

# Planning with People Towards Person-Centered Approaches

## The Development of Guidance on Person-Centered Planning from the English Department of Health

Martin Routledge, Helen Sanderson and Rob Greig

Following the publication of the White Paper, *Valuing People*, in March 2001, the Department of Health commissioned Martin Routledge and Helen Sanderson from the North West Training and Development Team to prepare good practice guidance on person-centered planning. This guidance was issued in January 2002. This chapter describes the thinking behind the guidance, outlines some of its content, and describes national and regional supports for its implementation. The guidance reflects thinking about how to diffuse complex innovations within organizations given the experience of implementing person-centered planning in a number of UK localities.

### *Valuing People* and Person-centered Planning

*Valuing People* (DoH, 2001) is the first English White Paper specifically relating to people with learning disabilities since 1971. It has been widely welcomed as a comprehensive statement of policy with detailed and challenging objectives which, if achieved, would strongly progress inclusion for people with learning disabilities. *Valuing People* is explicitly cross government in its approach and it pushes to ensure that people with learning disabilities gain access to a range

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#### A Glossary for North American Readers

**People with learning disabilities:** the label adopted by government agencies to replace “mental handicap”. In the US, people with learning disabilities would be officially labeled “developmentally disabled” or “mentally retarded.”

**Commissioning:** the function of public authorities responsible for planning and contracting for services; distinct from service provision.

**Care management:** the publicly accountable process of establishing eligibility, assessing need for services, and specifying the package of services that will meet assessed need. Similar to “case management” or “service coordination”.

**White Paper:** An English White Paper is a statement of Government policy, but is not legally enforceable as that would require an Act of Parliament. Statutory guidance accompanies the White Paper and defines expectations of what public bodies *must* do.

of opportunities linked to other policies, for example in housing, employment and education. The implementation structure includes a national Task Force advising ministers, a section of the Department of Health focussing on delivery of the policy (Disability Policy Branch), a Director of Implementation (Rob Greig) with a national support team and modest development funding. Local responsibility for implementation is largely placed upon 150 Partnership Boards that bring together local specialist and non-specialist commissioning and service providing agencies with people and their families.

*Valuing People* does not closely define person-centered planning. Instead, it defines the function that person-centered planning serves as an important tool for changing the culture of services so that services can achieve the White Paper's objectives. Partnership Boards are required to develop person-centered approaches and to make person-centered planning available. Some priority objectives are set, with time-scales, including the use of person-centered planning to support the modernization of day services and to support people in the transition from childhood to adulthood.

Among a range of specific requirements placed on Partnership Boards, and reflected in a formal policy circular [LAC(2001)23], is the expectation that they produce a framework for person-centered planning by April 2002. The White Paper promised guidance for Partnership Boards on the development and implementation of the framework. Accordingly, this guidance was prepared under the supervision of a steering group made up of national person-centered planning experts, the policy leads from the Department of Health, representatives of key statutory organizations, and people linked to other important policies. External advisors included John O'Brien, Michael Smull, Pete Ritchie and Jack Pearpoint.

### **Developing the guidance**

The first fundamental question we faced was should there be official guidance on person-centered planning at all?

Warnings echoed around when we considered how to approach the development of the guidance. A very early question was "should it be done at all?" Some of the people we consulted answered in the negative. Some family members, self advocates and other people already involved in facilitating planning felt strongly that as soon as person-centered planning entered "serviceland" its power as a means of helping people achieve self determination would diminish. At

worst they argued, it would be corrupted and perverted, becoming “..another thing done to people by professionals”.

Those who advised against making person-centered planning the subject of government guidance were concerned that tools that should rightfully belong to people with disabilities, their families and chosen allies would become professional property. They predicted that organizations would perpetuate existing forms of services and supports by simply re-labelling current professional activity as “person-centered”. These concerns seemed reasonable to us because we too have seen Orwellian situations where services undertake bizarre activity in the name of inclusion and person-centeredness.

On the other hand, we knew many staff and professionals making honest attempts to form true partnerships with people. We also had direct experience of the power of person-centered planning in the hands of those serious about helping people to pursue their aspirations. We also weighed the fact that, to date, person-centered planning has only reached a very small minority of people. Thus, without a more broad based and systemic dissemination effort, person-centered planning would continue to benefit only a few people.

Our conclusions from these various debates were:

- The genie is out of the bottle –person-centered planning has entered the language, things that people called person-centered were going to happen no matter what and we would do better to try to influence things in the right direction.
- We and others know something about how to introduce complex changes into organizations, including some learning from implementing person-centered planning in organizations (Routledge & Sanderson, 2000; Sanderson, 2002) . Many people of learning and integrity were willing to help us to develop useful guidance.
- It is not enough to advise people on how to complete a person-centered plan, we would have to pay serious attention to advice on implementation, key issues of context and complementary activities so that person-centered planning will support the development of person-centered approaches and thus make a positive difference in people’s lives.
- It was crucial to consult with stakeholder groups as much as we could within the time available in order to hear issues and concerns and seek to incorporate these in the guidance.

