On planning and the process of self-direction

Peter Gregory

Peter Gregory is the Senior Practice Advisor (Disability) for UnitingCare Community. His role is to provide advice and support to areas of UnitingCare where the organisation connects with people living with a disability through the development and application of a coherent practice framework. The primary focus of his role, is to explore how a large and diverse organisation might reframe the way it engages with people with disability and their families to build their capacity towards self-management of services and resources; exploring these ideas through the application of 'person-centred approaches', community development method, ethical decision-making frameworks and participatory leadership strategies. From Peter's perspective, this work has been exciting and imperfect. He also acknowledges how fortunate he feels building relationships and partnerships, working with many people who have been the recipients of disability services who are generous enough to point out inconsistencies, and working together to refine thinking.

The process of planning is one of the many tools that can be used to systematically introduce people (with disability) to the idea that there are alternatives to the future they have been told is their destiny by "the system". It must be recognised, however, that planning processes as we know them are an artifact of the disability support system and therefore can be easily subverted and become a means of maintaining that system rather than identifying ways for the person to break free of it. For example, rather than being seen as an evolving and dynamic instrument, the plan may become a rigid and fixed reference point to measure a person's performance and achievements against deliverables. The challenge for planning when it applies to increasing opportunities for autonomy is for those facilitating the process to be mindful of how this will build capacity for liberation rather than constraint.

My use of the term 'planning' is derived from the discipline of community development rather than welfare or clinical approaches. Therefore planning in this context occurs over a period of time and the objectives are broadly to:

- Articulate a unique response to the individual rather than simply finding them programs to join.
- Create circumstances where the person (individual or family) has authority over how the resources allocated to them are expended and what services or assistance are purchased.
- Ensure that a plan belongs to the person/family.
- Use that knowledge to proactively influence change in the system.

This approach implies a planning process that incorporates:

A. Some work that is about the person and understanding what is important to them. This will involve:

i. Engaging in a conversation with the person and those who know them well to understand what is important to them.

ii. Understanding how those things that are important might be achieved.

iii. Understanding which of those things that are important might need 'funding' for them to occur because they are critical and can't be obtained in other ways.

iv. Understanding which of those things that are important can be achieved without using 'funding' and how that will occur.

B. A commitment to putting those ideas into action. This will involve:

i. Building capacity within the individual to put their ideas into action and learn from this experience.
ii. Building capacity within the people who know the focus person well so they can assist in putting the ideas into action and learning from this experience.
iii. Building resilience into the process so that it can adjust in response to changing needs and circumstances.
iv. Learning from others who have undertaken this process of self- determination already (*Peer support and peer learning)*.
v. Establishing systems that reduce the person's reliance on service systems and maximise the opportunities for the person to manage their own funds and purchase the services they require.

C. Evolution of ideas about the focus of the planning focus by reflecting on what has been achieved so far. This could be achieved by asking: As a result of our involvement in this planning process to date, has the person experienced….

i. Increased access to safe, secure accommodation of their own?
ii. Increased access to educational opportunities?
iii. Increased opportunities to participate in vocational activities?
iv. Increased opportunities to participate in leisure and creative activities?
v. Enhanced access to high quality medical care and nutrition?
vi. Increased financial security and independence?
vii. Increased opportunities for valued social roles and leadership?
viii. Increased opportunities for individual and collective decision-making?
ix. Increased capacity to self-advocate?
x. Reduced dependency on their service?

D. A commitment to assisting individuals and families to join with others in similar circumstances to collate information about this and similar processes to influence the development of alternative community responses, systems, policies and practices.

Undertaking planning in this way requires the facilitator of this process to have a unique skill set. The sophistication required goes beyond those normally associated with Support Facilitators, Local Area Coordinators and Case Managers and incorporates the ability to integrate and apply:

a. A strong person-centred framework for practice
b. An ethical framework for making decisions and to integrate competing ideas.
c. Participatory leadership skills.
d. Community development method.
e. High level skills in supporting families and people with disability to articulate their ideas.
f. Where possible, the facilitator is separate from service provision.

In addition to these, the person undertaking this role needs to be able to encourage people to imagine a possible future beyond the one they have been told is their only option by the existing disability-centred system.

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