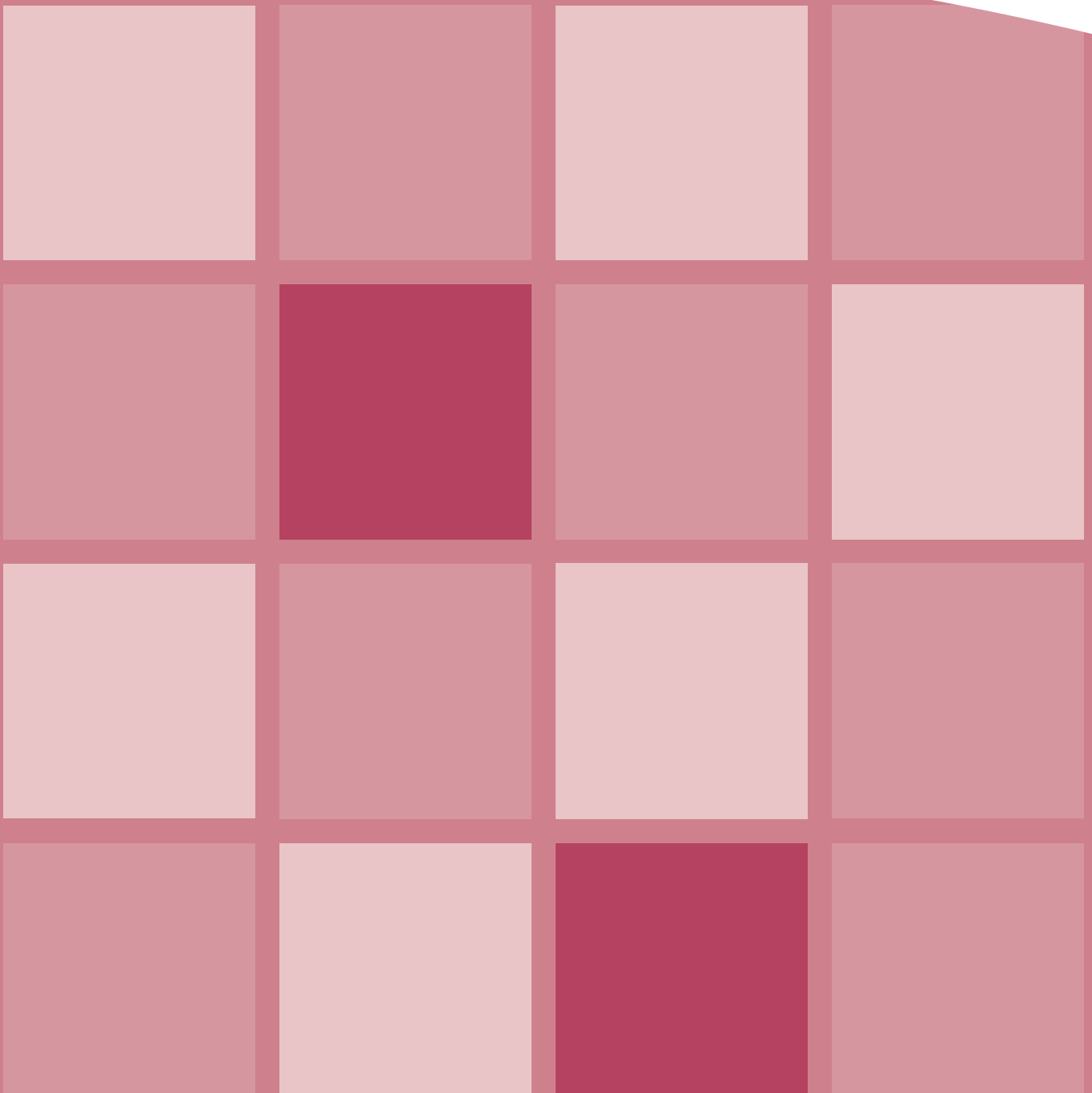


# Person Centred Planning

## Advice for Providers



**DH INFORMATION**

|   |  |
|---|--|
| <b>Policy</b><br>HR/Workforce<br>Management<br>Planning<br>Clinical | Estates<br>Performance<br>IM & T<br>Finance<br>Partnership working   |
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# Advice for providers



