DH Department of Health

Personalisation through Person-Centred Planning

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For Recipient's Use	

Personalisation through Person-centred planning

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Executive summary

1. *Putting People First* recognises that person-centred planning and self-directed support are central to delivering personalisation and maximising choice and control.[1] This guide outlines ways to achieve this.

2. This guide:

   - is not compulsory guidance for local authorities. Rather it seeks to share learning about how person-centred thinking and planning can make a useful contribution to the delivery of *Putting People First*. It is offered as a resource to people who use services, family carers, managers and practitioners;

   - is one of the *Putting People First* national plan products, offering ideas and approaches based on learning and experience from around the country;

   - can help councils to meet some of the milestones identified in the letter to councils from the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA).[2] These milestones have been developed as a way for councils to check their progress as they move towards transforming their systems using the Social Care Reform Grant, which ends in 2011;

   - can also help to deliver other cross-government strategies, including *Valuing People Now* and *Valuing Employment Now* for people with learning disabilities.[3]

What is person-centred planning?

3. Put simply, person-centred planning is a way of discovering what people want, the support they need and how they can get it. It is evidence-based practice[4] that assists people in leading an independent and inclusive life. Person-centred planning is both an empowering philosophy and a set of tools for change, at an individual, a team and an organisational level. It shifts power from professionals to people who use services.

4. There are different approaches to person-centred planning. This guidance focuses mostly on Essential Lifestyle Planning (ELP), which is designed for use within

1 *Putting People First: A shared vision and commitment to the transformation of Adult Social Care* (2007), Department of Health.

2 Letter to councils (September 2009), ADASS and LGA.

3 *Valuing People Now: a new three-year strategy for people with learning disabilities* (2009), DH; *Valuing Employment Now: real jobs for people with Learning disabilities* (June 2009), DH.

4 Robertson J, Emerson E, Hatton C, Elliott J, McIntosh B, et al, *The Impact of Person Centred Planning for People with Intellectual Disabilities in England: A Summary of Findings* (2005), Lancaster University: Institute for Health Research.

services to deliver self-directed support. When person-centred planning is combined with an upfront (indicative) allocation of money (a personal budget), it is called **support planning**.

Key messages

5. The key messages in this guidance are as follows:

- Person-centred planning and support planning are practical ways to deliver personalised services and self-directed support.
- Person-centred planning and support planning are simple ways to achieve co-production, enabling people to shape and commission their own services and to make decisions about how they want to spend their personal budget to live their lives.
- Person-centred planning is not intended to add, nor should it add, unnecessary complexity or costs to self-directed support.

How it works

- The foundation of person-centred planning comprises a range of simple, practical person-centred thinking tools. These can be used to create day-to-day change for people using services, as well as to build a person-centred or a support plan.
- Ways to get started with this approach across services include:
  - creating one-page profiles that lead to action;
  - implementing person-centred reviews and person-centred thinking; and
  - using person-centred approaches in support planning.

Who will this benefit?

- Person-centred planning is a practical way for people to have choice and control in their lives.
- Using a range of approaches to planning, and person-centred thinking, will benefit anyone assisting in support planning for people who are making decisions about how they want to live and use their personal budget. These approaches should also be available to people who want to develop their own support plan, including self-funders.
- Information from person-centred reviews and outcome-focused reviews can be used to co-produce commissioning strategies and provider development.

Suggested actions for councils are to:

- provide clear information and advice about person-centred planning and support planning. People need to understand what support planning is, what they can spend their money on, and who can help them plan if they want assistance;
- make sure there are a range of people who can assist with support planning, not just care managers.

- focus on providing guides for people to plan for themselves, with support, for example, from user-led organisations;
- implement person-centred reviews of services, and use outcome-focused reviews where the person has a personal budget;
- define leadership for person-centred thinking, planning and reviews;
- invest in person-centred thinking and sustain a local resource of people championing person-centred thinking and planning; and
- adopt *Working together for change* (Department of Health 2009) or a similar approach to co-produce commissioning and strategic planning.

'There is only one way and that is the person-centred way – it is a journey worth taking.'
Sally, member of the Transforming Adult Social Care service user reference group

CHAPTER 1

Putting People First and person-centred planning and approaches

'Person-centred planning and self-directed support to become mainstream and define individually tailored support packages.'
Putting People First[5]

1. *Putting People First* is a public service reform programme, which is co-produced, co-developed and will be co-evaluated. It recognises that to achieve real change, users and carers must participate at every stage. This marks a change in status of people who use services, from 'consumers' to 'co-producers'.

2. The Government's Green Paper *Shaping the Future of Care Together*[6] states that its vision is for '*a system where people will be able to live their lives in the way they want, supported by the services that they choose*', and that services '*should respond to local conditions*'. To make the vision a reality, the Green Paper goes on to say that under the new system, '*organisations will continue to have the same responsibilities set out for them in* Putting People First*, but there will be implications for the way in which local authorities and other partners work together and with people who need services.*' This will be set out in a forthcoming White Paper expected in early 2010.

3. Person-centred planning and support planning are ways to support the achievement of **co-production**. Co-production means working together with people to deliver a policy or service. Listening to how people want to live their lives is crucial. It means people are increasingly able to shape and commission their own services. Through support planning, people with personal budgets can make decisions about how they want to spend their money in order to move towards the life they want to lead.

4. Support planning is an important part of the self-directed support process. It requires simple and proportionate systems so that everyone receives enough information about the type of support they could be entitled to, without having to go through complex or burdensome processes.

'People want better quality services that are personal to them and more control over decisions that affect them.'
Putting People First – the whole story[7]

5. Delivering *Putting People First* requires organisational and system transformation to deliver person-centred support. This will help people move from marginalisation to inclusion; and from being the objects of care to acting as contributing citizens. This requires far more than person-centred thinking and planning – it requires a vision of inclusion and independent living. Person-centred thinking, person-centred

5 *Putting People First* (2007), DH, p. 3.

6 *Shaping the Future of Care Together* (2009), DH.

7 *Putting People First – the whole story* (2008), DH.

planning and person-centred teams are ways of achieving this vision. In addition to *Putting People First*, person-centred approaches are either recommended or expected in a wide range of policies. A summary of these can be found in **Appendix 2**.

6. In the diagram overleaf, we recommend a number of person-centred thinking tools that can help personalise adult social care across the four elements of *Putting People First*.

Putting People First – the whole story[8] set out four areas on which councils and their partners should focus in order to personalise services. These areas are:

- universal services – transport, leisure, health, education, housing and access to information and advice;
- choice and control – shaping services to meet people's needs, rather than shaping people to fit in with the services on offer;
- social capital – care and support that individuals and their carers can get from their local community (friends, family, neighbours or community groups); and
- early intervention and prevention – support that is available for people who need help to stay independent for as long as possible, to keep their home or garden tidy, or to start taking regular exercise.

The diagram overleaf shows examples of how person-centred thinking can help deliver *Putting People First*.

8 Transforming Adult Social Care Programme Board, *Putting People First – the whole story* (2008), DH.

Using person-centred thinking and planning to help deliver *Putting People First*

Universal services

Introducing Maureen

Maureen has a learning disability and difficulty communicating with people, made worse by a hearing impairment. She became gravely ill and was admitted to her local hospital. The hospital staff struggled to communicate with Maureen, and this had a dramatic impact on the way she responded to her treatment. Maureen's key worker went straight to the hospital and explained to nursing staff how to speak with her by getting up close to her right ear and using a loud voice, while at the same time, using body language that Maureen was used to. Her key worker wrote a **one-page profile**, and this helped hospital staff understand who Maureen was, what she liked and the kind of support she needed. When there was a change of shift, the profile enabled the new nurses to communicate with Maureen and continue with her treatment, meaning her condition improved dramatically and she was ventually able to return home.

Early intervention and prevention

Introducing Pat

Pat has Reynaud's condition, chronic obstructive pulmonary disease (COPD) and type 2 diabetes. She is supported by her daughter Su. Together, they used the **important to/important for tool** to work out what Pat needed for peace of mind without feeling like she was 'bothering' her daughter. They also used the **working and not working tool** to find ways of easily improving Pat's home. They rearranged her bedroom so she could move about more easily and reach the mattress variator controls to help her get in and out of bed. Pat also said she would like to go to the supermarket herself and to pick her own food so that she could be more creative with her diet. They bought a freezer so she could stock up on the basics and manage her anxiety about being left in the house without anything to eat. The **decision-making agreement** helped Pat explain that she sometimes felt Su made too many decisions on her behalf. Pat now goes to all her medical appointments on her own. When she was recently admitted to hospital, she said she felt much more informed about her condition, and much more in control.

Social capital

Introducing Ian

Parish plans encourage communities to come together to identify their needs, prioritise the issues raised and address them with an agreed action plan. Although parish plans are not statutory documents, best practice shows that local authorities can incorporate them into community strategies, service delivery and local development frameworks.

The idea of a parish plan excited members of a village council in Suffolk. This resulted in the largest turn-out for a parish meeting for many years. There was concern that the agency presenting the idea seemed to focus more on the cost to the village to train people to carry out the process, rather than the 'real' benefits of a local action plan. Residents felt the process could engage with a wide range of people, from the very youngest to the most senior. Ian, a person-centred planning coordinator who lived in the village, was aware that these issues existed, but they were difficult to clarify and address. Ian wanted to get people together to think about what they could do and thought the **person-centred review process** could be useful. This meant that as a group, the village was able to pose and discuss a number of questions: 'What do we appreciate about our village?', 'What is important to us about it?', 'What do we want for the future?' and 'What is working and not working now?'

Choice and control

Introducing Kevin

Kevin experienced major episodes of paranoia and was diagnosed with schizoaffective disorder. This has had a big impact on his working life, leading to cycles of joblessness, homelessness and hospital stays. He and his social worker started developing a support plan using the **important to/important for and working/not working tools**. For Kevin, it's important he keeps well and only uses mental health services if he is unwell. He described his love of cycling and said that social interaction and a work routine to keep him occupied helped to stabilise his mood. They talked about what could be achieved with his personal budget and explored the idea of self-employment – providing training for cycling mechanics – and the things Kevin would need to set up in business. Kevin's personal budget now covers some of his business costs and allows him to do a trade qualification as a cycle mechanic. There is also money set aside for respite if things get too much.

CHAPTER 2
Person-centred planning – a different kind of listening, a different kind of action

1. Arthur's story (see below) shows how understanding what is important to someone – and then finding out and acting in a way that is exactly how they want to be supported – can make a huge difference to their life. This information was recorded on a single side of paper (called a one-page profile) after Gill spent a couple of hours talking to Arthur and meeting with his staff and family (at a person-centred review). Together they came up with a plan that addressed what was not working for everyone, and which meant that his staff worked with him in a different way to achieve the changes he wanted. Changing ways of working, based on how Arthur wanted to be supported, represented a shift in power and a change of culture.

2. This approach is called **person-centred planning**.

Introducing Arthur

***Arthur**, 86, is a charming man. People describe him as the 'salt of the earth; a true character and a real gent'. He has lived in his own flat in an inner-city area for 35 years. He lost his wife Madge 20 years ago and treasures her wedding ring that he wears on his little finger. He loves talking to people and is an amazing storyteller. Sometimes, he likes to talk about his time driving tanks during the war, but only when he is in the mood. He also likes to talk about the old boxers, especially Cassius Clay, but would not know him as Muhammad Ali.*

Arthur is supported by the local domiciliary care services. His district nurse, Marie, was concerned Arthur may need residential care. Arthur is terrified of being 'put in a home', so Marie spoke with Gill, the local person-centred planning coordinator. Gill spent an hour with Arthur. She asked him about things like his past and what makes up a good or bad day. She found out how he'd like to be supported and what kind of routine he enjoys. She used this to develop a one-page profile, which contained all this information. Gill then organised a person-centred review with Arthur, his nephew Stephen and wife Sally, the manager of the domiciliary service and a staff member. Together they looked at the one-page profile and talked about what was working and not working in Arthur's life from each of their perspectives.

From Arthur's perspective, the highlight of his week was spending Friday evenings with Stephen, Sally, and their three children, whom he loves dearly. Stephen also phoned him at 5pm every day. Arthur felt both of these actions worked well for him. He also said it was important to have someone to talk to, especially at meal times. His staff spent their time making his evening meal and left it with him, but did not have time to sit and chat. He also said it was important his meals were served piping hot. It didn't work for him when the staff gave him his dinner lukewarm and left him just a sandwich for lunch. Arthur usually threw both meals into his back yard. This caused problems with his neighbours and a rat infestation.

Arthur also said he was sick and tired of people telling him to take off his wool bob hat.

