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The Emergence of Person Centred Planning as Evidence Based Practice

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Abstract

Recent research has demonstrated that Person Centred Planning leads to positive changes for people. This research shows how Person Centred Planning is associated with benefits in the areas of: community involvement; contact with friends; contact with family; and choice. This paper briefly describes this research and its recommendations. In addition it explores the implications of this for managers and professionals supporting people with learning disabilities.

Introduction

The White Paper 'Valuing People' (Department of Health, 2001) made a significant step towards making Person Centred Planning available to people who wish to plan their lives in this way. In support of this ambitious goal a number of initiatives have been introduced to support people in implementing Person Centred Planning. One such development was the research (Robertson, J., Emerson, E., Hatton, C., Elliott, J., McIntosh, B., Swift, P., Krinjen-Kemp, E., Towers, C., Romeo, R., Knapp, M., Sanderson, H., Routledge, M., Oakes, P., and Joyce, T. 2005) carried out as part of the Learning Disability Research Initiative. This article focuses upon Person Centred Planning, the recent research, which has demonstrated that Person Centred Planning can now be considered as evidence based practice and other recent work which considers how professionals operating in a range of roles within services can contribute to Person Centred Planning.

In doing this it will analyse a number of different issues. It will explore the impact that the introduction of Person Centred Planning can have on the life experiences of people with learning disabilities, the costs associated with the introduction of Person Centred Planning and the organisational factors that can impede or facilitate the introduction and effectiveness of Person Centred Planning. Finally the practice relevance of the research will be addressed through exploration of the roles professional are able to play in supporting both the research and Person Centred Planning.

The research

This research has been the largest international evaluation of the outcomes of Person Centred Planning to date (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. The research took place over two years across four localities in England.

The four sites were selected on the basis of perceived commitment to Person Centred

Planning and included:

- a) An inner London Borough
- b) A large rural area in the South of England.
- c) A metropolitan borough in the North of England.
- d) A second metropolitan borough in the North of England.

The sites also represented a variety of social, cultural and economic groups. One was seen as a generally affluent area, a second was seen as a diverse community, and finally one area was seen as being amongst the 10% most materially deprived in the UK.

The participants were the first 25 people in each site to be offered a plan. They are described as having a "full range of intellectual disabilities", and were aged from 16-86, 61% were men. Most people (73%) lived in supported accommodation.

In essence the following table highlights the approach used within the research to answering each of the questions identified as the focus of the research.

What impact does the introduction of PCP have on the life experiences of people with learning disabilities?

Training in Person Centred Planning and support was provided to the four localities. The researchers followed the first 25 people who had a person centred plan in each site for a 2 year period. Interviews and questionnaires were used at this stage.

What costs are associated with the introduction of PCP?

The researchers documented the costs associated with developing and implementing PCP in each of the four sites. In addition they determined the impact of the introduction of PCP upon the costs of supports for the first 25 people who formed the population sample.



What organisational factors impede or facilitate the introduction and effectiveness of PCP?

The researchers undertook interviews with managers and practitioners in each of the four sites. In addition they reviewed documentation and attended relevant meetings.

Table 1 Research questions and a summary of the methodology

Outcomes of the research

The outcomes of the research can best be demonstrated by consideration of the three key areas the research set out to consider, the impact on life experience, costs and supporting structures. It is the positive outcome noted in each of these areas that indicates that person centred planning is evidence based practice.

The impact of Person Centred Planning on the life experiences of people with learning disabilities

Perhaps the best way to indicate the impact of Person Centred Planning on the life experiences of people with learning disabilities is to consider Luke's story;

Luke's story

Luke used to attend a large day centre with about 70 other people. He was described as being unmotivated, shy and seemed to prefer his own company, isolating himself within the large building. Although he was enthused by helping out in the kitchen most of each day Luke preferred to sleep. This caused problems with his sleep pattern and in turn this affected his behaviour and his family.

Luke was part of the research and began his Essential Lifestyle plan in 2001. As a result he left the day centre and is now supported from a community base by support workers.

Luke now plays Snooker at a local club and he shops with little support around his local precinct where all the shop assistants know him. He uses the local train station and enjoys a drink and a game of darts at his local pub "The Elizabethan". Luke's weekly visits to the gym have improved his weight and health and he has started cooking. He is a member of his local library where he knows all of the assistants; he enjoys having his own library card and delights in choosing his own books.

There are activities that Luke has tried out but chosen not to continue. For example Luke played badminton with three other people at a local sports hall but didn't enjoy his time there. For the first time Luke was



confident enough to be able to tell his staff that he would rather play snooker.

Today Luke is confident and healthy. He is happy and so is his family.

Person Centred Planning was a crucial part of the changes in Luke's life. He has more control over his life and spends more time doing the things that are important to him. His family describes him as happier and healthier.

