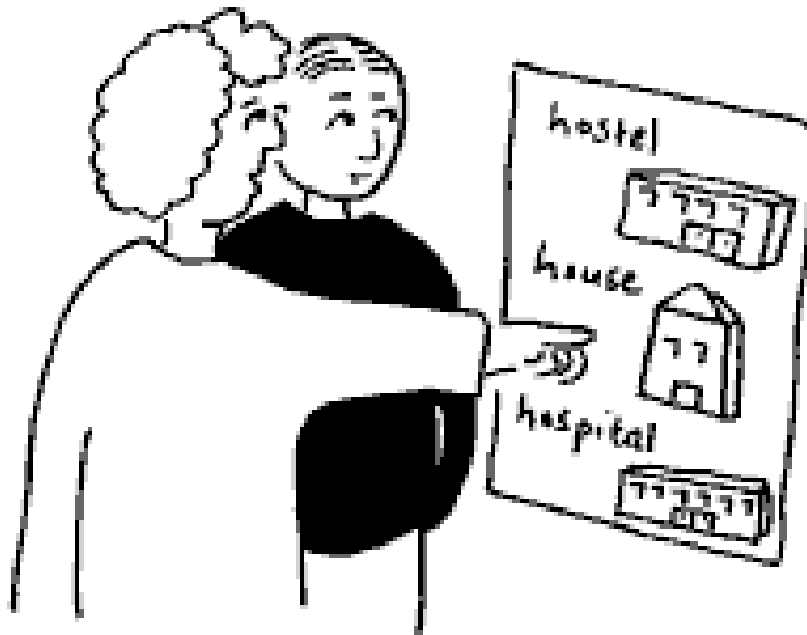


Central Lancashire

2009/2010 Person Centred Planning Audit



An Audit of Person Centred Approaches within Central Lancashire

Compiled by Pete and Wendy Crane Independent Living Advisers

Contents

- Easy Read/Executive Summary.....p 3
- Introductionp 10
- Methodologyp 14
- Limitationsp 15
- Resultsp 16
- Person centred tools in usep17
- Examples of best practicep18
- Problems and blocks to change.....p 24
- Points to be consideredp 27
- Recommendationsp 33
- Appendices/Acknowledgements....p 35
- Bibliographyp 37
- List of Participant Organisations....p 39

Easy Read / Executive Summary



Person Centred Planning
is the best way to give
people choice and control



over small things
like what to wear



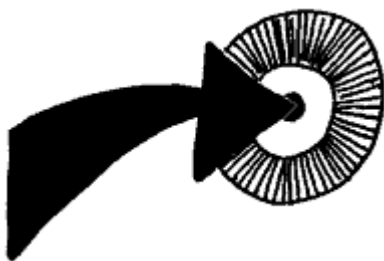
and big things - like
making sure that people
are listened to



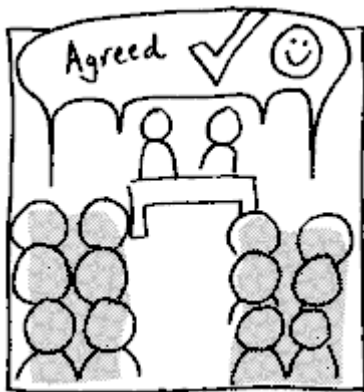
Person Centred Planning
can make sure that people
do not get into trouble



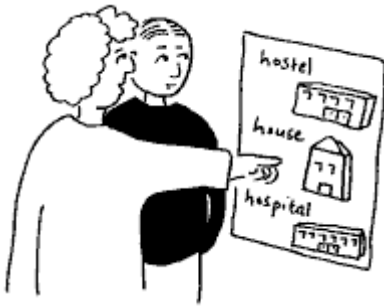
and give people a way of
letting others know about any
abuse or bullying



the aim of this report
is to look for best practice
in Person Centred Planning



Once we all agree on what is working well we can make sure that everyone has.....



a Person Centred Plan that they have made



that doesn't just get filed away and never looked at by anyone



After talking to people



and talking to lots of
people who provide
support



these are the
recommendations
that we have



Some people are doing
a really good job

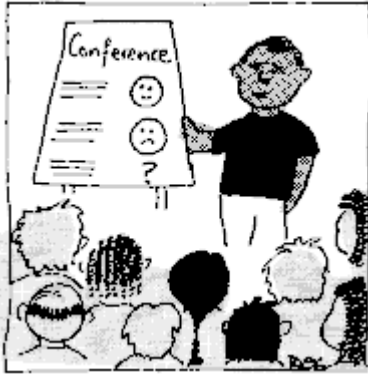


but some people still have
not heard of – or do not
understand –

Person Centred Planning



People need to know more
about personalisation – not
just providers of services



the work of the Central Lancashire Person Centred Planning Coordinators is important and valued by all



A way must be found to get existing plans out of files - too many are never looked at by people or providers

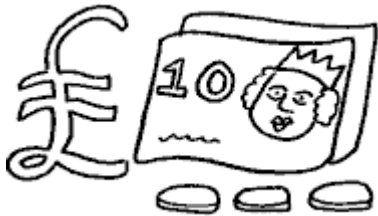


a way must be found that will turn more plans into action that leads to change



The service providers who
really impressed us.....

Access Community Services Ltd - Southport
A & L Bellis Care & Support - Chorley
Linkability Charity Ltd - Chorley



..said that they had enough
money to provide great
Person Centred Planning



they all said that everyone
involved in the organisation



simply thinks about
everything in a
person centred way
and everyones life is better !

Introduction

This audit of the use of person centred approaches in Central Lancashire covered 46 provider services employing “around” 2000 staff to support “around” 2000 people. It is probably the biggest piece of work of its kind in the UK, and it builds upon previously published audits completed in the area of Chorley and South Ribble in 2002, 2006, 2007 - and the wider Central Lancashire area in 2008. This audit was commissioned in the autumn of 2009 and completed in spring 2010.

It gives a strong picture both of what’s working - and what’s not working - in our area. Our personal meetings with representatives of the Department of Health, Mencap and the Foundation for People with Learning Disabilities lead us to feel confident in saying that the North West of England is leading the UK in implementing the Governments reform of social services, known as the “Personalisation Agenda”. In Central Lancashire we should all be proud of this fact and feel pleased about the progress that we have all been a part of, but this audit will provide evidence that more thinking, work and solutions to new problems needs to be found before we are able to say that personalisation has been “done”.