To define specifications for the guidance, we reflected with our steering group and our advisors on probable barriers to useful and

effective implementation of person-centered planning. We defined our goal as outlining strategies that will minimize barriers and take maximum advantage of the opportunities for change presented by the White Paper. The steering group agreed on these guides for our thinking.

- Success is *not* defined as lots of people with plans but as more and more people getting the lives they want. Hence we would consider how person-centered approaches can support achievement of the major and sustained cultural changes necessary to reach the White Paper's objectives. To do this it would be necessary to link person-centered planning to complementary elements in the overall White Paper implementation strategy at local, regional and national levels.
- The guidance needs to include strategies for local implementation and define the supports that will increase the chances of local success.
- The guidance needs to gain a balance between sufficient prescription to ensure some action in the right direction while allowing for different local contexts and the creation of multiple strategies for implementation. Early drafts, which offered a great deal of detailed advice, made way for a final version which provides principles and a well defined approach to local analysis and action planning.

### **How easy is person-centered planning to adopt?**

*Valuing People* requires changes in organizational culture and practice. There are very real dangers, however, that the introduction of person-centered planning will avoid the challenges of deep change. If decision-makers treat person-centered approaches as simple changes they are almost guaranteed to fail because they will neglect a careful and well thought-through implementation effort. It is easy to visualize a situation where quite significant efforts still fail to contribute to major shifts in how people are supported and, in fact, generate damaging cynicism.

So a key implementation question is: **What kind of change is the introduction of person-centered planning and how can we maximize the chances of a successful implementation?**

There is a great deal of research on the kinds of changes that are easy to bring about in organizations and those that are not. The work of the late Gerry Smale (1996), from the National Institute

of Social Work, guided our strategic thinking. He talks about the “adoptability” of innovations: there are some characteristics of particular changes and sets of circumstances that make it more or less likely that the change will take root and flourish. We adapted these questions from Smale to analyze the change person-centered planning calls for...

- To what extent do people see the change as better than what went before?
- How far is the change seen to fit with existing values, past experiences and current needs, for example of professional groups, local families etc.?
- Is the change seen as complex or difficult?
- Can it just be added on to existing activity?
- Can the change be tested in a limited way?
- Can people see the impact of the change?
- Are there “enthusiasts” in influential roles who will put significant energy into bringing the change about?
- Does the idea appeal to people who have the power to promote change?
- Does the idea require significant changes in relationships?
- Can the change be adapted to local circumstances?
- Can the change be brought about with few additional resources or are there resources which can be used for the purpose?

Because local contexts are different, local planners need to answer these questions about person-centered planning for themselves. However, there are intrinsic features of real person-centered planning which make its adoption quite challenging. For example, it requires changes in relationships, not just procedures, it usually comes into conflict with some existing practices, it can't just be added on, etc.

On the other hand, a superficial understanding of person-centered planning is *very* adoptable. Who would not want to describe what they do as “person-centered”? Hence, we can expect to see the words “person-centered” being attached everywhere –this is the easiest thing in the world to do.

However, those people seriously interested in the possibilities of person-centered approaches and person-centered planning will think carefully about the adoptability questions and let their answers guide their actions. The questions encourage a serious analysis of what it will take, in a particular place and set of circumstances, to

properly implement this innovation. Answering the questions can give important clues as to what activities will be needed locally, who will have to be enrolled or supported, what will be an appropriate timescale for implementation, and what types and sequence of training and development activities will work in this place and time.

In considering the context into which the guidance would “drop”, we identified factors we believe to be present to a greater or lesser extent across the country:

- Despite some serious attempts and recent improvements in many areas we lack a history of effective partnership between service staff and people with learning disabilities and families. The lack of a tradition of power sharing will lead to difficulties for professionals and their agencies in shifting towards planning approaches which aimed to promote a partnership in which people and their families are powerful. Also this history may lead families and self-advocates to take a defensive and sceptical position towards the introduction of person-centered planning. Linked to this history, many people view planning with people as the province of the professional and see individual planning as necessarily associated with assessment for the allocation of state resources. This raises issues about the proper relationship between person-centered planning and care management.
- To realize the benefits of person-centered approaches, many organizations will have to change existing practices in respect of resource allocation, operating procedures, priorities for staff activity and strategic planning approaches. Organizations must shift in order to promote the creative problem solving needed to undertake and deliver on person-centered planning. It is important to ensure that people not see person-centered planning as a panacea which can substitute for other necessary change activities.
- Public services in the UK are currently driven by a political desire for measurable targets. Deliberate efforts to build capacity for person-centered planning that makes a positive change in people's lives could run counter to a way of defining public accountability that favors reports of increasing numbers of plans completed and lacks ways to assess the quality or impact or ownership of the plans.
- Smale (1996) warns against using a “simple linear approach” when the innovation is complex and involves significant changes

to existing relationships, but the pressure to deliver on White Paper targets might tempt policy makers to look for simple solutions.

