ACN 637 232 752

SP1
Person Centred Assessment & Support Planning

Thrive Care Group Subsidiaries

This policy is part of Thrive Care Group's (Thrive) comprehensive policy suite, designed to guide and govern operations across all subsidiaries. It establishes a unified framework that ensures consistent standards, accountability, and alignment with Thrive core values and strategic objectives. The policy applies to all employees, contractors, and stakeholders within Thrive and its subsidiaries, supporting seamless governance and compliance throughout the organisation.

SP1 Person Centred Assessment & Support Planning

Policy Statement

1. Thrive is committed to:

    a. Promoting choice, self-determination and freedom of expression for all clients and will accommodate their needs wherever possible to ensure they have a positive and fair experience.

    b. Providing strengths-based person centred assessments, support planning and service agreements that respect clients' rights to privacy, dignity, independence, choice and control.

2. Thrive will:

    a. Undertake an initial assessment of all clients accepted into the service.

    b. Provide information to clients about the types of services they are eligible to receive based on their goals, needs and available funding.

    c. Support and assist clients and their stakeholders, wherever requested, to be actively involved in the assessment, review and planning process. Clients are in control of the types of services they receive and the way they are delivered. They set their own goals and outcomes.

    d. Use a range of evidence-based tools relevant to the particular client in assessing their needs and planning for their care.

    e. Involve relevant professionals in the assessment and planning process.

    f. Develop an individual support plan outlining the services to be provided based on client needs and preferences that is flexible, responsive, goal-oriented and, financially sustainable.

    g. Monitor client outcomes against the goals in their individual support plan.

    h. Undertake regular reviews and update their support plan.

Assessment Procedures

1. Setting up the Assessment

    a. Assessments are conducted when the person first seeks assistance from Thrive in person or over the phone. The nature and extent of the assessment vary according to the service being sourced and prospect needs, goals and preferences.

    b. Where a prospect is available to meet in person, the assessment conversation will take place in a location that provides dignity, privacy and enhances their personal autonomy. The location must also ensure the safety of all involved, which will be confirmed via a risk assessment.

    c. Prior to any assessment Thrive will assess the capacity of the prospect to participate in the assessment. If concerns are identified regarding capacity, appropriate actions will be taken to include carers and/or advocates, with the consent of the prospect.

    d. Prior to any assessment, prospects will be informed about the assessment and service planning process. This includes an explanation of what the assessment is, the areas or issues it will cover, how the information will be used to help determine their care and support, and their right to include anyone they choose to participate in the assessment, including interpreters and advocates.

2. Training

    a. Team members responsible for assessments will be trained in working with a diverse range of prospects and clients. This includes people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, people with disabilities, refugees and lesbian, gay, bisexual, transgender, intersex and queer people (LGBTIQ).

    b. Team members will be trained in engagement skills, crisis support and assessment best practice.

3. Timing of Assessment

    a. Thrive will endeavour to undertake initial assessment with all individuals seeking assistance within three working days of their initial enquiry, or as agreed with the prospect.

4. Assessment Process

    a. Initial assessment involves asking a common set of questions. It covers key areas including prospects' goals, skills and abilities, expectations of the service, existing services and supports, current health status, recent healthcare provider appointments, their environment, life circumstances, strengths, capabilities and any risks and/or preferences.

    b. The participation of the prospect in the assessment process is essential. The process is sensitive to cultural, communication, and other individual differences. Thrive will arrange for interpreters or alternative communication services where appropriate.

    c. During the assessment, team members will obtain written or verbal consent (where the assessment is conducted over the phone) from the prospect to share their information to obtain or provide services.

    d. The assessment will consider any information shared with Thrive by other service providers or organisations working with the prospect, if the prospect has consented. If the prospect is transferring from another service, the transfer form will inform the assessment and intake process.

    e. Based on the outcome of the assessment, Thrive may offer to assist prospects to access services better suited to their goals and preferences where Thrive is unable to meet their expectations.