From the staff's perspective, it did not work when Arthur sometimes hit out with his walking stick when they came to wake him in the morning. As he can't see well, he had assumed they were burglars. Arthur's poor eyesight means that good support would be for staff to call him from the bedroom door to wake him up and never to approach him and shake him while he slept. Staff were also concerned that he sometimes wandered out late at night, which was not safe. They say Arthur makes sense of his days by sticking to his routines. He needs to be reminded daily if something out of the ordinary is happening; otherwise, he becomes disoriented, confused and is likely to go outdoors in search of help.

Stephen said that something that did not work for him was Arthur's late night phone calls when he couldn't find the £10 note he usually kept in his pocket 'in case he needs it'. Some of the staff had taken this out for 'safekeeping' and put it away in a drawer, but Arthur would become distressed looking for it, sometimes struggling on his hands and knees for hours.

Together, Arthur, his family and staff agreed some simple actions that meant that Arthur could stay living in his own home, and addressed what was not working for him. Staff agreed to use the one-page profile as the way to support Arthur – particularly around how to help him wake up in the morning (by calling from the door) and never taking his £10 out of his pocket. The family suggested that Sally provide frozen meals for Arthur, so that the staff simply heated these until they were piping hot. They could then use their time to stay and talk to Arthur while he ate. This made life better for Arthur; he started to eat well, had company and no longer had problems with his neighbours. They treated the rat infestation, and Arthur agreed to a mat sensor, which can be activated at night in case he wanders out of the house confused.

These small, but significant changes mean that Arthur's life improved. He avoided his nightmare of going into residential care, and staff could support him in the way that he wanted.

What is important to Arthur

Always have his walking stick within reach.

That people sit and talk with him, and listen to him too – he loves company and is an amazing storyteller.

That people sit with him when they call to serve his breakfast, dinner and tea – he dislikes eating alone. He loves his meals to be piping hot.

Seeing Sally and Stephen every other day.

That you listen to his stories, especially about the war, but never instigate a conversation around the war – he only talks about it when he is in the mood.

That you can talk about all the old boxers with him – Cassius Clay is favourite but he will not refer to him as Muhammed Ali.

Knowing if anything is happening that is different from the normal routine.

Must always have at least £10 in his pocket.

Must wear his wool bob hat when he wants and not be encouraged to take it off – he likes wearing it and becomes agitated when people suggest he takes it off in the flat.

What those who know Arthur say they like and admire about him

Charming.

Salt of the earth.

A real character.

Full of humour.

A real gent.

Just the most gorgeous gentle man.

How best to support Arthur

Arthur worries that he is very ill and people are keeping it from him – give him lots of reassurance that it is just old age – he will have a good laugh with you then.

Always explain very clearly to him about any upcoming appointments usually at the hospital – do not tell him at the last minute.

Arthur has very little vision and is hard of hearing, when you enter his flat via the keypad code you will need to call out to Arthur that you are there, if Arthur is in bed never approach him, he will think you are a burglar and will hit out with his walking stick.

Arthur is frightened of being 'put in a home' – tell him that we are all doing our best to help him stay at home, but when he goes outside in the middle of the night we are frightened he will get hurt.

Arthur

What is person-centred planning?

3. Put simply, person-centred planning is a way of asking what people want, the support they need and how they can get it. It assists people in leading an independent and inclusive life. When person-centred planning is combined with an upfront allocation of money (a personal budget), it is called **support planning**. Together, person-centred planning and support planning are practical ways to deliver personalised services and self-directed support.

'The purpose of person-centred planning is to inform action that makes life better for people with disabilities and the people who know and love them.'
John O' Brien and Connie Lyle O' Brien (co-developers of person-centred planning)

'Person-centred planning is our label for learning how people want to live, to learn what is important to them in everyday life and to discover how they might want to live in the future. However, a plan is not an outcome. The only reason to do the planning is to help people move toward the life that they want and person-centred planning is only the first part of the process.'
Michael Smull (co-developer of person-centred thinking and planning)

4. Person-centred planning is a practical way for people to have choice and control in their lives. It is not a magic bullet for everything that needs to be changed in people's lives or in services, nor is it just a new set of tools and techniques. Person-centred planning is a philosophy and an approach that is rooted in citizenship and empowerment.

5. Person-centred planning focuses immediately on the positive aspects of a person's life rather than assessing what they cannot do. 'The deficiency-led assessment is so deeply entrenched in policies, procedures and resource-allocating models in health and social care that it can both diminish the humanity of its "clients" and undermine their ability to make a contribution both to their own welfare and to the wider community. Often families and individuals feel "assessed to death", yet discover that this leads to no practical help at all or to the allocation of a service which at best approximates the help required. This can be profoundly disempowering.'[9]

6. Focusing on the person's strengths, passions, interests and the things that others like and admire about them provides a tremendous starting point for a co-productive relationship.[10]

9 Hunter S and Ritchie P (eds), *Co-Production and Personalisation in Social Care* (2008), Jessica Kingsley Publishers.

10 Hunter S and Ritchie P (eds), *Co-Production and Personalisation in Social Care* (2008), Jessica Kingsley Publishers.

Background

7. This way of working has evolved over the last 25 years, mainly in North America and the UK. It started with people who have learning disabilities and in recent years has extended to include everyone using adult social care, focusing on independent living as well as inclusion. Thousands of people, like Arthur, and their families, have used person-centred planning to help them make decisions and changes in their lives. It is starting to be used in health, too. For example, there is now a website called *Think about your life*,[11] where cancer survivors can use person-centred planning to help manage their treatment and support.

8. *Valuing People*[12] and *Planning with People – Towards Person-centred Approaches*[13] were the first government policy and guidance documents to be based on the principles of person-centred planning. They set out expectations for local learning disability partnership boards to develop frameworks for delivering person-centred planning.

Does person-centred planning work?

9. In 2005, the Department of Health (DH) published research[14] into the impact of this way of working on people with learning disabilities. It found that:

'Very little change was apparent in people's lives ***prior*** *to the introduction of person-centred planning.* ***After*** *the introduction of person-centred planning, significant positive changes were found in the areas of: social networks; contact with family; contact with friends; community based activities; scheduled day activities; and levels of choice… 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.'*

10. Not only did person-centred planning result in significant positive change, it was achieved at no extra cost to councils other than an initial investment in training and support.

11. Person-centred planning enables independent living and real choice and control for disabled people.

'Person-centred planning has given us hope and a vision for a better future for Mohammed. We feel now we can have a say in how and what service support he receives. We no longer believe that only professionals know best for our son. Mohammed's faith and cultural needs are recognised and responded to.'

Joynab, Mohammed's mother

11 www.thinkaboutyourlife.org

12 *Valuing People* (2001), DH.

13 *Planning with People – Towards Person-centred Approaches* (2002), DH.

14 *Valuing people and research: the Learning Disability Research Initiative – overview report* (2007), DH.

Approaches to person-centred planning

12. There are four main approaches to person-centred planning, each developed for a particular context and each exerting a powerful influence in creating change. They reflect a different way of listening, ask different questions and fundamentally result in different actions.

    The four main approaches are:

    - essential Lifestyle Planning;
    - PATH (planning alternative tomorrows with hope);
    - MAPS (making action plans); and
    - Personal Futures Planning.

13. This guidance deals with **Essential Lifestyle Planning** (ELP) as a way to achieve the *Putting People First* requirement of mainstreaming person-centred planning. The approach can be used within services that people use. An Essential Lifestyle Plan[15] is a description of how someone wants to live (what people appreciate about the person, what is important to them and how best to support them) and actions to move towards this. Using this approach, person-centred plans can be 'grown' over time, beginning with information on one page (a one-page profile); then thinking about what is working and not working for the person and then creating actions for change. This is what Gill used with Arthur, his family and staff in the story at the beginning of this chapter.

14. The other three main styles of person-centred planning are called Path,[16] Maps[17] and Personal Futures Planning.[18] They focus on the future and have been designed for use outside or at the edges of services.

15. **Appendix 1** provides a more detailed comparison of the other three approaches to person-centred planning. This guidance focuses primarily on ELP.

Person-centred thinking tools – the foundation for person-centred planning

16. The foundation for person-centred planning is a range of simple, practical person-centred thinking skills and tools.

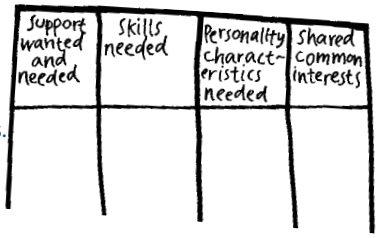
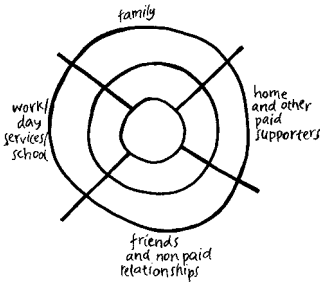
17. Using these tools can bring immediate changes to people's lives and to the way professionals and staff supporting people work. On the following pages is a summary of some of the person-centred thinking tools and how they can be useful.

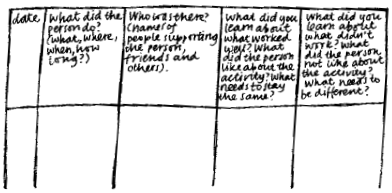
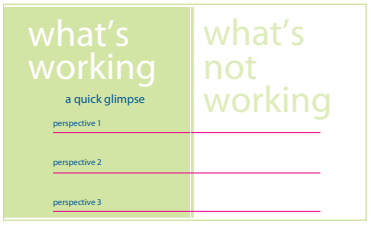
15 Smull M, Sanderson H, Sweeney C, Skelhorn L, George A, Steinbruck M, *Essential Lifestyle Planning for Everyone* (2005).

16 O'Brien J, Pearpoint J and Kahn L, *The PATH and MAPS Handbook: Person-centered Ways to Build Community* (in press), Toronto: Inclusion Press.

17 Falvey M, Forest M, Pearpoint J, Rosenberg R, *All my Life is a circle* (1994).

18 Mount B, *Capacity Works: Finding Windows for Change Using Personal Future Planning* (1995).

	what it does	how this tool helps	a quick glimpse
sorting important to/for	Sorts what's important TO (what makes us happy, content, fulfilled) from what's important FOR us (health and safety, being valued) while working towards a good balance.	As a way to think through a situation before deciding what should happen next. As an everyday tool. As part of reviews. As the beginning of an individual, family or team plan.	
the doughnut sort	Identifies specific responsibilities: • core responsibilities • using judgement and creativity • not a paid responsibility.	Helps you know where you can be creative without fear. It clarifies the roles of the different professionals and agencies supporting people and families. It can inform a family support plan. It clarifies roles and expectations in a team plan.	
matching staff	A structure to look at both what skills/supports and what people/characteristics make for good matches.	Helps people think about what kind of paid support they want and need. Helps in recruiting team members. Gives the information for the characteristics section of a plan.	
relationship circle	Identify who is important to a person or family.	Learn who is important to people. See if there are any important issues around relationships. Helps identify who to talk to when developing a plan. Identify relationships that can be strengthened or supported.	
communication charts	Helps us focus on people's communication whether they use words to speak or not. To be used whenever a person's action communicates a message more clearly than their words.	A quick snapshot of how someone communicates. A way of enriching the level of information available about people who use words to speak and particularly about people who don't.	

	what it does	how this tool helps	a quick glimpse
learning log	Directs people to look for ongoing learning. A structure that captures details of learning within specific activities and experiences. Provides a way of recording information on what needs to stay the same and what needs to be different about how we support people.	Provides a way for people to record ongoing learning (focused on what worked well, what didn't work well) for any event or activity. Tells us what is important to and for individuals, families and team plans. Can replace traditional notes or records to help us focus more clearly on critical information about the person. Can be used to focus on someone's whole life or specific areas of their life, e.g. someone's health, or how they like to spend their time.	
sorting what's working/not working	Clarifies what to build on (maintain or enhance) and what to change. Helps in looking at how: • any part of a person's life is working • medications are working • people providing paid support are doing in their work • any effort, activity or project is working. Helps with mediation where there are disagreements.	Analyses an issue/situation across different perspectives. Provides a picture of how things are right now.	

Introducing Graham

***Graham** uses a wheelchair, has profound learning disabilities and doesn't communicate verbally. For years, the most significant part of his life was attending a day service where there was an over-reliance on repetitive activities like jigsaws.*

By using person-centred thinking tools to work out Graham's abilities and what was important to him, staff members realised he suited office work. He consequently attended a job centre interview and now works at the Derbyshire Centre for Integrated Living. He has thrived there, is happier, more engaged and more communicative. Using person-centred thinking made that happen.

