

WHAT ARE THE BARRIERS IN RELATION TO PERSON CENTRED PLANNING?

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1. Introduction

This paper sets out to offer some explanations as to why Person Centred Planning and person centred services have not impacted upon as any people as we would like. As a consequence, in this paper, there is a strong focus on the negative, and certainly in its entirety paints a scenario that most people would not recognise. My own over-riding impression is that we are on the cusp of some huge leaps in progress. Nevertheless, barriers exist, and if not addressed will hamper real progress.

My own work frequently takes me to places and gives me the opportunity to work with people who are making fantastic efforts and excellent progress in developing a person centred approach to their work and whose practice is an example to everyone. It is not you whom I describe in the negative parts of this paper!

2. What are the barriers in relation to Person Centred Planning?

2.1 Not a mass market product

There is no evidence (that I am aware of) in which Person Centred Planning has been used by huge numbers of people to any great effect over a reasonable time-scale. Many of the *slide show* demonstrations/presentations have an impact upon a relatively small number of people over a couple of years time-scale. If good Person Centred Planning is to stay true to its core, then we need to accept that it is a flexible, bespoke process – ‘an ever changing feast’. We know from other sectors that bespoke products and services

take a long time to develop and then provide, and that they rarely become mass market products. Off the shelf products and services (mass market) are really the only type that we have learned to deliver consistently to large numbers of people quickly. The key message from this is that if we are to stay true to Person Centred Planning then those of us who see ourselves in Leadership roles need to temper our own expectations of what it can actually achieve and how we can introduce it.

2.2 Person Centred Planning is a complex process

Generally, our level of understanding and ability to resolve problems is not at the level required by Person Centred Planning. It is not an issue of cognitive or intellectual intelligence – it is our ability to be human, understand ours and others humanity, our ‘emotional intelligence’. Fundamentally, it requires sophisticated judgement, an ability to think quickly and think on ones feet, an ability to stay focused and recognise where focus should be and a propensity to not need to be in control. In services, these facets are rarely valued or rewarded, and seldom a feature of professional training, and to a lesser extent a feature of any training.

Person Centred Planning is **so** complex that it ‘requires’ extensive training, accreditation, advanced writing and drawing skills, and approval by a higher being. Tongue in cheek? Yes, but I recognise elements of that from my own and my colleagues’ practice.

But it is important to both recognise the simplicity of Person Centred Planning (how can anyone disagree with its core concepts?) and the complexity of really doing it well. If

this rationale holds, should we be surprised that a lot of people are talking about it and agreeing with it, but so few are really doing it – and even fewer doing it well.

2.3 The history of which we are all part.

Since I have been working (1985), every couple of years we have made a different promise: “we’ve got it right this time, another process that will really”

- Help you get the life that you want
- Improve your organisation
- Use your resources better
- Help with working with families
- Reduce challenging behaviour
- Save you money
- Make you feel better
- Make the world a better place

Little wonder that there is scepticism, lack of confidence, trust and belief in the notion that this time we have really cracked it. IPP, SAP, ILP, ELP, MAP, ISP, PFP, PCLP, PATH. Confused? Those of you reading this might not be, but you bet that families, people with learning disabilities and staff may be. Thus, how we introduce ideas about Person Centred Planning requires humility, long term commitment and real trust building. In the era of quick fixes, fast improvement in performance scores, little wonder that people do not stick with Person Centred Planning over time, and little wonder that families have so little trust in services.

We need to learn that using Person Centred Planning is about more than changing documentation, introducing a different process or changing the name of the existing process. Our challenge is that most people's previous experience of new types of planning reinforces these very points we are trying to counter. Many of our personally held strong beliefs come from seeing something happen (the 'doubting Thomas' in all of us). Thus, if Person Centred Planning manages to transcend the idea that it is a 'fad' and will soon be replaced by something else, there is a chance that initial optimism will be reinforced by seeing real change happen, breeding confidence and increased optimism to do more, try harder and stick with it, rather than the cynicism which creeps into so many change initiatives. If this happens, then we are likely to see a more rapid uptake.