- The shift towards person-centered approaches and planning will come up against a combination of real and perceived scarcity of the time and money necessary for training and supporting facilitators, engaging in person-centered planning, and taking action to implement people's person-centered plans. One source of perceived scarcity is the belief that any significant changes for people will require a major increase in specialist service resources.
- Knowledge and experience of the aims of and approaches to person-centered planning is limited. Though person-centered planning has a twenty-year history, its level of penetration into localities and organizations is very limited and there have been very few efforts to systematically implement person-centered planning at the scale of whole organizations or localities. So there is not a great deal of local tradition or knowledge to build upon. We fear that the lack of a clear agreed definition of person-centered planning could lead to the re-labelling of existing activity or to poor local interpretations.
- Several theorists of change management (e.g. Kotter, 1996) suggest that major change in organizations requires a build-up of strong forces which make the status quo untenable – a “positive pressure for change”. Since most localities lack powerful, well-organized family and self advocate groups who are pushing for the adoption of person-centered approaches and many service commissioners and providers believe that they are doing as well as they possibly can within the limits of existing budgets for specialized services, it is by no means clear that this positive pressure for change is widespread.

Setting Smale's adoptability criteria against our context analysis might seem to make gloomy reading. Our intention, however, is to realistically identify possible difficulties in order to shape a strategy with a chance of working to produce cultural change over time. The positive groundswell in response to the White Paper provides energy and a window of opportunity for deep change.

## The guidance\*

The guidance explains the role of person-centered approaches and planning in the implementation of *Valuing People*.

People with learning disabilities and their families should expect everyone involved in providing or commissioning services to accept *Valuing People's* key principles of rights, independence, choice, and inclusion. They should also expect all professionals to work from a person-centered approach.

This means

- Direct service workers should enable each person to be involved in activities that express their choice and independence as valued community members
- Service managers should base the running and improvement of services on careful listening to people with learning disabilities and those who know them best
- Care managers and other specialist professionals should respond creatively to informed choices about how a person wants to live and how they prefer to be supported
- Commissioners should invest strategically in developing systems and services that offer assistance which uphold people's rights and support independence, choice and inclusion

A person-centered approach may seem an obvious way to operate but evidence gathered in *Valuing People* shows there are important limitations in the design and delivery of most existing services when they are measured against the White Paper's principles (pp. 6-7)

The guidance identifies the responsibility local Partnership Boards have for developing and implementing long-term strategies to change the culture and practice of services.

Partnership Boards and their members are responsible for long-term strategic change in the design, management, and delivery of services and for commissioners, managers, professional specialists and direct service workers daily practice. Person-centered planning will play a significant role in assisting the Boards to bring about the new approach and the necessary shift in culture and practice to help people lead the lives they want within their communities (p7).

The guidance defines both person-centered approaches and person-centered planning and sets out the differences between the two terms. Our notion is that while good person-centered planning becomes gradually available to people, service organizations should

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This section includes direct quotations taken from the guidance, inset in smaller type. Exerpts from the text have been organized for this chapter. To see the context for the quotations here, download the guidance document from [www.doh.gov.uk/learningdisabilities](http://www.doh.gov.uk/learningdisabilities) There is an accessible version of the guidance available at the same address..

work to become increasingly person-centered in all of their activity –i.e. adopt person-centered approaches. The shift to person-centered approaches should be aided by person-centered planning but not dependent upon it.

When we use the term “person-centered” we mean activities which are based upon what is important to a person *from their own perspective* and which contribute to their full inclusion in society. Person-centered planning discovers and acts on what is important to a person. Person-centered approaches design and deliver services and supports based on what is important to a person. Hence person-centered planning can promote person-centered approaches

**Person-centered planning** is a process for continual listening and learning, focussing on what is important to someone now and in the future, and acting upon this in conjunction with their family and friends.

This listening is used to understand a person’s capacities and choices. Person-centered planning is the basis for problem solving and negotiation to mobilize the necessary resources to pursue a person’s aspirations. These resources may be obtained from someone’s own network, service providers or from non-specialist and non-service sources.

**Person-centered approaches** are ways of commissioning, providing and organizing services rooted in listening to what people want, to help them live in their communities as they choose.

