



Mapping My World:

My Journey, My Way

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HELLO MY NAME IS

This booklet has been developed by Endeavour Foundation and includes a combination of the best available tools for person-centred practice in the 21st Century, including those by Helen Sanderson Associates (2015) and The Learning Community for Person Centred Practice (2015).

References:

1. Thompson, J.S, Kilbane, J., & Sanderson, H. (2007). Person-Centred Practice for Professionals. Retrieved from http://UQL.eblib.com.au/patron/FullRecord.aspx?p=332732

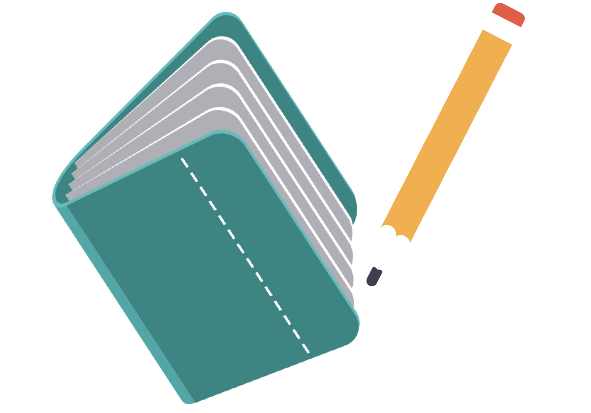
2. The Learning Community for Person Centred Practices (2015). Chapter 1\_Person Centred Thinking Tool 1 – Appreciation. Retrieved from http://learningcommunity.us/documents/Chapter2\_PersonCentredThinkingTool\_2\_Relationships.pdf

3. Helen Sanderson Associates. (2015).One-page profiles. Retrieved from http://www.helensandersonassociates.co.uk/person-centred-practice/care-support-planning/

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Welcome to your National Disability Insurance Scheme (NDIS) pre-planning booklet - Mapping My World

What is this booklet for?



This booklet has been designed to put you at the centre of decisions about your life in the NDIS planning process.

It helps you prepare for your NDIS planning meeting.

It is designed to help you think about how you’d like to live your life – now and in the future.

Why do I need this booklet?

To help you to do these things:

* This booklet will help you map your world and goals.
* This will help you get the most out of your NDIS plan.

If you would like to ask any questions about this booklet,   
you can contact our NDIS helpline on **1800 112 112**.

Contents

[1. Who I am 5](#_Toc474407789)

[2. Ways I communicate and make decisions 6](#_Toc474407790)

[3. Important people to me 7](#_Toc474407791)

[4. My home 8](#_Toc474407792)

[5. My daily activities 9](#_Toc474407793)

[6. Are there any programs you’d like but don’t currently have? 11](#_Toc474407794)

[7. My weekly supports 12](#_Toc474407795)

[8. My health and wellbeing 14](#_Toc474407796)

[9. Therapy supports that I currently use 15](#_Toc474407797)

[10. My current equipment, aid or modification support 16](#_Toc474407798)

[11. Additional equipment, aid or modification support that I need 16](#_Toc474407799)

[12. My Dreams and Goals 17](#_Toc474407800)

[13. How I wish my week looked 18](#_Toc474407801)

[14. My short term dreams and goals: next 12 months 19](#_Toc474407802)

[15. My long term dreams and goals 20](#_Toc474407803)

[16. My ultimate wish 20](#_Toc474407804)

# Who I am

My feelings, my beliefs and my attitudes are important to how I act, think and express myself.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Where I live |  | Who I live with |  |
| My phone number (or best contact phone number) |  |  |

| What is important to me? | | What do I like about myself? | | What do other people like about me? | How to best support me? |
| --- | --- | --- | --- | --- | --- |
|  |  |  | |  |

# Ways I communicate and make decisions

Decision-making

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How I want to be involved: | Who I want to help me in my NDIS planning meeting: | How I communicate  *(e.g. verbally, sign language, COMPIC, photographs):* | Who makes the final decisions? | |
|  |  |  |  | |
| Communication tools or aids I would like you to use with me *(e.g. speak slowly, listen carefully, iPad with Proloquo2Go):* | | | | |
|  | | | | |

Would you like assistance with implementing your plan, sourcing providers and coordinating your supports? *(This is known as Support Coordination)*

Yes  No

Would you like assistance with managing your NDIS funding? *(This is known as Plan Management)*

Yes  No



# Important people to me

Who are the important people in your life? Add them into the chart below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Friends and other important people | | |  | |
| Work/School/Day Program |  | Very close to |  | My family | |
|  |  |
| Very close to | Very close to |
| Very close to |  |
|  |  | |  | |
|  |  | |  | |
|  |  |  | |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  | Home & any paid supporters | | |  | |

# My home

|  |  |
| --- | --- |
| What type of home do I live in? (House, unit, share house, supported accommodation) |  |
| Who helps me at home? |  |
| What do they help me with? |  |
| Has my home been modified for my disability? Yes/No  If no, do you need to live in a house with modifications? |  |



# My daily activities

How do you spend your average week currently? As well as writing down what you do now, think about what is working well and what is not working well, as this will be useful for later in the booklet.