5. Assessment Tools

    a. Evidence-based assessment tools and methods are used as appropriate depending upon the service the person is seeking to access. This may include:

        i. Formal interviews
        ii. Functional assessment
        iii. Family input
        iv. Risk assessments
        v. Decision-making flow charts
        vi. Standardised assessment tools such as:
            - General Health Questionnaire
            - Functional Capacity Assessment (WHODAS)

    b. Thrive may involve other professionals in the assessment process, such as:

        i. A registered nurse or allied health professional for complex care needs
        ii. A psychologist or counsellor for psychosocial assessment or support
        iii. A Specialist Behaviour Support Practitioner for behaviours of concern

c. Information collected through the application of evidence-based assessment tools may result in the creation of formal management plans, which are supplementary plans that support implementation of a support plan.

6. Recording Assessment Information

    a. Prospects' responses are recorded in the client record system so they can be shared (with the prospect's consent) either for referral purposes or if the prospect re-presents. This information is recorded at the time of first contact to support effective and timely sharing and prompt referral.

7. Assessment Outcome

    a. Assessment information is used to develop an individual plan and outlines a response that makes it easy for the prospect to access the services and support they need.

8. Re-Assessment

    a. A re-assessment occurs where a review of a person's circumstances confirms significant changes likely to affect the type and level of service or support required.

    b. Circumstances that may trigger a re-assessment include a hospitalization or a request from a client or their carer.

    c. Assessment and ongoing reviews are undertaken at various points throughout the service delivery period. The individual plan may change because of the review.

9. Communicating the Assessment Outcome

    a. Assessment results will be discussed with the prospect at the time of the assessment, and with the consent of the prospect, their family, guardians or anyone involved in their care.

    b. Team members will explain the reason behind all decisions in an open and transparent way.

Support Planning Procedures

1. Support Plans

    a. All support plans are developed in consultation with the client.

    b. Each support plan will include:

        i. Agreed goals for the individual client
        ii. Services to be provided, including type and frequency
        iii. Time frame for service delivery
        iv. Responsibilities of the client and Thrive
        v. Any fee or cost to the client
        vi. Details of how the client may provide feedback or make a complaint
        vii. The client's preferred method of contact (e.g. email, telephone)
        viii. A thorough needs assessment and prioritisation of needs, including physical, psychological, social, cultural and spiritual considerations.
        ix. Resources required to deliver services
        x. Identification of Thrive team members involved in service delivery and any external agencies
        xi. Method for monitoring implementation of the plan
        xii. Method and date of review
        xiii. Evaluation procedure
        xiv. Any program-specific requirements
        xv. A risk assessment tailored to the client's needs, goals, preferences, supports and environment

2. Client Budgets

    a. Thrive will ensure that all support plans are financially sustainable and align with the client's available funding sources.

    b. Each support plan will include:

        i. Estimated costs for services and supports
        ii. Client contributions (if applicable)
        iii. Funding arrangements and any subsidies available under relevant programs

3. Financial Hardship Support

    a. Thrive recognises that clients may experience financial hardship and will respond promptly and respectfully.

b. In such cases, Thrive will:

    i. Provide clear and transparent information about fees, contributions and payment options
    ii. Offer flexible payment arrangements where possible
    iii. Assist clients to access government subsidies, hardship provisions or alternative funding sources
    iv. Review support plans to ensure essential services remain accessible without compromising client wellbeing
    v. Document all agreed financial adjustments in the client's service agreement

c. Clients will be encouraged to raise any concerns about affordability during assessment or review processes.

d. All decisions will be consistent with legislative requirements and Thrive's organisational policies.

