

# Write in the first person

## Reporters

Charles Stima, Tom Griffiths and Dr Logan Naidu at [Cambian](#), 10 November 2014.

## What did you do<sup>\*</sup>?

We changed the culture and practice of writing care plans so that they are now all written in the first person – ‘I’ instead of ‘he’.

## What is excellent about it?

We used to write care plans about the person, using the pronoun ‘he’. We decided that we would change the way that plans were written, and this was adopted over three or four months, until all plans were revised.

The focus on first person writing pressed us to:

- listen carefully to the person’s own understanding of their circumstances and life ambitions.
- radically reduce our use of jargon, as the plan is always shared with the person themselves and they sign it.
- increase the focus on outcomes that are recognised and valued by the person themselves.
- change the order of our intervention in response to hearing the priorities of the individual, rather than traditional institutional priorities.

Where the person is unwilling to talk about certain areas of the care plan, we turn that into a first person statement on their behalf and invite them to discuss it and hopefully sign it. The wider care record includes a section for the person to write in their own words what they think of each section of the care plan.

## Even better next time?

We have put these care plans online and are recording whether each section is progressing or has been achieved. We hope shortly to be able to aggregate and

## Stories of Striving for Excellence in Locked Rehabilitation Services

analyse this pattern of achievements across the hospital and draw out general themes.

At present, there is perhaps not a strong enough focus on discharge planning from the start of each person's stay, and we hope to embed this in the future.

We are aware that new staff who start working in the organisation have induction needs, and we might be able to sharpen the process by which they adopt the values and practices that drive this approach to care planning.

---

\* [NDTi](#) was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- A series of seminars for key staff and people using services to promote a more personalised and inclusive approach
- A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.
- Learning exchange visits between members which lead to individual action plans for each service
- Excellence stories that capture and share ideas for service improvement.

These case studies have arisen from members of the Excellence programme and NDTi has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.