Delivering personalisation through person-centred thinking and planning

18. In order for people to have real choice and control over their life and services, the people who support them will want to consider the following questions (see also the table below):

- What is important to the person, so that services and supports are built around what matters to them as an individual – instead of people being labelled according to a condition, an impairment or a stereotype.
- How, when and where the person wants support or services delivered – rather than a standard 'one size fits all' approach.
- How the person communicates the way in which they want their services personalised. If the person does not use words or if someone else is maing decisions on their behalf under the Mental Capacity Act, there need to be clear ways to make and record decisions and judgements around their support choices.
- How well professionals and staff are delivering personalised services. What do individuals think of the services they receive? What works and does not work for them? What do people say they want in the future so that people responsible for the services can respond and develop the services accordingly?

'…a well defined understanding of "important to and for…" and a regular review of "what's working/not working" that actually guides

Person-centred thinking and planning provides practical ways to address these questions:

What we need to know to deliver personalised services	**Person-centred thinking tools or processes that can help**
What is important to the person?	The 'important to/for' tool, in one-page profiles, person-centred plans and support plans.
What is the best way to support the person?	'Best support' described in one-page profiles, person-centred plans and support plans.
How does the person communicate and make decisions?	Communication charts. Decision-making profiles.
How are we doing in delivering personalised services?	What is working and not working as part of a person-centred review. Using this to inform change in service provision and commissioning using *Working together for change*.

action is a necessary condition for any form of service provision.'
John O'Brien

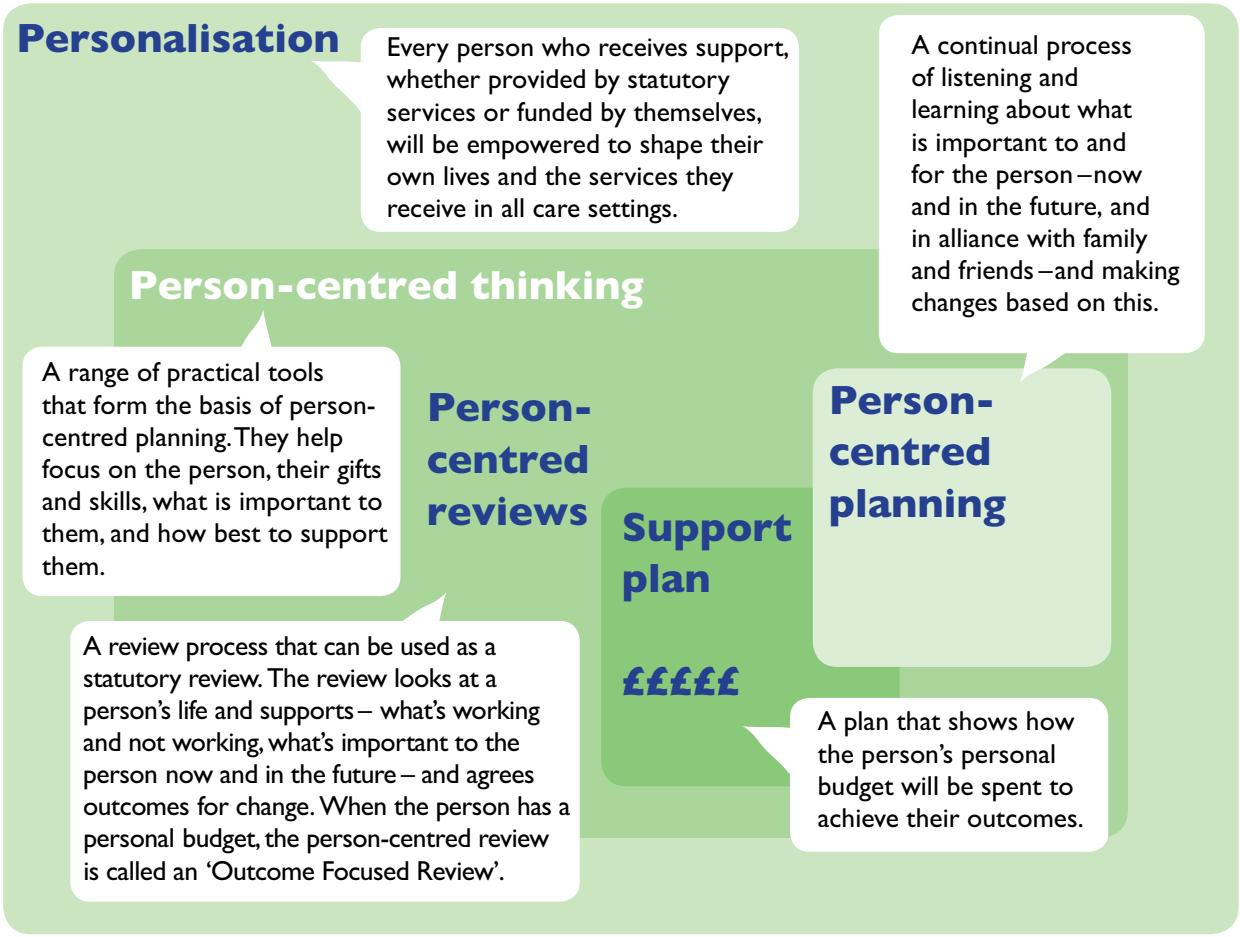
Getting started with person-centred thinking and planning

19. There are a number of ways to start using person-centred plans within organisations, and to make this approach standard practice in service delivery. Options include to:

- create one-page profiles for individuals that lead to action;
- implement person-centred reviews[19]; and
- use person-centred planning and thinking in support planning.

One-page profiles

20. A one-page profile is a way to set out information about what people appreciate in an individual, what is important to them and how they want to be supported. It can be created by looking at what is working and not working for the person and what needs to happen to change what is not working. This can result in big, small or everyday changes, for example rearranging an older person's support so she can go to the theatre once a month.



19 Bailey G, Sanderson H, Sweeney C, Heaney B, *Person Centred Reviews in Adult Services* (2009).

Case example

One woman *lives in a residential setting. To keep her memories and experiences of working in a pub alive, she started having a glass of red wine and a bag of crisps each evening and now goes to bed at 11.30pm. She says this has made her much happier.*

21. Person-centred thinking is a way of helping people to work out what they want and the support they need. It then shows how they can get that support. This is central to self-directed support.

'One sheet of information on what matters to me as a person and how best to support me would be very useful.'
Farzana, member of the Transforming Adult Social Care service user reference group

22. A one-page profile is the beginning of a person-centred plan. In the diagram below you can see Pat's one-page profile. Pat has chronic obstructive pulmonary disease (COPD) and type 2 diabetes and you can read her story in the diagram on page 8.

Pat's one-page profile

Important to Pat:

- Speaking and being in the company of her family (daughter Su and granddaughter Jessica) every day and enjoying her 'sleep overs' with them.
- Seeing friends and neighbours and being involved with her local community.
- Being part of other people's lives.
- Having a nice home and having the garden looked after by the gardener.
- Looking her best in nice clothes and jewellery, being pampered and having her hair done at the local hairdressers on senior day.
- Always having enough food in the house!
- Getting out and about with her scooter to do some shopping locally.
- Going on holiday and sitting on the beach in the sun at least once a year.
- Always having some money in her purse.
- Having a weekly TV magazine.
- Keeping busy and enjoying her many interests such as good food, gardening, drawing, watching TV (Big Brother and Strictly fan).
- Enjoying the odd glass of Liebfraumilch.
- Being busy, pottering around can take up a large part of Pat's day.
- Making decisions and being organised.
- Riding a Harley Davidson for her 70th birthday.
- Enjoying life!

How best to support Pat:

- Share your day with her – she loves being in the company of friends and family.
- Don't talk to her about her illness.
- Pat will worry if she thinks that Su is having to cope with too much.
- Always give Pat plenty of time to get ready in the mornings.
- Don't rush her if going out.
- Don't fuss over her if she is out of breath.
- Be aware that the winter weather does have an effect on her health and she will need more support at this time.
- Going with Su to the supermarket once a week and using a scooter trolley to do a 'big shop'.
- Pat enjoys going out at least once a week.

What those who know Pat say they like and admire about her:

- Bubbly lady.
- Confident.
- Independent.
- Classy chick and always looks lovely.
- Never lets her illness get her down.
- A good friend and listener.
- Cracking sense of humour.
- Selfless.
- Lives life to the full!

Person-centred reviews

23. A person-centred review is a person-centred approach to the annual reviews required in all services.

24. A person-centred review is a specific process that takes between an hour and a quarter, and an hour and a half. It requires a trained facilitator, who helps the meeting along by using 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 stay healthy and well?
- What are the questions to answer/ issues to resolve for this person?
- What is working and not working from the person's perspective?
- What is working and not working from the family/carer's perspectives?
- What is working and not working from the staff and managers' perspectives?
- What is working and not working from the others' perspectives (e.g. health professionals, care managers)?

25. The review involves the person, key people who have to be there to meet statutory requirements, and other people that the person wants to invite. The meeting generates person-centred information which can be used to create a one-page profile and begin a person-centred plan. More importantly, it can initiate actions that will positively change the person's life and deliver a more person-centred service.

26. The questions posed are important, as they are used by commissioners to inform strategic commissioning and provider business planning. This approach is described in recently published DH guidance *Working together for change: using person-centred information for commissioning*.[20]

'A person-centred review can create significant change in how people live their lives, based on what people want to achieve – it makes a difference.'
Wendy, member of the Transforming Adult Social Care service user reference group

27. Person-centred reviews generate information for person-centred planning while meeting statutory requirements and without taking more time. They are effectively directed by the person and address their priority issues because they are based on what people say is important to them; they show what good support looks like and discover what is working and not working.

20 *Working Together for Change* (2009), DH.

*In Wigan, the **commissioner, a provider** and **Wigan People First**, a self-advocacy group, came together to look at 20 person-centred reviews as part of the DH* Putting People First *'co-producing commissioning' work programme. The group looked at what people said in 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. Together, they thought about the underlying reasons for what was not working for people and what the outcome would be if each of these were addressed. The group then decided what they would do to move towards a successful outcome.

Person-centred planning and support planning

'Using person-centred tools helped – it amazed me how everything came together when I was developing Hannah's support plan.'
Alan, family carer

28. A support plan is a record of the decisions a person has made about how they want to spend their personal budget to achieve the outcomes that have been defined. Person-centred thinking and planning are excellent ways of helping people think about what is important in their life, what they want to change in the future and how they want to use their resources and money. This is true whether the money comes from external sources (the local authority for example), or is the person's own. Everyone who assists people with support planning needs to know how to use person-centred thinking and planning. Julia describes below how the person-centred thinking tools 'important to' and 'working/not working' were useful when she developed her support plan.

Introducing Julia

*My name is **Julia** and I am married with an 11-year-old son. I have been disabled for 13 years and I have been using social services for ten years.*

For the first two years I had 'direct services'. This meant that I had carers who came when they could, did what was written on my care plan and then left.

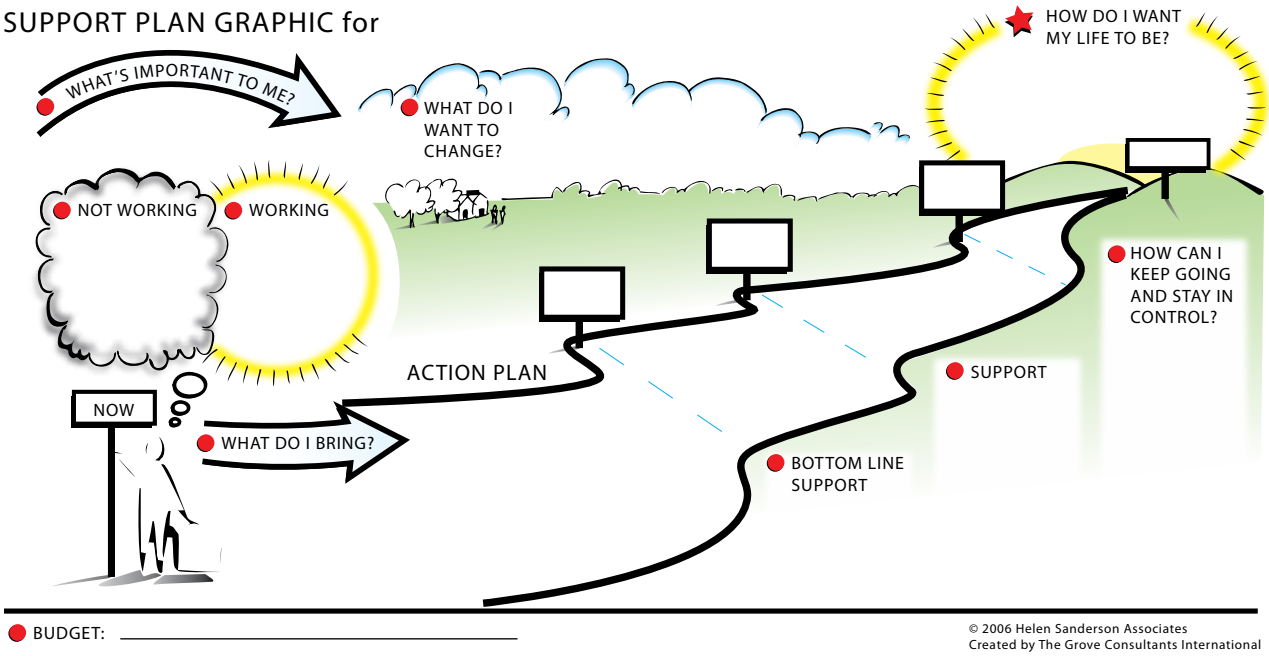
I moved to direct payments in 1998 and enjoyed the new freedom of being able to choose who came through my door and what they did when. I must admit when personal budgets came along I was quite sceptical. How could things get better than this? But I decided to investigate more.