4. Enabling Client Participation

    a. Thrive will assist clients to participate in the development of their support plan to the level they desire.

    b. This may include:

        i. Scheduling meetings at times and locations suitable for the client
        ii. Arranging for interpreters
        iii. Encouraging ongoing engagement with clients on decisions or choices that affect them

5. Timing

    a. Team members will interact with clients to ensure they and their families understand the benefits and risks associated with proposed supports and services.

    b. Clients may invite stakeholders to participate in support planning. Thrive may also suggest the involvement of other agencies, with the client's consent.

    c. Clients will be encouraged to work with team members to develop the risk assessment relevant to their support plan.

    d. Risk mitigation strategies will be client-led and focus on proactive approaches that support independence, decision-making and autonomy.

e. Risk assessments must include:

    i. Consideration of the degree to which the client relies on Thrive's services to meet daily living needs
    ii. Any adverse impacts if the client refuses support or withdraws consent, Thrive will balance respect for individual rights with its duty of care

6. Support Plan Development and Review

    a. Wherever possible, the first individual support plan should be developed prior to the commencement of service delivery. If not possible, the plan must be finalised within the first month of service delivery.

    b. Support plans must be reviewed at least annually.

    c. Support plans may be reviewed and amended at any time, including when:

        i. Requested by a client, team member or stakeholder
        ii. The client's needs, goals or preferences change
        iii. A hospitalisation event
        iv. The care and services plan is not effective
        v. The supports are found to be financially unsustainable
        vi. The client's ability to perform daily activities or their mental, cognitive or physical condition changes
        vii. The care provided by the client's family changes
        viii. A transition occurs
        ix. Risks emerge or incidents impact the client
        x. Care responsibilities change among those involved

    d. Thrive will make reasonable adjustments to ensure the support plan is fit for purpose and supports the client's health, privacy, dignity, financial position, quality of life, independence and reablement.

7. Documentation

    a. Thrive will support clients to understand their support plan in a format that suits their individual needs and cultural background. This may include plain English or translations.

    b. Plans may be simple or comprehensive depending on client needs. One copy is kept on file, and another is provided to the client. Copies may be shared with others with the client's consent.

    c. Plans may be written or agreed to verbally. Verbal agreements must be documented in the client's file.

    d. Thrive will seek consent from the client or guardian when plans are agreed. Clients may withdraw consent at any time, including for authorised restrictive practices.

e. Services outlined in the support plan are formalised in a service agreement signed by the client or their representative.

f. Team members will use support plans to guide the delivery of care and support.

8. Exiting Thrive Programs

a. Thrive supports clients to exit services in a planned, collaborative and safe manner.

b. A Transition Support Plan will be developed in collaboration with the client. It will include:

i. Client profile
ii. Key objectives
iii. Actions for smooth transition
iv. Identified risks
v. Planned outcomes

c. If transferring to another provider, Thrive will:

i. Complete an internal transfer form and share relevant information with the new provider, with client consent
ii. Provide the new provider with information at least five days before service commencement
iii. Maintain communication with the new provider until the client has exited
iv. Update the client's family, guardian or advocate throughout the process

d. The client will be provided with a copy of transfer documents upon request.

e. Transfer details will include client information, services provided, Support Plan, relevant contacts, risks and transition details.

Safeguarding Procedures

1. Thrive is committed to safeguarding the health, wellbeing, dignity and safety of all clients through proactive, person centred care planning and service delivery.

2. Thrive will ensure that all clients are supported to participate in decisions about their care and services to the level they desire. This includes scheduling meetings at suitable times and locations, arranging interpreters, and involving stakeholders where appropriate.

3. Thrive will uphold its Duty of Care by:

    a. Conducting thorough risk assessments during intake, assessment and support planning.

    b. Supporting clients to understand risks and choices.

    c. Developing client-led risk mitigation strategies that promote independence and autonomy.

    d. Reviewing support plans when risks emerge, incidents occur or client needs change.

4. Thrive will prevent abuse, neglect, exploitation and discrimination by:

    a. Training team member in engagement, crisis support and safeguarding practices.

    b. Ensuring all assessments and support planning are conducted in private, respectful and safe environments.

    c. Supporting clients to express concerns and access complaints processes.

5. Thrive will respond to incidents involving clients by:

    a. Notifying the stakeholders as soon as reasonably practicable.

    b. Updating care documentation and service arrangements.

    c. Reviewing support plans and implementing necessary changes.

    d. Recording all communications and actions in the client's file in accordance with the OM8 - Information Management Policy.

6. Thrive will ensure that all safeguarding actions are consistent with the client's preferences, cultural background, communication needs and Consent.

