



COMMUNITY LIVING
BRITISH COLUMBIA



Developing an Individual Support Plan for an Adult

*A practical guide for adults and those who
support them who develop and submit an
individual support plan to CLBC*

This document will continue to be refined based on feedback received. Please send any comments or suggestion to
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Introduction

This guide provides information to individuals and those who support them who choose to develop and submit an individual support plan to CLBC. The plan is developed by the adult. Often, however, the person may require or request help from family members, friends and other trusted advisors. For example, the person may need some support to think about different options or express their wishes. Trusted advisors can be a CLBC Facilitator or a service provider, or someone else the person is comfortable with.

An individual support plan identifies a person's strengths, gifts, community living and disability-related needs, personal goals as well as how the person will meet those needs and goals.

Once a plan is received by CLBC, a Quality Service Analyst will review the plan and make a decision about the type and amount of supports and services requested by the individual to meet his or her disability related needs.

Everything that needs to be included in a support plan is in the ***Individual and Family Support Policy***. The purpose of this guide is to help interpret that policy and provide some practical examples to help people understand and organize the categories of information that are required by this policy.

The ***Individual and Family Support Policy*** sets out the guidelines an Analyst uses when reviewing a request for supports and services and deciding what will be allocated to a particular person. It also identifies what CLBC will **not** fund.

The Analyst's role is to decide if what is being requested will help the person to meet their disability related needs in the most appropriate and cost effective way. An Analyst must also consider how much funding, or which supports and services provided by community agencies, are actually available.

Adults or people who support them who submit a support plan should read the ***Individual and Family Support Policy***. A brochure is available in any CLBC office. The policy is found here – http://www.communitylivingbc.ca/publications_and_resources/pdf/policy/policy_indiv_familysupport_nov05.pdf.

An individual support plan can be sent to a CLBC Quality Service Office by email, fax and mail. Individuals and those who assist them can also approach a CLBC Facilitator, a community service provider, or any person they trust, for help in developing a support plan at any time. If you are not sure of your nearest CLBC office, you can phone 604-664-0101 or 1-877-660-2522 for this information.

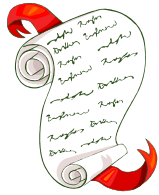
Some Things to Remember When Writing a Plan



- ♦ Show how what is requested is the most effective way to help the person express their gifts and talents while also helping them meet their disability related needs and personal goals
- ♦ List informal community supports and resources that will help the person meet their goals [e.g. the role of family and friends, public transportation, sports clubs, hobby groups, etc.]
- ♦ Ensure that requested supports and services that are funded by CLBC are the most cost effective without compromising quality
- ♦ Identify any short term goals [6 months or less] and the time frames and supports needed to reach these goals
- ♦ Be guided by the values and principles of community living, relevant health and safety standards and identify appropriate safeguards for the individual.

- ♦ Show that the plan has a reasonable balance between formal, paid supports and services funded by CLBC and informal community supports and resources

Individual Support Plan Requirements for Adults



When writing a support plan, there are **7 key areas** that need to be addressed. These are presented below with brief explanations and some examples. What each person includes in their plan will be different. However, as a general guide, the information presented in the support plan should be weighted towards helping the Analyst make a decision about what is actually being requested from CLBC.

Important points to keep in mind are highlighted with bold text.

1. SUMMARY

The summary briefly highlights key points from the main sections of the entire plan. **It also provides a general idea of what is being requested and why.**

A good summary will help the Analyst who reviews the plan to

- ♦ Know what will be presented in the plan and how it fits together
- ♦ Make an informed and fair decision about what is being requested

A Table of Contents is not required, but it can be useful, with lengthy or complex plans.

2. PERSONAL PROFILE

2.1 Describe the individual and include things such as age, abilities, strengths, personal interests, relationships with family and friends, and how disability related needs impact the person's life. Culture, heritage and other relevant background information may also be included.

This brief profile introduces the person to the Analyst. It is important that the person is presented in a positive way since any funded supports and services requested should build on the person's strengths and interests.

Some areas to consider including in the profile are:

- ♦ Communication
- ♦ Meeting personal needs
- ♦ Creating or maintaining relationships
- ♦ Making day to day decisions
- ♦ Making important life decisions
- ♦ Promoting well-being – staying safe from harm
- ♦ Work and learning
- ♦ Being part of the local community
- ♦ Complex health needs [Including Mental Health]
- ♦ Complex needs and risks

2.2 Describe how the person has met their disability-related needs in the past.

Give an overview of the different types and amount of supports and services the person has used to meet their disability related needs in the past. As well, provide a brief analysis of how effective these supports and services have been, or any problems that have been encountered.