Person Centred Planning is the foundation upon which the Personalisation Agenda is built, people who do not understand the importance and practicalities of person centred planning will also struggle to understand the importance and practical solutions required to deliver the Personalisation Agenda. We are all living through a time of significant change with the introduction on a large scale of Personal Budgets and Direct Payments, an approach to commissioning services which really gives financial teeth to people’s planning. People finally have the power to choose what they want their services to look like and be in control of who provides them, particularly if their new financial power is backed up with good support around their planning.

We are also close to the end of the “Valuing People Now” official programme, which had personalisation running through it’s core like a stick of Blackpool rock. Achieving the objectives of Valuing People and Valuing People Now will require a broader and deeper development of person centred approaches across Central Lancashire. Many people still feel frustrated at the slow pace of real change in people’s lives. Achieving this change, and learning from what works and what does not work in its pursuit, must be the priority for everyone involved in the lives of people with learning disabilities.

When conducting the audit and writing this report the authors have at all times been mindful of – and led by – 3 key documents which underpin all

of the reforms which are now being delivered in Central Lancashire services for people with Learning Disabilities and Complex Needs. We would respectfully suggest that anyone interested in the detailed contents of this report should also refer to these local guidelines.

Our plan for making things better for people with learning disabilities and complex needs was made by Lancashire County Council, North Lancashire Teaching Primary Care Trust, East Lancashire Teaching Primary Care Trust, and Central Lancashire Primary Care Trust in October 2009. It was written because...

“The Care Quality Commission looked at what we do in Lancashire when we plan and buy services for adults with learning disabilities and complex needs. They said we can do some things better.”

Page 4 of this report says...

“We should make sure that all people with learning disabilities and complex needs: - can have a Person-Centred Plan, if they want one: and – if they have a Plan, it is looked at regularly.”

Page 5 says simply...”We will make sure that providers use person centred approaches.”

The second document that influenced our assessment of the person centred approaches we audited was -

Response in Central & North Lancashire to the CSCI and Health Care Commission joint investigation into services in Cornwall

- this was prepared by Bill Nightingale for Lancashire County Council Adult & Community Services Learning Disability Services.

“Following complaints from MENCAP, CSCI and The Healthcare Commission undertook an investigation into allegations of abuse in Cornwall learning disability services. The investigation exposed institutional abuse, on all dimensions of abuse, on a disturbing scale. The failures within the service were system wide and extended from high level commissioning down to day to day practices within services. Further shocking revelations of institutional abuse came to light in a report by The Healthcare Commission into services in Sutton and Merton. In addition there have been a number of cases of abuse that have come to light within specific houses run by providers whose overall services were not marked by institutionalised abuse. The latter underlines the fact that we must be alert to the possibility of abuse in all services not just those suffering system wide failure to protect vulnerable adults.

These nationally publicised cases have justifiably raised concerns about how well learning disability services generally are protecting vulnerable adults from abuse. In Lancashire, as in all other areas, it is essential that we systematically review provision for people with learning disabilities to ensure we are doing everything possible to ensure that vulnerable adults are safeguarded.

Our response is not just to ensure that “Cornwall” (in the sense of gross and systematic abuse) does not happen in Lancashire, it should be to systematically reflect on the multiple factors that conjointly and individually create conditions that make the possibility of abuse more or less likely. Cornwall, and other publicised disclosures of abuse, forcefully bring the issue to the fore of social care systems and act as a harsh reminder of the need to constantly hold the prevention of abuse in mind.”

This response document was produced in order to define and implement future strategy in Lancashire, it set out a clear list of expected actions for everyone involved in providing support for people with learning disabilities, on page 6 under the heading “Providers” it says.

“A Person Centred approach should be evident throughout the organisation. There should be evidence of person centred approaches to planning, of living plans with outcomes for citizens clearly related to plans. On a day to day basis observers should be able to see evidence of a person centred approach, e.g. staff in supported living do not answer the door and invite people in without reference to the tenant. Providers should have systems in place to monitor working practices throughout their organisation.”

Our third and final principle guiding document was produced by the Care Quality Commission in December 2009, “*Strategic plan 2010 – 2015 – position statement and action plan for learning disability*“ it was written by the official independent regulator of health and adult social care services in England.

On page 2 a short section about the Care Quality Commission says that they will “*make sure that people get better care. We do this by:*

- *Driving improvement across health and adult social care.*
- *Putting people first and championing their rights.*
- *Acting swiftly to remedy bad practice.*
- *Gathering and using knowledge and expertise, and working with others”*

This important document then goes on to say (Page 7 – What we will do)

“On the basis of this consultation (see table 1) and previous reports, we have identified three key areas for improvement where CQC would like to make a difference over the next five years. These are:

- *Ensuring that the care of people with learning disabilities becomes more person-centred, including a greater focus on person-centred plans.*
- *Ensuring that people with learning disabilities receive care that is safe*
- *Improving the commissioning of services for people with learning disabilities.”*

The authors of this report intend that you will by now be aware of the importance of the 2009 Central Lancashire Person Centred Approaches Audit and ask you to note that a copy of our findings will be sent to the Care Quality Commission. They have requested support to build their own capability as an organisation to understand the learning disability field. We hope that you will also be able to place the following detailed report into context both nationally and locally in order to consider ways to implement and discuss our findings.

Methodology

This audit followed a similar format to the 2008 Central Lancashire Audit of Person Centred Approaches compiled by Central Lancashire Person Centred Planning Coordinators Helen Smith and Max Neill. 46 paper based questionnaires were posted out to addresses provided by Central Lancashire Person Centred Planning Coordinator Max Neill, of these 24 were returned. Even allowing for misdirected post we felt it was a significant fact that 22 providers did not regard the audit paperwork as being of sufficient importance to warrant completion and return. The paper audit questionnaires were introduced by a covering letter kindly provided by Ian Crabtree, Joint Commissioning Manager Central Lancashire, Lancashire Adult & Community Services and NHS Central Lancashire. This letter was designed to ensure that local service provider organisations were aware of the importance placed upon this audit form by Lancashire County Council.