Within the research, baseline data demonstrated that there was little change in people's lives prior to introducing Person Centred Planning. After the introduction of Person Centred Planning for those who received a plan, positive changes were found in six areas. These included; social networks; contact with family; contact with friends; community-based activities; scheduled day activities; and choice. Person Centred Planning resulted in: a 52% increase in the size of social networks; a 2.4 increase in contact with a member of their family; 40% increase in the level of contact with friends; 30% increase in the number of community-based activities; 33% increase in hours per week of scheduled day activities; and 2.8 times more choice. Essentially therefore 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 (Robertson et al 2005).

In addition to these benefits, the research found that people were 1.5 times more likely to be perceived as at risk either in or out of the home or in traffic and had a 67% increase in the number of health problems reported. It appears that Person Centred Planning had no apparent impact on building inclusive social networks; employment, physical activity and medication, leading to the statement in the research report that

Person Centred Planning may be helpful but is not a sufficient condition to promote social inclusion to the desirable level.

In addition the research also found that Person Centred Planning worked better for some people than others. If someone had mental health, emotional or behavioral problems, autism, health problems or restricted mobility then they were less likely to get a plan.

Costs associated with the introduction of Person Centred Planning

Person Centred Planning was found to be largely cost neutral, and therefore is described as being both efficacious and effective in improving the life experiences of people with learning disabilities (Robertson et al, 2005)⁹ The direct training and implementation costs per participant were £658 if these were calculated across all 93 participants. However, these costs are likely to fall over time as local capacity is built and training is carried out by external trainers but undertaken in house. The average



weekly cost of the service provided to individuals in the study rose by 2.2% but this increase was not statistically significant.

Organisational factors that impede or facilitate the introduction and effectiveness of Person Centred Planning

The research suggests five factors that lead to improved outcomes for people who are supported by services. These are:

1) A facilitator committed to Person Centred Planning: In the research this was found to be the most powerful predictor of successful outcomes for people.

2) 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. Interestingly the research found that having a facilitator who was a member of support staff was associated with benefits in the area of the size of social networks however it had disadvantages in the areas of community activities, contact with friends and contact with families.

3) Personal involvement of the individual: The guidance for Person Centred Planning (Department of Health, 2002) stressed the importance of people having an opportunity to lead planning. This was supported by the research findings as people who took an active role in Person Centred Planning (*eg in directing their own meetings*) had more positive change in their lives.

4) A person centred team (Sanderson, 2002): The research found that where there was '*leadership, stability of staff and evidence of the prior existence of person centred approaches*' then this was associated with improved outcomes for people.

5) Managers actively involved in planning: Several of the Person Centred Planning facilitators were first line managers and this was again associated with better outcomes.

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 and to develop local capacity for change. In order to achieve this, 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. Continued learning about the conditions under which Person Centred Planning delivers*



maximum benefits for people with learning disabilities is essential`

These findings mean that Person Centred Planning can clearly be seen as evidence based practice, as something that is largely cost neutral yet results in people having more choice and more to do in their lives. This obviously has implications for both managers and professionals.

Implications of the research for practice

The findings create an imperative for managers and professionals to consider how they can contribute ensuring that person centred planning is used to enable positive changes for people. It is no longer acceptable for people to dismiss person centred planning as another fad, unsubstantiated by research.

What does this mean for managers?

The direct implications for managers include choosing and supporting facilitators and developing person centred teams.

Choosing and supporting facilitators

Traditionally, selecting people for courses has been based upon their formal role, (for example, all senior support workers), or on getting representation from geographical areas or services. Smull (2005) suggests that in his experience potential facilitators could be seen as either 'naturals', 'learners' or 'unlikely to have any talent for facilitation'. The naturals in an organisation are those who clearly demonstrate person centred values and continually seek ways to improve how they translate these into practice. Learners are people who broadly share the values but need extra support in finding ways to put these into practice. Therefore when managers are considering who to begin to train people as facilitators of person centred planning that they should begin with the naturals. The research supports this view, as the commitment of facilitators to Person Centred Planning and therefore the values of inclusion is the most significant predictor of success

Providing people with training to be facilitators can be seen as a beginning, but it is not enough. In the research, facilitators were given training and ongoing support, for example, through action learning sets, facilitator buddy groups and directly through a Person Centred Planning co-ordinator.

Managers also have a significant role in supporting facilitators, through supervision as well as ensuring they have time to plan and attend support



meetings or action learning sets. Investing in ongoing support is a way to retain facilitators and ensure their effectiveness in using person centred planning to enable people to make positive changes in their lives. Some organisations use a joint approach to training, by training facilitators and their managers together. The programme teaches facilitators and their managers person centred thinking skills, then the facilitators learn about facilitation whilst the managers learn about developing person centred teams, then they come back together to learn about implementing plans.

