

The Impact of Person Centred Planning

Abstract

Person centred planning is now evidenced based practice. Recent research has shown that person centred planning led to significant changes in the areas of social networks; contact with family; contact with friends; community-based activities; scheduled day activities; and levels of choice. This article looks at some of the practical implications of the research.

Introduction

There has been much importance placed on using Person Centred Planning (PCP) as a way of improving practice in health and social care for people with learning disabilities in the UK. However, little evidence existed on the impact of PCP on the quality of life experienced by people with learning disabilities. The research into the impact of person centred planning was internationally the largest evaluation of the outcomes of person centred planning (Robertson et al, 2005). It was a longitudinal study that explored the efficacy, effectiveness and costs of introducing person centred planning for 93 people with learning disabilities over two years across four localities in England. Each of the sites were linked with staff from the research project who provided training in Person Centred Planning. Initially, facilitators including staff and family members, were agreed for each the 93 people. Training sessions were given in each of the sites over a period of about 18 months. Participants in the sessions included staff, some self-advocates, families and friends. A Person Centred Plan was successfully developed for 65 people. Very little change was apparent in people's lives prior to the introduction of PCP.

By using the base line data and comparing it to the final collection of information, the study showed :

- a 30% increase in size of social networks
- 2.4 times more contact with family
- 41% increased contact with friends
- 35 % increase in activities
- 2.8 times more choice making.

"The research supports the current emphasis within health and social care policy on using person centred planning to improve the life chances of people with learning disabilities"

Factors that make a difference

The research showed that if the person was in residential services, there were factors that made it more likely that people would be able to have a person centred plan and this plan would make a difference in their life. We have looked at these factors and suggested some implications for this.

Factor	Implication
<p>The commitment of the facilitator to person centred planning. <i>In the research this was “the most powerful predictor” of successful outcomes for people.</i></p>	<p>Choose facilitators carefully Traditionally, selecting people for courses has been based upon their formal role, (for example, all seniors support workers), or on getting representation from geographical areas or services. Implementing person centred planning challenges us to do this in a different way and to choose people who clearly demonstrate person centred values and continually seek ways to improve how they translate these into practice.</p>
<p>A facilitator who had planning as part of their formal job role Planning was more effective where people had dedicated time and an acknowledged planning role</p>	<p>Give facilitators dedicated time and support Facilitators need to be shielded from other demand and have weekly dedicated time to plan. Training is a beginning, but not enough. People need coaching and support from someone who is more experienced, for example, a person centred planning co-ordinator.</p>
<p>Personal involvement of the individual This was supported by the research findings as people who took an active role in person centred planning (“<i>eg in directing their own meetings</i>”) had more positive change in their lives.</p>	<p>Invest in people leading their own plans The guidance for person centred planning (<i>Planning with People – Towards Person Centred Approaches</i>, Department of Health, 2002) stressed the importance of people having an opportunity to lead planning. Ensure that self advocacy groups are prioritised for opportunities to learn about planning and support to develop their own plan if they want to. Self advocacy groups like ‘Listen to Me North West’ offer training to other self advocates on person centred planning.</p>
<p>A person centred team The research found that where there was “<i>leadership, stability of staff and evidence of the prior existence of person centred approaches</i>” then this was associated with improved outcome for people, perhaps not surprisingly.</p>	<p>Support managers to use person centred thinking tools and to develop person centred teams. Person centred planning is most likely to be effective when managers are working in a person centred way with their team. This is what is meant by the term person centred team (ref). Person centred thinking tools are a way of doing this and managers can use the person centred thinking tools to develop a strong sense of purpose, clarity around where staff can use their creativity and judgement and what are their core responsibilities, to get a better match between service users and they staff who support them, and help the team record and act on what they are learning.</p>
<p>Managers actively involved in planning</p>	<p>Managers need to know how to implement person centred plans. Person centred plans</p>

<p>Several of the person centred planning facilitators were first line managers and this was again associated with better outcomes.</p>	<p>should have an impact on how a manager is supervising staff, how the rota is written, and on what is talked about in team meetings. When managers were actively involved in planning, they could directly work with the team to ensure that it was implemented.</p>
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The Barriers

Implementing person centred working was not easy. Local Authorities are deemed to be the leads in supporting people with learning disabilities. Their large size can sometimes lead to a bureaucratic and hierarchical culture. Front line support workers, who often lead in person centred planning, can feel disempowered in this environment. Working in an individualised way and creating unique opportunities for one person at a time can involve much change from the previous culture of large day centres and group homes. The care management task which is often crisis driven and led by financial restrictions can appear to be a counter culture to a person centred culture. High staff turnover and delay in appointing key managers also complicated the implementation phase.

In some areas small well managed voluntary sector organisations were able to implement person centred working with greater ease due to their small size, clear values and focus on the individual.

The research team soon found that the implementation of person centred planning needs to happen over an extended period of time and cannot be done in two or three months. It requires persistence, patience and great commitment from staff, families and people with learning disabilities. Other issues that proved to be challenging included:

- scepticism from families who had been disappointed by promises of positive change in the past which had not materialized
- running 2 systems at the same time –both the old system of assessment and the new system of planning- could be difficult and confusing
- enabling staff to attend training (freeing them up from working in the workplace and providing cover) proved difficult
- the extra time that it takes to support people who don't have spoken language and have high support needs can cause delay

Another area of concern was the capacity for change within organisations and the willingness to work in a different way. It was felt that services needed to invest more in leadership and in skills in developing Person Centred Planning and to build the capacity of first line managers to use person centred thinking and planning.

Lessons Learnt

Engaging families, working with them as colleagues and supporting them to lead in the planning and implementation of their relative's plan proved to be

very successful in one site. Families did request to be linked with a paid member of staff who could ease their way back into accessing services.

An important issue was to learn from the outcomes of the planning and to use learning from person centred plans to feedback into the organisational planning of the local authority.

The increasing number of people with complex healthcare needs did come to light throughout the project and highlighted the idea that the integration of health action planning with person centred planning is essential to meet the needs of this growing group of people.

The Future

Its successful implementation depends on organisations and individuals adapting current systems to work collaboratively with families, to stay focused on outcomes for individuals, and to ensure that organisations invest in continuing to develop the skills of their staff to offer good person centred working.

The results of this research show that with shared commitment to person centred working from families, organisations and staff that people with learning disabilities can have greater choice and an improved quality of life.

The research report concludes with a number of recommendations, including an exhortation to, *“Maintain and enhance investment in person centred planning...Develop robust procedures for ensuring and monitoring equity of access to and the impact of planning...To develop local capacity for change, services will need to invest in leadership in person centred planning, build the capacity of first line managers to use person centred thinking and planning, and find effective ways to support facilitators and link learning from planning to organisational change.*

Continue learning about the conditions under which person centred planning delivers maximum benefits for people with learning disabilities”

References

Valuing People: A New Strategy for Learning Disabilities for the 21st Century, Valuing People White Paper, Department of Health (March 2001)

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