These approaches work to use resources flexibly, designed around what is important to a person *from their own perspective* and work to remove any cultural and organizational barriers to this. People are not simply placed in pre-existing services and expected to adjust, rather the service strives to adjust to the person. Person-centered approaches look to mainstream services and community resources for assistance and do not limit themselves to what is available within specialist learning disability services. They strive to build a person-centered organizational culture (pp. 11-16)

The guidance identifies the different styles of person-centered planning and emphasizes what they have in common by identifying key features and clarifying what person-centered planning is not.

The most common planning styles in use in the UK include Essential Lifestyle Planning, PATH, MAPS, and Personal Futures Planning. These different styles of person-centered planning, and others developed from them, are all based on the same principles and share the same key features. All start with the person’s capacities and what is important to them and end with the necessary actions. They differ in the way in which information is gathered and whether emphasis is on the detail of day-to-day life, or on longer-term plans for the future. It is important not to spend energy debating what is the *best* planning style but consider which style might be

best used in particular circumstances. Styles can be used to complement one another. Similarly, ideas about person-centered planning continue to evolve. There must be space for innovation and development in policy and practice (p. 15).

There are five key features of person-centered planning that help to distinguish it from other forms of planning and assessment.

- The person is at the center
- Family members and friends are full partners
- Planning reflects the person's capacities, what is important to the person now and for the future and specifies the support they require to make a valued contribution to their community
- Planning builds a shared commitment to action that will uphold the person's rights
- Planning leads to continual listening, learning and action and helps the person to get what they want out of life (pp. 13-14)

Person-centered planning is **not** the same as

- Assessment and care planning under section 47 of the 1990 NHS and Community Care Act. It does not focus upon questions which determine eligibility for resources from statutory services to meet legally defined needs, though when services are required such mechanisms may well be triggered. Though service responses are likely to play a part in supporting a person to achieve their personal aspirations, person-centered planning is not constrained by them. Assessment and Care Management is greatly assisted by person-centered planning undertaken independently of it.
- A review of service provision, although it can form a helpful basis for reviews and ensure they are based on what matters from an individual's point of view (p. 18)

The purpose of differentiating person-centered planning from assessment and service reviews is to discourage people from simply re-labeling these service activities as person-centered planning. We intend person-centered planning to have some independence from these activities, while they can be complementary and connected. Though valid and necessary, these service routines are inevitably constrained by the availability of service resources and organizational priorities. We were also concerned to place person-centered planning in a wider context of strategic service development. The guidance recognizes that person-centered planning cannot carry the full weight of the changes that are the responsibility of local Partnership Boards and some of their members in their roles as service commissioners and service providers.

Person-centered planning ...cannot substitute for quality leadership, adequate resources efficiently and effectively used, skilled and energized staff or service development work and system changes (p. 19)

Real change happens when leadership manages the tension between a service's current capacities to develop person-centered approaches and people's informed choices about their lives and the services they receive. Valuing People's objectives provide a way to gauge Partnership Boards' effectiveness at delivering person-centered approaches.

When the delivery of services lags significantly behind people's informed choices about their lives, negotiating and problem-solving activities will take much longer. For example, a young person who wants to take a job on leaving children's services will find it far easier to negotiate for a suitable care package in a service that has built up a strong and effective supported employment service. In a system without such a service the young person might well encounter care managers and service providers who define their choice as "unrealistic" or "excessively costly".

It will therefore be necessary for service development and systems change to take place alongside the development of person-centered planning. Partnership Boards must not wait for many plans to be completed before they take action to increase employment opportunities, broaden choice and control in housing or promote direct payments. Rather, they should use the lessons from person-centered planning in conjunction with local service development projects and system changes (p. 20)

The guidance emphasizes the crucial role of people with learning disabilities and their families.

In most localities, support for people, families and circles to undertake their own planning is very limited. Partnership Boards should invest in such developments as part of their person-centered planning framework. Such a move is an important test of the Partnership Board's commitment to power sharing (p. 39)

[Partnership Boards should...]

- Give people the assistance they need to do their own planning. This may be of different kinds depending upon the individual and their circumstances. It could involve providing people with training in person-centered planning and materials for their use
- Fund people who are independent of services to be available to help people facilitate their own plans and/or to broker responses to the aspirations emerging from plans
- Local statutory agencies could provide their own staff to help people with aspects of planning, separating this from the function of assessment and eligibility. This assistance could take various forms, including trained plan facilitators or workers who have knowledge about local resources, opportunities and provisions (p. 40)

[Partnership boards should build leadership capacity by...]