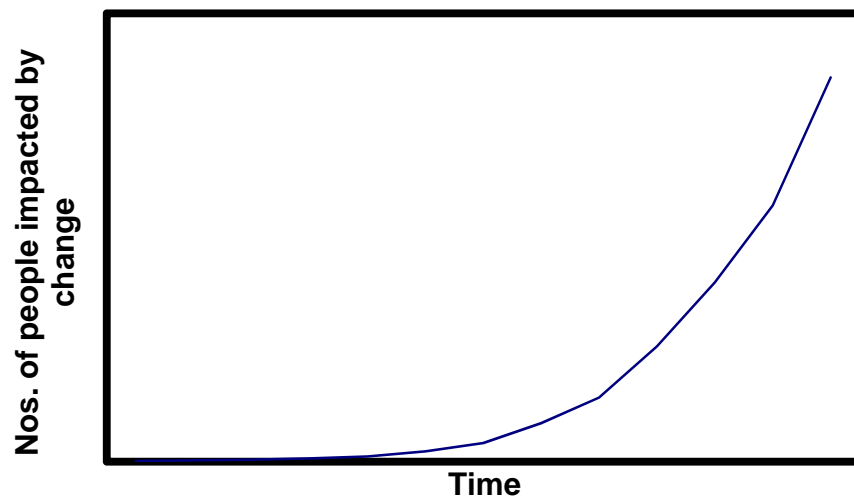


Figure 1: The impact of change over time

2.4 Obsession & preciousness with the notion that there is a best type of Planning

As each year has gone by, it seems that another type of Person Centred Planning has been discovered. If there was a league table of types of Person Centred Planning, my guess is that, at the moment, Essential Lifestyle Planning would top it. As a possible part contributor to this statistic, I hold my hand up and take some responsibility. When introducing Person Centred Planning, a favourite tactic of many trainers is to start off

with one process, get people familiar with it, skilled up and competent, confident in its application and then over time introduce other types of Person Centred Planning. However, frequently, that progression is not made. People all too often get obsessed with getting the planning absolutely right:

- Is the grammar correct?
- Is information put in the right place, under the right headings?
- Is the language acceptable?
- Is the particular piece of information slightly important, important, very important, extremely important or 'I want it now' type of important

This is not to minimise the importance of doing something well, but to highlight a possible reason why some people never move on. Outcome not process should be the focus – but frequently this is not the case. Too often people never develop a repertoire of planning techniques and so many organisations, in the pursuit of standardisation, stick with one process.

Does this mean that in 20 years time, we will be using the same planning tools as we do today? It seems unlikely; our thinking, experience, ideas and social invention will hopefully have made some quantum leaps (maybe even some paradigm shifts) – just in the same way that many aspects of our present lives will change over a similar timescale: Palm Pilots will be as quaint and kitsch as the early Amstrad computers, balsamic vinegar will be consigned to chips, and there will be 'retro 2000 nights' at the local disco.

Each type of recognised Person Centred Planning has had quite different origins (frequently outside of traditional systems), having been developed in a particular context to do a particular job. None of them has been developed to be a panacea for all situations; however, the perversion down the line means that frequently different types of planning are being used poorly and/or not in the best context. Each type of planning has certain strengths but rarely when services get hold of them are they used with any recognition of this fact.

Sometimes, there has been an attempt to 'spiritualise' (or at least ritualise) the training in Person Centred Planning. A holding hands, lets all love each other approach (which may have worked amongst some small sections of people in the USA) has not always gone down well in the UK and has inadvertently led to people switching off, not because of the message but the style of delivery.

2.5 SERVICE IMPLEMENTATION

In the UK, it is hard to find many examples of Person Centred Planning being led by anyone other than service staff. This has resulted in a real skewing of how it is implemented. Frequently seen as a tool to aid quality improvement, care planning, resource allocation and staff planning, it has become a darling of services. Ambitious roll out plans are drawn up to introduce Person Centred Planning, targets are set for so many plans to be done each year, time and motion studies are done to quantify exactly how much time a staff person needs to do a plan, lists are drawn up as to who can have a plan, new sets of pro-formas are developed and who does the planning is frequently dictated by job-title and training is done from reading a book, going on a course and then cascading. With such a bureaucratic and mechanical approach, little wonder that the perceived success of Person Centred Planning has been so limited. All of this

indicates a superficial understanding of Person Centred Planning; a desire to be seen to be doing the right thing and a continuing obsession with a mechanical approach to change that belies the necessary changes in culture and attitude.

2.6 Who owns the process?

The origins of most Person Centred Planning lie outside of services; this is certainly the case in the USA. The UK experience is very different with services being in the vanguard of their introduction and development. This has had a considerable impact on progress so far. Person Centred Planning has not become the issue for self advocacy groups and family groups that one would have hoped. In particular, it does not seem to have become a big issue for the national parent-based organisations. This has inadvertently legitimised services taking control, with many of the consequences outlined above.

Frequently as ambitious training programmes are introduced to services, users and carers are left out, being put in the position of active (sometimes passive) recipients of the process, and not as integral partners and potential leaders. In itself, this creates a log-jam. If one accepts that to do Person Centred Planning well for many people requires a significant time commitment, and that if services are pleading time poverty, then few people will have plans developed with them. Demand is managed by the supply of staff hours. If users and carers become much more active in this, there is the potential for a real and significant rise in the use of Person Centred Planning and arguably more diversity in approach.

