

## Editorial for *A Life in the Day* 8.3.

Anyone who has leant over the garden fence recently to chat with their neighbours in learning disability services will have heard a great flurry about *person-centred planning*. About the time we had a National Service Framework, they had a White Paper, and *Valuing People* makes person-centred planning one of the cornerstones of effective work.

Really good burglars only take what they need, and so I thought that I would use this editorial to pop next door and see if there is anything lying about that we could make use of. After all, some of our own care-planning systems seem a bit tarnished after years of being bashed about.

Person-centred planning has been going for about thirty years and is rather less a set of forms and more a philosophy, rather like recovery. The philosophy feels good to me, since it asserts that:

- People should be at the heart of any planning process. You simply cannot do person-centred planning with someone who doesn't want to participate, so it can never become the way that a service reviews all its interventions. In person-centred planning, the person chooses who they want to plan with, where, when and how. This is akin to the powerful sense of ownership demanded by the advocacy and empowerment movement.
- People have gifts and talents that can enrich the lives of others – a viewpoint that resonates with the Strengths model<sup>1</sup> used in some mental health services. There are three messages and a conclusion hidden here. First, finding these gifts and strengths may involve a vigorous search. Second, person-centred planners overcome the sustained assault of deficit thinking and tirelessly hunt for positive attributes. Third, this focus on gifts reaches out to informal community members who are seen as potential friends, allies and co-workers. The result is that person-centred planning looks for real jobs, expects that people will make good neighbours and promotes friendship.
- Planning is about life ambitions. Whilst it is important to gain access to support all the time and specialist help from time to time, people want to manage their mental health or other issue so that they can get on with their lives and shape them how they wish. Here we are reminded of the Strategies for Living programme and the work of the Social Exclusion Unit who press us to place health and social care within the broader circle of life opportunities. Person-centred planners look beyond care planning to life planning. This means that planning groups contain people who love the person in focus, people who are there for the long haul rather than just until the next promotion, people who are not being paid to be there. Professionals are peripheral.

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<sup>1</sup> Rapp, C. (1998) *The Strengths Model*, New York, Oxford University Press.

- Optimism is the most respectful option. If the person wants to live independently, person-centred planners will find a way to enable them to do so safely. If the person wants to work, then the planning group will believe with the person that there is a place out there somewhere where their contribution will be valued and properly rewarded. If the person is subject to verbal abuse on the bus to college, then person-centred planners will find a way to change public opinion and behaviour amongst the Number 49-riders. Like the recovery movement, we are challenged to shake off pessimism and be hopeful, like anti-discrimination and mental health promotion initiatives we are challenged to believe that communities can learn to be welcoming.

A number of specific person-centred planning formats have been built on these common foundations and several of them<sup>2</sup> are in use around the UK - sometimes with people who have mental health issues. However, progress is dependent on attending to the following three challenges, amongst others.

Person-centred planners pay attention to the person's ambitions and assemble a picture of their preferred lifestyle. This means that they step beyond the trials and tribulations of today, try to get a fix on an ideal future and then plan backwards from there. Distress, elation or anxiety must be heard, whilst continuing to search for the person's *serious and enduring* dreams that define who they are and what they want out of life. The challenge is to break out of the preoccupation with the present and focus on the future.

Mental health service workers are currently spending a great deal of time on paperwork. In common with the Tidal Model<sup>3</sup>, some person-centred planning formats actively seek elegance and simplicity, and so offer a way to contain or even reduce the time spent on record-keeping. The challenge is to achieve precision whilst avoiding the myth that more paper will produce more progress.

Commissioning and delivering mental health services means ticking off the 'must do's' in order to win stars, avoid critical inspections and remain unscathed when (God forbid) the tragedy happens. Person-centred planners, like the champions of any other innovation, must navigate a clear course between two extremes. The Trojan Horse approach hides the new practice within existing obligations – showing how person-centred planning can help to meet a range of existing targets – while the Radical Innovator ignores formal duties and dutiful people by appealing to those who want something new.

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<sup>2</sup> The following provides an introduction to the various approaches: Ritchie, Pete; Sanderson, Helen; Kilbane, J. & Routledge, Martin (2003) *People, Plans and Practicalities: achieving change through person centred planning* Edinburgh, SHS Ltd. Planners can check out how close they are to person-centred approaches by using the following audit tool: Mattingly, M. & Bates, P. (2002) *How are we doing on person-centred planning?* Manchester: National Development Team.

<sup>3</sup> <http://www.clan-unity.co.uk/Uncommon%20sense.htm> accessed 19 May 2004.

Person-centred planning has the potential to be a powerful tool for the delivery of socially inclusive opportunities, empowering processes, and independence-promoting services, but only if it finds a way to attract and hold attention. The challenge is to promote an approach that is about communities to people who are often preoccupied with services.