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# Introduction

This information is designed to help providers know how to use person-centred planning approaches to deliver truly person-centred services. The 2008 Local Authority Circular *Transforming social care* notes that councils need to 'ensure that people and their organisations are much more involved in the design, commissioning and evaluation of services and how their needs are met'.<sup>1</sup> As councils continue to move towards transforming their adult social care systems, provider organisations will need to work closely with their commissioning colleagues to ensure that they are delivering services that meet the future needs of the local population and that those services have been designed and produced with local service users and carers.

<sup>1</sup> Department of Health, *Local authority circular LAC1: transforming social care (2008)*, Department of Health.

# CHAPTER 1

## What are person-centred services? What is expected of you?

People who use social care support want to be treated with dignity and respect. They want provider organisations to arrange services in a way that retains and maximises their choice and control and reflects what is important to them and how they want to be supported. This experience should be true for all people in all situations. This could include someone being supported through the last months of a terminal illness; someone needing temporary assistance to regain independence after an accident or illness; or a young disabled person leaving special school and getting a job. Whatever the circumstances, personalised service delivery should ensure that the person is at the centre and their support is tailored to them.

The Social Care Institute for Excellence (SCIE) suggests that personalisation for providers means:

- building open, productive relationships with people using services, along with commissioners, local authority care managers and the wider community;
- being clear about what personalisation means so that everyone involved has a shared understanding of principles, practice and outcomes;
- agreeing a 'personalisation statement' for the service with everyone's involvement, including frontline staff, people who use services and carers; and

- ensuring that all staff training and development is informed by the principles of personalisation and promotes person-centred and relationship-based working.<sup>2</sup>

To deliver these personalised services, providers need to listen to the people they support; person-centred thinking and planning offer a practical way to do this and can help deliver the services people want in the way they want them. They can affect the whole culture and ethos of an organisation. Truly person-centred organisations use the same principles to support their teams and within their systems. Personalisation should be integrated throughout each organisation's vision, strategy and corporate business plan. The process is simple but the effects can be profound; people being supported will immediately experience the benefits. Over time, the organisation will improve its reputation, organisational effectiveness, investment decisions and, ultimately, financial sustainability. To adopt and implement a service strategy based on personalisation requires a commitment from the top to put people first and a 'can do' attitude from the whole organisation.

Many provider organisations have found it useful to adopt three parallel work streams:

- developing person-centred thinking and approaches throughout the entire organisation to ensure that all people in all situations feel increasingly in control of their support;

2 Social Care Institute for Excellence and Voluntary Organisations Disability Group, *At a glance personalisation briefing 13: Implications for voluntary sector service providers* (2009), SCIE. Available at: [www.scie.org.uk/publications/atagance/atagance13.asp](http://www.scie.org.uk/publications/atagance/atagance13.asp)



- transforming out-dated, failing and unviable services through personalisation principles into services that people will want in the future; and
- creating new service responses for self-funders or people with personal budgets to provide sustainable growth.

It is central to train and support staff to work in person-centred ways and use person-centred thinking. The guidance stresses the key role of first-line managers in knowing and recording what is important to people and how best to support them, and using person-centred reviews to reflect on – and achieve – outcomes for individuals.

The information from person-centred reviews can then be aggregated to inform business planning and strategy and to show how existing services need to change and what new services could be developed.

Sharing and providing person-centred information, for example from person-centred reviews, can also improve the effectiveness of the relationships between provider organisations and commissioners. This is set out in the *Advice for commissioners* section of the guidance.