- Providing training, support and materials for families to learn about person-centered planning and what it could mean for them, and how to get involved if they want to
- Allocating resources to other means of building people's strength and power - in particular support for advocacy and self-advocate/ family leadership development by commissioning *Partners in Policy Making* type leadership courses (p. 41)

Our strategic thinking was shaped by the positive but frustrating experience we had with small or very small scale efforts to develop the knowledge and skills required to support positive changes. Like many others who have engaged in effective person-centered planning, we found that people's lives can change positively and sometimes dramatically. But we were frustrated by the slow pace and limited scope of change. As facilitators we often felt like lone evangelists. We were constantly explaining what person-centered planning is, and dealing with myths and scepticism. Our intensive efforts changed the lives of only a small percentage of people. There were some ripple effects, but not enough to create the sea tide of organizational change necessary to make *Valuing People* a reality in the lives of most people with learning disabilities.

Our reading of research on organizational change suggested the importance of introducing an innovation at all levels across an organization. This 'depth and breadth' approach promises more success than implementing a 'depth' strategy alone. Accordingly, the guidance provides advice on effective approaches to implementation in organizations and localities, recommending a "depth *and* breadth" approach to developing capacity to offer high quality person-centered planning and increasing demand for services that take a person-centered approach.

Experience suggests that it is better to introduce person-centered planning gradually. Trying to create person-centered plans for everyone quickly is likely to lead to lots of plans but little positive change in people's lives. At the same time it would be wrong to deny people with learning disabilities and their families the chance to take some steps towards more person-centered services and supports.

A depth and breadth strategy should be used. The depth strategy invests in high quality training and support for facilitators over time to learn about implementing person-centered planning. Therefore a small but increasing number of people in the service have in-depth person-centered plans that are implemented. What happens to everyone else is addressed by the

breadth strategy. This makes introductory training available for everyone so that people can decide on actions to further develop person-centered approaches, and get started with some aspects of person-centered planning (p. 60)

Intensive initial training is a pre-requisite for developing competent facilitators, but experience suggests that it is unlikely to be sufficient on its own.

In the UK to date, person-centered planning facilitators have benefited from a range of supports including:

- “Buddy” systems.
- Mentors/ coaches.
- Action learning sets.
- Making time within teams for problem solving and staff supervision.
- Stakeholder days or “away days”
- Learning about organizational change
- Learning from best practice

[Communication, inspiration and reinforcement are essential to changing organizational culture. People throughout organizations should join the people and families who use their services to...]

- Review different roles and responsibilities, identifying where there are opportunities for staff to make their work more person-centered.
- Review policies, procedures and practices to ensure that these enhance rather than hinder person-centered approaches
- Review communication throughout organizations and seek opportunities for these to reflect person-centered principles - for example in newsletters
- Organize staff development and training activities to implement actions from reviews of person-centered planning that has taken place
- Review all training courses to ensure that they reflect person-centered principles and practices
- Develop new ways of sharing information about person-centered planning outside of organizations – with community groups, non-specialist services etc.
- Consider learning and sharing with other organizations, formally or informally – visits, exchanges, joint projects and study tours (p. 63)

The guidance describes a framework for Partnership Boards to use in developing their local strategies. This framework includes...

- A clear statement of purpose of how person-centered planning will be used to deliver *Valuing People* objectives

- The establishment of a person-centered planning implementation group which includes key local stakeholders. This should be a sub-group of the Partnership Board and be chaired by a person with effective authority
- An action plan for the local development of person-centered planning [The key aims of the framework are...]
- To offer increasing opportunities for people with learning disabilities and their families to plan and to have the supports and services they receive designed around what is important to them now and in the future
- To provide a way that commissioners and providers (specialist and non-specialist) can learn how their services and systems need to change in order to respond positively to the aspirations of people and their families. Boards should give an explicit commitment in their frameworks to report back on this learning (p. 24)

The guidance calls on each Partnership Board to set up a local implementation group whose tasks are...

1. Undertake initial identification of what is working and not working well in respect of the ability of the local service system to deliver person-centered approaches, including person-centered planning, and plan phased action for improvement. Based upon this review the implementation group should:
  - An introductory overview of person-centered approaches and planning, including people with learning disabilities and their families
  - An ongoing training and learning process for people facilitating and implementing person-centered plans
2. Develop and deliver a local program for training, development and support including:
  - An introductory overview of person-centered approaches and planning, including people with learning disabilities and their families
  - An ongoing training and learning process for people facilitating and implementing person-centered plans
3. Support service development projects in *Valuing People* priority areas by integrating, implementing and learning from person-centered planning
4. Work with strategic commissioning, care management, specialist professionals and provider services to build person-centered approaches, including the use of person-centered planning
5. Support and respond to initiatives from self-advocates, families and provider agencies

[As implementation efforts progress, Partnership Boards should seek evidence to answer four key questions about their efforts to implement person-centered planning]

- Are people doing it?
- Are people doing it right?
- Is it changing people's lives for the better?

- Are services learning from implementing person-centered planning?

