



## **Annex 2 ( PSP )**

# **Key Elements to Include in the Personal Support Plan (PSP) to Guarantee Freedom and Autonomy under the UNCRPD**

***By Doninu (Malta) International***

# **Comprehensive Guidance on Adapting the Personal Support Plan (PSP) in Residential Homes for Persons with Disabilities in Line with Article 19 of the UNCRPD**

This document outlines a structured and rights-based approach for adapting the Personal Support Plan (PSP) within residential homes for persons with disabilities. The recommendations are based on the principles set forth in the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**, with particular focus on **Article 19 – Living independently and being included in the community**.

## **1. Understanding Article 19 of the UNCRPD**

Article 19 affirms the **equal right of all persons with disabilities to live in the community**, with **choices equal to others**, and to have access to a range of in-home, residential, and other community support services. It mandates that **institutions and service providers must not impose restrictions** that deny autonomy, independence, or participation in community life.

This legal obligation must be directly reflected in every element of the Personal Support Plan (PSP).

## **2. Core Objectives for Adapting the PSP**

To align the PSP with Article 19, the residential facility must ensure that the PSP:

- **Promotes autonomy** and individual agency in everyday life decisions.
- **Supports informed choice** across areas including social activities, health care, work, relationships, and leisure.
- **Facilitates full community inclusion**, not mere presence in the community.
- **Respects and documents the will and preferences** of the person at every stage of planning.

### 3. Key Components of an Adapted PSP

#### a. Individual-Centred Planning

- The PSP must be **tailored to the unique personality, aspirations, and capabilities** of each resident.
- It should be developed **collaboratively** with the person concerned and, when necessary, with the involvement of chosen family members or advocates—**not institutional staff alone**.
- **Communication supports**, including accessible formats and interpreters, must be provided to ensure the person is fully informed and actively participates.

#### b. Choice and Control

- The PSP must clearly outline areas where the individual **exercises control** over their daily life: including food, personal hygiene, clothing, visitors, relationships, and religious practices.
- **Restrictions (if any)** must be exceptional, clearly justified, time-limited, subject to regular review, and always **proportionate and least restrictive**.

#### c. Access to the Community

- The PSP should promote **active participation in community life**, including:
  - Use of public transport or accessible private options.
  - Participation in mainstream education, employment, and volunteering.
  - Engagement in local cultural, recreational, and civic activities.

#### d. Support Network

- Identifies and strengthens **natural support networks**, such as family, friends, and community mentors, in addition to formal care staff.
- The role of the support worker must shift from being a controller to a **facilitator of independence**.

#### e. Skill Development and Empowerment

- The PSP should include opportunities for **learning life skills**, self-advocacy, and supported decision-making.
- Supports must be adaptable over time to reflect **growth, changing interests**, and increasing autonomy.

## 4. Monitoring and Accountability Mechanisms

To ensure compliance with Article 19:

- Each PSP must undergo **regular reviews** (at least every 6 months) in partnership with the individual.
- A formal **mechanism for complaints and feedback** must be in place, accessible to residents, families, and advocates.
- The implementation of the PSP should be monitored by an **independent body** (such as a regulatory authority or ombudsperson) to guarantee rights are not violated.

## 5. Staff Training and Organisational Culture

Residential home staff must be trained to:

- Understand the **social and human rights model of disability**.
- Uphold **dignity, privacy, and respect for choices**, even when they differ from the staff's personal views.
- Recognize that the **goal is to support self-determination**, not convenience or routine efficiency.

The organisational culture must move away from paternalism and institutionalism and embrace **co-production and person-led services**.

## 6. Conclusion

Adapting the Personal Support Plan in accordance with Article 19 of the UNCRPD is **not optional**, but a legal and moral duty. It is the foundation upon which genuine independence, freedom of choice, and equal participation in society are built for persons with disabilities. Residential homes must transition from models of care that prioritize safety and control, to ones that enable **freedom, dignity, and self-realisation**.

By operationalising these principles within each PSP, service providers fulfill not only international obligations but also the fundamental human rights of the persons they support.

**Chev.Jean Pierre Calleja**

**Founder / Leader**

**Doninu (Malta) International**