# CHAPTER 2

## Delivering person-centred support to individuals

Delivering the personalised agenda means offering individual, person-centred services to everyone you work with. This requires using person-centred thinking to listen and respond to what people want from you, reviewing the services you provide through person-centred reviews, and then developing services that people can buy directly from you, or can be commissioned through Individual Service Funds (ISFs).

### Using person-centred thinking to listen and respond to people

The first part of the guidance states that to enable people to have real choice and control over their lives and services, we need to know the answers to the questions set out in the table below.

Providers need to know this information and consistently act on it in order to meet the needs of the people being supported.

It is not just **what** staff members do, but the **way** in which they do it. The quality of the relationship and the interaction between the staff member and the person being supported is essential in ensuring quality services overall.

The experiences people have when they interact with professionals are what matter most to the people who use services. The quality of this interaction can create a positive sense of well-being and a desire to take increasing control of their life. Conversely, a poor-quality interaction can cause a person to feel anxious, less confident and consequently less independent. In all situations and with all

| What do providers need to know about each individual they support?  | Person-centred thinking skills that can help   |
|---|--|
| What is important to the person, so that services can be built around what matters to them as an individual.  | What is important to the person?   |
| How, when and where the person wants support or services delivered.   | How can we best support the person?  |
| What people want today, tomorrow and in the future and how to move towards this.  | What is important in the future?   |
| How the person communicates the way in which they want their services personalised.   | Communication charts.<br>Decision-making agreements.   |
| How to enable people to be part of their communities as contributing citizens.  | Presence to contribution.<br>Planning how to move from being present to contributing.            |
| How well are services being delivered, and are they being delivered in the way people want. What do individuals think of the services they receive and how can services improved. | What is working? What is not working?<br>These questions can be part of a person-centred review. |

people, the relationships and interactions need to encourage and/or facilitate the individual's choice and control. Subtle behaviour can make a difference. If there is no culture of empowering relationships, then it will be impossible to create a truly personalised service, regardless of the service model applied.

*A national provider has undertaken an analysis of the interactions of their high-performing frontline staff, sometimes known as 'naturals'. These individuals were rated by the people they support, their families, peers and managers as being particularly good at empowering others. The analysis revealed that they intuitively used a cluster of skills and attributes including attentive listening, an ability to judge when to step forward or step back, good observation, creativity, reflection and personal warmth. The personality profiles for the same individuals revealed statistically significant differences from the population average. These support workers were considerably more introverted and benevolent than the norm, while also being strongly principled. As a result, the provider is now using this knowledge in all staff selection and workforce training to improve the quality of interactions with people being supported throughout the organisation.*

The first-line manager has a vital role to play in both modelling person-centred thinking and supporting staff to use person-centred thinking and to create the quality of relationships described here.

*A national provider has invested in identifying, training and supporting champions throughout the organisation. The champions are mainly first-line managers and have been trained in person-centred thinking and coaching skills. They receive regular support from an internal group of person-centred thinking trainers and a local leadership teams. The leadership teams function like implementation teams. The leadership teams have a vision of what success would look like if person-centred thinking and planning were really making a difference in the organisation. From that vision, they have identified annual targets and success indicators. At each meeting they examine how they are progressing with their targets, and hear from the champions about what is working and not working. Once a year, members from all the leadership teams and the champions meet together, to share what they are learning. This informs the work of the directors. The organisation won a National Training Award for how this work has made a difference both to the people who use its services and to staff.*

## Replacing traditional reviews with person-centred reviews

One way to get started in capturing and acting on person-centred information is through person-centred reviews. The Valuing People Support Team funded programmes to explore how person-centred reviews could be used in day and residential services and to inform strategic commissioning in three local authorities. In addition, a provider working in the North West of England undertook a small-scale evaluation to explore what people using services thought about the person-centred review process and compared this with their experience of traditional reviews.

