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Person centred planning and care management

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Introduction

Valuing People (Department of Health, 2001) stresses the important role that Person Centred Planning can play in helping people with learning difficulties take charge of their own lives. The Guidance (Department of Health, 2002) stressed that Person Centred Planning is not a professional activity done to people; instead people themselves and their friends, families or other allies, must lead it. However, professional services still have an enormous role to play in responding in a more person centred way to people with learning difficulties. Critically this means:

- ① Helping people say what is important to them
- ① Helping them get the help they need
- ① Making sure people are in control of their own lives

Care managers¹ are one of the most important professional groups that influence the lives of people with learning difficulties. The care manager must both enable the individual and their allies to take more control of their own lives while also supporting them to make effective use of other services, professionals and wider community resources. The care manager must work intelligently to make the best use of all the available resources, including the energy of the individual, their community and other services.

One example of this style of working is provided by the way in which Paul and his family have been supported by a local authority. As a teenager Paul was sent away to a residential school hundreds of miles from his home; that service was not ideal and his family were keen that he should return home. Now this local authority has had significant experience of person centred planning and was committed to the principle that decisions should be made by the person or by those closest to the person. So, instead of commissioning a service for Paul in the ordinary way, they helped Paul, and his family, to lead the development of an alternative support service.

¹ It is important to recognise that many different professionals, not just those named as care managers, carry out the care management role. In particular specialist and community teams frequently function as care managers and the term 'care manager' as it is used in this article refers to anybody who has the responsibilities we will go on to outline.

Initially the family and Paul were given the opportunity to develop a person centred plan and they were supported by a care manager, who was trained in Essential Lifestyle Planning. The family then decided upon the kind of support service they wanted. Paul was to move back home, but to his own house close to his parents. He would get an individually tailored package of support and his brother would work as his team leader. The family were told that they could spend up to £70,000 per year on his support (this being approximately 60% of the cost of the segregated service he was using at that time). Equipped with this knowledge the family interviewed service providers, but finally they decided to manage the service themselves.

Paul now lives in a house he was able to buy himself and has support from his family and a small, dedicated support team, led by his brother. The arrangement has worked well for all concerned and while the care manager has a critical role in supporting, monitoring and reviewing the service, most work is carried out by Paul or by people close to Paul. The care manager played a vital role in this story, but also a minimal role. Once she had helped formulate the initial plan the family's confidence grew and they began to take increased responsibility. The result is a support service that has enabled a young man to return home, share in the life of his family and to begin his own life in his own community.

But Paul had an empowering network of friends and family. Working with Paul effectively means respecting this network, but it also means that much of the necessary work needed to improve Paul's situation could be left to others. The role of the care manager was minimal and is presently restricted to monitoring and supporting Paul and his family to reflect on the lessons they are learning. This story represents an ideal situation, where the individual's circumstances enable the care manager to operate effectively with only minimal interference in the life of the individual.

This story exemplifies the complexity and sophistication with which care managers must work if they want to work in a more person centred way. Care managers have to adapt to different individual situations and must intervene carefully so that they always maximise the capacity of others to take decisions for themselves. For different individuals, unlike Paul, then the care manager will have to intervene in different ways in order to support the person to get the life they need.

