

Person centred planning assignment



**ASSIGN
BUSTER**

Person Centred Planning, (PCP), came alive with the introduction of The White Paper, Valuing People, (DOH, 2001). Its main aim is to identify person centred planning as central to delivering the governments four key principles, (rights, independence, choice and inclusion). (Cambridge and Carnaby, 2005, p19) PCP is a way for individuals to have more input in their decision making, whether this includes basic day tasks and needs, to identifying future goals and ways that they can achieve these goals. To enable an individual to carry out a PCP they must have a circle of support which involves anyone important in the individual's life and also a facilitator, which is a neutral person who will assist the individual in making the PCP and ensure their thoughts and wishes are adhered to.

A facilitator assists the person in guiding their circle through a process of discovery. The person guides the plan and the facilitator is their assistant. The facilitator will remain neutral and help keep the process focused and flowing. They do this by asking questions of the person and assisting the person in asking questions of the group. (Arc, 2009, online) There are four main types of tools used to develop a PCP.

There are MAPS, (Making Action Plans), (online (2009)), believe it's a planning tool that begins with the individual's history. Maps ask a person to tell us some of the things they've achieved so far and what they would wish to achieve in the future. PATHS, (Planning Alternative Tomorrows with Hope), Cambridge and Carnaby (2005) believes Using the persons dreams as a starting point, a PATH is used to help plan the steps to achieve the individuals dreams and aspirations. The PATH helps to make clear any help that is, needed what steps are to be taken, and any goals to reach and so

on.? ELP, (Essential Lifestyle Planning), Keyes, Owen ??“ Johnson, (2003) believes focuses on supporting older individuals with disabilities as many of them are transitioning back to their home communities.

The ELP meeting starts with current knowledge of the individual and details what??™s most important in the person??™s life. The individual is asked to express his or her non-negotiable, highly desirables, and strong preferences. PFP, (Personal Future Planning), Sanderson (2000) is based on the individual rather than the services and involves the individual??™s circle of support. Its builds on the person??™s relationships, job prospects, housing and community activities and how we achieve their wishes. The scenario I have chosen (appendix 1), really appeals to me because as a Team Leader in Adults with Learning Disabilities and Severe Challenging Behaviour I can relate with a lot of the aspects shown and by choosing the scenario it will give me a better understanding of the areas I need to improve regarding PCP and any training support workers may need to undertake. The organisation I work in is currently introducing PCP in all aspects of client support as required in the government??™s white paper Valuing People DOH (2001) who believe a person-centred approach is essential to deliver real change in the lives of people with learning disabilities and PCP provides the necessary requirements for achieving this.

I believe in improving the organisations development regarding PCP??™s, not only involving the service users but also the staff members involved in their care, as I feel there needs to be more training involved to ensure the service user benefits from a person centred approach. ??? The impact of PCP will always be dependent on the capacity of support services to deliver

person centred solutions or action.??? (Robertson, J. et al 2005) The implementation of PCP depends on how it is utilised, if it is used to its fullest effect then it can have a positive outcome for the service user, and ensures it maintains anti-discriminative practice. It is important to ensure the service users have equal access to services in the community and the same opportunities as any individual, to enable social inclusion and this will ensure their sense of belonging and wellbeing.

Allen et al (2008) say they feel the main barrier to implementing PCP is the way individuals look at risk assessments in a more traditional way rather than taking a more Person Centred Approach to risk as ??? Life and risk are inseparable.??? (Allen et al 2008 p1) There must be some risk involved to the tasks we do or we would never learn how to progress and make informed decisions, and our service users should be given the same opportunity. The scenario I am working with will benefit from PCP as it will enable the service user to access the community, improve her self confidence, and by taking a more active role in the planning will give her a sense of empowerment over her own life. It is also going to overcome the barriers that her epilepsy and challenging behaviour have presented in the past by supporting her to take positive and ??? informed risks in order to improve the quality of her life.??? (CSCI 2006 p7) To carry out a Person Centred Plan for Florence we would need to hold a meeting with everyone involved in her circle of support, i. e. her family, key workers, friends, and other professionals involved in her care (only if agreed by Florence). Once in the meeting we would need to introduce a facilitator.

Due to her autism and communication levels the facilitator will have to be someone who Florence trusts and which is a neutral person who will ensure that her wishes are met. They must also show empathy and compassion, be ??? supportive, non judgemental, humorous, flexible, sharing and self confident??? (Amado, A. N. and Mc Bride, M 2001 p22) and show good communication skills by listening to everyone??™s opinions and ensuring they take into account Florence??™s requests.