The audit form requested a range of quantitative data including how many staff are trained, what tools are used and how many people were deriving benefit from these tools. The form also requested a range of qualitative information such as examples of how people's lives have improved as a result of person centred approaches, what services have tried and learned, what they have changed, and what they intend to change.

11 providers who had been kind enough to return completed paper audit questionnaires were then selected by Max Neill for face to face meetings by appointment, in order that the auditors could confirm the details completed on the form and learn more about the quality of person centred work taking place within these organisations. It proved harder than expected for the audit team to reach the right people required to sanction these visits, some service provider organisations appear to operate with much secrecy and various messages left never seemed to generate the expected response. The outcome of this process was 8 completed face to face visits and we would like to acknowledge and thank all of the "volunteer auditors" who supported us with these.

This seems the appropriate time to recognise and applaud the decision made by the Central Lancashire Person Centred Planning team to hand over the audit process to local service users and family members. Our remit was to produce an independent report which did not have to endorse the efforts and methods used since 2002. It is recognised by all involved with the 2009 Person Centred Approaches Audit that we could have included many more people with learning disabilities and their family members into this project in order to improve the scope and breadth of the audit, and the lessons we have learned will be fed into future projects of this nature.

Limitations

It is important to recognise that the 2002, 2006 and 2007 Person Centred Planning audits were undertaken in Chorley and South Ribble, only the 2008 and 2009 audits covered the whole of Central Lancashire. We cannot therefore draw direct comparisons between the two sets of results.

The audit includes both Day Services and Supported Living Services so there may be some overlap where people could be counted twice if they are supported by more than one service. A serious effort was made to consider ways to distribute the paper questionnaire to people who live in Central Lancashire and are using Personal Budgets and/or Direct Payments, sadly no solution could be found within the time available to us. Our perception is that this group of people (numbers unknown in Central Lancashire but expected to be several hundred) have not had any access or support in a formal sense to person centred planning services – even though by definition self directed support is a result of following person centred planning principles !

We would recommend that the Central Lancashire person centred planning coordinators consider ways to inform people already using self directed support of the opportunities for training that already exist. We would also recommend that the existence of a person centred plan – and a means of ensuring it is regularly reviewed – becomes an integral part of the Personal Budget/Direct Payments system.

With all of the above in mind, this audit is most useful as an indicator of the current direction of travel rather than a specific measure of where we are on the journey.

Results

1. Numbers *(all figures in brackets relate to the 2008 audit)*

The returned audit questionnaires covered **24** (32) provider services who said that they supported **915** (1827) people.

These providers of services differed considerably in size with the smallest supporting **2** (4) people with **8** (10) staff, while the largest supported **225** (200) people with **419** (*not reported*) employed staff.

Of the **24** (32) services, **19** (28) had a named person with responsibility for promoting person centred approaches, and **19** (17) services had at least one named “champion” or “coach” within their organisation.

41% (56%) of staff had had some kind of “awareness” training in person centred approaches, and **5%** (*not reported*) felt confident and equipped to offer training to fellow staff members.

40% (29%) of service provider staff were currently involved in Person Centred Planning with the people they supported.

Person centred thinking tools in use

(numbers in brackets are from the 2008 audit)

PCP Tool	2009 number out of 915 people	<i>(2008)</i> number out of 1827 people
Circles	228	<i>(246)</i>
Communication passport (<i>chart</i>)	241	<i>(271)</i>
Dreams / Nightmares	337	<i>(102)</i>
Essential Lifestyle Planning	169	<i>(304)</i>
Health Action Plan/Hospital Passport	649	<i>(584)</i>
Important to / important for	330	<i>(291)</i>
Learning Log	344	<i>(249)</i>
Listen to me workbook	155	<i>(228)</i>
MAP	73	<i>(102)</i>
One page profile	553	<i>(386)</i>
PATH	89	<i>(86)</i>
Person centred review process	564	<i>(273)</i>
Staff doughnut	75	<i>(136)</i>
Staff matching	130	<i>(113)</i>
What's working / what's not working	562	<i>(281)</i>
Others – e.g. Lancashire communication guide	70	<i>(7)</i>

Examples of best practice

We wish to acknowledge and thank all of the service provider organisations who contributed to the 2009 Central Lancashire Person Centred Approaches Audit. During the course of our work we were lucky enough to obtain glimpses of the great outcomes that a properly considered and delivered use of person centred approaches can deliver for all of the various parties and stakeholders involved. The examples that follow are based upon real peoples lives but of course out of respect for them some of the details that we were authorised by them to view are not suitable for inclusion in a report of this nature.

A key learning point for us from the examples of best practice that we audited was the fact that all of the service providers involved told us that the key to success was everyone involved having the right attitude towards person centred approaches – it was not a resource led activity.

This was in marked contrast to the responses of the many other service providers we audited, whom in our opinion did not often “get” the underlying point of a person centred approach – and usually quoted a lack of resources as the reason that person centred approaches “had not been done” for the people they supported.

Example 1 of best practice

We met by appointment with a service provider, they had informed the people they supported of our proposed visit and asked if anyone would like to share the details of their private person centred plans with us. Two people volunteered to meet with us and asked some of the managers and staff team involved to support them during the meeting with us. These two people were very proud of the various aspects of their life that were now working well, especially the fact that they were now a married couple. We were informed by the excellent service provider organisation that supported both of these people that of course they each had a personal and private person centred plan, but in addition like most married couples they had a joint vision of how their life together would work and these were the documents that they had chosen to share with us.

They asked us to view – and take away copies if we wanted – the following detailed documents.

- How person centred planning has changed our lives
- 2007/2008/2009 PCP update & plans and goals for the future 2010
- our PCP MAP February 2009
- our dream cruise 2009
- our wedding our dream
- our fire escape plan – daytime
- our fire escape plan – night time

All of these documents were in the form of home computer produced paper sheets stapled together – and all included the use of many personal photographs taken of the people involved. Photographs included the places discussed in the document, the method of transport used to get there and the people involved in making it happen. Many other images were included for example of pots of paint and paintbrushes when the question of home decoration had been discussed by the service provider with the married couple – evidence of compromise on all sides with this could be found in the plan !