Service Agreement Procedures

1. Service Agreements

    a. Clients are required to sign a service agreement when they start with Thrive. This outlines the roles and responsibilities between the client and Thrive.

    b. The service agreement includes:

        i. Scope of engagement
        ii. Services to be provided
        iii. Conditions related to service delivery
        iv. Reasons for any conditions
        v. Clients' rights and responsibilities
        vi. Fees and agreed costs
        vii. Payment terms
        viii. Privacy and confidentiality
        ix. Commitment to confidentiality
        x. Feedback and complaints procedure
        xi. Client consent
        xii. Respect and safety expectations

2. Collaboration

    a. Thrive will assist clients to participate in developing support plans and service agreements to the level they desire.

    b. This may include:

        i. Scheduling meetings at suitable times and locations
        ii. Arranging for interpreters
        iii. Inviting family, guardians or advocates to participate
        iv. Suggesting involvement of other agencies, with client consent

    c. Thrive will make reasonable adjustments to ensure the agreement is fit for purpose and supports the client's health, privacy, dignity, financial position, quality of life, independence and reablement.

3. Payment and Invoicing

    a. Thrive will provide clear information about the service agreement, including rights, responsibilities, services, contributions and fees.

    b. Thrive will ensure prices, contributions, fees and payments are accurate and clearly communicated.

c. Any changes to fees will be explained and implemented only with informed client consent.

d. Thrive will address overcharging and refund clients as soon as reasonably practicable.

e. Invoices will be timely, accurate, clear and presented in accessible formats.

4. Communication

a. Thrive will support clients to understand their service agreement in formats suited to their needs and cultural background.

b. All communications with the client and relevant parties will be recorded in the client's file in accordance with OM8 - Information Management Policy.

5. Timing

a. Clients will be granted a reasonable amount of time to consider their options and seek advice.

b. Wherever possible, the service agreement should be developed prior to service commencement.

c. If not possible, the agreement must be finalised within four weeks of service commencement.

6. Record Keeping

a. A signed copy of the service agreement will be kept on the client's file.

b. The client will be provided with a signed copy to keep.

c. If the client does not receive or chooses not to have a service agreement, Thrive will document the circumstances.

d. Agreements may be written or verbal. Verbal agreements must be documented in the client's file.

e. Copies may be shared with others or agencies with the client's consent.

Related Business Procedures

1. OM5 – Feedback and Complaints Policy
2. OM8 – Information Management Policy
3. SP2 – Choice, Independence & Quality of Life Policy
4. SP3 – Dignity, Respect & Privacy of Clients Policy

Responsible Persons

1. The Chief Executive Officer must:
    a. Manage and monitor compliance with this policy.
    b. Support team member competence and compliance with this policy.
2. Management must:
    a. Manage and monitor compliance with this policy.
    b. Ensure team members receive appropriate training, supervision and debriefing to comply with this policy.
    c. Ensure there are systems and processes in place for the development, implementation, review and evaluation of agreements and care plans for each client.
    d. Review care plans on an annual basis, at a minimum.
3. All Thrive team members must comply with this policy.

Definitions

1. **Abuse**: Any act that causes harm or distress to a client, including physical, emotional, sexual, financial or psychological abuse, neglect, exploitation or discrimination.
2. **Advocate**: A person who has the authority of the client and who represents their interests. An Advocate can be a family member, friend or a Guardian appointed by, or for, the client.
3. **Assessment**: The process of gathering information from and about the prospect to develop an understanding of their needs and to determine suitable options and support planning.

4. **Case Management**: The process of coordinating the acquisition and delivery of services by other organisations to meet individual client needs, thereby providing a holistic and person centred approach.

5. **Client**: Any individual who receives support or care from Thrive or accesses the services provided by Thrive.

6. **Client Contribution**: Payment that is required to be made by clients for the cost of their care, as assessed by the Australian Government or self-nominated by the client.

7. **Consent**: Voluntary agreement to some act, practice or purpose. Consent has two elements: knowledge of the matter agreed to and voluntary agreement.

