

# The Rehab Group Individual Action Plan (IAP) Policy

Applies Jurisdiction:	🖂 Ireland
Division:	🖂 Learning
<b>Reference Number:</b>	TAE-CAM-001
Version Number:	V1
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Approver(s): Title: Date: Signature:	Linda Coone Interim Director Quality & Governance Dec 2019 Linda Come

**Effective From: Review Date:** 

December 2019 September 2022

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### **1.0 POLICY STATEMENT**

It is the Rehab Group policy to maintain the individual Learner at the centre of programme delivery and focus delivery on the individual needs and goals of the Learner.

The Rehab Group has adopted the Individual Action Planning (IAP) system to maintain an individual and holistic approach to programme delivery.

The Rehab Group undertakes to work with Learners to identify and analyse their individual needs and goals and seek to meet them through the Individual Action Planning (IAP) process.

The IAP process is as a structured, systematic, individual driven and team based approach that enables Learners to identify, plan and achieve their goals in a holistic way within a training / rehabilitation context.

In accordance with a holistic approach, IAP goals are organised and coded within seven broad categories as follows:

- 1. Environment
- 2. Education
- 3. Cognitive
- 4. Medical
- 5. Psychosocial
- 6. Psychomotor
- 7. Vocational

See appendix for code/category descriptors

The IAP process is a team approach. Each team member contributes in a collaborative way to establish and agree goals in consultation with Learners. Learners should attend all IAP meetings and be facilitated, with support, to represent their views effectively through an advocate where necessary.

### **2.0 PURPOSE**

The purpose of this policy document is to provide guidance to management and staff members in planning and carrying out the IAP process.

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### 3.0 SCOPE

This policy applies to all training locations where the IAP process is carried out.

### 4.0 **DEFINITIONS**

IAP – Individual Action Plan

### **5.0 GENERAL PROVISIONS / PROCEDURE**

See section 9.0 Essential Steps

### 6.0 ROLES & RESPONSILBITIES

It is the responsibility of Centre Managers to implement this policy within each training location.

# 7.0 EVALUATION & AUDIT

This policy will be reviewed through the Rehab Groups internal review and audit systems.

# 8.0 ESSENTIAL STEPS

Setting dates for the IAPs is the manager's responsibility unless the manager has delegated this to a staff member.

Centre managers or assistant managers should aim to attend as many IAP meetings as is practical but should prioritise attending first and last IAP meetings.

The location of meetings should be considered carefully and agreed locally.

Attendance at IAP meetings should include the Learner, manager (see above), instructor, rehabilitation officer (RO) and other people such as family members, health service personnel etc. if appropriate and following agreement with the learner.

The RO should co-ordinate information and assist learners to prepare for IAP meetings. This preparation should include reviewing the Needs Analysis form, the Support Services Summary of Need/Discovery Document/IPlanIt documentation as appropriate. Consultation with the

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resource teacher and the rehabilitation psychologist should also occur, if appropriate.

There should be no more than five or six IAP meetings a day, particularly when setting up the learner's first IAP.

IAP review meetings should take place every four months. The initial IAP should take place within the first eight to twelve weeks.

IAPs must be entered on the Compass database system or IPlanIt system as appropriate.

#### IAP Goals

Select four to eight goals.

Goals should be specific, measurable, achievable, realistic and time limited and phrased in a positive manner.

Advocate a holistic approach to assessing needs and goal setting by considering all seven broad categories – avoid focusing on vocational goals only.

Any negative feedback/constructive criticism is to be primarily addressed outside the IAP meeting, but referred to in terms of agreeing goals at the meeting.

#### Needs Analysis form/Discovery Document/IPlanIt

This above document (as appropriate) is worked through, collaboratively, by the instructor and the learner. VT Programmes will use Needs Analysis Form, HSE funded programmes will use discovery document which will replaced by IPlanIt.

Instructor consults with the learner regarding his or her needs.

If there is a difference in interpretation of learner's need it is important that both perspectives are recorded.

The final version is stored in learner's confidential file for VT programmes and IPlanIt for HSE funded programmes.

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#### **Support Services Summary of Need**

This form is to be completed by the rehabilitation officer within six weeks of the learner's start date. It is to be completed in consultation with the learner and after review of the application documents i.e. Confidential Health Report Form, Application Form, Risk Assessment/Management proposal (if appropriate).

#### **IAP** Training

Training/support sessions on the IAP process should be undertaken on a centre-by-centre basis by the RP and/or RO in consultation with the regional PDO as appropriate.

### **9. APPENDICES**

Appendix 1 – Code/Category Descriptors Appendix 2 – List of Authors Appendix 3 – Read and Understood

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### **Appendix 1 – Code/Category Descriptors**

**Environmental Competence**: Regardless of disability an individual's independence depends on being able to cope with the environment. This will include the workplace, the community, and the physical infrastructure of the area in which they live.

**Psychosocial Competence:** The psychosocial sphere includes the ability to cope with one's own internal emotional states and the ability to deal with other people in both a social and work context.

**Educational Competence:** The educational sphere can be considered relative to the potential and aspirations of the student. In particular, it would relate to social literacy, numeracy, technical literacy and numeracy and the need for qualification and certification.

**Cognitive Competence:** In the cognitive sphere an individual must be able to acquire new knowledge and skill and to transfer this knowledge and skill from one context to another. In addition, independent functioning in this area requires the ability to solve problems in contexts which have not been experienced before. This code includes goals relating to memory, concentration and thinking patterns.

**Psychomotor Competence**: Independence in this area requires the ability to control the functioning of one's body so that movement is precise and intentional. In addition, stamina and endurance are important factors in being able to participate fully in the workplace. Fatigue would be included under this code also.

**Medical Competence:** The major factor in the medical area is the degree of disruption which medical interventions may have on a person's ability to work either due to the time involved or the side effects of the intervention. The stability of a condition and whether it is chronic, episodic or degenerative is also important. Goals surrounding adherence to a medical regime and attending medical appointments would be included here.

**Vocational Competence:** Effectiveness in the vocational area relates to one's productivity, accuracy and skill level. It is also important that one's career plan is congruent with one's vocational potential. Goals relating to work experience, career guidance and applying for jobs would be included here.

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### Appendix 2 – List of Authors

#### Authors List for New/ Reviewed Policy Area

The following names individual authors/ reviewers to this policy area.

Division/Other	Name(s)
Quality & Governance	Mary Hughes Rita Ní Dhuigneáin
National Learning Network	Suzanne Allen Representation from • Rehabilitation Officers • Regional Psychologies Jeanette Haughey

\*Note that it is not obligatory for each division to be involved in a new policy/ review if the policy is not relevant; this should be decided by each division on a case-by-case basis.

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### Appendix 3 – Read & Understood

I have read, understand and agree to adhere to the attached IAP Policy

Print Name	Signature	Date

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