Within this format the documents also covered,

- rotas to suit our support needs
- pets
- guidance and record forms
- increased understanding of care plan
- developing independence around household tasks
- increased family contact
- college courses
- planning and completing our garden

The pictures used were often joined by “arrows” to provide a flow chart for all involved on the way to achieve each expected outcome. The documents recorded the lessons learned during each activity to try to make sure that neither the married couple or the service provider repeated any negative experiences – and made sure that everyone knew what they were doing, how to do it and why they were doing it. Because of the personalised nature of all of these documents the married couple had come to regard them in the same way as a family photo album, they were both proud to share them with people and enjoyed having a personal reminder of the experiences and activities they had participated in. Our visit did not have the feel of a formal audit visit, instead we had been given the opportunity to see how the mechanism that delivered all of this worked in practice both for the married couple and the service provider organisation. The married couple had invited some of the key staff who supported them on a regular basis to our meeting and they were able to interpret both our questions and the answers given by the

married couple due to the expert by experience status that they held. The married couple had also invited a key support staff team leader who in turn could answer our questions relating to the impact on her job of taking a person centred approach. Two senior managers within the service providing organisation had also been invited and were prepared to give up some of their time in order to answer any questions that we had about managing this whole process.

The senior managers also later allowed us to view enough evidence of similar person centred activity taking place within the organisation to lead us to the valid conclusion that the person centred approach we had witnessed was being delivered to all of the other people supported by the organisation – although of course not always in the “paper and pictures” format that worked so well for the married couple. Many of the people supported by this organisation would fall within the formal definition of having severe and complex support needs including challenging behaviour – using person centred approaches has enabled this organisation to consistently deliver new yet common sense solutions that delivered great outcomes for all involved (the person who needed support, the staff team involved in supporting them, the family members and friends of the people with support needs and the local community).

The impression that we formed during our short audit was that everyone involved (both married couple and support team) knew that the world was a complicated and difficult place where not all dreams can come true – but by working together in a person centred way many great outcomes had been delivered in a valuing yet also cost effective way.

Example 2 of best practice

This audit visit arranged by appointment had a very different “feel” to example 1. We met with the owners of a family led business providing support to people on a small and local level, again our proposed visit had been discussed in advance with both the people supported and the staff teams who supported them and we were invited to drop in to various houses around the area and look for evidence of person centred approaches. We met with a person who now lived happily after being forced to leave previous settings due to disability hate crime, the whole process having to be conducted in a person centred way due to the impact on the person with support needs of the experiences she had been forced to live through in the past. Evidence of choice and control over the whole process was given both by the person involved and the new “light touch” support team now in place, the fact that this person had agreed to us walking in to her home would have been unthinkable just a few months before and was validation of all of the good work delivered by this service provider.

During this audit we also met with older people who had support delivered in a person centred way that both worked and yet was very cost effective – the key to this being the starting point of working out in a person centred way what support was actually required rather than taking the starting point as being what was available using a traditional model.

We were then invited to attend another house where a few young people lived, these were very energetic and active young men who were easily bored – yet by following person centred approaches, solutions to past problems had been found based upon respect from the staff team and an understanding from them of what was “important to” these young people and what was “important for” them. In the past confusion by the staff employed by other more traditional service providers engaged to support these young men over the question of what was important to – and what was important for – them had led to bad situations. New and positive outcomes were now being obtained again in a very cost effective manner and it was very noticeable that the whole staff team of this organisation had an enthusiastic and “can do” approach. Upon further investigation into this as part of our audit visit we were informed that person centred approaches are an integral part of both the staff recruitment and appraisal systems that are obviously now working very well.

Again the impression we took away from our visit was a willingness of the owners of this business to recognise and discuss what was “not working” and to find new solutions that “did work” by taking a person centred approach. We also wish to recognise and applaud the fact that a lot of effort and person centred thought was going into creating and keeping employment opportunities for the people that the organisation is paid to support. Our impression was that the organisation was seeking to include people in the local community at every opportunity and give them a “real life” rather than just offering a “person sitting service” which the older models of social care were often delivering.

Example 3 of best practice

Our last example of good practice had decided to focus on the word “audit” within the introductory letters that we had sent to all service providers. This organisation supports in the region of 80 people and we were allowed to meet by appointment both the senior management team and a key member from the Board of Directors. This organisation appeared to us to be very well organised and managed with meticulous record keeping and lots of evidence provided to us of a person centred approach both embedded within and the driving force of this organisation. We think that the written submissions that they provided on the standard person centred approaches questionnaire that we sent out give a common sense and authoritative view about the implementation of the personalisation agenda within Lancashire and with their permission we have copied the response for your consideration.

Please think about the implementation of Person Centred Approaches in your organisation and then answer the following questions:

What have we tried?

1 day PC thinking/approaches course (in house).

Sending all Team Leaders on 4 day PC review & then cascading to staff teams.

PCP co-ordinator – to give advice and back up & to enable PCP to be kept live.

Champions course – Registered manager & PCP co-ordinator.
Facilitators Learning Set.

Person Centred Tools in staff management course.

PCP Task Group.

What have we learned?

1 page profiles to PC description seems to work better for most people than longer style planning such as ELP – it leads to quicker change.

It works and it changes lives.

PCP has benefits across the board.

PCP is central to the transforming social care agenda & without PC approaches we cannot provide individualised & personalised services.

What are we pleased about?

We've had some really good outcomes.

The majority of staff understand the needs and benefits of using PC approaches/tools/thinking.

Attendance at PCP task groups & facilitators learning set has helped us increase our knowledge & understand how we can apply PCP throughout. Also offers motivation, a chance to network & hear success stories & new developments.

Champions 4 day course was excellent & aided our understanding of how to use & apply tools across the board from management down.

What are we concerned about?

We have enhanced the thinking & approaches but helping people use the tools needs further action and development.

Motivation, confidence & momentum can be lost after training if not put into practice straight away or asap.

When 1st start planning it can be time consuming but important to try & make a difference quickly in some cases. It can take some time for staff teams to set up, get on board & up & running with use of tools.