### Supporting local implementation

Implementing *Valuing People* is clearly the responsibility of local people, working in Partnership Boards that include representatives of all of the key stakeholders. This delegation to local decision-making and control reflects the current government's approach to policy. However, the evidence developed in preparing the White Paper revealed huge variations in practice and performance across the country. So *Valuing People* provides for national leadership of the implementation effort by a Director of Implementation who leads a small team of Regional Advisors, the Valuing People Support Team (VPST).

The VPST does three kinds of work.

- The team provides support and advice to the more than 150 Partnership Boards in England. Through developing close working relationships and mutual trust, the aim is to perform a developmental support function –being a ‘critical friend’ in relation to the work of the Boards and bringing in external help and advice to support them in defining and pursuing their local change agendas.
- The team influence national policy makers across government departments and regional delivery mechanisms. Using the evidence of peoples’ real experiences from its work with Partnership Boards, the team works to ensure that mainstream policies in areas like housing, education and employment reflect *Valuing People* aspirations and their delivery directly benefits people with learning disabilities
- The team acts as a focal point for the *Valuing People* agenda, often in a public relations context, maintaining its profile and building agreement of a clear understanding of its content.

The team believes that the central implementation challenge is to achieve change in the culture and behavior of organizations. Culture change is the source of sustainable changes in service procedure; though many people think that procedure change is sufficient to improve people's lives, it is not. Based on this belief, team's early work has focused on three short-term objectives, namely:

- The development of strong partnership arrangements at a local level, so that Partnership Boards have a broad base of membership and operate in an inclusive and action-oriented manner.

- The development and delivery of person-centered approaches to service and person-centered planning.
- Local organization and strengthening of a variety of forms of advocacy.

Though all team members are deeply rooted in the learning disability field, each comes from a different backgrounds and brings different kinds of expertise and knowledge. Regional Advisors each take a national lead on specific issues, co-ordinating national initiatives and being a resource for Team colleagues. Martin Routledge took the lead on person-centered planning and Helen Sanderson was contracted to support this task.

The objectives of the first twelve-month person-centered planning implementation support program are:

- To match support activity and its phasing to the requirements placed upon Partnership Boards by the White Paper and person-centered planning guidance.
- To invest resources in a combination of centrally and regionally based activity, aiming to provide direct assistance regionally while building capacity and learning in key areas centrally.
- To make effective use of the national and regional development agencies with experience and expertise in person-centered planning. The limited budget is therefore largely invested to stimulate rather than directly deliver activity.

The initial implementation effort involves training, providing materials and stimulating, supporting and sharing good practice. The first twelve months' work has three phases.

*Phase one: Getting started (January – March 2002)*

This phase helped Partnership Boards understand the task of developing a framework for person-centered planning and take their initial steps. There were eight regional conferences and each Partnership Board was invited to send a team of four people with lead responsibility for implementing person-centered planning, including a person with a learning disability and a family member.

Before the regional conferences we worked with members of one Partnership Board to pilot a framework for local implementation of person-centered planning. By doing this we learned what people were anxious about, which parts of the guidance were challenging, and what specific help people wanted. From this pilot effort, we developed a range of practical materials to help other partnership

boards.

- Stories of good practice
- Detailed sample training plans
- Techniques for analyzing current practice with ideas for practical next steps
- Contact details so that people can build their networks.

The conferences were designed in collaboration with a stakeholder design team who chose to structure them following the large group intervention methodology, Real Time Strategic Change (Jacobs, 1994). The conferences walked people through what was required of them and introduced them to practical approaches to going about their task. The team responded to questions, and the event offered an initial opportunity for networking across local areas. We worked hard to make the experience of the conference congruent with the creative problem solving required to develop and deliver person-centered approaches. Hence, the events were creative. Groups presented songs, poems and dramatized their vision of how lives could change through person-centered approaches. One memorable song replaced the twelve days of Christmas with the twelve days of person-centered planning! People left holding a graphic template on which they had recorded their first steps for delivering a local framework. Evaluations suggest that most participants found these sessions very useful.

The question time at the conferences demonstrated that people felt anxious about evaluating the quality of planning and outcomes. In response the VPST gathered information about different approaches to assessing quality and presented this information at a conference.