2.3 Describe the individual's current situation including where they live, whom they live with, daytime activities, the type and amount of support they currently receive, and whether there is a Representation Agreement or legal Committee acting for the individual.

In addition to a general description of the person's current situation, provide enough detail to help the Analyst understand why the person needs support, or is requesting a change in how/where they are supported.

2.4 Describe the benefits the person expects from the supports and services requested.

This section provides **a brief summary** of the needs that are important to the person and **how** they will be effectively addressed by the CLBC funded supports and services that are requested in the support plan.

Some things to consider are:

- ♦ What different supports and services were considered?
- ♦ What are the specific benefits of the funded supports and services requested from CLBC?
- ♦ How will CLBC funded supports and services work with informal community supports and resources?
- ♦ Is short term funding [6 months or less] required to put informal community supports or resources in place, or enable them to respond more effectively to the person?

2.5 Describe how the person and, if appropriate, family members and significant others, have been included in the development of the plan.

This section discusses the steps taken to ensure that the person's voice has been heard and included in the development of the support plan.

Depending upon the person's circumstances, this section may also identify family members and any other important people who provided input and what their relationship is to the person.

3. TYPE AND COST OF SUPPORTS AND SERVICES NEEDED TO ACHIEVE PERSONAL GOALS

In addition to any specific requests for funding or specific supports and services from CLBC, **this section must include any relevant information on**

- ♦ The role of informal [i.e. unpaid] community supports and resources
- ♦ Support or contributions that may be provided by family members and friends
- ♦ Any other sources of funding that have been considered, or that the person has access to that will be used in implementing the support plan.

3.1 Use of Generic Supports

In this section, describe the role that informal community supports and resources will play in assisting the person to achieve personal goals including participating in community life.

For example,

- ♦ Are local transportation services or community clubs and groups, recreation centres or special interest or hobby clubs used now?
- ♦ Are they, or other supports and resources, being considered?
- ♦ If not, why?
- ♦ If the individual has not been able to use community supports and resources in the past, describe why, using specific examples.

A person is interested in jazz. Instead of requesting paid music therapy, the plan identifies how the person will join a jazz club that meets on Friday nights. Jazz Club members have said they are willing to pick the person up, provide support during the evening, and drop the person off at home.

In some circumstances, community supports and resources may, with some improvements, be helped to include the person and respond more effectively to the person's disability-related needs

Examples of this are an orientation provided to a local dentist, or support for an assistant to attend aerobics with an individual until the aerobics instructor, or other class participants, know how to support the person in the class. A more specific example is provided in the text box on the right.

If short term support is needed, outline the type and length of the support that is required and how this is linked to the person's goals. **The template in section 3.5 below can be used to present this information and summarize any known costs.**

Using a similar example to the one in the box on the previous page, another person who enjoys jazz may need 3 hours each week of short term [6 weeks] paid staff support to be successfully included in the group, until fellow Club members can provide support.

3.2 Support or Contribution Being Provided by Family and Friends

This section asks you to identify the role family members and friends will play to assist the person to achieve their personal goals.

It is understood that parents and other family members are not required to make a financial contribution, unless required to do by a legal obligation [e.g. through a Trust].

Cultural issues may also influence a family's involvement and/or contribution.

A brother or sister may provide transportation to a hobby group, or the parents may contribute to the cost of an annual holiday.

3.3 Other Sources of Funding

The individual or family must list any sources of government funding [Federal or Provincial] they now receive for community living supports and if they have a discretionary or financial trust account.

This information will ensure that CLBC decisions about what is requested in the plan are based on a complete picture of the individual's disability-related needs and current supports.

3.4 Personal goals

Clear statements are required about what the person wants to achieve through the use of the supports and service they are requesting. For example:

- ♦ *I will increase the number of friends and social contacts I have by spending more time in community settings like social clubs and interest groups. I will do this by receiving staff support up to 8 hours each week for the next 3 months. I expect this use of staff time to end after 3 months as I develop supportive unpaid relationships in these settings.*
- ♦ *I want to work and earn money but I need help preparing my resume and learning how to ask employers for a job. The local job club has agreed to help me with this. I need someone to go with me when I look for work because I don't know the bus routes. I need 6 hours of support each week for a month to look for work.*
- ♦ *Once I get a job, I will need some help to learn the bus route. This should take about 20 hour of support as I learn the routes pretty quickly.*
- ♦ *I am a hard worker but at my new job I will need some help from a job coach to learn what I should do. The local job club has agreed to help me and will provide up to 12 hours each week for the first two months. After that I will only need help when the job changes or I don't understand what I am supposed to do.*

3.5 Requested Supports and Services

This section outlines what supports and/or services are needed to assist the individual to achieve his or her personal goals and disability related needs.

