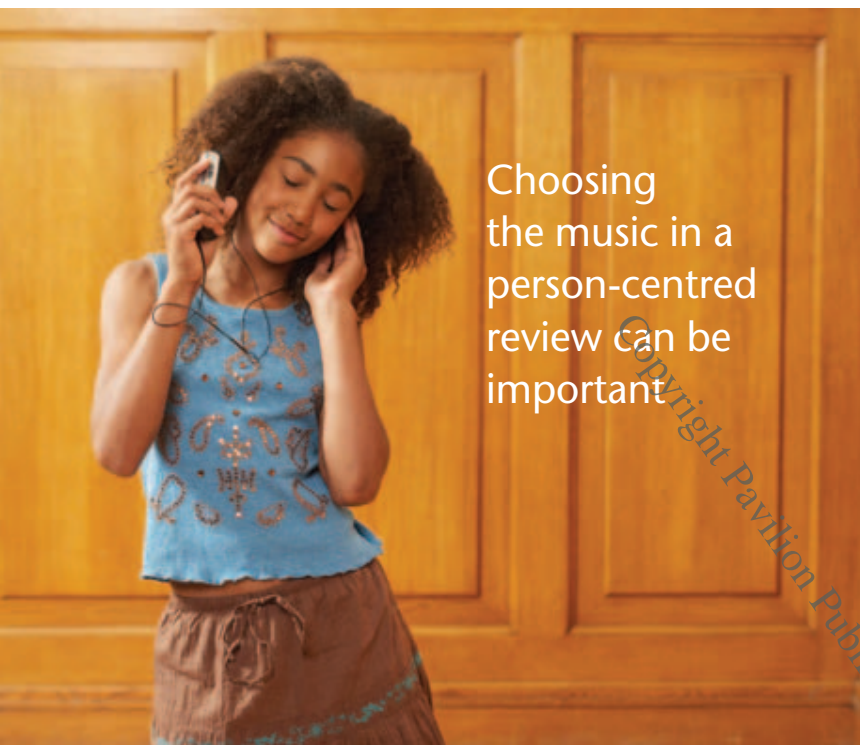


The personal touch

Person-centred reviews can take some of the stress out of the care package review process for service users, as Natalie Valios reports



Choosing the music in a person-centred review can be important

Person-centred reviews do what they say on the tin for service users: they put the person at the centre of the review of their care package; basing actions on what is important to and for the individual.

Person-centred planning and approaches have been at the centre of policy for people with learning disabilities in the UK since the late 1990s and were integral to the 2001 white paper *Valuing People*.

While they originated in the learning disability field, person-centred reviews can – and should – be used with any client group and this was set out in personalisation guidance published by the Department of Health in April 2010. As Elizabeth Hart, team leader for the CAMHS intensive outreach team at Suffolk Mental Health Partnership NHS Trust, says: “It’s not a learning disability process or tool, it’s a way of thinking, working and supporting someone.”

In a mental health context it can change a typical care programme approach (CPA) review for the better. Hart works with people with learning disabilities, mental health problems and challenging behaviour under CPA.

Realising that most of her clients found CPA meetings stressful she decided to train in person-centred reviews,

believing this would work better for all concerned. She looked at the legal requirements of a CPA review and the various headings it had to cover, from finance and housing to physical and mental health, and realised they could comfortably fit with one another.

Review process

Person-centred reviews last up to an hour and a half – no longer than a normal CPA review. Facilitators – who can undertake training in person-centred approaches – open up the meeting with specific questions. These include: what people like and admire about the individual; what is important to them now and in the future; how to keep them healthy and safe; whether there are any questions to answer or issues to resolve; and what is working or not working from the individual’s perspective and those of their family/carers, staff, managers and other professionals.

Preparatory work is vital. “The facilitator needs to ask the person who they want there, who has to be there, when and where they want it, and how we send out the invites,” says Hart.

They are also asked if they would like refreshments or music playing in the background during the meeting – in fact anything that could create a relaxed environment for an event that many find stressful. In the invitations Hart sent out to those participating in their first person-centred review, she warned them to “expect it to be slightly different”, while explaining to them how they would take part.

For people with mental health problems, the length of preparation depends on how well they are and whether they feel that they are in a place to cope with a process that is more open and more focused on them.

“Their view and opinion is much more in the forefront and that can be scary when you are used to having things done to you,” adds Hart.

