# Individual Outcomes

## Policy

*futures in sight* supports individuals to have the lives they choose and to work towards achieving their individual goals and outcomes which are important to them.

*futures in sight* will ask you about how you would like us to work with you and what you would like us to do. We will review the progress of our work together with you at regular intervals.

## Scope

*futures in sight* Partners, Contractors, Employees, and Volunteers.

## Principles

*futures in sight* recognises that every person we work alongside is a unique individual and has the right to identify goals and outcomes which are important to them.

Each individual has the right to support that respects their unique circumstances and personal goals.

*futures in sight* will work alongside the people we support to design and engage supports that recognise and build on individual strengths and abilities in ways that are most appropriate for them.

*futures in sight* also works in accordance with:

* the principles and articles of the United Nations Convention on the Rights of Persons with Disabilities
* the Australian Standards for Disability Services
* the NDIS legislation and operational guidelines

## Legislation

* Community Services (Complaints, Reviews and Monitoring) Act 2002 (CS CRAMA) (NSW)
* NDIS ACT and regulations
* Disability Services Act 1993 (NSW)
* Guardianship Act 1987 (NSW)
* Health Records and Information Privacy Act 2002 (NSW)
* Mental Health Act 2007 (NSW)
* NSW Trustee and Guardian Act 2009 (NSW)
* Privacy and Personal Information Protection Act 1998 (NSW)
* Carers (Recognition) Act 2010 (NSW)
* Carers Recognition Act 2010 (Commonwealth)
* Commission for Children and Young People Act 1998 (NSW)

## Procedures

Once you ask a *futures in sight* Coordinator of Support to work with you, we make a time to meet with you to talk about your Individual Action Plan (see template attached) and the work we will do together. This will help us to stay on track and not lose sight of what’s important to you. We will do this early on in our relationship and then, together we will talk regularly (at least every 6 months) on how things are going and what to change.

These meetings will be made for a time and a place that works best for each of us.

You may ask other people to come to the meeting, such as a friend, your family, an advocate or other person who is important to you.

If you need to communicate with us through an interpreter, we will arrange a telephone Interpreter or a National Relay Interpreter for you.

**Building the plan of our work together**

The flowchart below outlines how we will work with you.

**Review**

This policy will be reviewed on a two-yearly basis.

However, if at any time the legislative, policy or funding environment is so altered that the policy is no longer appropriate in its current form, the policy shall be reviewed immediately and amended accordingly.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed by all Partners |  |  |  |
| Date effective | 1 March 2023 | Version | V-5 |
| Review date | 1 March 2025 | No of pages | 4 |

# Individual Action Plan

# Name:

# Date:

## Please complete this action plan together with your Coordinator of Support (CoS) in the first 4 weeks of starting with futures in sight.

## Then you can review and update this Plan together every 6 months.

## Participant Details:

|  |  |
| --- | --- |
| Name |  |
| NDIS Number |  |
| NDIA Plan Start Date |  |
| NDIA Plan End Date |  |

**Your Goals**

**(to be reviewed every 6 months during your plan)**

| Goals (from NDIS plan and others) | Where are we at? What has been achieved?  | What will the CoS do? (actions and by when) | What will the participant/ their nominee do? (actions and by when) | Active/Completed |
| --- | --- | --- | --- | --- |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Others (not in your current plan) |  |  |  |  |

## Support Coordination

|  |  |
| --- | --- |
| Name of your Coordinator of Support: |  |
| Estimate of CoS hours required to implement the action plan: |  |
| CoS hours used to date: |  |
| CoS hours remaining: |  |

## Risks and Barriers

|  |  |
| --- | --- |
| Please list any identified risks |  |
| Please list any barriers to implementation? |  |
| Any further comments? |  |

***Signed:***

***Date:***