Increasing numbers of Commissioners are using Person Centred Planning as an integral part of their care management process, frequently becoming part of their resource

allocation process – often resulting in the planning being fettered by an assumption of how much money is available. This inevitably breeds cynicism and increased resistance to adopting Person Centred Planning whole-heartedly: ‘what’s the point?’ is the frequent refrain. A self reinforcing negative cycle ensues.

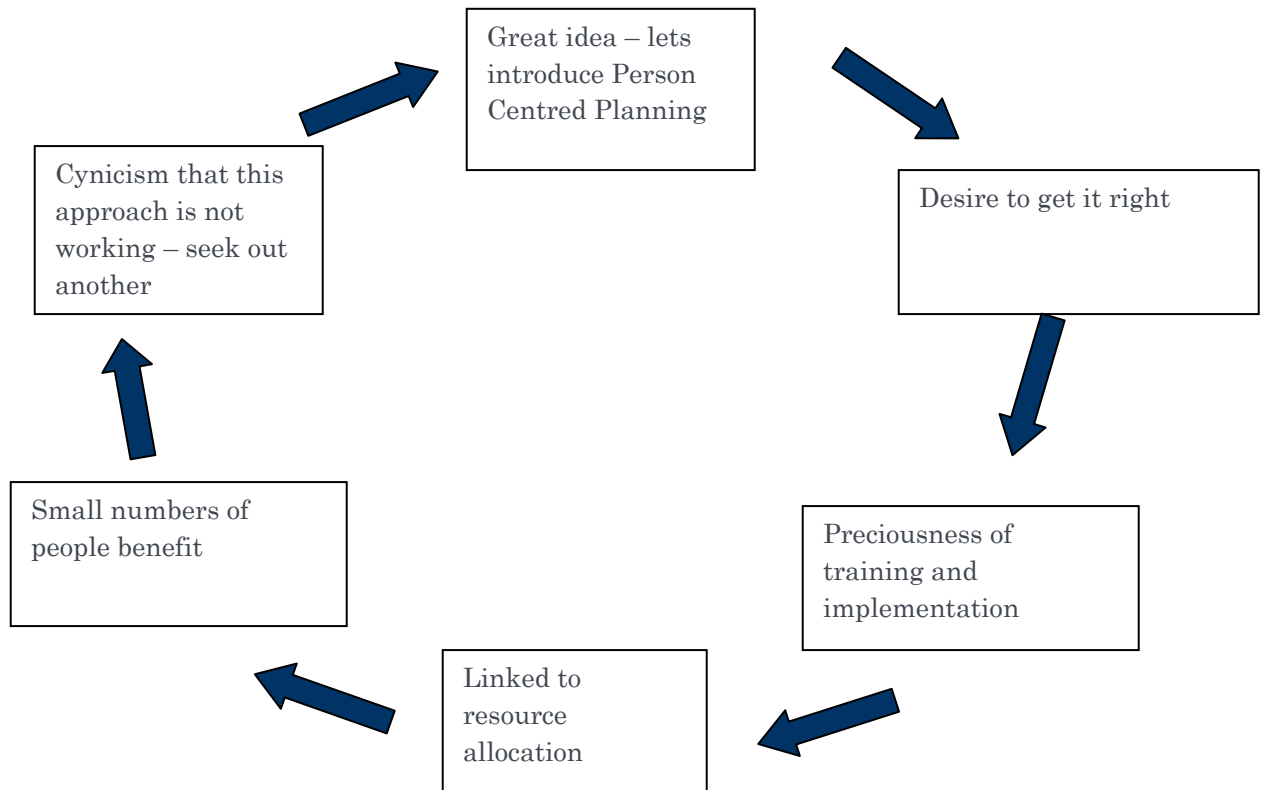


Figure 2: Self-reinforcing negative cycle

3. Why are Person Centred Approaches, in general, happening for too few people?

Arguably, our obsession with the process of planning itself is a major contributor to lack of progress: process not outcomes. We have a system which measures activity, inputs and busy-ness rather than outcomes. Many organisations do seem to want to go through the motions without really making a change. However, this can only be a partial explanation.

3.1 Belief system of segregation and control

Despite the progress over the last two decades, too many services (providers and purchasers) are still driven by notions of control and segregation. Beliefs that disabled people are best put together for reasons of safety, cost, ease of support, ‘being with their own kind’ all still exist if not quite so crudely articulated. Despite the recent Emerson & Hatton research, anecdotally, my own and colleagues’ experiences are that there is a link between Person Centred Planning and individualised supports (Supported Living, work, alternatives to day centres) – yet these sort of services are still in the minority. In the more segregated services, often Person Centred Planning is used (if at all) as a form of care planning, a means to help make relatively minor choices or decisions and often as way of showing that the right thing is being done.