In this initial phase the VPST began preparing materials for a web site to complement the resource guide we prepared as part of the guidance. We commissioned short briefing papers on key topics, identified existing useful materials to reproduce and link to, and planned a discussion forum

*Phase 2 - Building capacity and competence (March 2002-present)*

Our challenge is implementing an innovation that is important but not easily adoptable - person-centered approaches and planning. Therefore the implementation strategy involves spreading information about person-centered planning and approaches across the breadth of the country, whilst developing the capacity for learning from in-depth person-centered planning. Phase 2 activities include these:

- The vPST has worked with some of the leading consultancy and training agencies, supporting the design and subsidizing a national program of training trainers to deliver local workshops that build awareness about person-centered approaches. This initiative aims to increase local capacity to inform people about person-centered approaches and make practical tools and techniques available. These courses are based on learning from previous course designs and delivery and the experiences and needs of some of the organizations we have worked with in recent years. In addition to the awareness raising itself is a menu of practical courses and tools to follow up people's interests, for example communication "passports and dictionaries" and methods for self-advocates to take control of their meetings.
- Experience has shown us that some families and people with learning disabilities prefer to learn about person-centered approaches separately from professionals. The Joseph Rowntree Foundation have commissioned the preparation of information about person-centered planning for families and people with learning disabilities. The vPST have worked with some of the development agencies to design a one day awareness course that uses these materials with families. Graduates from the family/self-advocates leadership course *Partners in Policymaking* have been central to this design process. We now intend to develop a similar course with and for self-advocates.
- The roles played by care managers and other specialist professionals in relation to person-centered planning are important in assuring that people get the paid services and specialist support they require. Care managers, for example, need to think about person-centered approaches in respect of their assessment and care planning activities and work out practical ways to link with person-centered planning led by family members, self-advocates and others. The vPST has worked with development agencies on short courses for care managers on practical approaches to practice in more person-centered ways. Our next step is to design a local process to review and develop specialist professional practice in support of person-centered approaches.
- Training and consultancy groups continue to provide in-depth facilitator training courses. The vPST continues to discuss the implications of the variety of content and different lengths of these courses with the "community of practice" of trainers and

consultants. We plan to build on initial experience and develop ways to train and support families and self advocates to facilitate person-centered planning.

- The Joseph Rowntree Foundation have commissioned a work book *People, Plans and Practicalities* which will be used by local implementation groups to review and further develop their activities. It will offer practical examples and tools based on experience in implementing person-centered planning around the country and internationally

History suggests that many people think that all that's necessary to effect change is to offer training courses. In reality, training is only one component of the journey to person-centered approaches. The influence of peers, managers, reading and other study materials, coaching, mentoring, and seeing other people put person-centered approaches into practice also play important parts. At an organizational level, work to change practice with individuals needs to be complemented by attention to service development and strategic change.

Our implementation strategy attempts to influence in each of these areas. At first, people seize upon what they are familiar with, what seems adoptable, and what they can do relatively easily. Through phase one and phase two implementation activities, a growing number of people have begun to move past these initial, low demand tactics for dealing with the guidance. This naturally generates a demand for training. As we respond to these training demands, our consistent message is this: for every day invested in training, at least the same amount of time needs to be invested in providing on-going support for people in new and better ways.

Opportunities to learn with experienced facilitators and get skilled coaching are emerging, informally through communities of practice and more formally through train the trainers programs in some of the major styles of planning (so far, Essential Lifestyle Planning and PATH and MAPS).

The vPST members for each of the regions are developing their own programs to support the development of person-centered approaches and planning and to incorporate these within service change strategies.

Building on a long history of training and development work, the North West Region is testing multiple ways to support the people

responsible for delivering on the promise of person-centered planning. Other regions will adapt these initiatives for their own use.

- A tool for reviewing initial frameworks for implementing person-centered work is now available to local groups who decide to undertake self-evaluation.
- There is now a regional support network whose early activities include testing the review tool and the *People, Plans, and Possibilities* workbook in order to strengthen strategies and action plans; setting up training courses; convening person-centered planning facilitators and family mentors to strengthen the regions community of practice.

*Phase 3 - Capturing and sharing new learning (to begin in Winter 2002)*

In the third phase of the implementation strategy, we will continue to build and support capacity to deliver high quality person-centered planning and promote person-centered approaches to service.

**Family members and self advocates as person-centered planning facilitators.** Some entrepreneurial and tenacious self-advocates, circles and families have reclaimed person-centered planning from services. This turns our traditional approaches to how budgets are used, and who benefits, on their head. Where self advocates and families want to lead their own planning, we need to learn how to respond, support and sometimes simply keep out of the way. This shifts power and creates tension.

Parallel national initiatives will gather family members and self advocates to collaborate with us in designing the next steps toward effective ways to train family members and self advocates who want to become person-centered planning facilitators.

**The implications of person-centered approaches for specialist professionals.** A design team of care managers, health and other specialist professionals, families, self advocates and staff is creating a large group event to explore the contribution of specialist professionals. Like detectives, participants will search for what good practice exists, what guidelines may be helpful for professional staff, and how this information can be shared. Having the whole system in the room to develop understanding and learning on this may lead us to a different place than working in isolation with different professionals. One of the author's experiences as an "associated health professional" demonstrated that it is easy for a professional group to be more concerned with maintaining status with colleagues

from other professional groups, than with assessing the possibilities for joint contribution.