The first major difference was that I was in control of my support planning and I decided what the priorities for me were. This was a bit like having a life coach. The types of questions asked were:

- *'What is important to you?'*
- *'What is working?'*
- *'What isn't?'*
- *'What needs to change?'*

They were very different to the usual social services' assessments. These questions threw up some interesting answers for me and as a result I have changed my care radically.

I was given a budgetary figure for the whole year and together with a support planner (this can be someone outside of social services, or you can do it on your own) we wrote a plan of how I would spend the money to meet my eligible, assessed needs. The plan we came up with included buying lightweight modular ramps to finally make my house wheelchair accessible; air conditioning to help my breathing and reduce my admissions to hospital; and an accessible patio to enable me to access my garden.



All these were achieved with the same amount of money I had had as a direct payment. And I was able to do it because the process let me make more use of my informal networks of support, like my husband and friends. They were happy to help me more as they benefited from less lugging of wheelchairs and fewer hospital visits. I also vowed to spend less time working and more time with my family!

I would say that direct services allow you to survive at home, direct payments give you more choice and control over your life but personal budgets allow you to live!

Creating a person-centred system to deliver personalised services

29. Person-centred thinking tools are versatile and can be used with individuals, teams and organisations to think differently and create different kinds of actions.

30. To deliver personalised services, people need to be able to use person-centred thinking tools and approaches in their day-to-day lives and work. Person-centred plans describe how people want to live and be supported. Plans should be the basis of the job role and tasks for the staff who support people. The process of using person-centred plans to guide ways of working for support staff needs to be central to how teams work and use resources. Arthur's support staff used to approach him when he was in bed, although he thought they were burglars and used to hit out with his walking stick. Creating a one-page profile helped them realise that they needed to work differently. Staff now respect that when he is in bed, they call his name from the bedroom door.

Introducing Michael

***Michael**, who has a learning disability and does not use words to communicate, will periodically yell and pound on the tray attached to his wheelchair. One of the people supporting him noticed that while he was yelling, he was also staring. She picked up the pea that he was starting at on the floor and the yelling stopped.*

It seemed that he felt strongly that everything has a place and could not tolerate mess. Now, every time he starts to yell, people ask him if something is out of place and look where he is staring. Together, he and the person supporting him, work it out and the yelling stops. This is recorded on his communication chart.

Work books to support person-centred planning

31. Person-centred plans are more likely to make a difference where there is a person-centred culture. To create personalised services, managers need to embed person-centred thinking and approaches into all of their management practices. Research has showed that person-centred planning was most successful when managers were actively involved in planning.[21] Person-centred thinking is central to delivering Individual Service Funds, which is described in the Advice for Providers (workbook 1).

32. Health professionals and care managers have an important role to play in developing person-centred practices across organisations. Practitioners can use one-page profiles or person-centred plans to support people in taking more control over their health and their lives. Professionals can ensure the reviews they do are person-centred, outcome-focused and lead to changing what is not working for people. Professionals may also contribute to individuals' person-centred plans. When it comes to personal budgets, professionals play an important role in ensuring everyone has the information they need for support planning. Finally, care managers and health professionals can use person-centred thinking tools in their day-to-day practice and team work to enhance effectiveness. The roles of health professionals care managers, practitioners and other professionals are described in more detail in the Advice for Professionals (workbook 2).

33. There need to be consistent messages from commissioners, procurement staff and regulators about person-centred thinking and planning. Commissioners need to know how to commission person-centred practice and base commissioning on person-centred plans. They then need to work in partnership with providers to deliver changes. Procurement staff may tender and establish contracts based on person-centred information; evaluate tenders on their ability to deliver a person-centred service and review contracts using person-centred reviews. Regulators need to look for person-centred practice and recognise best practice. These issues are covered in the Advice for Commissioners (workbook 3).

34. Schools and children's services have an important role to play in raising young people's expectations that they will go into work and lead full lives. Young people and their families need accessible information from the start of the transition process about what is possible in terms of careers, employment and independent living and what support is available to achieve their aspirations. Using a person-centred approach in transition planning results in better action plans and helps people to make decisions about their future. We are now learning how to bring together transition planning and support planning so that resources are used effectively to help young people get the support they want. These issues are covered in the Advice for Using Person-centred Thinking, Planning and Reviews in Schools and Transition (workbook 4).

21 Robertson J, Emerson E, Hatton C, Elliott J, McIntosh B, et al, *The Impact of Person Centred Planning for People with Intellectual Disabilities in England: A Summary of Findings* (2005), Lancaster University: Institute for Health Research.

CHAPTER 3

Delivering *Putting People First* and achieving the local government milestones using person-centred thinking and planning

'In the future we want people to have maximum choice, control and power over the support services they receive.'
Putting People First[22]

1. Since the introduction of *Valuing People* in 2001, important lessons have been learnt from the implementation of person-centred planning in learning disability services. This chapter:

   - sets out some of the learning gathered through research, consultation and practitioner experience;
   - sets out the contribution that person-centred thinking and planning can make to delivering on the personalisation agenda against local government milestones;
   - provides questions to help review progress; and
   - suggests some next steps.

What works and what doesn't work in implementing person-centred planning?

2. What actions work in implementing person-centred planning?

   - Effective leadership.
   - Investing in local capacity.
   - Training and supporting staff to use a person-centred approach whatever their role, through use of person-centred thinking tools.
   - Having a strategic focus on creating a person-centred culture, by using person-centred thinking at all levels of an organisation and not just 'implementing planning'.
   - Embedding person-centred approaches, by finding opportunities to use person-centred thinking in all aspects of the system.

3. What doesn't work in implementing person-centred planning?

   - Expecting facilitators to develop person-centred plans and to ensure that they are implemented or 'handed over' to managers.
   - Relying on external, independent person-centred planning facilitators to be responsible for creating person-centred plans.

Appendix 3 sets out these areas in more detail.

22 *Putting People First* (2007), DH, p. 2.

Supporting delivery of the milestones

4. The lessons learned from implementing the *Valuing People* person-centred planning guidance[23] inform how person-centred planning can contribute to the delivery of *Putting People First* and the local government milestones set out by ADASS and the LGA.[24]

5. The appendices focus on the milestones that relate to:

   - self-directed support and personal budgets;
   - effective partnerships with people using services, carers and other local citizens;
   - prevention and cost-effective services;
   - information and advice; and
   - local commissioning.

6. **Appendix 4** looks at:

   - what has been tried and learned that is relevant to each of these milestones;
   - some questions to evaluate where you are now; and
   - suggestions for next steps with links to tools and resources.

Where are you now?

7. **Appendix 5** sets out some questions to help you start thinking about your progress in using person-centred thinking and planning to deliver *Putting People First* and to meet the local government milestones.

What can you do next?

8. **Appendix 6** suggests priority actions:

   - Providing clear information and advice about support planning and person-centred reviews.
   - Making sure there are a range of people who can assist with support planning, not just care managers.
   - Implementing person-centred reviews in services.
   - Defining leadership for person-centred thinking, planning and reviews.
   - Investing in person-centred thinking and creating a local resource of people championing person-centred thinking and planning.
   - Adopting *Working together for change* or a similar approach to co-produce commissioning and strategic planning.

9. **Appendix 7** lists additional useful tools and resources.

23 *Planning with People – Towards Person Centred Approaches* (2002), DH.

24 Letter to council (September 2009), ADASS and LGA.

Appendix 1
Background on person-centred planning

The other three main styles of person-centred planning are called PATH,[25] MAPS[26] and Personal Futures Planning.[27] They focus on the future and have been designed for use outside, or at the edges of, services. They involve one person at a time and follow a meeting format. These styles of planning require an independent facilitator and a committed group of people who meet regularly to implement the plans. John O'Brien, one of the co-developers of PATH, MAPS and Personal Futures Planning, describes these styles as an art or craft and talks of the dangers of seeking to assimilate these styles of person-centred planning into the service system. PATH, MAPS and Personal Futures Planning are very helpful in informing support planning by creating a shared image of a desirable future. John O'Brien suggests that PATH and MAPS are most likely to result in:

people making satisfying community contributions…

…when a circle that continues to support the person holds the plan than when a group gathers to plan and then disperses.

…when a person who requires assistance and the circle plan alongside an organisation committed to person centred work.'

'Typically… the person involved people who know and like them to come to a meeting. One or two facilitators guide and record the discussions and decisions. After the meeting people do what has been agreed. This hardly sounds revolutionary. But the frame which is put around the meeting, the questions the meeting asks and the way the meeting is organised often mean that new possibilities emerge, new understandings develop, new alliances are formed and people's lives take a definite turn for the better.'

Pete Ritchie[28]

25 O'Brien J, Pearpoint J and Kahn L, *The PATH and MAPS Handbook: Person-centered Ways to Build Community* (in press), Toronto: Inclusion Press.

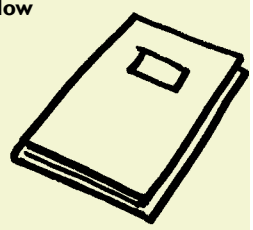
26 Falvey M, Forest M, Pearpoint J and Rosenberg R, *All My Life is a Circle* (1994).

27 Mount B, *Capacity Works: Finding Windows for Change Using Personal Future Planning* (1995).

28 Hunter S and Ritchie P (eds), *Co-Production and Personalisation in Social Care* (2008), Jessica Kingsley Publishers.

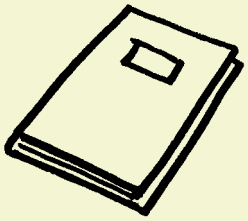
Appendix 2
What DH policies say about person-centred approaches

Person centred approaches in current policy

Policy	What it says about personalisation and person centred approaches
1. Valuing People Now and Valuing Employment Now 	**Key Priorities** "For 2009 -10 the key priorities include: to ensure that the Personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by **person centred planning**." **Regional Action and Support** The Deputy Regional Directors and the Valuing People Regional Leads will establish a regional delivery plan to respond to the national delivery plan and the key priorities. For 2009-2010, these are: "..to ensure that the Personalisation agenda is embedded within local authority services and developments for people with learning disabilities, and is underpinned by **person centred planning and support**." **Education, work and getting a life** "Too few people with learning disabilities have opportunities to work and study after leaving school, or to enjoy a full range of leisure and social activities in their local communities. The policy objective is to increase the number of people in employment and who have access to post-16 education. The following action will be taken: ...The Transition Lead in the office of the national Director, with support from the Valuing People Regional Leads, will continue to oversee a programme to embed **Person Centred Transition Planning** in the statutory Transition process nationally (2009-10)" (p35) **Making it happen - commissioning** "Good commissioning, based on sound information from Joint Strategic Needs Assessments and collation of information from **person centred plans**, is the key to improving outcomes for people with learning disabilities. It enables Local Authorities and Primary Care Trusts to identify gaps in services, develop new models of service provision, working with providers, and decommission inappropriate models." **Valuing Employment Now** "Joint working to create employment paths for individuals. Where people with moderate and severe learning disabilities have jobs, it is achieved through very close partnership working between statutory, voluntary and private agencies, with funding streams brought together. Starting from a **person centred approach**, this joint working needs to map out a clear employment pathway for people with learning disabilities." (p15) Making it happen regionally and locally - recommended actions "...Social care staff to embed employment in the **person centred support plans** of working-age adults, including bringing together funding for supported employment." (p37) **Person centred employment planning** "...social care services should use **person centred planning** to help individuals to explore their interests and aspirations, and specifically to think about the implications of these for work. Getting a job should be a priority for all working-age adults. DH will issue guidance on this." (p46) **Key actions for government departments** "...DH's forthcoming **person centred planning** guidance will emphasise that the **individual support planning** process for all adults of working age should prioritise employment as an outcome." **Making it happen regionally and locally - recommended actions** "...Social care staff to use **person centred planning** to change people's work expectations and identify their path to employment, using personal budgets for this where appropriate." (P48)

Policy

2 Living well with dementia: a national strategy 2009



What it says about personalisation and person centred approaches

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

Case for Change

"... Emerging research-based evidence shows considerable benefits to both people with dementia and their carers from specialist dementia home care when compared with standard home care services. Improved outcomes include reduced stress and risk of crises for carers, and extended capacity for independent living for people with dementia. Some examples of innovative practice are emerging from dedicated home care dementia teams. They ensure the provision of additional time prior to the commencement of the care package, to build a rapport, learn about the person with dementia, their family, their preferences and their life as a whole so that the service is truly **person-centred**." (p47)

Community Personal Support Services

Objective 6: Improved community personal support services. Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services.