The outcomes from these three pieces of work indicate that:

- person-centred reviews can lead to changes for individuals and to services and help meet statutory requirements;
- person-centred reviews can replace existing statutory reviews as they generally take the same amount of time and involve the same people;
- information from person-centred reviews can provide important data that can contribute to strategic commissioning; and
- people who use services prefer person-centred reviews to traditional reviews.

A person-centred review is a specific process that takes between 75 and 90 minutes. It requires a trained facilitator, who asks the following questions:

- What do we appreciate about the person? (This may be called 'like and admire'.)
- What is important to the person now?
- What is important to the person in the future?
- What is the 'best support' for the person, to enable them to stay healthy and well?
- What questions are there to answer/issues to resolve?
- What is working and not working from the person's perspective?
- What is working and not working from the family's or carer's perspective?

- What is working and not working from the staff's and manager's perspective?
- What is working and not working from other people's perspective (e.g. health professionals and care managers)?

The review involves the individual, key people who have to be at the review to meet statutory requirements and other people who the individual wants to invite.

The meeting generates person-centred information to deliver a one-page profile to begin a person-centred plan. Most importantly, it also identifies actions that will positively change the person's life and deliver a more person-centred service.

These questions are important as they are used by commissioners to inform strategic commissioning (see later information on *Working together for change*) and can be used internally by providers to inform business planning.

Annual reviews are a statutory requirement. If training managers used the person-centred review process, it would mean that, within a year, everyone supported would have the beginnings of a person-centred plan describing what is important to them, and how best to support them and know what actions are required to change their life and create a more personalised service. This information can also be used to inform future service planning and business planning.

*A **provider** used person-centred thinking and person-centred reviews with people being supported, staff and families to form the basis of their three-year strategic plan.*

*Every team in the organisation (including finance and human resources, as well as direct support teams) were asked over a two-month period to use the 'working/not working' tool and agree:*

- *three things they are proud of;*
- *three things they want to change and how they are going to do this; and*
- *three questions they think need to be addressed in the organisation's strategic planning process.*

*The family and self-advocacy groups in the organisation were also supported to use the 'working/not working' tool to think about three things they were pleased about and three things they wanted changed. Commissioners were also involved in this process.*

*This information was taken to a 'big event' attended by members of each team in the provider organisation as well as individual service users and their families. Together they looked at what they were pleased with and prioritised the most important areas for the strategic plan to build on. They agreed the top five questions they wanted the strategic plan to address and together they developed a vision for the next three years. The trustees and senior managers used this information to develop the strategic plan and shared this back with the same group four months later.*

## Developing costed support plans and Individual Service Funds

Commissioners are working with providers to develop ISFs as part of outcome-focused framework contracts. This means that the provider develops a costed support plan as the basis for an individual agreement with the individual.

ISFs mean that:

- the provider holds the money on behalf of the individual;
- the individual decides how to spend the money;
- the provider is accountable to the individual; and
- the provider commits to spend the money only on the individual's services and the management and support necessary to provide those services (not into a general pooled budget used across services).

Person-centred thinking and planning are central to developing support plans and to individuals using these with provider agencies together with their ISFs.

Many providers are also working to 'deconstruct' existing group living situations to create more personalised services, where people have control over their support and their money. IAS, an independent provider in the North West, supported Paul to have more control over his service and his money.



**Paul** moved from a long-stay institution into a shared tenancy for four people. Paul had restrictions on his life which were imposed on him due to a legal matter, and this acted as a barrier to thinking about choices in where he lived. Paul was aware of other people moving on from the group home and he began to talk about his aspirations and dreams, which included 'freedom'.

His supporters worked to overcome the many obstacles that existed so that he could achieve his ideal life. They looked at the resource being used for four people and worked out how it could be better used to support 'three plus one' people. Paul took 30 hours of contact time from the allocation of 210 hours per week, with the remaining 180 hours providing the right level of support for the other three people. Paul was eventually able to move into his own two-bedroom terraced house. Paul got the support he needed and the three other men benefited from an improved living environment. The housing association played its part in reconfiguring the rents to make the financial aspect work. Paul was supported when he became anxious about moving into his own place rather than being 'wrapped in cotton wool'.