Some people still view as a paper exercise & it can take time for the “penny to drop” & people to realise this is a way of working & if done properly can benefit everyone.

Problems and blocks to change

This section gathers together information gained on audit visits, and information returned by providers. It reflects the key themes that are seen by service providers as blocks to person centred change.

As the preceding section has tried to demonstrate, many of the identified problems and blocks listed actually only serve to indicate (in our opinion) the lack of understanding of person centred approaches that exists today within too many service providing organisations in Central Lancashire. It would however, be totally wrong to conduct an audit and not publish the replies that people have taken time and trouble to compile. The following list has been compiled by noting every written response without duplicating any. The order has no meaning and is a reflection purely upon the way that replies were filed by the auditors in response to the question;

What do you see as the key obstacles or blocks to delivering further person centred change...

- Individualised Budgets.
- Still negotiating support levels through the support planning process.
- Time to do it.
- Staff attitudes.
- Non acceptance that people we support can move on and develop new skills and abilities.
- Role models.
- Breaking through institutional routines/behaviour from staff.
- Turnover of staff.
- Resources.
- *Don't see any obstacles.*
- Staffing levels, due to turnover of staff it seems that when we train staff they then leave and go into different jobs and careers, staff retention will be a high priority.
- PCP is changing into another form of IPP. There is too much pressure to make meetings, professional led again and not at invitation of service user. Councils want to see and judge copies of PCP's, it's stopped being service user led. Hospital passports have been wasted in hospital because NHS staff don't want to know.
- Some mental health services we work with have a different approach to risk and are not fully on board with engaging in a person centred approach to risk which can be frustrating as an organisation.
- Challenging people.

- The major obstacle we are regularly confronted with, apart from the usual service deficiencies, are sadly the parents of some of our service user's. In some cases they try to dictate every aspect of the services we deliver to their son/daughter, to the point where we have had to raise safeguarding issues on several occasions. A number of providers that I speak to have similar issues, but there is often an unwillingness to address them by commissioner's, who we are ultimately answerable to. As a result, a lot of providers either ignore the issues and compromise their own internal values, or lose the contract.
- Capacity formulas.
- Financial constraints (family/organisational).
- Community resources.
- *Ending PC approaches training.*
- It would be difficult to enable all the people we support to choose their own staff...
- Knowledge and training are the key obstacles at the moment.
- Competing training demands – increased expectations through contracting monitoring and CQC.
- The limitations of group living and the inevitable difficulty in sourcing cost effective support and accommodation for people...
- Continuing pressures to recruit the best people to deliver high quality services.
- Time and work load, some paperwork still needs reviewing.

In fairness to the people who were kind enough to spend time completing the audit forms and returning them to us, the question noted above (what do you see as the key obstacles or blocks to delivering further person centred change) then went on to say;

...and what could be done to address these?

Many of the above points regarding key obstacles need to be viewed with the list of suggested answers that was presented as a possible solution for our consideration within the setting of the audit report.

- Develop more person centredness in voice meetings.
- 1:1 time with manager creating opportunities for staff to talk.
- Communicate effectively – pass on information to another.
- Continuity building staff knowledge, skills leading to confidence.
- We are making headway however and have a strategy to ensure we promote the person centred thinking tools as part of our joint assessments to ensure all information (important to/for) is captured – not just “clinical” information.
- Need for SW/RASO involvement in some meetings.
- We are committed to training staff in all aspects of person centred planning/approaches.

- We will continue to feed this throughout the organisation through training, mentoring and natural learning opportunities. We currently have a PCP co-ordinator who promotes PC approaches throughout the organisation this post and the cost of training can also have financial implications due to the size of the company, however, we realise the benefits these bring us and we are confident of the future rewards these will bring to the company and the people we support.
- Ensure that this area has the resource of PCP co-ordinators – the information and training they deliver is paramount in ensuring everyone who wants/needs a PCP has one.
- Training and coaching (*the following 3 points were within one reply*)
- Having very tight training budget & time on rota alongside individuals quite intense in some services.
- Perhaps by mixing services within clusters where there is downtime have electronic access to PCP information – may give community support workers time to ensure information is current.
- Also widening peoples circles of friends/community connecting to maximise use of paid support/formal support. Utilise person centred risk assessment & self directed support to offer more flexibility. However this is not feasible with all individuals due to possible communication/behaviour which may be of risk to others. Lack of family support & financial constraints placed on organisations.
- ...support and encouragement (possibly through provider partnerships) to deliver new and creative supports to people, particularly around the type of accommodation available.

The authors of this audit would also like to add two more “problems” to the list to be considered by those people reading this audit report.

The first is our recognition as auditors that many of the people we met and engaged with during the course of conducting the audit – who use services – had little awareness of either the personalisation agenda or the concept of person centred planning. It seems to us that following guidelines issued by user led organisations of disabled people (nothing about us without us) it does not seem to make sense that information and training on these subjects would appear to only be directed towards staff employed by service provider organisations.

In a similar vein, it also did not make sense to the auditors that no information or training on the personalisation agenda/person centred approaches seems to be delivered on an ongoing basis to the group of people (numbering several hundred) who use self directed support mechanisms such as Personal Budgets/Direct Payments in Central Lancashire.

Points to be considered

(Most of what follows is based upon the 2008 Central Lancashire Audit of Person Centred Approaches compiled by Helen Smith and Max Neill - as the authors of the 2009 audit did not feel that they could improve upon the work produced in 2008. This will also serve as a reminder to us all that change is not happening fast enough as nothing appears to us to be outdated...)

The first and most immediate impression to be gained from the large amount of data we gathered and listed above is that there is a significant amount of work and thought going on around person centred approaches in Central Lancashire, and that in many cases, it is leading to very positive change in people's lives.

We are sharing as much of this information as possible, as we hope it will be a source of inspiration and ideas as we learn from each other's successes and from the different ways we are addressing our challenges.

We are particularly enthused by the stories of progress made by so many individuals, each person is a pioneer of change, challenging the segregation and underestimation that has previously characterised their lives. We hope that increasingly individualised approaches to funding and planning services will mean that many more individuals are given the control over their resources to enable them to transform their lives in this way.

