FUTURE CARE PLANNING

Policy approved:	Sign:	Date: 21/6/25

POLICY:

Greystanes Disability Services ("Greystanes") provides support to people with multiple disabilities and high support needs. Greystanes is committed to providing the best support and service to all people who access our services.

As each person's needs change over time, the person with disabilities and their family may wish to consider in advance how needs may best be met and to document their wishes for future support. Future Care Planning may provide some reassurance and may reduce disruption and decision making in the event of illness or death.

Greystanes recognises that providing both the information and the opportunity to consider future support options assists in:

- Providing the best possibility for clear and informed discussion, consideration and decision-making in a planned way, rather than when facing an emergency situation;
- Empowering the person with disabilities and their family to take control of the planning process and identify their priorities and preferred outcomes;
- Allowing the person with disabilities and their family to plan for the future without compromising current or future support;
- Providing a clear framework within which Greystanes may support each person as their needs change;
- Ensuring that everyone involved in supporting the person with disabilities is working within the same framework, with the same guidelines and objectives.

SCOPE:

This policy relates to all people and staff of Greystanes Disability Services.

PROCEDURES:

1. FUTURE CARE PLANNING

1.1 Future Care Planning is an ongoing process where people and their families consider future changing needs and make decisions about future support.

1.2 Discussions should consider not only the person's future health needs, but also any associated future support issues such as living arrangements, financial matters, guardianship, social supports, education, etc. as required. The end product of this planning is a 'Letter on Future Care', which outlines these intentions.

1.3 Future Care Planning is conducted in conjunction with a review of the person's annual Health Support Plan and is a separate process for people and families who wish to undertake the process.

1.4 Each person's 'Letter on Future Care' should reviewed annually or as the situation requires. The person or their family may initiate a review at any time.

1.5 Future Care Planning at Greystanes is in keeping with NSW Government directions (see: Advance Care Planning located at https://www.advancecareplanning.org.au and also Planning_Ahead_brochure.pdf located at https://www.swslhd.health.nsw.gov.au/)

2. INITIATING THE PROCESS

2.1 The person with disability and/or their family are responsible for providing background information.

2.2 Greystanes will send "Advanced Care Plan Australia" information booklet and form to the participants family.

3. THE PLANNING PROCESS

3.1 People involved in discussions may include the person with disabilities, the lead Person Responsible, the GP or others, as the person and family nominate for their expertise, or as desired.

3.2 A letter will be signed by the person and/or lead Person Responsible, and their GP.

3.3 The Manager of Participants shall ensure that the final 'Letter on Future Care' is filed in the person's Daily Folder.

4. INFORMATION DISCLOSURE FOR STAFF

4.1 The Manager of Participants will ensure that support staff discuss Future Care Planning requirements at team meetings.

4.2 Upon the completion of a 'Letter on Future Care' for a person, and following any review, the Manager of Participants will ensure that all staff who support that person are informed regarding the content and implementation of that letter.

5. COMMUNICATION WITH OTHER AGENCIES

5.1 On the completion of the development or review of a 'Letter on Future Care' medical and allied health professionals may be informed as necessary.

5.2 The current signed 'Letter on Future Care', emergency procedure form and hospital form will be kept in the person's Daily File.

5.3 Where the person is transferred to hospital, a copy of the letter and the hospital form that highlights the treatment preferences must always accompany them.

DEFINITIONS:

Consent: For a person over the age of sixteen, consent relies upon the premise the person has the capacity to make an informed decision. Where there is any doubt about this capacity, then consent is established for adults through a 'person responsible' with respect to medical consent, or a legal guardian as defined under the Guardianship Act.
Family: Family refers to legal guardian, person responsible, relatives, person with parental responsibility and significant others. Due to the high support needs of people receiving a service from Greystanes, we acknowledge that families will often provide substitute consent on behalf of the person.
Future care planning: an ongoing process where people and their families consider future changing needs, and make decisions about future support. Areas for consideration may include, (but are not limited to), health support, living arrangements, financial matters, guardianship and social supports and education.
Guardian: for a client over the age of 16 is a legally appointed substitute decision maker appointed for a specific time and for a specific function.
Person: Refers to all persons supported by Greystanes. Greystanes supports people who have intellectual and physical disabilities and high support needs.
'Person Responsible': A 'person responsible' for an adult who is not capable of consenting to their own treatment is defined by the Guardianship Act 1987 in order of priority as:

- a guardian who has the function of consenting to medical, dental and health care treatments or, if there is no Guardian,
- The most recent spouse or de facto spouse (including same sex partner) with whom the person has a close, continuing relationship or, if there is no spouse or de facto spouse,
- An unpaid carer who is now providing care to the person or arranged/provided this support before the person entered residential care or, if there is no carer,
- A relative or friend who has a close personal relationship with the person.

LEGISLATIVE FRAMEWORK:

Disability Inclusion Act 2014 (NSW)
Australia Privacy Principles 2014
Attendant Care Industry Standard: 2013
National Standards for Disability Services
NSW Disability Service Standards
NSW Anti-**Discrimination** Act (1977)
NSW Disability Services Act (1993)
Commonwealth Disability Discrimination Act 1992
NSW Guardianship ACT (1987)
NSW Health Records and Information Privacy Act (2002)
NSW Ombudsman Act 1974
UN Convention on the Rights of Persons with Disabilities
https://www.advancecareplanning.org.au Advanced Care Planning
https://www.swslhd.health.nsw.gov.au/ Planning Ahead Brochure

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