Paul has a very different lifestyle now, with an expanded range of friends and acquaintances. Also, he has a very different relationship with the staff who support him. He can decide when he is supported, who by and whether he wants all of his 30 hours in a particular week. He loves to travel, so when he is in unfamiliar places and needs greater support, Paul can plan for it by saving up the additional hours he will need.

Paul is one example of IAS managing to identify the resource a person is allocated and create a costed support plan. They did this by ring-fencing the funding for his support and working in person-centred ways so that he had real choice and control over his life. Once providers know what resources people are already using, they can then design how they are used – with the individual – so that they get the life they want.

**Sally** also has an individually designed service. She really enjoys dancing and night clubs and she needs support for this. She has been able to employ staff members who also like to dance. They are paid time and a half after 11.00pm. She can convert 'standard hours' into 'enhanced hours' (six standard hours equal four enhanced hours). Sally can plan late nights out knowing what it 'costs' from her allocation of 24 standard hours a week.

**Brian** also has an individually designed service. He received 35 hours of support per week when the group home he lived in was no longer needed, and all three people moved out. Brian never has enough money for all the things he likes. He has chosen on occasion to convert unused hours into money in order to purchase personal trainer time at a local gym, massages and computer games.

To make this happen in practice, there are three questions that providers need to consider:

- How much money is spent on each individual service?
- What are our costs and how can we show transparently how much money is spent on the individual's direct support and on the management and service functions?
- How can we work with the individual, their family and friends to create a support plan that describes how the person wants to spend their money?

By developing this approach, providers will be able to offer a costed service to people who have personal budgets or to self-funders, as well as being able to respond to commissioners when developing ISFs.

# CHAPTER 3

## Person-centred teams

Person-centred plans and person-centred thinking tools describe how people want to live and be supported. They describe the fundamental job roles and tasks for staff and need to be central to how teams work and use their resources.

Person-centred plans are more likely to make a difference where there is a person-centred culture and a commitment to developing new forms of support. Managers need to embed person-centred thinking and approaches into all of their management practices and create person-centred teams.

Managers can use person-centred thinking tools to develop a strong sense of purpose and clarity around how staff can use their creativity and judgement. They can also help to work out core responsibilities and get a better match between service users and the staff who support them.

There are specific person-centred thinking tools, for example learning logs and 4 plus 1 questions, that managers can use to help the team record and act on what they are learning. Person-centred active support is a useful strategy for ensuring that staff time is used well. It is, of course, vital that person-centred active support is based directly on what is important to the individual, from their perspective, and as described in their person-centred plan. That plan describes 'what' needs to happen, whereas person-centred team principles describe the 'who' and 'how' to make it happen.

The development of person-centred teams is based on research into implementing person-centred plans.<sup>3</sup> It is further supported by person-centred planning research, which indicates that, where there is strong leadership and the team is using person-centred approaches in its work, plans are more likely to be successful. The diagram below suggests questions that are useful in developing a person-centred team, and how the team relates to a person-centred plan. Person-centred thinking also gives managers another way to consider risk, focusing on an individual's gifts and skills in a positive and productive kind of way. This approach could avoid the risk aversion implicit in the traditional approaches and attitudes to risk assessment.



3 Robertson J, Emerson E, Hatton C, et al. *The impact of person centred planning for people with intellectual disabilities in England: a summary of findings* (2005), Institute for Health Research, Lancaster University.