The data also shows how far person centred thinking still has to go. ELP, PATH and MAP, styles that require skilled and dedicated facilitators have managed to reach a small, but significant number of people. Meanwhile, the most recent approaches such as **One page profiles – dreams/nightmares – health action plan/hospital passport – person centred review – what's working/what's not working** appear to be used in much greater and increasing numbers. This suggests to us that a more flexible and realistic method of enabling large numbers of people to benefit from person centred approaches is now the way forward, although of course we recognise the power and validity of the various intensive person centred tools such as ELP/PATH/MAP which will continue to be used in the correct individual setting.

We also feel that the feedback we have received reveals some common misconceptions and misunderstandings of person centred approaches, which, if they can be clarified, will help people in the process of building decent lives and spreading person centred approaches to a larger number of people.

Major misconceptions are:

- A Person Centred Plan can be “Completed”
- A Person Centred Plan is a meeting
- A Person Centred Plan is a piece of paper
- It’s someone else’s job
- We can’t implement person entered approaches without extra money and resources
- Families are a source of resistance to person centred change
- There are just too many tools
- Person Centred Approaches always take a long time
- We need independent facilitators before we can do effective planning
- People who do not use words to speak, or who are losing skills because of dementia, or who have “challenging behaviour” cannot be involved in their planning
- We only spend one hour a week with the person therefore we don’t need to use person centred planning
- We can’t afford to train people in the current economic climate

Points to be considered in response to the above are:

A Person Centred Plan can be completed

Person centred planning is an ongoing process that is **never finished**. We are always trying to learn more about the person, and about what makes the best support for them. Planning is about being open to learn and change, any paper which we’ve used to record our planning is subject to constant amendment as the person grows and changes, and our learning increases.

A Person Centred Plan is a meeting

Bringing a person’s allies together with the person to meet and think about how to enable a better life for that person, and to gather those people’s knowledge of that person can be a very important technique in person centred planning. There are lots of other ways of planning and thinking which the person can be involved in. Making people participate in meetings, when we know the person hates being in meetings is not a person centred approach. With creative thinking, we can find ways to involve the person in their planning and keep them at the centre of planning without doing things that we know will bore them rigid or make them feel anxious or trapped. There are also many ways of changing meetings so that they are much more welcoming to people, and much less intimidating.

A Person centred Plan is a piece of paper

Person Centred Planning is a process, which should result in positive change for the person. Paper is sometimes used as a record of that process. While good pieces of person centred thinking usually result in action plans that lead to change, the paper is not the plan, it is a more positive measure of how person centred approaches are working to ask to see evidence that the person's life is improving, than to ask to see "the plan".

It's someone else's job

In the era of personalisation and "Valuing People Now" no one who provides support to someone with a learning disability can seriously imagine that it is not a key part of their core responsibilities to think about how to deliver their support in a way that makes sense for that person. John O'Brien's challenging question "how could this person show up in everyday life as a contributing citizen and a valued friend" needs to be used by every one of us, and every service needs to be applying person centred thinking to make sure their work is enabling that person to meet their needs in a way that makes sense for them, and is helping them achieve their dreams.

We can't do it without extra money and resources

Of course extra money and resources could be used in all kinds of imaginative and productive ways. We also need to be finding ways of integrating person centred approaches into our everyday work. It's not something additional, an "add on" or "the icing on the cake", it must be integral to everything we do. We are not *adding to* what we already do, we are *changing* how we think so that we act and learn in new ways.

Existing staff members, particularly managers and team leaders must understand their responsibility to deliver person centred approaches, make efforts to gain knowledge of these approaches, and to share their learning with their team during everyday work.

Families are a source of resistance to person centred change

The deep knowledge of the person, and the commitment to that person displayed by nearly every family makes them an integral part of any person-centred process. Some families make great leaders of person centred planning. Families are naturally concerned about keeping the person healthy and safe, and often have bitter experience of services failing to support their loved ones properly, and of struggling to be listened to by any professionals. Using tools that show how what is important to the person can be balanced with what is important for them, to stay healthy and safe can reassure families and help make them the person's strongest allies on their journey towards greater independence.

There are too many tools

There are a lot more tools about these days, as we've broken up some of the big, "whole life" planning styles into much simpler tools that are easier to use. These tools do not always require a skilled facilitator, if they are shared with their team by a competent coach or "champion" of person centred thinking. The number and variety of tools makes it possible for a person's allies to select the tool that makes the most sense to think about the most pressing issues in the person's life at that time, and over time to build up more and more detailed person centred information about the person, as different tools are used to think about different issues. It is not usually necessary to use every tool with every person, part of the skill of the person centred thinking is selecting the right tool for the job.

Person centred approaches always take a long time

This misconception may be based on people's past experiences of spending months gathering information in preparation for a meeting. Spending this kind of time and effort can be very productive, but it is not always feasible, particularly where people want to see immediate change in their lives. Today we have many more tools at our disposal, including One Page Profiles and Person Centred Reviews, and tools that can be incorporated into people's everyday work and lives. These can be begun quickly, and act as a starting point for serious long-term planning, that builds up tool by tool, piece of person centred thinking by piece of person centred thinking.

We need independent facilitators before we can do effective planning

This is similar to the idea that "this is someone else's job". There's no doubt that Independent Facilitators can be very useful, and there is a good example in Central Lancashire where a couple of services have set up a "Facilitator Exchange" scheme so that they can facilitate plans for each other. However we must pay attention to a recent large scale study into person centred planning, which found that the plans that were led by someone with strong motivation and commitment to the person were the ones that led to the greatest change in the person's life. A big problem with plans led by outside facilitators can be that they are often not seen as "owned" by the person or their team. Beautiful plans can be produced that then gather dust in a cupboard. Evidence from the services which have most success in Central Lancashire shows that having a coach or champion who makes sure that the team has a range of person centred thinking skills and tools, and applies these approaches in their everyday work leads to real ownership of the thinking and planning by the team, real learning, and real progress in the life of the person. Interestingly it is often these same teams that are sharing their facilitation skills with other services.

This person can't be involved in a person centred approach because...

Various reasons are given why a person cannot practically be involved in their planning – these can include “the person does not use words to speak”, “the person has dementia”, “the person comes up with unrealistic dreams and aspirations”, “the person does not indicate choices” and “the person has had no experiences on which to base their choice making”.