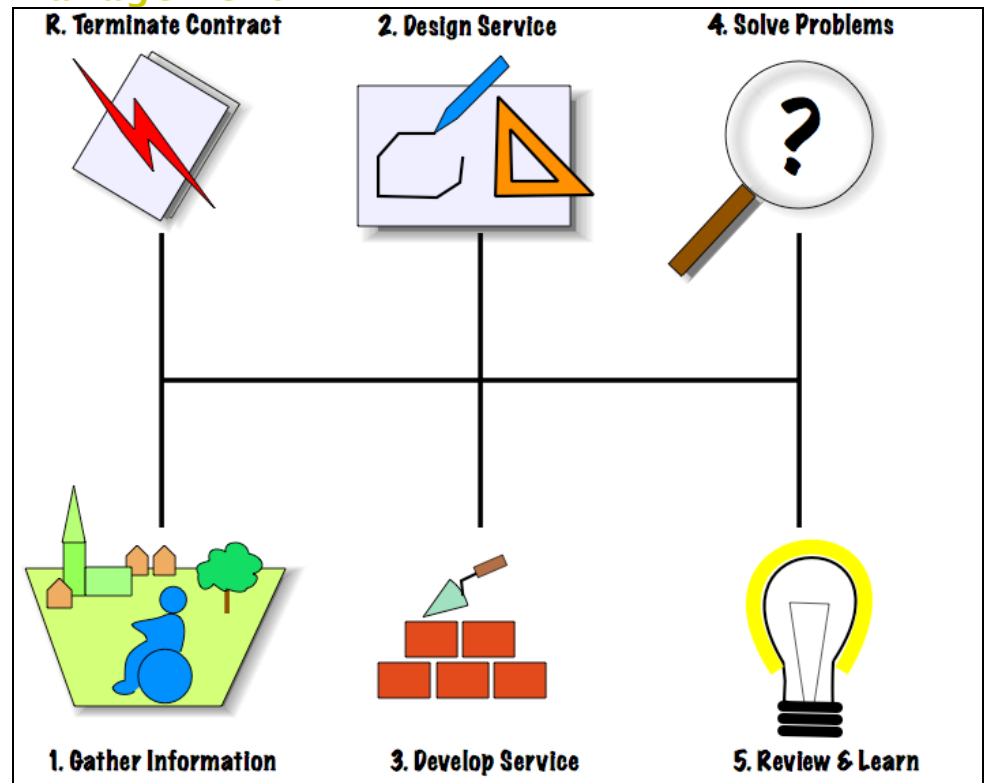
The five gear model

One attempt to capture the complexity of the care management role is offered by the Five Gear Model of Care Management. This model sets out a number of different interventions that care managers can make to best suit the different contexts in which they work. The idea that there are different gears, between which the care manager must move, arose out of considering the need to acknowledge the different circumstances in which people live and the assumption that the best intervention will be the lightest, or least taxing, intervention necessary to achieve what is necessary.



A car needs a first gear in order to overcome its inertia and to get the car moving; but in first gear a car is at its least efficient and it uses a lot of energy to go a small distance. However, for all its inefficiency, first gear is essential. As the car speed increases to move and as the road becomes easier then the car can climb through the gears, becoming increasingly efficient and getting much further for less effort. The different elements of care management as they relate to gears is described graphically in Figure 1.

Figure 1 The Five Gear Model of Care Management



The work of the care manager varies depending upon the circumstances of the individual and the extent to which they or their allies can drive forward the planning process for themselves. The care manager's role shifts as the planning process matures. At each stage of the planning process the role of the care manager changes. And at each stage the level of intervention required can change. In terms of this model Paul's situation was akin to starting a car on a downward slope, where quick progress can be made through the gears.

These different interventions are described Table 1.

Table 1 The Five Gears of Care Management

Gear	Description of Intervention
First Gear: Gather Information	In order to develop a plan information needs to be gathered about the person, their needs, their objectives and their community. If this information is already available or can be gathered by others then the care manager can check that the developing picture is coherent and that no important information is missing. If not, the care manager may need to do some detailed person centred planning with the individual.
Second Gear: Design Service	Once there is shared understanding of the present situation and what needs to change then possible solutions can be identified, for people with significant support needs that will mean developing an individual service design. If people can do this themselves or with the support of others then the care manager can simply evaluate whether the proposed service is a sensible way of meeting the agreed needs. If not, the care manager may need to design an individual service for the person.
Third Gear: Develop Services	Once a service has been designed then it must be developed. The more imaginative and community-focused the service the more work may be required to negotiate and develop that service. However the individual, their family, their friends or service providers may also be able to take on much of this work. However this may not always be possible and if so, this will place a considerable practical responsibility on care managers to develop the service themselves.
Fourth Gear: Solve Problems	Even when a support service has been developed the care managers role does not end. For they will be required to help solve problems, manage risks and reduce conflict. If there is good leadership in place around the person the need for this support will be much lower. But sometimes care managers will have to take the lead role in facilitating groups to solve problems that arise.
Fifth Gear: Review & Learn	After all this what remains is the care manager's responsibility to review support services and to ensure that any lessons are learnt. In order to fulfil this role in the most person centred way care managers will need to encourage people to take greater responsibility for their own learning and for ensuring that any lessons learnt by other individuals or families are shared.