*A **national provider** has been helping managers to embed person-centred thinking within all of their management practices. This has resulted in changes to their team meetings, to the way in which staff are recruited, and to how staff are supported and supervised.*

*In their team meetings, staff now use a 'round' to ensure that everyone in the meeting is heard. This is a way for everyone – in turn – to share information without being interrupted. Agendas are written in a new way, clearly saying what the issue or question is, how long each agenda item will last and how people need to prepare for the meeting. The managing director explains:*

*'We trained staff in using simple person-centred thinking tools to help them resolve the kind of dilemmas which cropped up regularly, and to work more effectively in teams. Staff became even more enthusiastic about what they were doing and this had a huge, positive impact on the people we support. Obstacles which had seemed major before became manageable by applying these tools.'*

# CHAPTER 4

## Creating person-centred organisations

Person-centred approaches used in organisations can help to create a person-centred culture that delivers personalised services.

These ideas need to extend beyond first-line managers so that everyone in an organisation is clear about how they can work in person-centred ways. In the first part of this guidance, we talked about implementing person-centred plans. Now the focus needs to be on how organisations can become more person-centred, thereby creating a culture in which personalisation can flourish. It is easy for people to think that person-centred thinking and planning is just something that needs to happen with people who are supported. Many organisations are finding person-centred thinking skills beneficial in other areas, including human resources, meetings and quality assurance.

*Stephen, a **human resources director**, describes how using the person-centred thinking tools has become 'threaded through our health and safety processes and risk assessments'. Stephen also describes how he uses the person-centred thinking tools in his own meetings with colleagues and in consultation exercises with staff:*

*'A large **national provider** has been training and supporting managers in one division to use person-centred thinking in all aspects of its service. They built on earlier work covering the purpose of their organisation and looked at how person-centred thinking could help them in delivering their purpose.'*

*The provider created a poster that clearly showed how person-centred thinking tools could help them work towards their mission and purpose. There is a copy in all offices and it is used in training.*

*'One significant outcome is the much lower staff turnover in the division that has been using person-centred thinking extensively, compared to the rest of the organisation. The programme, called Good2Great, is now being rolled out across all divisions.'*

*A **managing director** for a provider describes how person-centred thinking tools are taught to all existing staff, as well as being part of induction training for new employees:*

*'Most of the people, once they started the training, found it so practical and useful that they came away feeling better about themselves. It helps our employees do what they want to do and put their values into practice.'*

Here is one way to think about who needs to know and use what in order to move towards a person-centred culture.

| Who?                       | Needs to know what?   |
|----------------------------|---|
| <b>All staff</b>           | To understand what being 'person-centred' means for them, what the person-centred thinking tools are, and how they can be used in their role.   |
| <b>Facilitators</b>        | <p>How to support staff and managers to grow person-centred plans by using person-centred thinking tools.</p> <p>How to facilitate person-centred plans, what makes for a good plan and good problem-solving.</p> <p>How to coach staff in using person centred thinking and planning.</p>  |
| <b>First-line managers</b> | <p>How to use person-centred thinking in their management processes – for example, making sure meetings and supervision are person-centred, that they are taking an enabling approach to risk, etc.</p> <p>How to facilitate person-centred reviews.</p> <p>How to support and coach staff in using person-centred thinking skills in their day-to-day work and how to cultivate and act on person-centred information.</p> <p>How to develop person-centred teams.</p>   |
| <b>Managers</b>            | <p>How to use person-centred thinking in their management processes.</p> <p>How to support first-line managers in using person-centred thinking skills in their day-to-day work.</p> <p>Where person-centred thinking skills could be useful in setting direction and reviewing progress (for example, using the 4 plus 1, or working/not working tools).</p> <p>How to develop person-centred teams at a senior level.</p>   |
| <b>Human resources</b>     | <p>How to use person-centred thinking and planning in recruitment processes, supervision, enabling risk and meetings – for example, using person-centred plans and 'matching staff' to inform individual specifications to support people in deciding who their staff will be.</p> <p>How to ensure that staff members know what is expected of them and where they can be creative – for example, using the doughnut person-centred thinking tool.</p> <p>How to use person-centred thinking and planning at induction and as a foundation for training courses.</p> |
| <b>Finance</b>             | How person-centred thinking skills can be useful in meetings and in reviewing progress.   |
| <b>Board members</b>       | <p>Where person-centred thinking skills could be useful in board meetings, in setting direction and reviewing progress – for example, using the 4 plus 1, or working/not working tools.</p> <p>Whether some of the person-centred team principles could be useful at a board level.</p> <p>How to use the <i>Working together for change</i> process to inform strategic and business planning.</p>   |