8. **Critical Incident**: An event that poses a serious risk to the health, safety or wellbeing of a client, team member or other person.

9. **Duty of Care**: The legal and ethical obligation to ensure the safety and wellbeing of clients by taking reasonable steps to prevent harm.

10. **Eligibility**: Refers to the characteristics that people must possess and/or situations which people must experience in order to receive services from the organisation.

11. **Guardian**: A substitute decision maker with authority to make personal or lifestyle decisions about the person under Guardianship. A Guardian is only applied for by Thrive on behalf of the client when all options to support a client to make decisions – such as but not limited to family members – are exhausted or not available. Guardians are legally appointed for a specified period of time and are given specific functions defined in the Guardianship Order.

12. **Incident**: Any event or circumstance that results in harm, has the potential to cause harm, or disrupts service delivery.

13. **Intake**: The systematic process of gathering information about people's current situation to facilitate their access to Thrive services and assist them to make informed decisions about the needed service.

14. **Management Plan**: A document that outlines how Thrive team members will provide support to a client for specific health or care needs. A management plan is a supplementary plan that support the implementation of a support plan. It details the agreed strategies, procedures, and responsibilities required to ensure safe, effective, and consistent support. Examples include an Epilepsy Management Plan, Diabetes Management Plan, or Enteral Feeding Plan. Each Management Plan includes but is not limited to the purpose and scope of the plan, step-by-step procedures, roles and responsibilities and risk management strategies.

15. **Mandatory Reporting**: The legal obligation to report specific types of incidents to regulatory authorities, including those under National Disability Insurance Scheme (NDIS) and Aged Care Serious Incident Response Scheme (SIRS).

16. **Minor Incident**: An event that causes minimal disruption or harm and does not require external reporting.

17. **Person Centred Planning**: A process of continually listening and learning to the needs, goals and preferences of the client with a focus on what is important to the client now and in the future, and acting on this in partnership with their family and Guardians.

18. **Prospect:** Any individual who is seeking to receive support or care from Thrive or to access the services provided by Thrive.

19. **Referral**: A request for a specialist consultation or service that occurs when an organisation cannot meet the client's needs or has insufficient resources to manage the client's situation.

20. **Safeguarding**: The proactive and response actions taken to protect clients from abuse, neglect, exploitation and discrimination, and to uphold their rights, dignity and wellbeing.

21. **Service Agreement**: A document clients sign when they start with Thrive. It outlines the roles and responsibilities between the client and Thrive and covers the following points:

    a. Scope of Engagement (outline of services provided).

    b. Service (outline of what can and will be provided).

    c. Clients' Rights and Responsibilities.

    d. Fees (the agreed costs for services).

    e. Payment Terms (client terms to meet payment for services (if any).

    f. Privacy and Confidentiality (privacy of information, both personal and financial).

    g. Commitment to keep personal information confidential.

    h. Grievance and Feedback Procedure.

    i. Client Consent (for receiving care and services).

    j. Respect and Safety (outline of common expectations).

22. **Stakeholder**: Any person or group that a client identifies as important to their care, wellbeing, or decision-making. This may include, but is not limited to, family members, friends, guardians, advocates, and any other individual nominated by the client. Stakeholders support the client's goals and preferences and may participate in planning, communication, and service delivery as agreed by the client

23. **Support Plan:** A document developed in partnership with the client and, where appropriate, their family or Guardian. It outlines the supports Thrive will provide and/or co-ordinate to meet the client's individual needs and goals. The Support Plan is person-centred and includes, but is not limited to goals, preferences, risks and specific requirements.

24. **Team Member**: All Thrive employees, volunteers and subcontractors.

25. **Thrive**: Thrive Care Group Pty Ltd ABN 68 637 232 752, together with each of its subsidiaries.

References

1. Aged Care Act 2024 (Cth) and its associated regulations

2. National Disability Insurance Scheme (NDIS) Practice Standards and their associated regulations

3. Privacy Act 1988 (Cth)

Version Control

Version 1	31 August 2025	New policy creation

Thrive Care Group

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