"A comprehensive community personal support service would provide: home care that is reliable, with staff who have basic training in dementia care; flexibility to respond to changing needs, not determined by rigid time slots that prevent staff from working alongside people rather than doing things for them; access to personalised social activity, short breaks and day services; access to peer support networks; access to expert patient and carer programmes; responsiveness to crisis services; access to supported housing that is inclusive of people with dementia; respite care/breaks that provide valued and enjoyable experiences for people with dementia as well as their family carers; flexible and responsive respite care/breaks that can be provided in a variety of settings including the home of the person with dementia; independent advocacy services; and assistive technologies such as telecare." (p 48)

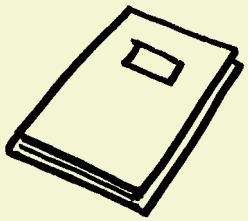
Carers - the most valuable resource for people with dementia - The Case for Change

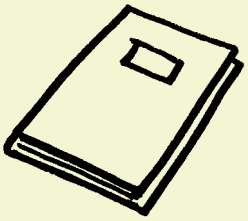
"... Often, insufficient information is sought from relatives and carers. This means that **person-centred** care is not delivered and it can lead to under-recognition of delirium and dementia."

"Objective 7: Implementing the Carers' Strategy for people with dementia... Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good-quality personalised breaks..."

Improving care for people with dementia in care homes - The Case for Change

"There is no doubt that residential care may be the most appropriate and effective way of meeting the needs of someone with dementia and a service of choice. There are care homes that provide excellent care for people with dementia. Such homes generally pay close attention to leadership and staff management, staff training and development, and **person-centred care planning**. They also provide a physical environment that enables people with dementia to move around the home safely. They provide purposeful activities that relate to individual preferences rather than general entertainment; actively involve relatives and friends in the care of residents; and develop strong links with and involvement in local communities. There is a growing interest in Life Story work which provides an effective vehicle for care home staff to communicate and develop relationships with residents, based on their unique life experiences. Equally the provision of therapeutic activities within care homes, such as art therapy, music therapy or dramatherapy, may have a useful role in enabling a good-quality social environment and the possibility for self-expression where the individuality of the residents is respected. (p 58)

Policy	What it says about personalisation and person centred approaches
2 Living well with dementia: a national strategy 2009	**Commissioning a trained and competent workforce** Objective 14: A joint commissioning strategy for dementia. Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. "Joint commissioning strategies will need to take account of people's needs for both mainstream and specific services. They will need: a community focus, linking into Local Area Agreements and the development of sustainable communities; and an individual focus, drawing on the use of personal budgets and the commissioning of self-directed support...The strategies should inform the operational plans and budget cycles of PCTs and local authorities, and demonstrate how they plan to improve services for people with dementia. They should be informed by guidance on World Class Commissioning and ... as well as the Putting People First guidance." (p 67)
3 New Horizons Vision "New Horizons (July 2009), the emerging national policy framework for mental health, which replaces the National Service Framework for Mental Health (2000), provides a further impetus for personalisation in mental health, calling for "a move from something which should be done to service users by the system, towards a system of support built by the person and their advocates..." National Mental Health Delivery Unit (NMHDU) Kevin Lewis 	"By 2020, we hope that: Mental health services will make special plans that give people a bigger say in what their treatment is and how they get treatment. This will be underpinned by: **Guiding values (p 26)** We are aiming for a model of care in which service users can determine their own route to recovery and the role of the professional is to support them in achieving this. **Better mental health care for adults (p 61)** Key message: "People with mental health problems should receive high-quality, personalised care based on recovery principles, whether in hospital or in the community." "The foundations for mental health care services include: • high-quality clinical services providing evidence-based interventions along a care pathway tailored to individual needs, choices and preferences. • a recovery philosophy focusing on building on individual strengths and improving quality of life as defined by the service user." **Assessment (p56)** "Timely, comprehensive assessment that considers the needs of both the individual and their family or carers is central to care planning and to the delivery of multi-disciplinary care. One such approach is the '3 Keys' method. (p126) This outlines three 'keys' to a multi-disciplinary assessment that supports recovery and the development of self-management skills: • active participation of the service user and where appropriate their carer in a shared understanding with service providers. • input from different provider perspectives within a multidisciplinary approach. • a **person centred** ethos that builds on the strengths, resilience and aspirations of the individual service user as well as identifying his or her needs and challenges.

Policy	What it says about personalisation and person centred approaches
4 High Quality Care For All - Final report of the Next Stage Review 2008	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825 "...Providing personalised care should also help us to reduce health inequalities, as the households with the lowest incomes are most likely to contain a member with a long-term condition." (p34) Over the next two years, every one of the 15 million people with one or more long-term conditions should be offered a personalised care plan, developed, agreed and regularly reviewed with a named lead professional from among the team of staff who help manage their care. (p47) "Pilot personal health budgets. Learning from experience in social care and other health systems, personal health budgets will be piloted, giving individuals and families greater control over their own care, with clear safeguards."
5 Carers at the heart of 21st century families and communities 2008 	http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085338.pdf "By 2018: carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role..." (p13) **Personal Budgets** "Personal budgets signal the move towards a system where **person-centred planning** is at the heart of the services provided by central and local government, and services are tailored to meet the needs of individuals and families...over the next few years, we are committed to giving every person using social services, including carers, a personal budget. Personal budgets will enable carers to live a life outside their caring role while still ensuring that the people they care for receive the high-quality support they need." (p79) **Partners in care** "Information prescriptions are part of the **person-centred care** approach which is a consistent theme running through the department of health's vision for everyone who uses health services and social care. They should enable people with long-term conditions and their carers, from the point of diagnosis, to make better informed choices when planning care and getting on with their lives. Information prescriptions will also support professionals in sharing information with those who use services and assist them in their role of navigating people around the system." (p122)

Appendix 3
What works and what doesn't work in implementing person-centred planning?

What works in implementing person-centred planning?

Effective leadership

Research has stressed the importance of leadership for person-centred planning, particularly from individuals who use services, families, managers and implementation groups.[29] Powerful, effective leadership by people who use services and family carers has occurred when they have had support to develop their own person-centred plans, and have seen the difference this has made to their lives and have wanted to share this with others. Partners in Policymaking and other citizen leadership courses are excellent opportunities for people to develop their own person-centred plans and see them make a difference.

Most learning disability partnership boards and some providers have established groups to lead the development of person-centred planning. These have been called implementation groups, task groups or steering groups. Leadership expert John Kotter calls this type of group, who form a critical mass for change in the organisation, a 'guiding coalition'.[30] This is not just another bureaucratic task group; this group needs to demonstrate person-centred values and inclusion.

Many implementation groups use these four goals to define their purpose:

- Working to ensure that person-centred thinking and planning is happening.
- Making sure that this planning is good quality.
- Making sure that that person-centred thinking and planning changes peoples' lives.
- Making sure that planning is changing the services, so that more people are working, living in their own homes and directing their own support.

Implementation groups have been most powerful in making change when they have:

- the active involvement of people who use services and family carers who have personal experience of person-centred planning;
- committed leadership at a senior, strategic level;

29 Robertson J, Emerson E, Hatton C, Elliott J, McIntosh B, et al, *Research Health – The Impact of Person Centred Planning for People with Intellectual Disabilities in England: A Summary of Findings* (2005), Lancaster University: Institute for Health Research.

30 Ritchie P, Sanderson H, Kilbane J and Routledge M, *People, Plans and Practicalities: Achieving Change through Person Centred Planning* (2003).

- a clear, shared sense of purpose drawn from a vision based on citizenship and inclusion;
- a clearly defined way of working together to achieve this change; and
- decided what success looks like and how they will know they are being successful – this includes what they will see, hear and feel.

Derby City Partnership Board *commissioned a programme of development based on person-centred thinking for its services. Neil, the person-centred planning coordinator, explained that these programmes are based around one provider organisation: 'We cover the city council's provider and commissioning arms, three external providers and the learning disability services of the mental health trust.' Family members, self-advocates, board members and provider representatives were part of the leadership team. They thought about what success would look like in three years, as the organisations became more person-centred and developed specific outcomes and success indicators. The programme included training in person-centred thinking and how it could be applied to running meetings, enabling risk, supervision and recruitment. Managers were given direct support and coaching from the person-centred planning coordinator to help them implement what they had learned. Providers shared these changes with the leadership team and identified those that needed to be shared with the partnership board.*

Listen2Me *is a group of service-user leaders who offer training to help other service users understand what is important to them now and what will be important to them in the future. This gives people the choice and control to be in charge of what happens in their own lives. The course is co-facilitated by service users who have been through the training themselves and have used person-centred planning in their own lives. Through their experiences, they can offer direction to other service users. A Listen2Me course can also help people write their own one-page profile and prepare for their own person-centred review. Listen2me helps service users understand how to get practitioners to listen to them and their wishes.*

'Listen2me is brilliant – it has helped me to tell people what I want in my life.'
Neil

Sally attended a ***Partners in Policymaking*** *course in 2003: 'It was like a light bulb switching on,' she said of her first contact with person-centred planning. 'I was told on the first day of the course that it would probably change my life and of course I thought, "Oh yeah." It did though. The very first sessions were about person-centred approaches and person-centred planning.' Sally now organises person-centred planning meetings for her son and other local people.*

Investing in local capacity

Having local person-centred planning coordinators who could train and support others has worked to create local capacity. Local 'champions' who coach and support others in using person-centred thinking can also help with facilitating person-centred reviews and planning.

*A **national provider** has invested in identifying, training and supporting champions throughout the organisation. The champions undertaking person-centred thinking and coaching skills training are mainly firstline managers. They receive regular support from an internal group of person-centred thinking trainers. A local leadership team supports the champions. The leadership team functions like an implementation team. They 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 to people who use the service and their staff.*

Training and supporting staff to use a person-centred approach in a range of roles using person-centred thinking tools

This approach was described as a 'depth and breadth' approach in the original DH person-centred planning guidance.[31] This means all staff having a breadth of experience in person-centred thinking and approaches while also providing more in-depth training and support to a core team (see above). It is important care managers and professionals have opportunities to learn about and use person-centred thinking in their roles to enhance their existing practices.

31 *Planning with People – Towards Person Centred Approaches* (2002), DH.

*One **care management team manager** in Dorset requires that all care assessments draw on clear information about what is important to the person, from their perspective at the very beginning. She says:*

'Following the team's person-centred thinking training, we felt there were different ways of asking questions which could lead to more useful responses. We acknowledge that we have time constraints; however asking "what makes a good morning for you" may give you much more insight into what is appropriate for that individual. By using different phrases, if nothing else, we begin to be more aware of the service user as an individual and not a "service user" needing care. This, along with the use of direct payments, has led to a much more positive experience for service users, carers and staff alike. Assessments now record in the individual's words what they value, what is important to them and what their dreams or wishes may be.

'We are still evolving in the process and the desired outcomes look very different from the "package of care three times daily".'

4) Having a strategic focus on creating a person-centred culture, using person-centred thinking at all levels of an organisation and not just 'implementing planning'

The research demonstrated that a person-centred team where there was 'leadership, stability of staff and evidence of person-centred approaches'[32] was a key factor in the success of person-centred planning.

Embedding person-centred thinking and approaches in all aspects of day-to-day work is the best way of ensuring person-centred planning is effective in organisations.

*A **national provider** has been helping managers to embed person-centred thinking within all their management practices. This has resulted in changes to their team meetings and in the recruitment, support and supervision of staff. Now, in their meetings, they use 'a round' to ensure that everyone 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 the item will last for and how people need to prepare for the meeting.*

The managing director said: 'We trained staff in using simple person-centred thinking tools to help them resolve the kind of dilemmas that cropped up regularly and how 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.'

32 Robertson J, Emerson E, Hatton C, Elliott J, McIntosh B, et al, *The Impact of Person Centred Planning for People with Intellectual Disabilities in England: A Summary of Findings* (2005).

Finding opportunities to use person-centred thinking in all aspects of the system

Using person-centred thinking and approaches needs to extend beyond firstline managers, so that everyone in an organisation is clear about how they can work in person-centred ways. Instead of just implementing person-centred plans, the focus needs to be on how organisations can become more person-centred, creating a person-centred 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 – for example in human resources, meetings and within quality assurance.

What does not work in implementing person-centred planning?