Reverse: Contract
Termination

Nothing remains static. An individual who has been doing well for many years may find their situation changing and they may need more help or a different kind of help. Unexpected problems may arise. As the five gear model suggests the immediate response to these problems will be to move back down through the gears in order to make the necessary intervention. However in the most extreme circumstances the care manager may need to bring an end to any existing commitments and arrangements and start again afresh.

What this account of care management offers is a doubly adaptive conception of care management. First care managers must adapt themselves to the point in the process or planning which requires their intervention. Second care managers must adapt their intervention to the situation of the individual, always endeavouring to put the individual in control of their own planning and always endeavouring to strengthen the network of family, friendship or support that surrounds them rather than taking control. But at times a direct and full intervention will be required.

Developing a person centred approach

On this analysis it follows that care managers have an important balancing act to play. On the one hand care managers must not dominate the process of person centred planning. They must not just enable people to do their own planning, with their own support, they must also positively encourage people to develop those skills and to rely less on care management. On the other hand they must embrace person centred planning, learning the skills and techniques it has to offer in order that they can improve the different kinds of planning that their job demands they are skilled in. For often it is only the care manager who can help the individual start to achieve control over their own life.

The established tools of Person Centred Planning already offer care managers a broad range of useful approaches that will enable them to do their job better and in a way that is more facilitative. In particular, at each stage of the planning process, there are useful techniques that can apply and some of these are set out in Table 2. Many of these approaches are drawn from PATH (Forest, M., O'Brien, J. and Pearpoint, J.) Personal Futures Planning (Mount, B., 1995), MAPs (Falvey, M., Forest, M., Pearpoint, J. and Rosenberg, R., 1993) and Essential Lifestyle Planning (Smull and Sanderson 2001).



Table 2 The Value of Person Centred Planning Techniques

Gear	Useful Planning Tool
First Gear: Gathering Information	<p>Mapping personal history (from MAPS)</p> <p>Catching the dream (from PATH)</p> <p>Discovering what is important to the person (from Essential Lifestyle Planning)</p> <p>Mapping how to successfully support individual (from Essential Lifestyle Planning)</p> <p>Communication Charts (from Essential Lifestyle Planning)</p> <p>Mapping gifts (from MAPS)</p> <p>Define obstacles and opportunities (from Personal Futures Planning)</p> <p>Mapping relationships, community and other features of individual's life (from Personal Futures Planning)</p>
Second Gear: Design Service	<p>Define vision for change (from Personal Futures Planning)</p> <p>Design a positive week (from Personal Futures Planning)</p> <p>What is working/not working (from Essential Lifestyle Planning)</p> <p>Plotting support options (from Individual Service Design, Kinsella, 2000 B)</p> <p>Creating a service specification (from Creativity in Service Design, Duffy, 2002)</p>
Third Gear: Develop Services	<p>There are fewer planning tools as such that are useful at this stage. The third gear is much more the stage of doing rather than thinking. However useful guidance on the practicalities of Individual Service Design can be found in books such as Keys to Citizenship (Duffy, S, 2003)</p>
Fourth Gear: Solve Problems	<p>Action planning (from Personal Futures Planning)</p> <p>Backwards planning (from PATH)</p> <p>Balancing happiness and risk (from Person Centred Risk Assessment, Kinsella, 2000 A)</p> <p>What is working/not working (from Essential Lifestyle Planning)</p>
Fifth Gear: Review & Learn	<p>What's working and not working (from Essential Lifestyle planning)</p> <p>Learning Log (from Essential Lifestyle Planning)</p>

Mastering these techniques provides the care manager with a flexible repertoire of facilitative questions by which they can help the individual



achieve the maximum possible control over the process of planning and developing appropriate support.