Don’t forget to include any programs you attend, your hobbies and interests!

|  |  |  |  |
| --- | --- | --- | --- |
|  | What I do now | What is working well | What is not working well |
| Monday |  | | |
| Morning |  |  |  |
| Afternoon |  |  |  |
| Evening |  |  |  |
| Tuesday |  | | |
| Morning |  |  |  |
| Afternoon |  |  |  |
| Evening |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Wednesday |  |  |  |
| Morning |  |  |  |
| Afternoon |  |  |  |
| Evening |  |  |  |
| Thursday |  |  |  |
| Morning |  |  |  |
| Afternoon |  |  |  |
| Evening |  |  |  |
| Friday |  |  |  |
| Morning |  |  |  |
| Afternoon |  |  |  |
| Evening |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Saturday |  | | | |
| Morning |  |  | |  |
| Afternoon |  |  | |  |
| Evening |  |  | |  |
| Sunday |  |  | |  |
| Morning |  |  | |  |
| Afternoon |  |  | |  |
| Evening |  |  | |  |
|  | Things I do sometimes: | | Things I like, but haven’t done for a while: | |
|  |  | |  | |

# Are there any programs you’d like but don’t currently have?

|  |
| --- |
|  |

# My weekly supports

Think about who supports you in your activities throughout the week - both your   
formal and informal supports.

|  |  |
| --- | --- |
| Daily activities | Who supports me to do this *(e.g. my Mum, my friend, my support worker from Endeavour Foundation)* |
| Daily living |  |
| Work |  |
| Learning |  |
| Social & community participation |  |
| Home (living arrangements) |  |
| Health & wellbeing |  |
| Transport |  |

My weekly supports (continued)

|  |  |
| --- | --- |
| Daily activities | Who supports me to do this *(e.g. my Mum, my friend, my support worker from Endeavour Foundation)* |
| Behaviour support |  |
| Respite |  |
| Managing my money |  |
| Other: |  |
| Other: |  |
| Other: |  |
| Other: |  |
| Other: |  |

# My health and wellbeing

|  |  |
| --- | --- |
| My primary disability is: |  |
| My secondary disability is: |  |
| My current health concerns or challenges are: | (e.g. I have high blood pressure and diabetes) |
| Important things to me about my health are: | (e.g. keeping fit & healthy) |
| What is going well with my health? | (e.g. I eat a balanced diet) |
| What is not working well with my health? | (e.g. I would like to increase my fitness by joining an exercise class, I need to find a suitable class and someone to take me) |

# Therapy supports that I currently use

 List all your current therapy supports:

|  |  |  |
| --- | --- | --- |
| Who | Purpose | How often |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Are there any therapy supports you would like but don’t currently have? (e.g. psychologist, psychiatrist, social worker, GP, podiatrist, optical) | | |
|  | | |



# My current equipment, aid or modification support

 Think about equipment, aids and modifications that you currently use. *(e.g. continence aids, wheelchair, walker, hoist, alarms. Also consider communication devices such as Braille machine, iPad, programs such as Proloquo2Go)*

|  |  |  |  |
| --- | --- | --- | --- |
| What | For | When | How often |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Additional equipment, aid or modification support that I need

 Think about additional equipment, aid or modification that might help you that you don’t currently have.

|  |  |  |  |
| --- | --- | --- | --- |
| What | For | When | How often |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# My Dreams and Goals

You’ve explored how your life currently looks. Now let’s have a look at your dreams and goals – for both the immediate and longer term future.

Goal setting can help us get where we would like to, step by step.

In this section you’ll think about what your ideal week would look like, and what you’d like your home life, your work, your education, and your independence to be like.

You don’t have to make goals for everything. There may be some things that are working well for you right now that you are happy to keep as they are, and other things you’d like to change.

# How I wish my week looked

Thinking about what you wrote was working well and what could work better in the previous questions; what would your ideal week look like? Don’t forget to include work, education, hobbies and relationships, if they are relevant to you. *(e.g. would you like to work more or less, volunteering, social activity)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Afternoon | Evening |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

# My short term dreams and goals: next 12 months

Think about daily living, home, relationships, health & wellbeing, lifelong learning, work, social & community and   
choice & control.

 Which goals are the most important to you in the next 12 months? *(e.g. having a holiday, living in my own home, maintaining relationships, joining a club, developing skills, training or learning, cook my own dinner)*

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# My long term dreams and goals

Think about: daily living, home, relationships, health & wellbeing, lifelong learning, work, social & community and choice & control. (*e.g. getting a job, finding a partner, having a pet, moving into accommodation, learning to drive, travel).*

 Which goals are important to you longer term?

|  |
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|  |



# My ultimate wish

If you had one ultimate wish, what would it be? (*e.g. An overseas trip? To participate in a marathon? Go on a hot air balloon? To get married?)*

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| --- |
|  |

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| --- |
| Additional Notes: do you have any questions or things you wish to talk about at your NDIS meeting? |
|  |

|  |
| --- |
| Overall summary of current customer supports and unmet needs  Participant’s Story   * Goal 1 * Goal 2 * Goal 3   Name:  and give a general overview of their life *(e.g. who they live with now, what’s important to them. Could include general information about health, important family members, name of decision maker, level of independence, ability to use money, risks to the participant in the community*):  Name: currently receives the following services:  Name: has additional support requirements that are currently not met: |

Congratulations!



You have now mapped out your world in preparation for your National Disability Insurance Scheme (NDIS) planning meeting.

Here are your next steps:

1. A representative of the National Disability Insurance Agency will be in touch with you to arrange a meeting when the NDIS is being rolled out in your area. They can also be contacted on 1800 800 110.
2. Call Endeavour Foundation on 1800 112 112 if you have any questions about this booklet. You can also visit our NDIS-specific website with all the up to date information: www.ndis.endeavour.com.au
3. You can bring someone with you, like a family member or friend, to support you in your NDIS planning meeting. You are also able to request a Manager from Endeavour Foundation to attend if you would like them to.



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1800 112 112 (NDIS Helpline)