Expecting facilitators to develop person-centred plans and to ensure that they are implemented or 'handed over' to managers

In many places, person-centred planning facilitators and coordinators are solely responsible for the development of person-centred planning. This has led to the development of criteria governing who can get a plan, with inevitable waiting lists and inequalities. Managers can take responsibility for ensuring that staff members supporting people know what matters to a person, how best to support them and how to act on this. Facilitators could play a role in coaching and supporting managers and staff in using person-centred thinking to develop plans.

Relying on external, independent person-centred planning facilitators to be responsible for creating person-centred plans

Some local authorities created independent teams to offer person-centred plans. One authority invested £100,000 per year over three years and the outcome was 90 person-centred plans. There were some great outcomes for a few people, but not all of these plans were implemented or effective in creating change. Outsourcing the person-centred planning resource also meant that person-centred thinking and planning was seen as 'someone else's job'. It was another service to refer people to, rather than an approach for everyone to use in their day-to-day work.

An internal team of champions for person-centred thinking, planning and person-centred reviews can coach, train and support people in using these tools and be facilitators of 'last resort' when there is no one else who can take that role. The outcome should be a person-centred culture where everyone works to ensure that choice and control is in the hands of people who use the service. An internal team can have a significant impact on coaching and supporting cultural change through person-centred thinking, far greater than an arm's length service that delivers person-centred plans. It can be valuable to have paid independent facilitators available to people and families; however, local authorities will want to invest in creating local capacity for change and not rely on external facilitators to achieve cultural change and to deliver on person-centred plans.

Appendix 4
Person-centred planning and delivering the milestones

Self-directed support and personal budgets

As suggested earlier, to be able to deliver self-directed support requires knowledge of what is important to the person, how they want to be supported and the support they require to make decisions. Adult social care staff members need to act upon up-to-date information. This information can be the beginning of a person-centred plan, which is fundamental to support planning.

Learning from 'Early Adopters'[33] and the evaluation of the Individual Budgets Pilot[34] shows that support planning processes can take longer, but the outcomes are better and people feel more empowered.

New thinking is required for support planning

There is a caution about some support plans being composed using traditional care planning techniques and thinking, for example, where practitioners use the 'old world time and task model' to translate people's needs into hours of care.[35] Older people and people who use mental health services who have pioneered support planning,[36] suggest the following best practice to help people develop support plans:

- Pay attention to history and hear the person's story.
- Let the individual set the pace of the planning process and choose who else to involve.
- Plan for contingencies and be flexible.
- Try different ways of listening to people.
- Focus on what is important to the person (not what is important to staff).

People do not need to have a person-centred plan before they start their support plan, but the principles and tools used in person-centred thinking will be found in all good support planning approaches. If people do have a person-centred plan, they have a head start on the information needed for a support plan.

A thorough grounding in person-centred thinking and planning for anyone undertaking support planning will avoid the 'old world time and task model' mentioned earlier. Great support planning is an opportunity for people to think afresh about how they want their life

33 *Operating Models: Learning From the Early Adopters* (2009), ADASS.

34 *Evaluation of the Individual Budgets Pilot Programme: Final Report* (2008), Individual Budgets Evaluation Network.

35 *Operating Models: Learning From the Early Adopters* (2009), ADASS.

36 *Putting People First: Support planning and brokerage with older people and people with mental health difficulties* (2010), DH.

to be. It should not be a procedure driven, form filling exercise led by staff.

Co-producing support plans and peer support

Co-producing support plans with other people has emerged as a powerful way to plan.[37] A co-production approach supports and develops peer-to-peer support and offers this in a small group setting, as well as on a one-to-one basis. As councils look to develop new and more empowering relationships with people who use their services, it is increasingly important to find effective ways of teaching people the skills to design and manage their own support arrangements. Engaging people as active participants in support planning is essential in directing their own support. It gives people the opportunity to design and build their own solutions to their support needs, based on what is important to them.[38]

A DH project that provided eight councils with a small amount of seed funding has developed innovative ways to transfer support planning skills to people using services.

***Redcar and Cleveland Council** established the 'Copro' team to coproduce support planning. The team included two community champions, the personalisation lead, the direct payments coordinator and a worker from each of the two local user and carer-led third sector organisations: Carers Together and Redcar and Cleveland Real Opportunity Centre (ROC). The team decided to support the Community Champions in taking the lead to deliver the training. They developed a pack that included the support planning graphic, person-centred thinking tools (for example 'working and not working') and the guide* In the Driving Seat.[39] *They produced large print, Braille and easy-read materials.*

'I felt proud of the authenticity of the co-production right from inception. It focused people's minds and we have built future capacity on the basis of this.'
Jane Reast, Director, ROC

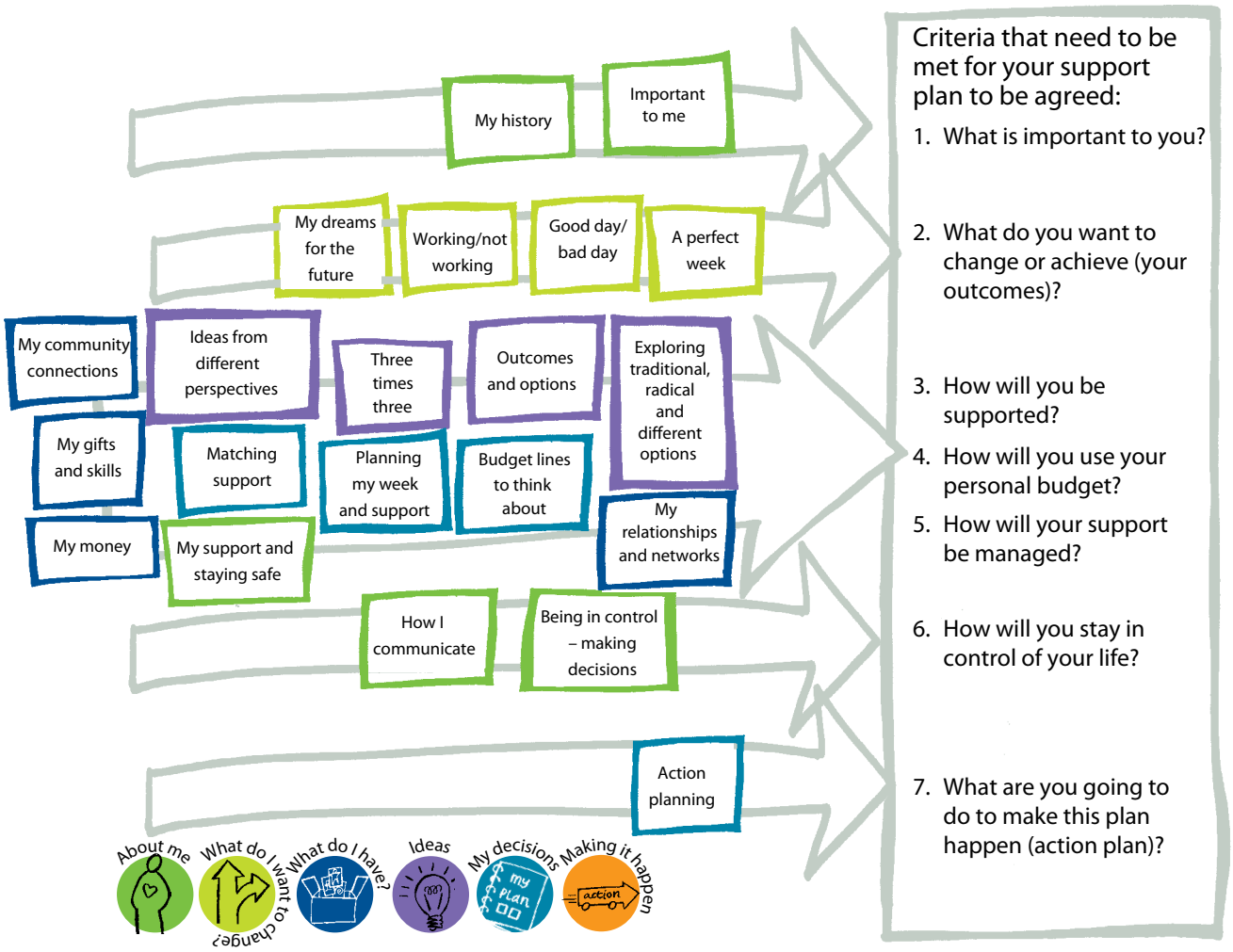
Criteria for support planning that reflect person-centredness

Person-centred thinking and planning can also extend to the criteria used for agreeing support plans. Look for outcomes and decisions that reflect knowledge of how best to support people in making decisions and what is important to them.

37 *Planning together: Building a mixed economy of support for personalisation* (2009), DH.

38 Ibid.

39 *In the Driving Seat* (2007), In Control.



The criteria above show what needs to be in a support plan, reflecting a person-centred approach and illustrating how different person-centred thinking tools and other problem solving tools can contribute to this information.[40]

A fresh approach to focusing on outcomes in reviews

An approach focusing on outcomes can be used with people who are using a personal budget and who have an annual review. In early 2009, a group of disabled people, family carers and people from eight councils worked together to develop a new way to carry out reviews. This is called outcome-focused reviews. The outcome-focused review process was developed by – and based on – the person-centred thinking tools working/not working and important to/for.[41]

40 Skelhorn L, Sanderson H, Close L, Harvey J, Short A, *Support Planning – Tools to help you with your support plan* (2009), HSA Press.

41 *Outcome-focused Reviews: A practical guide* (2009), DH.

Effective partnerships with people who use adult social care/carers/citizens within local commissioning and strategic change

The systematic use of person-centred planning to inform community and service development was one of the recommendations of the first person-centred planning guidance following *Valuing People.*[42] Although there are some examples of systematic use, it has not become widespread practice. Even where person-centred planning is being used, it is more likely to be a computer or paper-based system and does not help councils achieve the co-production milestone.

The Putting People First toolkit[43] contains a tried and tested approach called *Working together for change,*[44] where person-centred information is used to co-produce priorities for strategic commissioning and provider development.

Working together for change is an approach which is also being used by user-led groups. For example, Redcar and Cleveland Council is using it to review and improve a local transport service.

Working together for change is a powerful tool that councils can use to ensure the current changes in adult social care are co-developed and co-produced with people and families. It generates and analyses qualitative data for commissioning that can improve the links between strategic decision makers and the people they serve. It is a six-stage process that can be delivered over two days.

'Clustering statements in people's own words was the most useful; the person-centred reviews were very powerful.'

'Not just talk... we developed a clear action plan with a range of functional and strategic outputs.'

'It was good to have a diverse set of people looking at the data – statements are very powerful when they are in the service user's words.'

The process demonstrates how person-centred information can drive strategic change in organisations and effect improvements in commissioning. The critical point is that *Working together for change* cannot be used where person-centred reviews are not being carried out. It is important for councils to adapt their IT systems to collect information on person-centred reviews and vital that the analysis of this information is done with disabled people and their allies, using an approach similar to *Working together for change.*