The bigger picture

In conclusion, it is worth reviewing the practical consequences of the principles argued for above. Care managers fulfil a useful role in co-ordinating services to disabled people and other people who need support. They should work in a spirit of equal exchange and partnership-using person centred planning approaches and occasionally they will need to develop a full person centred plan. However the care manager will need to work intelligently, doing the least possible and enabling others to take a lead where possible.

Care managers sit at an important point, between human services and the wider community. How they manage their relationships with those they serve and fellow professionals within human services has an enormous impact. No one approach provides the answer, instead care managers must change the approach and energy they take to reflect both the individual's situation and the different stages of the planning process. Sometimes a care manager must take the lead to push things forward. Sometimes the care manager will need to stand back and let others take the lead. Hopefully this article offers a framework for reflecting on the varied options confronting care managers in their work.

The Valuing People Support Team summarises its guidance to care managers (Valuing People Support Team, 2004) by setting out a vision of change. Change not only in the services offered to people with learning difficulties, but also change for care managers, a vision of their role which is both more facilitative and more reasonable than the often contradictory demands placed upon care managers today. This vision is set out in Table 3.

Table 3 The VPST Vision for care management

Vision for People with Learning Difficulties	Vision for Care Management
<ul style="list-style-type: none">☉ People are entitled to support and can quickly and easily find out what social care might be available to them.☉ When they need it, people get help in making decisions from people they choose and trust, including decisions about their own support.☉ Everybody is enabled to	<ul style="list-style-type: none">☉ Care Managers help people who need social care to get the help they really need and to avoid institutional services.☉ Care Managers empower people and their communities to have the capacity to plan, decide and act as independently



maintain as much control over the planning and organising of their support as they want.

- ⊙ People are given clear information and connections so that they can evaluate their own situations.
- ⊙ People can change how they are supported to suit them and their life as their needs and preferences change.
- ⊙ People are free to get on with their lives as citizens, making full use of all the community resources that other citizens use.
- ⊙ People are protected from abuse, assault and institutionalisation while being supported to take the ordinary risks of everyday life.

as possible.

- ⊙ Care Managers are not expected to solve every problem; instead they work in partnership with the person and all those who enable access to other community resources.
- ⊙ Care Managers have an achievable workload with enough time to give full support to those who really need it.
- ⊙ Care Managers get the chance to be involved in shaping local policies and influencing the wider vision.
- ⊙ Care Managers are supported to develop their own gifts and the skills necessary to fulfil their role.
- ⊙ Local authorities support Care Managers by publishing clear and fair policies and by using effective procedures.

Of course this discussion raises wider issues, for it is not just care managers who have an impact on the self-determination of disabled people. Strategies could be pursued to better equip the community to develop its own skill. For example:

- ⊙ Training in planning could be provided to individuals, families and other citizens
- ⊙ Written guidance could be made available
- ⊙ Independent sources of advice and support could be developed; e.g. service brokers, personal assistant advisors, Independent Living centres etc.

Furthermore, this article has concentrated overwhelmingly on the skills that care managers use in setting up individual support services. However this is not the only role that a care managers is expected to play. If we return to Paul's story it is clear that there was one particular intervention that had a very powerful impact on Paul's ability, with his family, to



successfully plan and develop his own support service. For Paul's family was told how much funding would be made available to meet his needs.

Today this is not a typical way of proceeding. Instead resources are usually only allocated after the planning and costing of services. However there are strong reasons to believe that this 'care plan first' approach to resource allocation is not helping people to develop more person centred services. Instead our present system creates a dependency on the care manager as the 'holder of the purse strings' and gets in the way of genuine planning. It is for this reason, as part of the In Control programme (Duffy et al. 2004) some local authorities are now piloting Resource Allocation Systems which allow them to allocate funding on the basis of need and before any detailed Support Planning has begun.

Conclusion

Ultimately, if care managers are going to be enabled to work in a more person centred way the whole organisation of social care will need to change towards a system of self-directed support. This will require the increased use of individual funding, clearer resource entitlements and a system of rules that is more transparent and accessible to the people with learning difficulties and their allies. Care managers on their own cannot change the whole system, but they can be an important ally in helping to move towards a position where everybody gets a life that is genuinely their own and support that really suits them. The Five Gear Model offers a framework for assisting care managers to make these changes using person centred approaches.



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