None of these statements are good reasons not to begin a process of person centred thinking around the person. If anything, these people are precisely the ones who need good person centred thinking from their supporters the most.

Where people do not use words to speak, or are losing their skills due to dementia, it becomes very important to use tools like the communication chart and to make extra effort to listen to what the person is telling us with their behaviour.

Where people find choice making difficult, work around how that person makes decisions and helping people gain the experience on which to base choice becomes part of the planning process.

Where people's dreams seem difficult or impossible to achieve, they still give us a direction of travel, a set of clues about how that person wishes to live. We must not dismiss people's precious dreams, but use them as a “North Star” to steer the journey.

We only spend one hour a week with the person therefore we cannot use person centred planning

The less time a service spends supporting a person, the more important it becomes that the support is effective in delivering what matters to the person, otherwise the opportunities presented by that hour can easily be wasted. Simple person centred questions such as “How can we use the time we spend at this person's home in a way that makes the most sense for the person and the kind of life they wish to lead ?” and “What are we learning about what is important to this person, and what makes really good support for this person ?” should be common currency for services working under such limitations, otherwise the service they offer will quickly become stale and unrelated to the person's real wishes and needs. As more people have access to Personal Budgets and self directed support, services that fail to listen and be flexible in how they respond to people's wishes and needs will quickly lose out to those that do.

We can't afford to train people in the current economic climate

As money gets tight, one of the first things that get cut by services tends to be the training budget. This is a false economy. The way human services invest in innovation and change is through training and ongoing learning. The services that are most flexible and innovative will be the ones that tend to survive harsh economic times. We can't afford NOT to train people in how to listen better to people, in how to learn and adapt with the people we support.

