developing informal support networks that include your family, carers and the community as well as suitable broader community services.

The funds are to be used on disability supports of your choice. These should demonstrate value for money, be cost effective, and provide what you need to be as independent as possible where you live.

What is involved?

Individuals who receive a Package will need to decide how their Package will be managed.

What are the options?

Package management refers to how the funds will be managed. The options available for ADHC Packages include:

- *Intermediary (Host Agency/Plan Manager)*: an intermediary holds and administers the Package on behalf of the individual. They may charge an administration fee to manage a person's funding.
- *Direct Payments* to the individual or their nominee: the funding is given directly to the person or nominee to manage themselves. This requires the individual to keep adequate records and account for the funds spent.

What should I consider when making a decision?

To assist you to make this decision you may wish to review the table below and consider your responses to the statement in the left column. Depending on your responses, it may be that one option will be better suited to your needs.

If you plan to use only one provider for your supports and you are satisfied with this provider and the quality of the services provided, then you could decide to ask the service provider to manage the funds. However, if you want greater flexibility and use three different providers you may decide to use an intermediary/host agency or direct payments (if available).

Table 3: Considerations about how to manage your Package

Considerations	Service Provider	Intermediary	Direct payment Individual/nominee
All or most of my services will be provided by one service provider	✓		
My weekly/monthly support needs are unlikely to vary	✓		
My Package will be used to purchase a range of services from different providers, which may also include some community supports		✓	✓
I want to choose my own support staff		✓	✓
I want to oversee my budget		✓	✓
I want to 'sign/off' or approve when services are provided to me		✓	✓
I want the flexibility to change my supports, and try new things		✓	✓
I want to control my own budget but need some help to do so		✓	✓
I want to control my own budget			✓

Tips and links

- Information about how administration charges are calculated can be found in the at:

  Principles for the application of administrative fees and charges: individual funding http://www.adhc.nsw.gov.au/?a=320971

3.17.1 Host Agencies and Intermediary

This Information Sheet describes intermediary funds management arrangement and is part of a series of Information Sheets 3.17- 3.17.3 on the Package management options.

What is an intermediary?

Using an intermediary is one of the Package management options available to you.

An intermediary (sometimes called a host agency, financial intermediary, or a plan manager) holds funds on behalf of a person, and administers those funds (including paying bills), in accordance with the person's support plan.

Using an intermediary arrangement can provide flexibility, choice and control over their funding and expenditure, without the burden of holding funds and paying invoices etc.

What is involved?

Your service provider may help with:

- Managing your funding, purchasing supports and services
- Providing a human resource function (legal employer of staff, insurances, work health and safety, workplace/Awards obligations)
- Ongoing support to assist you to implement your Support Plan
- Assisting you to review your support plan
- Providing support (for example, direct staffing if requested)
- Building and supporting your networks
- Review of your Package.

The tasks undertaken, and the level of support provided by the intermediary will differ depending on the individual's/support network's needs and circumstances. The level of support may alter after time, particularly as a person becomes more familiar with their Package, and the supports and services they receive.

All Intermediaries are expected to assist participants to increase their skills.[28] Fees for your intermediary must be paid for out of your Package.

Tips and links

Further information about Intermediaries can be found at:

- The ADHC website:

  http://www.adhc.nsw.gov.au/sp/delivering_disability_services/individual-funding

3.17.2 Direct Payments

This Information Sheet describes the Package management options relating to direct payments and nominees. It is part of a series on Package management (3.13-3.13.3).

What is Direct Payment?

Direct payments are one of the Package management options. You should seek further information regarding your eligibility for direct payments. Refer to the ADHC website:
www.adhc.nsw.gov.au/about_us/strategies/life_my_way/direct_payment_agreement

Using direct payments involves an agreement between a funding body and the individual (or their nominee) to have their Package funding transferred directly to them, rather than to a service provider or intermediary.

A direct payment provides maximum choice and control for a person over:

- How their money is spent
- The supports and services that are delivered, and
- Who delivers them.

What is involved?

Receiving a direct payment provides increased choice and control; however, it also comes with increased responsibilities. These include:

- Choosing and arranging supports and services
- Checking the quality of the supports received
- Checking that the invoices from service providers are correct
- Paying the invoices and keeping receipts
- Providing reports to the funding body on how funding is spent.[29]

By receiving a direct payment, it is also possible to direct employ staff (such as a disability support worker). If you decided to do this you/your nominee would be responsible for the associated legal, financial and employment responsibilities.[28]

For people choosing to take a direct payment, this will usually involve entering into a written agreement with the funding body. This agreement will include the roles and responsibilities of each party and how funding is to be held, for example, a separate bank account and how those funds are to be spent and acquitted.

The funds are usually paid monthly in advance into a bank account specifically for your Package. Under this arrangement you would ask the service provider to invoice you for the service delivered. Typically these are monthly invoices; you then check that the invoice is correct (for example, the dates and service types and costs per hour or item are correct) and pay the invoice within the period specified.

What are the options?

Not everyone is able to receive a direct payment. Funders will consider your wishes, capacity, any potential risk factors and the support that you may require. In some circumstances, an individual can ask someone else to act on their behalf as their nominee. A nominee could be a parent, family member, friend, carer or other trusted person.

What should I consider when making a decision?

The benefits of direct payments are:

- Being able to purchase supports from more than one service
- Having the flexibility, choice and control to change where you purchase supports from
- Choosing the supports that best meet your needs.

There is also evidence that direct payments are associated with improved quality of life, participation, sense of choice and control and service satisfaction.[29-33] However, it is one of a number of options and is not for everyone due to the associated responsibilities.

To decide if direct payments are right for you, you need to consider your responsibilities under the Direct Payment Agreement. The following is a checklist you can use to identify which (if any) of these you would be willing to take on:

- ☐ Entering into a contractual agreement with your funding body to receive direct payments
- ☐ Completing an Individual Plan that identifies how you will spend your Package
- ☐ Choosing supports that will meet your needs
- ☐ Organising and coordinating your supports
- ☐ Managing emergency situations
- ☐ Managing a budget and monitoring expenditure
- ☐ Paying the bills for your supports
- ☐ Keeping records of purchases and bank statements so they can be reviewed by your funding body
- ☐ Reporting on what you have purchased with your Package funds.

If you ticked all or most of the items on this list, then direct payments may be right for you.[28] However, if you have ticked only one or two items then direct payments may not be right for you at the moment.

Tips and links

Further information about direct payments can be found at:

- ADHC Direct Payments Agreement Handbook

  http://www.adhc.nsw.gov.au/__data/assets/file/0007/298915/DPA_Handbook_Full.pdf

3.18 Operations Notes:

Use this page to write any questions you wish to discuss with your group about this section.

3.19 Operations: References

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