At a purchaser level, too often, despite some excellent planning, things fall down because of some strongly held beliefs that, for example, Supported Living is too expensive, too risky or parents would never agree. All of this requires professionals to give up control and become equitable partners – something that many people are unwilling to do.

There are virtually no places in the UK that have tried real independent care management (or brokerage) or family based care management. The need to keep things within the statutory sector clouds thinking around some obvious solutions to try.

We are just starting to have a debate about whether Care Managers should do Person Centred Planning. It seems highly unlikely that the national strategies in the UK will not strongly promote Person Centred Planning. I do not believe that it is enough to say that Care Managers should not do it. They need to be person centred in the way they work. Services need to plan around people's real wishes and needs. Assessment is a core function of care management. However, they are not the only people who can do it – nor should they be the only people doing it – nor should they be in control of Person Centred Planning . Giving up control does not come easily to services.

3.2 Locked up funding

Despite progress in many places, frequently funding is still tied into particular services, agencies or buildings – often proving a critical and immovable barrier to implementing many of the things that people identify they want through Person Centred Planning. A lack of understanding of what funding is available and how to use it is common.

Purchasers and providers still do not always know fully about Independent Living Fund, Housing Benefit, FEFC funding and/or new tranches of biddable funding available. This sometimes results in maintaining people in inappropriate services, leading miserable or unfulfilling lives under the pretence that it is cost effective. Whereas, other Purchasers and Providers are successfully using these funding streams to help people move out of group homes and day centres and bring more money into the local system. At times, the situation is exacerbated by the locking of resources into long term contracts which removes incentives to change.

Some things will make a difference. The continued move to Direct Payments is bound to have an impact as will the increasing awareness amongst services of how to use the available funding. In residential services, at least, the abolition of Preserved Rights and the introduction of Transitional Housing Benefit through the Supporting People policy provide some much welcomed financial incentives to develop more person centred services.

3.3 Endemic Incompetence

Arguably one of the biggest barriers to person centred services has been the general poor state of management in services in the UK. A culture that sometimes supports incompetence and provides little reward or incentive for achieving decent outcomes for people with learning disabilities has militated against robust progress. Too often, general training does not equip people for the roles and tasks that they have. Assumptions about the award of historic nursing or social work qualifications result in the promotion of people who have not had to demonstrate their fitness for the job on the basis of competence. Whilst not a universal truth, the more innovative person centred services have fewer traditionally qualified staff in them than congregate services. This is not to deny the fantastic contribution that some people with professional qualifications are making in these newer services.

Too many services stifle innovation through strict hierarchical command chains which focus on control, uniformity and conformity. Max de Pree defined leadership in terms of liberating people to use their potential to the full. This style of leadership is often non-existent in many services. Some providers and purchasers fundamentally miss the point all together, providing 'coverage' under the guise of safety, with some providers seemingly solely interested in developing their balance sheet rather than improve the

quality of what they already have. Business practices which would send them tumbling into receivership in a real market economy. Yet, they are cushioned from this by the nature of our purchasing system and the disengagement of people with learning disabilities from the purchasing and decision making processes. Those who pay do not feel the pain of poor decisions and, thus, make the same mistakes repeatedly.

3.4 Impatience

A frequent problem when using a shower is making a decision too early that the setting is not working. It's too cold, you adjust the dial and then scald yourself – when another 10 seconds of patience could have saved you pain. Perhaps that is where we are at today. After 30 years of effort to close hospitals by resettling people into the community, we still have a significant number of people in NHS care (despite the progress). For many places, this was simply an issue of relocation. Should we be surprised, after less than seven or eight years of focus on Person Centred Planning and approaches, that comparatively few people have benefited? How many people by the early 1980s had left hospital? Not many. It could be far too early to judge how effective Person Centred Planning has been. Is it even an empirical question? If we leave aside the various processes, surely finding out how people want to live their lives (the essence of Person Centred Planning) should be a given.

4. Conclusion

If one takes the graph, in figure 1, earlier in this paper, then perhaps we are at the point of a significant upturn having spent many years laying good strong foundations. We have the best set of public policies (certainly in my working life) that promotes the very things which, for years, many of us were dismissed as ideological zealots and not living in the real world. Funding has never been more flexible, the self-advocacy movement has never been stronger, information (particularly through the internet) has never been

so easy to get and a new generation of people and services are coming through to offer good leadership for the future.

I think that we are at the point of needing to tweak. We do not need major change in what we do – a refocusing perhaps in how we go about things. Many places are starting to do some excellent things, albeit for small numbers of people. But unless we make the mistake of thinking that there is some mass-market production line, we should perhaps be taking this as an indication that Person Centred Planning is being introduced in a manner that will achieve long term sustainable change and a shift in the balance of power. It is not a mass market product, but a bespoke one which needs careful and thoughtful focus, and patience in its uptake.