*In Wigan, the **commissioner, a provider and Wigan People First** came together to look at 20 person-centred reviews as part of the 'Co-producing commissioning' work programme. The group looked at what people had said as part of their person-centred reviews about:*

- *what is working*
- *what is not working; and*
- *what is important for the future?*

*The group clustered the information into themes and named each theme. Together, they then thought about what the root causes could be for those things considered to be 'not working'. When they had decided on this, they then looked at what the outcome would be if each of these root causes was addressed. All three groups then decided what they would do to move towards a successful outcome by developing specific actions.*

## Chapter 5

# How will you know if you are being successful?

| Perspective                                   | Success means...   |
|---|--|
| <b>Individuals and their families/ carers</b> | <ul style="list-style-type: none"><li>● You are treated and supported in a respectful, person-centred way. Staff know you as a person, treat you as an individual, and deliver support in the way you want it.</li><li>● Staff support you in a personalised way, you have at least a one-page profile that describes what is important to you and how you want to be supported. This informs how you are supported – you are supported in the ways you have described on your plan.</li><li>● You are involved in decisions about your life, and included in meetings about you – for example, person-centred reviews.</li><li>● You have an annual person-centred review. This updates the information about what is important to you now, what is important to you in the future, and what the best support is for you. The review will also include what is working and not working from your perspective and from others' perspectives. Every review ends with actions that will change what is not working for you, and that move towards the future you want.</li><li>● At the end of your review, you are asked to prioritise the top two things that are working for you, the top two things that are not working for you, and the top two things that you want in the future. This information is used for strategic planning and commissioning.</li></ul> |
| <b>Professionals</b>                          | <ul style="list-style-type: none"><li>● Providers work in partnership with professionals to share and record person-centred information, and to implement person-centred thinking and planning.</li></ul>  |
| <b>Commissioners</b>                          | <ul style="list-style-type: none"><li>● Providers work in partnership with commissioners.</li><li>● Providers undertake person-centred reviews and provide information from reviews to inform strategic commissioning.</li></ul>   |

As this guidance has explained, personalisation is not just about enabling people to have control through individual budgets or ISFs, although increasingly this will be the case. For all organisations operating in any market, success is most often measured in terms of customer satisfaction: giving the customer what they want, when they want it, at an affordable price and with great service. In a personalisation market, the same dynamics apply whether the individual pays directly, or another person or agency pays on their behalf.

**Providers that can deliver good person-centred approaches – with personalised outcomes at an affordable price – will be the most successful**

Personalisation will result in greater accountability of providers to the individuals they are supporting. This is as society would want social care to be; future generations will have higher expectations and will make greater demands on provider organisations to meet those expectations. Over time, people will have a greater diversity of options to choose from and much more information and support to make choices. Providers will need to rise to the challenge. Investing in personalisation now will help prepare for the changing dynamics of a personalised market place.

# Links to useful resources

## Person-centred organisations

Williams R, Sanderson H, *What are we learning about person centred organisations*. (2006), HSA Press. Available at [http://helensandersonassociates.co.uk/Reading\\_Room/Where/Organisations.html](http://helensandersonassociates.co.uk/Reading_Room/Where/Organisations.html)

Helen Sanderson Associates is a development training and consultancy team, working with individuals, organisations and communities to change lives through person-centred thinking and planning. Visit: [www.helensandersonassociates.co.uk/PDFs/Person%20Centred%20Organisations%20PCorgsfinal\\_col.pdf](http://www.helensandersonassociates.co.uk/PDFs/Person%20Centred%20Organisations%20PCorgsfinal_col.pdf)

## Person-centred thinking cards

A set of cards describing the person-centred thinking tools and how they can be used with individuals, teams and organisations.