Developing person centred teams

Person Centred Planning is based on deep listening to discover what is important to people, what support they need, and their hopes and dreams for the future. In developing person centred teams (Sanderson, 2002) managers extend these principles to how they support and lead staff. Considering leadership as a collective capacity to create something of value (Senge 1990), underpins the person centred team approach. Managers can use person centred thinking tools (Smull and Sanderson 2005) to develop a strong sense of valued purpose, clarity around where staff can use their creativity and judgement and what their core responsibilities are, as well as getting a better match between service users and the staff who support them. There are specific tools, for example learning logs and 'four plus one questions' that managers can use to help the team record and act on what they are learning. The development of person centred teams is based upon research on implementing person centred plans (Sanderson, 2000) and is further supported by the recent research on Person Centred Planning (Robertson et al 2005). This research particularly indicates that where there is leadership and the team are using person centred approaches in their work, plans are more likely to be successful.

This research also suggests that individuals do different things with their time as a result of developing and implementing a person centred plan, this often relates to increased contact with friends and family or greater participation in community activities. These shifts in experience naturally require changes in the way that teams manage their time to support people to do different things. Teams need to be flexible in order to support a person to make these changes in their lives and be responsive to further changes. A team that invests time and resources in person centred team development could result in increased outcomes for individuals as a result of Person Centred Planning.

Person centred planning therefore requires a different way of working, reflecting different priorities, as one manager, Lucy describes,



Because of Kevin's learning disabilities, he has spent the majority of his life in an institution. He has received residential services for as long as can remember; he is very quiet and passive, and does not make great demands. At one stage, he was resettled and lived with two other men. Over a period of a couple of years these two men passed away, and the service was looking at the best way to support Kevin. I managed the service and was the budget holder, and was trying to find the best solution for Kevin. I decided that he could not remain in a three-person tenancy but we could not afford to support him on his own. I managed another tenancy about three miles away and the men there and Kevin had shared some activities and got on well enough, so I suggested that Kevin could move into this property. At the time, Kevin appeared happy with the arrangement. We started to develop person centred plans as part of the research project, and supported Kevin in developing an Essential Lifestyle Plan. When we introduced Person Centred Planning, Kevin said, 'I want to stay here. I don't want to move in with them.' I am ashamed to say that because all the plans were in motion, I blocked this idea, and set about persuading Kevin to move. Thankfully, the staff team felt empowered enough by their Person Centred Planning Training to challenge my decision. When I reflected on the team challenging my decision, I was amazed that the urge to manage my budget efficiently had completely overshadowed my responsibility to Kevin. At the time, I had not considered that he had the right to change his mind, and that my responsibility was to him and not to financial expediency. This was a shocking revelation, as I have always believed myself to be person-centred by nature.

Following this challenge, I completely altered the way that I was looking at Kevin's housing needs. My priority became finding ways of keeping Kevin in his present home. He could not afford to live on his own and so I met with the landlord and managed to change the tenancy from three-person to two-person. We introduced Kevin to another man, and when they got to know each other they decided that they could share the accommodation. Kevin now lives happily in his new home. He gets on very well with his co-tenant.

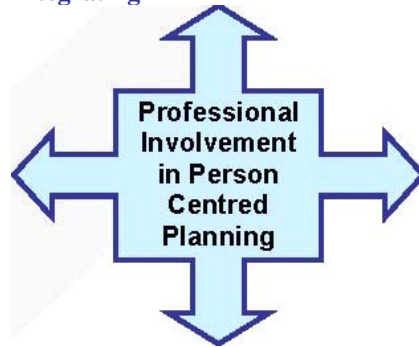
What does this mean for professionals?

The ways in which professionals are able to engage in Person Centred Planning was articulated in the model proposed by Kilbane and Sanderson (2004) in which professionals were identified as having four different ways in which they could contribute to Person Centred Planning. These are introducing, contributing, safeguarding and implementing Person Centred Planning (Kilbane and Sanderson 2004). For each of these, a summary of possible involvement is offered with implications from the research highlighted in order to inform any specific practice implications for professionals.

Introducing



Integrating



Contributing

Safeguarding

Introducing Person Centred Planning

Introducing the idea of Person Centred Planning to an individual or their representative can happen during conversations with professionals, whether this is in a meeting or when visiting a person's home. This includes offering information to an individual about how to get started with person centred planning, supporting people to lead their own plans or how to find a facilitator.

Introducing Person Centred Planning to an individual or family requires a level of knowledge about Person Centred Planning by the professional, both in terms of understanding Person Centred Planning; for example what it is, styles, applications and resources. Also important within this is the local infrastructure that needs to be in place in order to support planning, such as implementation groups, courses and contacts.