The main aim is to enable Florence to have more choice and control in her own life. The main point shown in the scenario is that her key workers have suggested she accesses the community more to undertake her activities, which they feel will help with ??? social inclusion??? (DOH 2001 p31) and meeting new people will give her confidence around people she does not know and improve her self esteem, but members of staff do not feel she should access activities outside due to her severe behaviours, and her father feels her epilepsy is a strong factor in her life and by keeping her in her own surroundings will be a safer option but we need to inform all involved that we need to support her to make positive and informed risks to enable an enriched way of life. We first need to identify if Florence would like to try these new activities in the community and we do this by explaining the process to her so she can fully understand what it entails. Due to her minimal means of verbal communication we would take photographs of the different types of activities involving dance available in the community and put them into an activity file, we would then show it to her and ask her to choose the ones she would like to try. Once she has identified what she would like to try then we can all work together to ensure she achieves this by

putting together a PFP tool which will give us guidelines on how we can all achieve this whilst promoting her choice and independence. ??? We believe that everyone should be able to make choices. This includes people with severe and profound disabilities who, with the right help and support, can make important choices and express preferences about their day to day lives.

??? (DOH 2001 p31) To overcome the staff members concerns about her behaviours we would need to introduce an external agency to carry out the training needed, such as the behaviour team, who will teach the staff members appropriate ways of supporting her and each other and disengaging her from the activity if necessary. The fathers concerns would need to be addressed sympathetically. He has strong concerns regarding her epilepsy but he needs to be assured that the risk will be assessed appropriately. I personally would advise the epilepsy nurse to talk things over with him and show him the procedures put in place. This would include the emergency medication needed in the event of a seizure and to ensure him that only trained members of staff can work with Florence to administer the medication. We could also ensure that procedures are put in place, at Florence??™s discretion, to ensure her father??™s kept informed at all times. Human Rights Act (1998) and Disability Discrimination Act (1995) ensure she has the same rights as any individual and it is entirely her own choice who she involves in her plan progress.

Before Florence attends her first dance class I would suggest that she just went along to observe the setting and to be introduced to some of the members of the session and just stay for a short space of time. Each time

she visits, the timescale would increase until she feels comfortable in the setting and it becomes part of her routine. I would also ensure the members are aware of her epilepsy and behaviour problems and of the procedures that must be followed in the event of an occurrence. PCP has definitely given me a different view on how to promote a service users wishes and needs and how to achieve this and firmly believe that if used to it full potential can be very worthwhile. (DOH 2001 p3, 4) say the key principles, (rights, independence, choice, and inclusion) are at the forefront of any PCP and the government's aim is to enable people with learning disabilities to have as much choice and control as possible over their lives and the support and services they receive. To ensure this is effective will include working with a range of other agencies, which will be beneficial as there will be a wider range of expertise and will enable the service user to implement changes that are out of our sphere of competence.

I feel the only disadvantage to working together as a multi-professional team would be the time scale to implement such changes and that some agencies will concentrate more on the cost of such. Overall I think PCP is the way forward and will ensure the service user takes charge of their life. The tools available to develop Person Centred Plans are essential depending on what they would like to change/achieve (long/short term). Individuals involved in the circle of support need to be aware they are taking the service users opinions/interests, and ensuring they do there best to find ways which will enable the service user to achieve them. The organisation I work for is taking PCP seriously and to ensure this, is training the staff involved to be more person centred in their approaches to every aspect of care and they are also

informing service users of the changes put forward by the DOH (2001) White Paper, Valuing People.

As you can see from the PCP earlier regarding appendix 1, by putting a PCP in place and all agencies working together to achieve it, Florence has been able to gain a sense of belonging in her community which has improved not only her social skills but her life skills. Without the PCP she would never have had the opportunity to improve her self esteem and gain empowerment over her own life, and also by observing those around her, also learning acceptable behaviour. PCP is a ??? process of continual listening, and learning; focused on what is important to someone now, and for the future; and acting upon this in alliance with their family and friends. There are different approaches, however, good PCP is always recognisable because the person will be at the centre; working in partnership with family and friends, the plan will clearly identify what the person??™s capacities are, what is important to him/her and what support he/she requires.??? (Sanderson H 2000)