On the day itself, after introductions are made the review kicks off by inviting everyone to say what they like and admire about the person concerned. The principle behind saying this at the outset is to remind everyone to think of the individual needing care and support beyond their diagnosis.

Rather than sit formally round a table, flipchart paper with the different headings is pinned on the walls so that everyone can write their thoughts on each in a relaxed way. The action plan is put together from this information. The facilitator writes it up and disseminates it to those at the review and anyone who couldn’t make it so that everyone knows who is doing what and by when. This makes it easy to identify what was and wasn’t achieved at follow-up meetings.

Break from tradition

Julie Lunt, training and development consultant at training and consultancy provider Helen Sanderson Associates, says that a person-centred review differs from a traditional CPA review in that, in the latter, “while the person is there, it tends to be much more a process that is meeting the objectives of the consultant and others, rather than responding to providing a service that makes sense to the person needing care and support. Whereas in a person-centred review, every question we ask is aimed at the individual and looking at things from their perspective.”

Training professionals in person-centred approaches is the only way to make them understand the difference, says Hart. “People need to feel confident and comfortable in the process, but be trained in it. Otherwise they think they are doing a CPA review aimed around the person, but it’s still aimed around the service.”

David Coyle, senior lecturer at the Department of Mental Health and Learning Disabilities, University of Chester, often comes across this attitude: “When we have undertaken person-centred training and developmental work in mental health, there’s the feeling from professionals that ‘we’re doing that already’.

“People bandy the term ‘person-centred’ around without really knowing what it is, so while CPA reviews were always intended to be person-centred, this is often not the experience of the individuals involved.

“The risk agenda motivates a lot of mental health work. People get ‘done to’ and services demonstrate that they are working with good governance so that if something bad happens you can say everything was working right. That’s the nature of mental health services.

“A proper person-centred review lives with the person. Support is reflective, has a synergy with the person and their day-to-day needs. It’s not ‘we will have a look at this in six months’ time and see where we are’ as if by magic something will have changed.”

Alan Simpson, senior research fellow and lecturer in mental health at City University, London, agrees: “Traditionally with the CPA it’s been very much a medically-driven process; a system-driven process, or even a managerial tick-box process. Many users say their involvement is almost an afterthought. Clinicians are making the decisions – sometimes very well-intentioned – but person-centred reviews are about shifting that whole perspective.”

Most people want to work in a way that empowers the individual and helps them recover. A genuinely involving approach is more likely to achieve this, according to Simpson. “If the person feels you are interested in what they have to say then it gives them a signal that they are respected, being taken seriously and their story is being heard so you are more likely to get their engagement as a clinician and as a practitioner. So you get more response and with luck the person is more likely to recover.

“In training we do appreciate that most people are working with high caseloads and then we are saying

A drawing of a typical person-centered review



‘you need to be doing this in a lovely, ideal way’. So it’s about trying to work out how we can get more of this positive practice while recognising those tensions.”

The resulting shift in power relationships may be uncomfortable for some. Some critics of person-centred approaches are concerned it focuses too greatly on the individual’s choice over the professional’s, potentially neglecting the safety and wellbeing of a person or those around them.

However this is a misunderstanding of person-centred approaches, which seeks to find a balance of what matters to the person and the support required to stay healthy and safe. “They may have a well-placed concern for the needs of the individual based on their previous experience of the client and worry that if they don’t do something as their clinician, the individual’s needs won’t be met,” says Simpson. “But quite often it’s about finding the time to work differently. So if you invest the time earlier [through the preparatory process] then the review process can become an easier one.”

Satisfaction

For Hart, it’s a far more satisfying way of working. “From a clinician’s viewpoint I have learnt more about the person because things come out that wouldn’t in a normal discussion. The emphasis changes, so that what you get from the action plan is stuff that really needs to happen.”

The personalisation agenda also makes person-centred reviews relevant. This government policy, backed up by Putting People First and Our Health, Our Care, Our Say, highlights the requirement for an organisational and system transformation to deliver person-centred support so that service users move from being viewed as the objects of care to contributing citizens. With New Horizons and Refocusing the Care Programme Approach as well, the time for person-centred approaches to be taken fully on board in mental health has come.

And, according to Coyle, there is nothing stopping professionals from using a person-centred approach except their own reluctance to change or recognise its benefits: “We have got everything we need to do it so anyone who wants to will be pushing at an open door.” ■