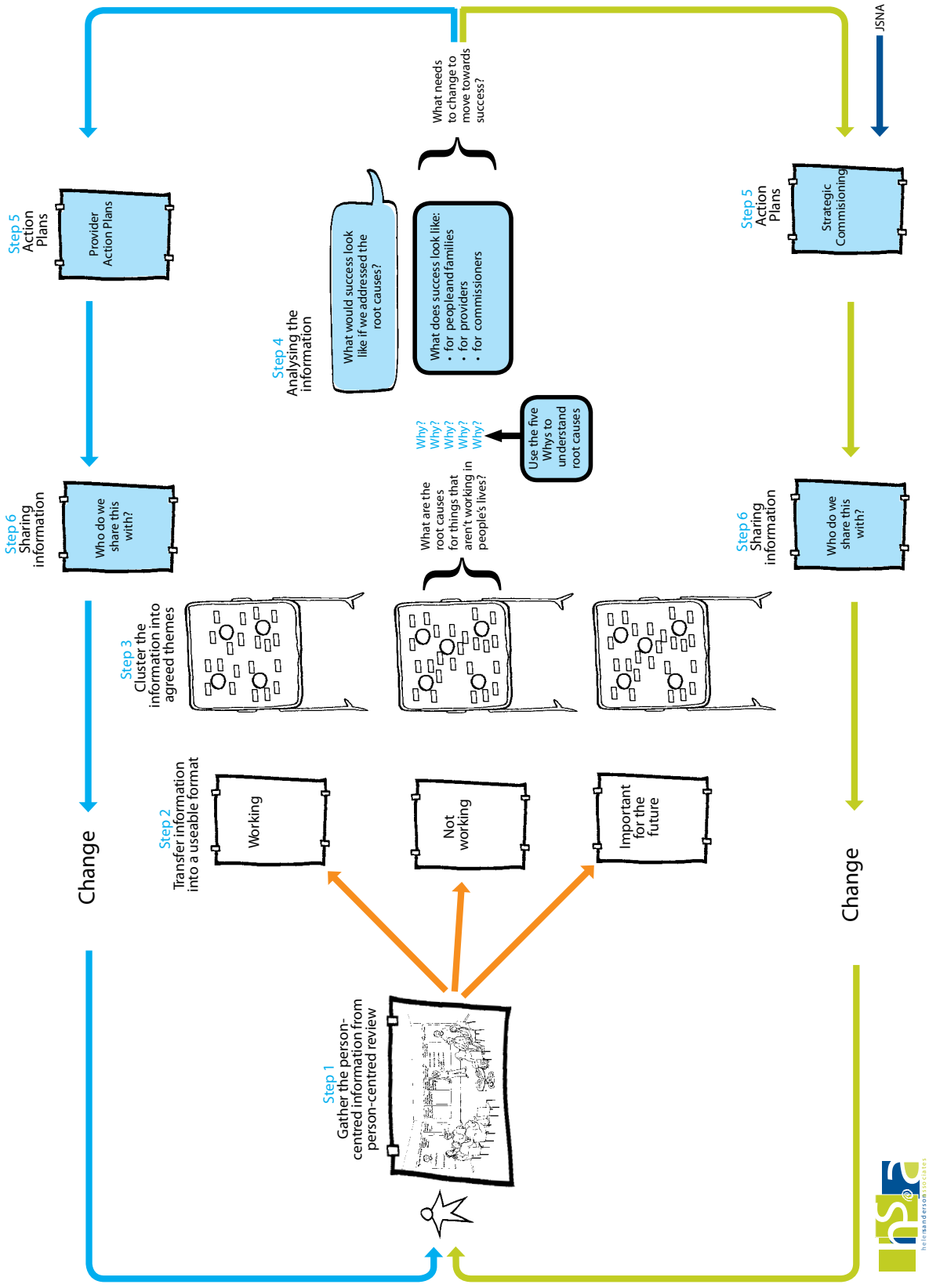
'Local authority IT systems need to be set up in ways that record review information and can support commissioning and service planning.'
Poppy, member of the Transforming Adult Social Care service user reference group

42 *Valuing People: A New Strategy for Learning Disability for the 21st Century* (2001), DH.

43 www.personalisation.org.uk (2009), DH.

44 *Working together for change* (2009), DH.

Working Together for Change process



Using person-centred thinking and planning in prevention and reablement

There is some early pioneering work using person-centred thinking and planning in prevention and delivering reablement services. In Lincolnshire, staff members are exploring using person-centred thinking to deliver the Skills for Care 'common core principles to support self-care'.

'The ambition of Putting People First is to enable people to live their own lives as they wish, confident that services are of a high quality, safe and respect independence, well being, choice and dignity. Supporting self care is part of making this happen.'
Skills for Care (www.skillsforcare.org.uk)

This is how people are using person-centred thinking to deliver the 'common core principles to deliver self care'.[45]

Common core principle to deliver self-care (Skills for Care)	How person-centred thinking tools can help
Communicate effectively to enable individuals to assess their needs and develop and gain confidence to self-care.	Develop **one-page profiles** while people are in hospital as a way to record and communicate what is important to the person and the best ways to support them. This shows the individual's and staff members' reflections on their needs and what support the individual requires to develop the confidence to self-care.
Ensure individuals are able to make informed choices to manage their self-care needs.	The **decision-making profile** is a way to record important decisions in the person's life and how they can make informed choices about their self-care needs.
Advise individuals how to access support networks and participate in the planning, development and evaluation of services.	Using a **relationship circle** is a way to describe the networks and people in an individual's life who may be able to offer support. A **learning log** is a simple way for everyone to record and evaluate progress.
Support and enable risk management and risk-taking to maximise independence and choice.	The **'person-centred risk'**[46] tool is a way to enable individuals to think about enabling risk in the context of what is important to the person and how they can be as independent as possible and have choice and control.

45 *Common core principles to support self care: a guide to support implementation* (2008), Skills for Care.

46 Allen J, Erwin L, Reid S, Neil M, Sanderson H, Woodhead N, A positive approach to risk requires person-centred thinking, *Tizard Learning Disability Review*, Volume 14 Issue 4 (2009).

*In **Lancashire**, commissioners are using person-centred thinking tools to co-produce pathways from prevention through to the end of life. They are co-producing this with people and carers affected by stroke, acquired brain injury and dementia. They are using person-centred thinking tools to think about how people were supported by services by asking:*

- *What worked for you?*
- *What did not work for you?*
- *What three changes would you like to see in the way you were supported?*

This information will then be used to develop services in a cost-effective way.

Information and advice in relation to support planning and person-centred planning

Learning from 'Early Adopters'[47] and the Individual Budgets Pilot[48] also showed some confusion and conflicting advice around what personal budgets can be spent on. Some support plans were rejected on the basis that items listed were 'inappropriate' even though clear links to outcomes could be shown.[49] Older people and people who use mental health services, who have pioneered support planning,[50] suggest that people need information and advice on who can help with support planning, what they can and cannot spend the money on, what support is available locally and how much things cost before they begin support planning in the following areas.

Who can help you with support planning?

A key principle in support planning best practice is that people choose who they want to assist them in developing their support plan, if they want help. There are a variety of ways and a range of different people who can provide assistance in support planning and brokerage. When people have an indicative allocation, care managers could give people information about the range of local people who could help them plan (if they want assistance) or places to get more information and guidance.

***Kevin** had three 'interviews' with his community nurse and support planner. He said he didn't feel like he had to do very much except 'tell his story'. As a group, they talked about what was important to him, what was working and not working for him and what he wanted in the future.*

Other people wanted a support planner who had personal experience of developing a support plan for themselves or a family member.

47 *Operating Models: Learning from the Early Adopters* (October 2009), ADASS.

48 *Individual Budgets Pilot Programme Final Report* (2008), Individual Budgets Evaluation Network.

49 *Operating Models: Learning from the Early Adopters* (October 2009), ADASS.

50 *Putting People First: Support planning and brokerage with older people and people with mental health difficulties*, (2010), DH.

*In **Barnsley**, older people are trained and working as volunteer peer support planners and/or brokers.*

The local support brokerage team advertise for volunteers in the local paper, internet and through the local voluntary community organisation. They provide six days' training on how to develop support plans and then a further four days of coaching and mentoring about different issues such as person-centred communications and the Mental Health Capacity Act.

Avril, from Barnsley's Self-directed Support Team, said it was about connecting with people 'who've been there and got the T-shirt'. She continued:

'Peer support provides a powerful collective voice to support the delivery of services and offers role models to others who might feel nervous or worried. You're building a social relationship model rather than one where professionals are trying to sell a service. We are all people at the end of the day. You may not like your worker if you have had no choice in who they are. This can affect the actual outcomes within the support planning process – it can be dictated by how comfortable you are with that person.'

*Local Barnsley resident Frank jumped at the chance to volunteer as a peer mentor straight away. 'You see, I can tell you **what it's like** to look after someone who has dementia, not just tell you **what it is**. There are many older people, retiring, who get into a little cage of their own, but who want to get out of it and want more from life. So now, I help people. That's what I was born for – at least that's my attitude anyway.'*

Centres for independent living can provide local assistance from experienced disabled people.

***John**'s care coordinator, a support planner from the local independent living support planning service and his key worker at the residential care home worked together to help him write his support plan.*

In Lancashire and North Somerset, providers are involved in helping people to develop their support plans. In North Somerset, where people do not want to change their provider (e.g. for support at home), the provider is allocated extra time to enable them to work with people to develop support plans.

Understand the sign-off criteria and how you can and cannot spend your budget

Councils need to provide clear, unambiguous information about the criteria they will be using to sign off support plans. Support planners and brokers can help people develop plans that reflect the information requirements of the council. Similarly, councils need to provide clear, simple information on what personal budgets can be used to purchase. Knowing what to do or who to ask if anything is not clear right from the start is also important.

Know what is available locally and how much things cost

In order for people to make informed decisions about how to spend their personal budgets, they need to know what services are available and what they cost. Forward-thinking councils and partner organisations invest time in mapping what is available in local communities and then finding out what these services and supports cost.

*In **Barnsley**, a dedicated worker is creating a community map which shows details of local services, for example a scout group and a fishing club. All the information is made available on the Voluntary Action Barnsley (VAB)[51] website. Community groups can add their own events to the map.*

***Harrow** is using shop4support to catalogue what is happening in the community, so that information is readily available to local people.*

Stories and examples of what people have tried and learned locally

Hearing what other local people have tried and learned can be a source of inspiration and information to others who are developing their support plans. Local authorities can invest in ways to support people to record and share their experiences. Person-centred reviews of support plans are a practical way of gathering this information, through *Working together for change*.

51 Voluntary Action Barnsley, www.vabarnsley.org.uk

Appendix 5
Where are you now?

Here are some questions to start thinking about your progress in using person-centred thinking and planning to deliver *Putting People First* and the local government milestones.

Delivering the milestones on self-directed support and personal budgets	
Question to ask	**What you could expect to see**
People using services	
1. Do you know what matters to the people who are being supported and the best ways to support them from their perspective?	• Written descriptions of what is important to the person and how to support them – may be written on one page (one-page profile) or be a more detailed person-centred plan. • Evidence that this information is up-to-date and acted upon by staff.
2. If people do not use words to communicate, are there recorded ways to support people to communicate and make decisions?	• Written descriptions of how the person communicates, how staff members communicate with the person and how to support the person to make decisions.
3. Do people have an opportunity to think about what they want to change about their life and the way they are supported? Do the people responsible for providing or commissioning the service review the actions that result from this?	• Records from person-centred reviews based on what is working and not working for a person. • Information from people's person-centred plans and evidence that this is informing how staff members support them.
Staff, professionals and managers	
4. Are staff members using a person-centred approach in all aspects of their work?	• Evidence of the use of person-centred thinking tools, for example the 'doughnut' to inform multidisciplinary team decision making.

Delivering the milestones on self-directed support and personal budgets	
Question to ask	**What you could expect to see**
5. Are managers intentionally creating a person-centred culture by using a person-centred approach with their staff and within all aspects of their role?	• Meetings are 'positive and productive',[52] managers use person-centred thinking tools in supervision and the most senior managers can describe how they are personally using person-centred thinking tools. • There is evidence of 'person-centred team plans' where teams describe the purpose of their team, what is important to the team and how to support each other.
Leadership and strategy	
6. Are there clear leadership and a strategic plan to build local capacity for person-centred thinking, planning and person-centred reviews?	• There is a senior person, for example, a transformation lead, who has responsibility for building capacity on person-centred thinking, planning and reviews. • There is a strategic plan to deliver this guidance. • There is a team of people, led by a person-centred planning coordinator, which is responsible for coaching and supporting staff, managers and professionals to use person-centred thinking and planning and to facilitate person-centred reviews (including supporting person-centred transition reviews in school years 9 and 10).
7. Are person-centred thinking and planning strongly linked to the delivery of support planning?	• The person-centred planning coordinator and team are part of the same team as, or connected to, the people who assist people with their support plans.

52 Allen J, Erwin L, Reid S, Neil M, Sanderson H, Woodhead N, A positive approach to risk requires person-centred thinking, *Tizard Learning Disability Review*, Volume 17, Issue 4 (2009).

Delivering the milestones on self-directed support and personal budgets	
Question to ask	**What you could expect to see**
Support plans	
8. Do the criteria that we use for signing off support plans reflect a person-centred approach?	• The criteria for signing off support plans include what is important to the person and how to support them to be in control of their life and support.
9. Do 'support planners' use person-centred thinking and planning as part of support planning?	• Support planners are trained and supported to use person-centred thinking and planning. They can describe how they use person-centred thinking and planning in their role.
10. Are there opportunities for people to develop their support plans with peer support ('co-produce' their support plans) using person-centred thinking?	• There are regular opportunities for people to meet to develop their own support plans, for example 'Planning Live',[53] including roles for user-led organisations.
11. Are 'outcome-focused reviews' used to review how people are using their personal budgets?	• All care managers are using an outcome-focused review process.

Delivering the milestones on local commissioning and the involvement of services users/ carers and citizens through co-production based on person-centred information	
Question to ask	**What might you see where this is happening?**
12. Are we regularly co-producing learning from person-centred information to inform commissioning and strategic change?	There are opportunities for people to come together, including people who use services, provide services and commission services, to explore what the information means and what to do about this. The *Working together for change* process is one way to achieve this, using information from person-centred reviews.

53 *Planning Live* (2006), In Control.

Delivering the milestones on prevention and cost-effective services	
Question to ask	**What might you see where this is happening?**
13. Are person-centred thinking tools being used in re-enablement and supporting self-care?	Staff members supporting people in self-care and re-enablement know what is important to the person and how best to support them. Written descriptions exist of what is important to the person and how to support them. This may be written on one page (one page profile) or be a more detailed person-centred plan. Staff members are able to use other person-centred thinking tools as appropriate – for example 'relationship circles' to explore support networks or 'what is working and not working' to review progress. There is evidence that this information is up to date and acted upon by staff.

