Guide to Services for Young People with Learning Difficulties/Disabilities and Mental Health Problems/ Challenging Behaviour:

Technical Document -

Chapter 4.3 Literature Review – Person Centred Planning

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This set of articles was published as a joint critique of PCP and will be referred to in this section:

Emerson, E., Stancliffe, R.J. (2004) Planning and action: comments on Mansell and Beale-Brown, JARID 17, 23 - 26

Felce, D (2004) Can person centred planning fulfil a strategic planning role? Comments on Mansell and Beadle-Brown, JARID 17, 27 – 30

Mansell, J., Beadle-Brown J., (2004a) Person centred planning or person centred action? policy and practice in intellectual disability services, JARID, 17, 1 - 9.

Mansell, J., Beadle-Brown J., (2004b) Person centred planning or person centred action? A response to commentaries. JARID 17, 31 - 35

O'Brien, J (2004) If person centred planning did not exist, Valuing People would require its invention, JARID 17, 11 – 15

Towell, D., Sanderson, H., (2004) PCP in its strategic context: reframing the Mansell/Beadle-Brown critique, JARID 17, 17 - 21

Person Centred Planning

It is by now inconceivable to consider issues of planning for people with learning disabilities without reference to the concept of Person Centred Planning (PCP). It is deeply embedded in the rhetoric of service delivery, at the very least as a stated aspiration, and often as a claim to quality. Yet it remains a curiously ambiguous concept, and the extent to which it is or can be applied to good effect at cost-effective levels is still far from clear.

Valuing People (DH 2001) advocates the use of "a Person-Centred Approach to Planning", and prescribes a timetable and guidance within which young people moving to adult services and others should take, have, and be at the centre of their own Person Centred Plan. It does not, however, offer a clear definition of PCP, nor define methods by which it may be undertaken at an individual level, nor be translated to a basis for planning more generally:

"A person-centred approach to planning means that planning should start with the individual (not with services), and take account of their wishes and aspirations. Person-centred planning is a mechanism for reflecting the needs and preferences of a person with a learning disability and covers such issues as housing, education, employment and leisure."

(Valuing People, p 49)

The 'spirit' of PCP is imbued throughout Valuing People. Chapter 4 is dedicated to issues of choice and control, in which PCP is seen, along with advocacy and Direct Payments, as a primary means by which such objectives are achieved:

The challenge for public services is to find ways to give people with learning disabilities more control over their lives through:
- Developing and expanding advocacy services, particularly citizen advocacy and self-advocacy
- Fully involving them in decisions affecting their lives
- Increasing the number who receive direct payments
- Developing a person-centred approach to planning services
- Improving information and communication with people with learning disabilities.
  (Valuing People P. 45)

Valuing People cites funds and target dates for implementation, and specifies certain vulnerable groups, including young people moving from children's to adult services, who are to be specifically targeted in moves to develop greater PCP awareness. Care management is identified as the primary mechanism by which access to public services is to be achieved. Care plans should be linked to a range of other plans including vocational plans, housing plans, and communications plans. Learning Disability Partnership Boards are given special responsibility to implement PCP in their region, and such implementation identified as a priority for the Learning Disability Development Fund (p50).

One of the expectations of Valuing People was the widespread development of Health Action Plans (HAPs) as a key part of an individual person-centred plan for all adults with learning disability. 'Health Facilitators' (who need not be medically qualified) would be responsible for ensuring completion of the HAP alongside the individual's GP and primary care staff. A HAP is described as an action plan "(that) will include details of the need for health interventions, oral health and dental care, fitness and mobility, continence, vision, hearing, nutrition and emotional needs as well as details of medication taken, side effects, and records of any screening tests." It does not specify psychiatric assessment where needed, though this is arguably implied in the inclusion of 'emotional needs' (p.64).

The special needs of people with autism receive a brief acknowledgement, alongside recognition of the need for people "to be able to exercise their choice in how their housing and support is provided"(p 101).

The efficacy of person centred planning to deliver better access to services and care has not received extensive investigation by research. The inference is that PCP is often accepted without question as 'A Good Thing', objection being tantamount to heresy. A recent edition of the Journal of Applied Research in Intellectual Disability (2004, vol 17 pp 1 – 35) devoted substantial space to a debate in print on the value of PCP. The protagonists were in the premier league of academics in learning disability. The basic format involved a lead article by Jim Mansell and Julia Beadle-Brown, followed by a series of articles by different authors in response, and a final, concluding piece responding to the issues raised by the lead authors.