Bailey G, George A, Sanderson H, Watson D, *Person Centred Thinking* (2005) HSA Press. Available from Inclusion Distribution at: [www.inclusiononline.co.uk](http://www.inclusiononline.co.uk)

## Support planning cards

A menu of tools that can be used individually or in combination to help develop a support plan.

Close L, Harvey J, Sanderson H, Short A, Skelhorn L, *Support Planning – Tools to help you with your support plan* (2009), HSA Press. Available at: [www.shop4support.com](http://www.shop4support.com)

## Person-centred thinking with older people

Bowers H, Bailey G, Sanderson H, Easterbrook L, Macadam A, *Person Centred Thinking with Older People: Practicalities and Possibilities* (2007), HSA Press. Available from Inclusion Distribution at: [www.inclusiononline.co.uk](http://www.inclusiononline.co.uk)

## Person-centred reviews in adult services

Bailey G, Sanderson H, Sweeney C, Heaney B, *Person Centred Reviews in Adult Services* (2009), Valuing People Support Team and HSA Press. The Valuing People Now website is at: [www.valuingpeople.gov.uk](http://www.valuingpeople.gov.uk)

## Progress for providers

A self-assessment tool focused on delivering Individual Service Funds developed by HSA and In Control.

## Getting personal

A personalisation self-assessment tool for providers of social care services, developed by VODG and SCIE.

## What are we learning about individual service funds

Cooper O, Sanderson H, Gorman R, Livesley M, Keely T, *What are we learning about developing Individual Service Funds*. Available at [www.supportplanning.org](http://www.supportplanning.org)

## Individual Service Funds

Sanderson H, Gorman R, Livesley M, Cooper O, *From a Support Plan to an Individual Service Fund*. Available at [www.supportplanning.org](http://www.supportplanning.org)

## Podcasts

These podcasts were commissioned to reflect the messages in this guidance.

Smull M, The History of Essential Lifestyle Planning, [www.youtube.com/watch?v=hyl-96g2XY1](http://www.youtube.com/watch?v=hyl-96g2XY1)

Smull M, A Rock in the Pond: Why training is not enough and what managers need to do, [www.youtube.com/watch?v=FC7oRX23FK4](http://www.youtube.com/watch?v=FC7oRX23FK4)

Smull M, Definitions: What is meant by person-centred approaches, thinking and planning?, [www.youtube.com/watch?v=eiMVNBEudCY](http://www.youtube.com/watch?v=eiMVNBEudCY)

Smull M, Making Person-centred Planning Mainstream: How to get started, [www.youtube.com/watch?v=-0icclERq3w](http://www.youtube.com/watch?v=-0icclERq3w)

Smull M, Creating Person-centred Plans that Make a Difference, [www.youtube.com/watch?v=wYpm7fPqyRY](http://www.youtube.com/watch?v=wYpm7fPqyRY)

## Outcome-focused reviews

A new way to carry out reviews focusing on the results or outcomes experienced by disabled people, older people and their families.

[www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Measuringresults/Review/?parent=3249&child=5625](http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Measuringresults/Review/?parent=3249&child=5625)

## Working together for change

A method for collating and analysing person-centred information for use in strategic commissioning.

[www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/General/?parent=2734&child=5802](http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/General/?parent=2734&child=5802)

## Contracting for personalised outcomes

This resource draws on learning from six local authorities that have begun to reshape their contracts, processes, budget-holding options and relationships with the provider market.

[www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Commissionersandproviders/?parent=2735&child=6052](http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Commissionersandproviders/?parent=2735&child=6052)



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