Delivering the milestones on information and advice – what information and advice do people need about support planning and person-centred planning?	
Questions to ask	**What might you see?**
14. Is there clear, straightforward information on: • What a support plan is? • What support is available to help people plan? • Who can help people who want assistance? • What needs to be in a support plan to meet local sign-off criteria? • What people can and cannot spend their money on? • What an outcome-focused review is? • How to prepare for your outcome-focused review?	Information is available to all citizens on what people can spend their money on, what needs to be in a support plan and how to prepare for your outcome-focused review. This could be on websites and on information sheets given by care managers.

Appendix 6
What can you do next?

Provide clear information and advice for people about support planning and person-centred reviews

This advice would include:

- what a support plan is;
- what support is available to help people plan;
- who can help people who want assistance;
- what needs to be in a support plan to meet local sign-off criteria;
- what people can and cannot spend their money on;
- what an outcome-focused review is; and
- how to prepare for your outcome-focused review.

You should invest in a range of ways that people can get assistance with their support plans. This would include simple written material, as well as people who can help. You should also ensure that people have a choice and that care managers are not the only people providing support planning. The majority of support plans could be developed by individuals and families themselves, through peer support, centres for independent living and other user-led organisations or with providers. Independent support brokers could create a smaller number of support plans, with care managers being the support planners 'of last resort'.

'Support plans can and should be presented in any form and look how people want them to look.'
Sally, member of the Transforming Adult Social Care service user reference group

Finally you should ensure that care managers are trained and supported to facilitate outcome-focused reviews.

'Service users, parents and carers should know what person-centred reviews should look like and understand them.'
Sally, member of the Transforming Adult Social Care service user reference group

Make sure that there are a range of people who can assist with support planning, not just care managers

Not many people currently have a choice of who assists them (if they want help) to develop their support plan or know where to go for help.[54] Care managers are often the only people who can offer assistance with support planning.[55]

54 *Operating Models: Learning from the Early Adopters* (October 2009), ADASS.

55 *Evaluation of the Individual Budgets Pilot Programme: Final Report* (2008), Individual Budgets Evaluation Network.

'Care managers should NOT be the main people to write support plans.'
Alan, member of the Transforming Adult Social Care service user reference group

Local authorities need to have support planning strategies that intentionally invest in commissioning and develop a range of opportunities for people to get advice and support around their support plan.[56] Assistance could be available to people from local centres for independent living, other user-led organisations, community groups and providers. If people want support from independent brokers then this could also be available. Care managers should be the 'last resort' in support planning assistance.

'Independent advice for support planning must be available to families.'
Sally, member of the Transforming Adult Social Care service user reference group

Implement person-centred reviews within services

A significant next step would be to train and support everyone who facilitates reviews in the council to use the person-centred review process. If this was achieved in a year, it would mean that everyone supported would have at least a page of information about what is important to them and how they want to be supported (one-page profile), and know what actions are required to ensure that this happens.

Person-centred reviews can meet existing statutory requirements, take a similar amount of time and can kick-start person-centred thinking, planning and change in an area or organisation. Small-scale research showed that people using services preferred the person-centred review format to traditional reviews.[57] Most importantly, they have been shown to lead to change that enables people to direct their own support. This would address questions 1–3 in the table on page 43.

The local government milestone for self-directed support and personal budgets says that by October 2010, *all services users whose care plans are subject to review are offered a personal budget*.

If the review process was the person-centred review, then this would generate important person-centred information that would form the foundation of the support plan. For example:

- *What is working and not working for me?* provides information about the outcomes the person wants to achieve using their personal budget.
- *What is important to me?* is a key component of support plans and directly reflects one of the criteria for agreeing support plans.
- *What is important in the future?* helps the person to develop their outcomes.
- *What support do I need to be healthy and safe?* is important information for support plans and directly reflects one of the criteria for agreeing support plans.

56 *Planning together: Building a mixed economy of support for personalisation* (2009), DH.

57 Bailey G, Sanderson H, Sweeney C, Heaney B, *Person Centred Reviews in Adult Services* (2009).

Finally, if person-centred reviews become common practice, then routinely using information from them to co-produce change is an efficient and effective use of resources. This table illustrates how you can use information from person-centred reviews and what they can tell us.

'Person-centred reviews will just provide so much information to make disabled people's and carers' lives better.'
Wendy, member of the Transforming Adult Social Care service user reference group

Information from person-centred review	**When used as part of the process set out in *Working together for change*, it can provide information on…**
What is working from the person's perspective (or parents'/carers' perspective)?	Best practices in the service. This information can be used to explore: ● what it would take for this best practice to become widespread; and ● what can be learnt from this success to make it more likely that it will become typical practice.
What is not working from the person's perspective (or parents/carers' perspective)?	What needs to change. This may relate to services that are insufficient or ineffective. This information can be used to explore: ● what it would take to change what is not working; and ● the underlying causes and the associated costs of poor practice. This information also provides a way to quality check whether strategic actions have had the desired effect, for example whether they have changed what was not working for people.
What is important to the person for the future? This section can provide specific details about ● activities; ● support; and ● community locations.	What people may want in the future. This information can: ● map against what is already present; and ● explore any market development requirements.

As shown, a person-centred review will generate person-centred information that can be used to deliver self-directed support, or as the foundation for support planning. It also informs strategic commissioning by co-producing change with user-led organisations, without needing additional time or resources.

'There should be a structured training process for people who conduct reviews. This should be open to carers and users.'
Poppy, member of the Transforming Adult Social Care service user reference group

Define leadership for person-centred thinking, planning and reviews and support planning

You should decide who is responsible for using and implementing this guidance and request that a strategy is co-produced with people who use services and their families who already have experience of person-centred thinking and planning, as well as other key people. You should also ensure that this is central to the local support planning strategy and not seen as separate. The primary task is to create a person-centred culture, supporting everyone to maximise his or her choice and control. A person-centred culture also means that a person-centred approach is used throughout the organisation, not just in the direct delivery of support. Using person-centred thinking and planning is a way to begin creating a person-centred system. This addresses questions 6 and 7 in the table on page 44.

Invest in person-centred thinking and create a local resource of people championing person-centred thinking and planning

Everyone who supports people needs to understand and use person-centred thinking tools to deliver self-directed support. First line managers need to use person-centred thinking in their day-to-day work, coach their staff in the tools and ensure that the tools are used to create change. Managers can take responsibility for ensuring that staff members supporting people know what matters to a person, how best to support them and how to act on this. They could be responsible for making sure that everyone supported has at least a one-page profile and has an annual person-centred review.

Some people – for example a local internal team championing person-centred thinking, and planning and support planning teams – need to be able to use the range of approaches to person-centred planning (for example PATH and MAPS).

It is helpful to identify and invest in a person-centred planning coordinator to report to the strategic lead and a local team of 'champions'. Their role is to train, support, coach and be 'champions' for person-centred thinking and planning. The role of the team is not to facilitate person-centred plans, except in certain circumstances where having an independent facilitator is vital. The team could coach and provide direct support to help staff, managers and professionals use person-centred thinking in their work and grow person-centred plans for the people they support. This is not about introducing a new role into the system, but a way to help managers and professionals make the changes required and to build local training capacity to deliver.

Most authorities will have people who work in learning disability services as person-centred planning coordinators or facilitators. See if there are ways to use their experience and expertise as local support planning capacity is built.

This will help you move towards answering questions 4 and 5 in the table on pages 43–44.

As part of creating this local resource, it is important to integrate person-centred planning and support planning capacity. Make sure support planners – whether in centres for independent living, peer supporters or others – have skills in person-centred thinking and planning. Similarly, ensure that people leading the person-centred thinking understand the direct link between their work and support planning. It could be useful to have one local team which offers person-centred thinking, planning and support planning assistance, or at a minimum, ensures that people are well connected or even based together.

*A **dedicated person-centred planning team** in Birmingham has seven facilitators, two senior facilitators and a team of three social workers. The council employs the facilitators. The facilitators develop the plans with people; the social workers are responsible for assessments for personal budgets. Sarah, the team leader, explains:*

'Our main role is helping Birmingham City Council to help people find new places to live. We have been doing the planning with people and helping them understand the process... when done well, this can open up a whole new independent and happy life for people who have spent decades living in a group home.'

Adopt *Working together for change* or a similar approach to co-produce commissioning and strategic planning

This simple process can be practically useful to councils who are undertaking Joint Strategic Needs Assessments (JSNA) and/or are seeking to better understand and measure the outcomes of personalisation. The information from this process can help commissioners to engage people in shaping the local availability of services, especially when used alongside other data sources, like the JSNA. The head of commissioning in one of the councils involved in developed *Working together for change* described the process as 'the very heart of good commissioning', because it demonstrated the 'golden thread' between what people said was important and what was commissioned as a result.

*The **national 'Getting a Life' programme** that focuses on transition and young people getting paid work is using the* Working together for change *process to inform local and national strategic development. The process has been adapted to gather information from young people about the work they want to do in the future and this is being used to inform local employment and transition strategies. It is also being used to advise the Government on what policy changes are required to increase the numbers of young people with learning disabilities leaving college or school and going into paid employment.*

'I've been fighting for this for years!'
Wendy, member of the Transforming Adult Social Care service user reference group

Links to useful resources

Working with older people

Arthur's story – person centred thinking with older people
www.youtube.com/watch?v=5ZcWuy4GHEc
Gill tells Arthur's story (from page 9 of this guidance).

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

Support planning with older people
Haswell N, Short A, Sanderson H, *Conversations for Effective Support Planning with Older* People (2009), available at: www.supportplanning.org

Approaches to person-centred planning

Essential lifestyle planning
Smull M, Sanderson H, Sweeney C, Skelhorn L, George A, Steinbruck M, *Essential Lifestyle Planning for Everyone* (2005), HSA Press, available from Inclusion Distribution at: www.inclusiononline.co.uk

PATH and MAPS
O'Brien J, Pearpoint J, Kahn L, *The PATH and MAPS Handbook: Person-Centered Ways to Build Community* (2010), Inclusion Press, www.inclusion.com

Personal futures planning
Mount B, *Capacity Works: Finding Windows for Change Using Personal Future Planning* (1995), Communitas, Inc.

Person-centred thinking
Bailey G, George A, Sanderson H, Watson D, *Person Centred Thinking* (2005), available from Inclusion Distribution at: www.inclusion.com
A set of cards describing the person-centred thinking tools and how they can be used with individuals, teams and organisations.

Person-centred information in organisational change

Working together for change: using person-centred information for commissioning
A method for collating and aggregating person-centred information for use in strategic commissioning. We called this process 'working together for change'. Visit 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 which have begun to reshape their contracts, processes, budget holding options and relationships with the provider market. Available at: www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Commissionersandproviders/?parent=2735&child=6052

Person-centred organisations
Wiliams R and Sanderson H, *What are we learning about person-centred organisations?* (2006), available at: www.helensandersonassociates.co.uk/PDFs/Person%20Centred%20Organisations%20PCorgsfinal_col.pdf

Person-centred reviews

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

Person-centred transition reviews
Wertheimer A, *Person Centred Transition Reviews* (2007), Valuing People Support Team. The Valuing People Now website is at: www.valuingpeople.gov.uk

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 can be found at www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Measuringresults/Review/?parent=3249&child=5625

Social capital
Poll C, Kennedy J, Sanderson H, (eds), *In Community – practical lessons in supporting isolated people to be part of community* (2009), HSA Press and In Control.

Community connecting
Kennedy J, Sanderson H, Wilson H, *Friendship and Community: Practical strategies for making connection in communities* (2002), available from In Control at: www.in-control.org.uk

Support planning

Support planning
Various guides that can help with support planning and reviews can be found at www.supportplanning.org

Putting People First: Support planning and brokerage with older people and people with mental health difficulties
A DH guide that includes examples and methods for support planning with older people and people with mental health problems can be downloaded at: www.dhcarenetworks.org.uk/_library/Resources/Personalisation/Personalisation_advice/SPB_Final.pdf

Planning together: peer support and self-directed support
A DH report showing how to build disabled people and carers' own support planning skills can be downloaded at: www.dhcarenetworks.org.uk/_library/Resources/Personalisation/Personalisation_advice/PT_Final.pdf

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-96g2XYI

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

Smull M, Definitions – What is meant by person centred approaches, thinking and planning? www.youtube.com/watch?v=tvANuym5VXY

Smull M, Making Person Centred Planning Mainstream – How to get started, www.youtube.com/watch?v=meLjQX2wuhM

Smull M, Creating Person Centred Plans that Make a Difference, www.youtube.com/watch?v=Na-I76N-zRk

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