Mansell and Beadle-Brown's article, 'Person Centred Planning or Person Centred Action? Policy and Practice in Intellectual Disability Services', throws down the gauntlet by stating that PCP lacks a substantial evidence base for its effectiveness and is unlikely in itself to bring about a change in the way services are provided to people with learning disabilities. It suggests that the timetable set out in Valuing People is far too ambitious to allow the development of either PCP or PCA (Person Centred Action) for the number of people envisaged, and warns reliance upon the rhetoric of PCP can easily replace the more complex and resource intensive procedures needed to actually provide people with the levels of choice prescribed and the opportunities to see them realised.

The enthusiasm with which PCP has been greeted obscures the fact that there have been previous attempts to change the way services are provided to allow for more individual choice and personal control, that have had mixed success. They argue that much can be learned from these attempts, and that it is possible to provide a higher quality of life through developing the ways staff work and communicate with people with people with LD so that they may be more fully involved in the day to day activities of their lives (rather than the spectacular but all too often occasional activities that are sometimes seen as markers of change). Such alternative approaches focus more on the practice of supporting people than the processes of planning for services they are unlikely to receive. They argue for structural changes in the way power relations are conceived, including the establishment of rights to minimum levels of high quality support, and in funding arrangements so that people with learning disabilities or their representatives have the means by which to actualise their aspirations.

Emerson, and Stancliffe respond in their article, 'Planning and action: comments on Mansell and Beale-Brown', by supporting the lead author's concern about "the over zealous 'selling'" of PCP without due regard to its requirements and challenges. They argue however, that the evidence against the effectiveness of individual planning is not as strong as they suggest. They suggest that the "vast majority of (residential) service users do have an individual plan", and that there is evidence that such plans are effective under certain conditions. Moreover, they point to evidence of effective systems in the USA that grant service users individual budgets to spend on services within constraints imposed by local planning teams. They argue for the incremental introduction of PCP rather than its wholesale and rapid deployment.

Felce (2004) largely supports the concerns of Mansell & Beadle-Brown in his article 'Can person centred planning fulfil a strategic planning role?', but takes these further to argue that the development of PCP to the level envisaged is itself a strategic development, that requires substantial investment and resources. He also argues that that PCP cannot ever completely replace services that are based on population-based norms or targets (which I take to mean generic services that are planned for a population of people with similar needs). PCP cannot generate the kind of data that will allow for strategic planning without high levels of investment. Strategic planning of the kind that allows PCP to develop in a meaningful and significant way is essential: yet there is little guidance or provision in policy for the one to complement the other. As an example he argues there is not "a single quantifiable provision target

in any of the British national policy statements. There is a target to close institutions but critically not for the level of alternative provision" (p29).

While O'Brien (2004, entitled 'If person centred planning did not exist, Valuing People would require its invention') claims to share Mansell & Beadle-Brown's concern about the reality of large scale implementation of PCP as a strategy towards a culture of individualised services and support for people marginalised by disability, he claims PCP is an effective and indeed a necessary tool in laying a path towards emancipation, and that Valuing People does provide a reasonable framework in which to do that. The crucial developments in his view are threefold: for mainstream services to become more open to people with LD; for specialist services to become more 'person-centred', and for the 'citizen' sector to become more supportive in its attitudes and behaviours.

PCP is but one means by which emancipation can be achieved. But it is essential that it be fully and actively accepted as a significant strategic framework if it is to have any effect.

Towell and Sanderson (2004, entitled 'PCP in its strategic context: reframing the Mansell / Beadle-Brown critique') assert that "public policy recognises that local agencies need to gradually widen the number of people assisted directly through PCP…" and that a change in culture needs to build upon proven examples of good practice".

Hagner D, Helm DT, Butterworth J. (1996 Jun)."This is your meeting": a qualitative study of person-centered planning. Ment Retard.; 34(3): 159-71 USA. Participant observation and in-depth interviews were conducted to determine processes involved in person-centered planning. Initial planning meetings of 6 individuals were studied in connection with a project to assist young adults in transition from school to adult life. The organization and structure, facilitation process, participation of families, professionals, friends, and the focal individual were described. Although the major goal of the project was to assure that this was the individual's own meeting, implementation of this principle was constrained in several ways, including facilitators' tendency to behave according to prior roles and training. Six months following initiation, several positive outcomes could be attributed to the planning process. Further, many unplanned positive outcomes appeared to result from person-centered planning.