- ♦ **Where applicable, use the 8 areas in the person's life listed below to describe how needs will be addressed.**
- ♦ **Please include an explanation of why the particular type of support or service is being requested.**

The examples provided below are not meant to limit what may be included under any particular heading.

1. Home Living

- ♦ Locating a place to live and support for activities such as preparing food, eating, house keeping, personal hygiene, dressing, respite

2. Transition Supports

- ♦ Participating in volunteer or training settings, learning self-management strategies, learning life skills, completing work tasks, part-time jobs, connections with school, moving from home

3. Community Inclusion

- ♦ Learning how to use public transportation, shopping, using recreational facilities, assistance to access and join social clubs and groups, church or volunteer activities

4. Education and Employment

- ♦ Participating in training or educational settings, learning self-management strategies, learning skills like reading signs and counting money, completing work tasks, and job support including interacting with co-workers

5. Professional Support

- ♦ Examples include counselling, augmentative communication, service provider training, and psychological assessment

6. Behavioural Support

- ♦ Prevention of self-injury, assistance to learn more appropriate ways to interact with others in the environment, behavioural intervention

7. Health Care Planning & Medical Support

- ♦ Equipments, seizure management, lifting, transferring, respiratory care, nursing support, medication management, health care protocols, and other specific areas that need to be considered for the person

8. Anticipated Need for Crisis Support

- ♦ It may be possible to anticipate a crisis, particularly if there has been a pattern of crisis activity in the past. In such situations, a description of the anticipated or potential crisis is required, as well as how it will be addressed and the potential cost of crisis support

When describing supports and services in the 8 areas listed above, please include the following information:

- ♦ How often support is required [e.g., always, daily, weekly, monthly, none]
- ♦ How much time is required [e.g., specify hours or minutes required in a day]
- ♦ How long you think this support will be required [weeks, months, ongoing]
- ♦ What kind of support is provided [e.g., none, verbal encouragement/reminders, partial physical assistance, or total assistance]
- ♦ How the support will be provided [e.g. by a live in room mate, living with a family, in own apartment with drop in support]
- ♦ Who will provide needed supports/services [e.g. agency staff, an independent contractor, live-in caregiver, and whether resources will be shared with others]

A description of how this information can be organized is presented below.

Description of Required Support or Service	Name and Type of Provider	Hours or Days of Support	Duration Support is Needed
1. Home Living			
2. Transition Supports			
3. Community Inclusion			
4. Education and Employment			
5. Professional Support			
6. Behavioural Support			
7. Health Care Planning & Medical Support			
8. Anticipated Need for Crisis Support			
Enhancements for Generic Supports			

4. METHOD OF PAYMENT

Under many circumstances, the requested support or service will be provided by an agency that already has a contract with CLBC. Once approval of a request for a support or service takes place, amendments to the contract would be made by the Quality Service Analyst.

Where individuals request individualized funding to pay for a preferred support or service, the following payment methods may be available:

- ◆ Direct transfer to a separate account established to receive and disperse approved funds related to the plan. This option requires the person receiving the funds to act as an employer of record. Where this option is chosen a Representation agreement or other form of legal authority is required for the person receiving the funds on behalf of the individual
- ◆ Electronic transfer of approved funds to a selected service provider under their already existing contract
- ◆ An agreement with a Host Agency where the individual directs how support will be provided, but the agency provides employer of record related services

You can contact a Facilitator at your local Community Living Centre or visit CLBC's website at <http://www.communitylivingbc.ca> for more information on Host Agencies and Individualized Funding.

5. SAFEGUARDS

This section describes what safeguards are now in place to support the person as well as a plan to secure additional safeguards that may be required.

Below is an example of an informal safeguard that could be implemented as part of a person's support plan:

- ◆ A woman with a developmental disability eats too much food at lunch following church, with a risk of becoming very sick. One approach to address this issue would be for the family, who does not attend church, to seek funding to hire a support worker to go to church with the woman to provide full time supervision. While this would "protect" her, it would also stigmatize her in this public setting because she wants only to be with her friends. The family chose instead to work with members of the congregation to let them know about the issue and to identify appropriate ways in which the woman could be supported to know an acceptable amount of food to eat. The family talks with key church members each week by phone after the service and luncheon to see how things went.

"Intentional safeguards can be thought of as conscious design or practice features that can variably be added on, built in or strengthened in order to preserve or enhance something of value in a situation and thereby better manage the vulnerabilities of people and situations."

Michael Kendrick

6. ADDITIONAL INFORMATION

Use this section to include any other information that will assist the Quality Service Analyst to better understand the needs and personal circumstances of the individual.

7. CONTACT INFORMATION

Indicate how any communication with the Analyst should occur, and with whom, once the plan is submitted.