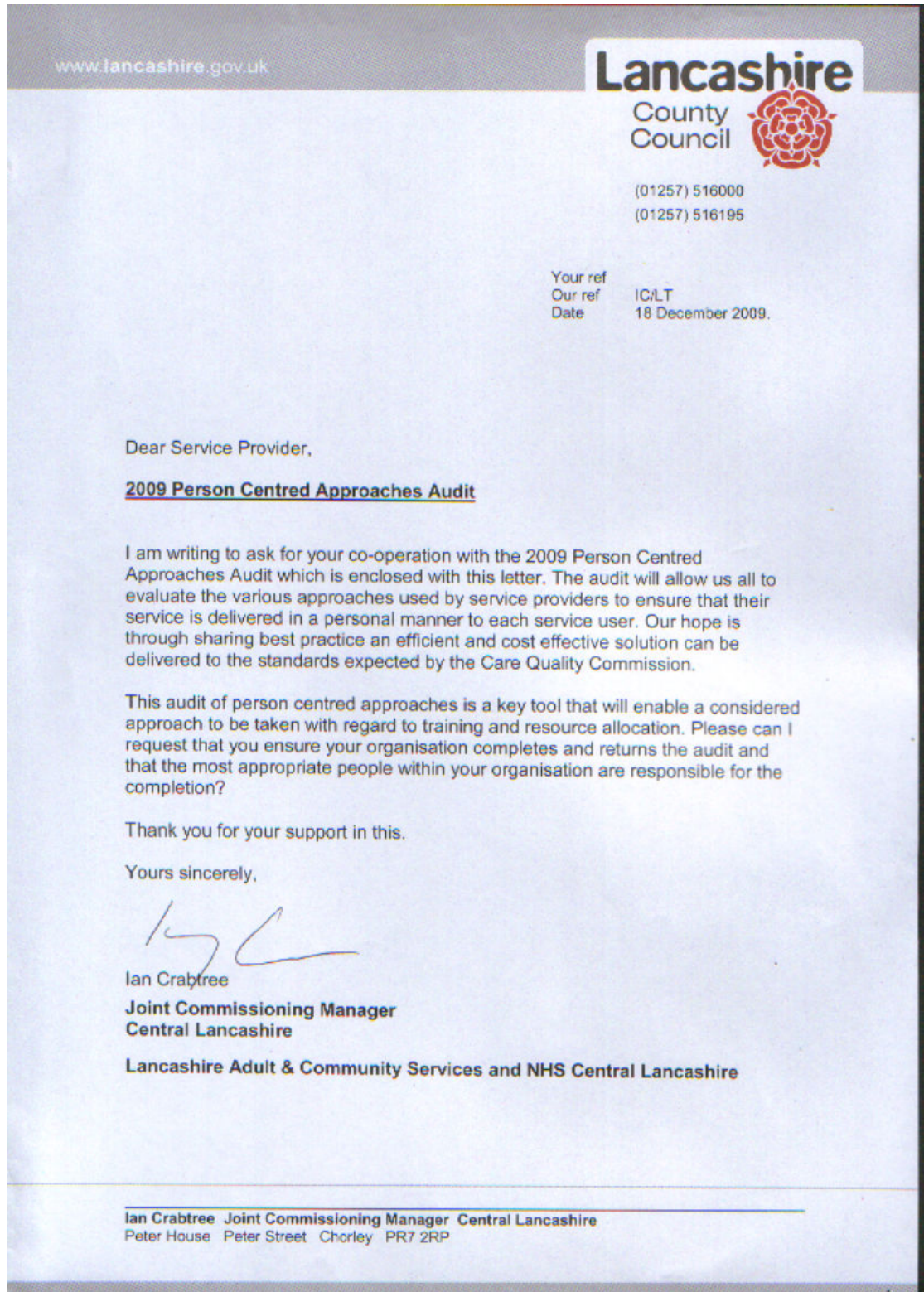
Recommendations

- **There are still many people working within the service provider setting who have no knowledge or practical experience of person centred approaches. Leadership in Lancashire must work to create a “person centred culture” across the whole sector in order to ensure that organisations embrace person centred approaches throughout every element of their work.**
- **We met with many people who use services during the course of producing this audit – we were concerned at their lack of awareness of either the personalisation agenda or person centred planning, and how it could enable real and positive change to happen for them. Leadership in Lancashire must work to provide information and advice on these topics to all of the people, families and peer support networks that exist in addition to the service providing organisations.**
- **We should recognise and promote the examples of good practice that already exist in Central Lancashire with regard to Person Centred Approaches. Many of the audit replies returned to us by independent service provider organisations recognised and valued the role of the Central Lancashire Person Centred Planning Coordinators. Leadership in Lancashire should ensure that full use is made of this existing resource and promote it’s existence at every opportunity.**
- **We can confirm that many people who use services now have some form of person centred plan – but our audit also confirmed that many of these are “dead” documents that exist within files and are seldom consulted or used. Leadership in Lancashire need to consider and implement ways to keep person centred planning a meaningful and up to date activity that leads to measurable positive outcomes.**
- **Our audit led us to the conclusion that people with a personal budget have a real voice and much better chance of obtaining a person centred support service. We would wish to add our support to the move away from services commissioned on a “block contract” basis and much prefer a model based upon personal budgets (subject to the above points regarding service users being included at all levels and stages).**
- **We were unable as auditors to find a way of verifying the impact of person centred approaches on the group of people who are known to use self directed support in Central Lancashire. Leadership in Lancashire should consider ways to ensure that person centred approaches are explained and explored as an integral part of the self directed support**

delivery system. Leadership in Lancashire should also consider ways to include the monitoring of any action plan produced within an agreed self directed support plan as part of the regular review process.

- We saw no evidence to suggest that lack of resources was delaying the introduction of the personalisation agenda or person centred approaches. We did see evidence that “attitude is the key” and real change and positive outcome is dependent upon the attitude of the support network rather than the resources available to it.
- Some organisations have fed back that they often see families as a potential “block” to change in peoples lives. There needs to be very serious thinking in these services about how to “treat family and friends as partners”, a key aspect of person centred thinking. The rich information families bring to plans, and their personal commitment to the person can often make planning work brilliantly for the person where it is sought out in a positive way. In general families will honestly and genuinely seek the best for their family member, and will appreciate services that demonstrate they are doing the same.
- This audit has looked largely at the work of services in using person centred thinking and planning, but person centred thinking and planning must not become the sole “property” of services, the history of person centred planning internationally is that it began among users and families who then demanded that it should be taken up by services. Leadership in Lancashire need to develop more ways of making sure person centred thinking tools remain in the hands of people that use services, and of their families, and more ways of increasing their skills in the use of these tools.

Appendices





**2009 Central Lancashire
Person Centred Planning Audit
Volunteer and Auditors meetings
held at Harris Park Conference Centre
3rd and 17th February 2010**



As part of the 2009 Person Centred Planning Audit a meeting was held to discuss how to proceed with this project. Local self advocates were invited to share their knowledge and expertise, along with parents and family members of people who used support services in Central Lancashire.



Max Neill (Central Lancashire Person Centred Planning Coordinator) led the workshops and Discussions. Presentations to the group were Given by Carolyn Smith (Contracts Officer Learning Disabilities Central Contracts Unit, Adult & Community Services, Lancashire County Council..



...and Catherine Dobson (Consultant Clinical Psychologist, Central Lancashire Primary Care Trust).

We would also like to thank the Care Quality Commission for providing Easy Read versions of their 5 year plan for services for people with learning disabilities.



We would especially like to thank Paul Martin, and Alan and Clare Carter for all their volunteered support with the visits and interpretation of the raw data these produced.

Bibliography

Care Quality Commission Strategic Plan 2010 – 2015 – position statement and action plan for learning disability December 2009.

Centre for Disability Research (CeDR) Lancaster University – Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England – Eric Emerson & Chris Hatton November 2008.

Centre for Disability Research (CeDR) Lancaster University – People with Learning Disabilities in England – Eric Emerson & Chris Hatton May 2008.

Central Lancashire Audit of Person Centred Approaches 2008
Compiled by Central Lancashire Person Centred Planning Coordinators:
Helen Smith and Max Neill.

Good Learning Disability Partnership Boards: “Making it happen for everyone”
Department of Health.

HM Government – Health Action Planning and Health Facilitation for people with learning disabilities: Good Practice Guide.

HM Government – Valuing People Now: A new three year strategy for people with learning disabilities – making it happen for everyone.

Improving the health and wellbeing of people with learning disabilities – worldclasscommissioning – NHS

Lancashire County Council Adult & Community Services Learning Disability Services Response in Central & North Lancashire to the CSCI and Health Care Commission joint investigation into services in Cornwall prepared by Bill Nightingale February 2008.

Our Plan for Making Things Better for People with Learning Disabilities and Complex Needs made by Lancashire County Council/North Lancashire Teaching Primary Care Trust/East Lancashire Teaching Primary Care Trust/Central Lancashire Primary Care Trust October 2009.

Personalisation through Person-Centred Planning – Department of Health.

Putting People First – Transforming Adult Social Care – An introduction to the Personalisation Toolkit – Department of Health.

Putting People First Personalisation Toolkit – Good Practice in Support Planning and Brokerage – Department of Health.

Putting People First: Support planning and brokerage with older people and people with mental health difficulties – Department of Health.

Putting People First -Transforming Adult Social Care – Contracting for personalised outcomes – learning from emerging practice – Department of Health.

Putting People First: Planning together – peer support and self directed support – Department of Health.

Raising our sights: services for adults with profound intellectual and multiple disabilities – a report by Professor Jim Mansell.

Report on the person centred planning project with CSCI, Commissioners and Providers – Helen Sanderson 2007.

Self – Directed Support in Lancashire an interim report by Kim Haworth County Commissioning Lead for Personalisation, Lancashire County Council.

The website for Person Centred Planning in Central Lancashire
www.csrpcp.net

Pete and Wendy Crane would like to thank all of these Providers of Services to people with learning disabilities in Central Lancashire – for the contribution that they made to the completion of this audit

Access Community Services

Acorn Supported Living Scheme

Alternative Futures

A & L Bellis Care and Support

Brothers of Charity

Chorley Domiciliary Services

Crossways Centre

Dalesview Partnership

Dawaking Care

Integrate Preston

L'Arche

Linkability

Living Ambitions

North West Community Services

Preston District Services

Preston Domiciliary Service

Self Unlimited

South Ribble Domiciliary Services

Spire Preston Supported Housing

United Response Chorley