We will also create ways to capture and share what people are learning from their implementation efforts by **supporting the emergence of communities of practice.**

*Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis* (Wenger & Snyder, 2000).

Skilled practitioners are developing new insights into planning and implementation. Our knowledge of person-centered planning is not static. Books and articles document our journey so far, but what is being learned quickly surpasses what is formally recorded.

Sharing knowledge also requires interaction through story telling, networking, and informal coaching. Communities of practice are a way of exchanging information, celebrating successes and problem solving about difficulties. Some already exist, using different names—for example, there is a learning community of trainers in Essential Lifestyle Planning that has a website and meets annually to share developments.

The vPST is investing in support to emerging regional communities of practice including:

- **Facilitators.** vPST will assist people practicing and training in person-centered planning to gather for a day every 6-8 weeks. The first part of the day is for structured problem solving using an action learning set approach. This will be followed by a long lunch for informal sharing and networking. The afternoon offers an opportunity for shared learning on a topic chosen by the community. People can attend for the whole day, or whatever part of the day appeals to them, perhaps just for lunch. The learning from the day will be shared via a website, which gives other interested people an opportunity to learn and for shared learning across regions.
- **People implementing person-centered approaches and person centered planning within organizations.** This network is linked to the first one and has a similar format. Its focus will be on how to ensure and sustain the effective implementation of person-centered planning over time and how to maximize impact within

and across organizations.

Sharing learning across regions is important. The vPST is exploring the idea of an annual conference designed by members of different communities of practice to celebrate and share learning. The website is another opportunity to link what people are learning.

Alongside communities of practice, other ways of supporting learning and problem solving are emerging. In the South West Region the vPST advisors are arranging ‘surgeries’ [sessions in which people can seek advice] where people can meet with an experienced consultant. In the North East a consortium of seven authorities has jointly requested bids for a support program.

### **Will it work?**

How will we judge the success of the person-centered planning guidance and associated implementation support strategies? It is difficult to define success in a way that allows easy and credible measurement. We also know that the implementation of public policy is subject to many mediating forces independent of any specific policy and its associated support measures. We have already discussed the far from ideal context for the introduction of person-centered planning and aspects of the innovation itself which will make something other than superficial adoption difficult. We went into the task of designing the guidance aware of these issues but believing we could offer something that would have beneficial impact. Learning from the effectiveness of the implementation strategy and changing it as a result of this will be crucial.

We have thought a lot about the “unintended consequences” of our efforts to support the implementation of the guidance. Smale (1996) says:

*To be partially successful in introducing an innovation it is necessary, but not sufficient, to have the new idea in place, being used by those who are supposed to use it, and for it to have the intended impact...*

*A major argument for improving our capacity to manage these (change) processes is to reduce the harm that unplanned, uncontrolled or mindless innovation can cause by identifying unintended consequences...*

*“To be successful the innovation still has to be relevant by the time that it is adopted and not causing or precipitating significant counter productive, harmful, unintended consequences.*

We actively seek feedback about the actual course of implementation at the local, regional, and national level in order to adjust our strategy for supporting implementation. We will expand our ability to do this as regional networks and our various communities of practice gather strength.

We recently invited a national leader in the development of learning disability services, Peter Kinsella, to offer his early “reflections from the field” about the impact of the guidance, 6 months after publication. He offered the following brief analysis:

<i>Positive impact</i>	<i>Possible unintended consequences</i>
<i>Made people sit up and take notice about person-centered planning</i>	<i>Promoted a planning process as more important than the outcome in many areas</i>
<i>Putting it on local agendas</i>	
<i>Senior managers talk about it</i>	
<i>Agencies have committed resources to it</i>	<i>Produced an inflated person-centered planning economy: too many people spending too much money and having too high expectations</i>
<i>Given ideas to people as to what they can or should do</i>	<i>Given the impression that if you either do as you are told or follow the instructions then certain things will inevitably happen</i>
<i>Vastly increased the amount of training of staff in person-centered planning</i>	<i>Got much too focused on the technicalities of training</i>
<i>Legitimized the work of people who would previously have been described as ideologues</i>	
<i>Given a real chance of many of the other parts of the White Paper becoming a reality</i>	
<i>Focused some people's minds on including families in person-centered planning</i>	

We will continue to seek this kind of feedback from others and do so continuously in order to ensure that we use the various means at our disposal to minimize the unintended consequences and maximize the positive benefits of this national initiative. We are

determined to do this. Despite the many obstacles, there are increasing numbers of people and groups who are willing to think and act together to ensure that person-centered approaches are increasingly influential in services and supports. Ultimately the strength of these groups is likely to be of much more importance than government guidance, but we hope that the guidance and the activities to support its implementation will play a part in building this strength.

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