Key factors to be considered therefore include the fact that:

- ⊙ Professionals can help ensure that people who are less likely to get a plan, according to the research findings, have information about person centred planning and how to develop a plan if they wish to.
- ⊙ Professionals can support people to lead their own plans, or work with families in this way. Lucas chose a student nurse to help him with his plan. He lived with three other met and wanted to move. The local self advocacy group, People First, was running a course called 'Listen to Me' for people who wanted to use person centred planning to make changes in their lives. Lucas asked John, a student nurse he knew to help him. John supported Lucas to think about and record how he wanted his life to be, and supported him to arrange and speak up at his meeting, and to follow up on actions. Six months later, Lucas is now living in his own place.

Contributing to Person Centred Planning

The different contributions that any professional may make to a plan include; facilitating the plan (if they are trained and experienced in this), being a member of the planning process, both throughout the whole planning process or just a part of it and contributing to actions resulting from the plan as part of implementation.



In order to contribute to a plan, a professional must be invited to do so by the person whose plan is being developed. This necessitates having clarity about the focus of their contribution and being committed to completing any resulting actions.

Key Implications of the role of professionals in delivering this aspect of Person Centred Planning include:

- ⊙ The research suggests that the role of managers as a key factor in the success of plans. It is possible for professionals to collaborate with and support managers in ensuring that plans are implemented.

- ⊙ Supporting people to take an active involvement in person centred planning, for example a speech and language therapist could support people to find ways to ensure that people who do not use words to speak are enabled to be at the centre of their planning process. The research indicates that this is a factor in positive outcomes for people from person centred planning.

- ⊙ Considering training to become a facilitator. Jacob is a community nurse with responsibility for transition. He trained as a person centred planning facilitator as he believed that these approaches were vital to helping young people make decisions about their future in transition.

Safeguarding Person Centred Planning

Professionals have a significant role in safeguarding the quality of plans and planning. Where a professional has knowledge, experience and understanding of person centred styles and approaches, they may identify where a plan is of low quality and does not reflect key features of Person Centred Planning (Department of Health, 2001).. Importantly, learning from professionals about how to make plans happen can be shared with local implementation groups.

To be successful in safeguarding Person Centred Planning so that more positive outcomes are achieved, professionals should understand key features of Person Centred Planning, know the elements of the different planning styles and the criteria that represents quality. In addition it is important to be familiar with the quality process being used by the local services and the local Person Centred Planning implementation group as well as keeping up to date with developments in Person Centred Planning.



Key Implications:


- ⊙ Professionals are in a strategic position to contribute to the safeguarding of the quality of Person Centred Planning over time. Professionals can work with implementation groups as a way to highlight emerging evidence about factors that increase positive outcomes from plans and share learning from and with colleagues. For example a person centred planning co-ordinator attends the community team meeting once a quarter. She asks the team what is working and not working about the way that person centred planning is being implemented locally, from their perspective. She feeds this important information back to the implementation group, who use this as part of their quality process.
- ⊙ Use specific research evidence to inform the focus of efforts to safeguard Person Centred Planning: for example, learn about and share ways to support people to become active in their own plan development and make contributions to team development to increase positive outcomes from plans, and ensuring that plans are available to everyone.

Integrating Person Centred Planning

Once a professional has experience of introducing, contributing and safeguarding Person Centred Planning, integration of Person Centred Planning into professional practice can happen at individual, local and systemic levels. For all professional interventions, person centred thinking and approaches can integrate into everyday professional practice by:

- ⊙ spending time with the focus person and their supporters reading the plan and increasing understanding of the person through the plan as part of any initial work.
- ⊙ Using information from plans to influence their practice, for example, arranging meetings or activities with the person in the mornings if their plan indicates this is a good time, or using learning logs.
- ⊙ Recording outcomes, new learning and actions resulting from professional interventions into individual person centred plans
- ⊙ Using person centred thinking tools to enhance existing practices, for example, a care manager using the process called 'working and not working' in reviews, to gather information about what is working and now working from the persons, the families and the staffs perspective, when reviewing a contract. Vera, a physiotherapist used a person centred thinking tool called 'four plus one questions' as part of the review of their dysphagia group. For each individual who attended the group they explored the four questions of



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- ④ What have we tried? What have we learned? What are we pleased about? What are we concerned about?

And then agreed what they would do next. The physiotherapist said that it helped them to focus on how dysphagia affects the person rather than the actual swallowing problem,



Conclusion

Within this article we have outlined the essence of the major research initiative that has just ended and has resulted in person centred planning being identified as evidence based practice. We have discussed the outcomes of the research in relation to quality of life indicators, cost implications and factors that increase the likelihood of successful plans for people. Importantly we have also considered the implications of this research for professionals and managers involved in supporting people who have a learning disability to achieve the lives they want for themselves. In considering these contributions the core of the message must be that these issues are not too complex for managers and professionals to address nor can they continue to ignore Person Centred Planning as we now have the evidence that it makes a positive difference for people.

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