Person Centred Planning

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1.0 POLICY STATEMENT

The Person Centred Planning policy reflects our commitment to Person Centred Support and Planning. This commitment is in line with our core aim to deliver best practice person centred services and to support individuals to achieve a better quality of life.

Introduction

A key objective of the Rehab Group is the delivery of responsive, person centred services that support individuals to achieve a better quality of life. This commitment is clearly outlined in our organisational mission statements and informs rights for each person as stated in Rehab Group companies 'Charter of Rights and Responsibilities.'

Our commitment as an organisation has been, and needs to continue to be, person centred. In everything we do across the organisation and its divisions, we need to ensure that we approach and deliver services in a person centred way using our skills, guiding principles, networking and, most importantly, working with and being led by each individual we support.

This document sets out our commitment to the delivery of Person Centred Planning in an organisational policy statement.

Rationale for policy

Our key objective is to deliver responsive person centred services that support individuals to achieve a better quality of life. A new National Framework in Ireland has been developed by the HSE which will guide all disability services in a Person Centred Approach as well as guide implementation of Person Centred Planning across all services.

The commitment to this core objective is clearly outlined in our organisational mission statements. The approach is also the right of each individual who avails of our services, as stated in the various Rehab Group divisional Charters.

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To ensure that a culture of person centeredness underpins the whole organisation, being person centred and providing person centred support forms a core element of everyone's role within our organisation.

2.0 PURPOSE

Person Centred Planning has a primary purpose of ensuring that an individual who accesses our services is always placed at the centre of the service and is fully involved in decisions that affect all aspects of his or her life.

Any person who uses our services can expect support that will meet their day-to-day needs and wants, in line with available resources. The services and supports the person receives should at all times respect their personal preferences and individual plans and routines.

In addition, those who use our services can also expect that, opportunities are made available to enable them to achieve their aspirations and that staff will work in a proactive way to continually find ways to overcome any potential barriers. Plans and outcomes should be constantly reviewed with each person to ensure that a forward-looking, ongoing and individually-tailored planning process produces results for the person.

The process of Person Centred Planning is individual and unique to each person. It is a continually evolving, developing process. All of our staff members are dedicated to the core value of providing person centred services. As an organisation, the future direction of our services are shaped by what people need going forward, in line with Person Centred Planning.

Each division is responsible for implementing a person centred planning framework in line with best practice indicators. This framework should also meet the requirements of funders and comply with relevant legislation and standards. Within Rehab Group, in partnership with each person we support, each individual should have a clear support plan (support required for the person), Person Centred Plan (Dreams, Wishes and Hopes for the future) and separate Action Plan for how we are going to deliver on these outcomes.

3.0 SCOPE

This policy applies to the Rehab Group companies providing services (NLN, Momentum Care, & RehabCare). It applies to cross-agency Person Centred Planning when supporting the person in leading the process or to the parts within our responsibility where Rehab is a co-partner.

4.0 DEFINITIONS

Person Centeredness	Person Centeredness is an overall approach that recognises the uniqueness of all individuals when planning and providing services. The values of person-centeredness underpin person-centred planning; respect, self-determination, empowerment, understanding and are evidence based.
Person Centred Planning	Person Centred Planning supports and enables a person to make informed choices about how they want to live their life, now and into the future. It supports the person to identify dreams, wishes and goals, and what is required to make those possible. Person Centred Planning is about what important to the person, what really matters, from their perspective and is an ongoing continuous process
Personal Plans	The standards and regulations for services for people with disabilities in Ireland require each person using services to have a personal plan. A personal plan can contain a number

of different types of plans, but must include a Person Centred Plan and the Personalised care and support plan. A personalised support plan identifies what is important for the person and could include things such as our support plan, behavioural support plans or specific Multi-Disciplinary Plans and their Person Centred Plan.

The Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 will be followed at all times especially whereby we will do everything reasonably practicable to make sure that people who use our services receive personal centred care that is appropriate to their needs and reflects their personal preferences, whatever they might be.

5.0 GENERAL PROVISIONS / PROCEDURE

These beliefs are at the centre of Person Centred Planning:

Individuality; each person is an individual with their own life experience, skills, gifts, talents, and culture.

Equality; each person has the same rights as all others in society. Each person is given information and support to understand and claim their rights.

Respect; each person is treated with regard and consideration for their age and stage in life. Relationships are built on trust and honest conversations.

Dignity; the privacy and dignity of each person is respected. Each person is given a chance to take risks and try new things.

Choice; everyone is given the chance to make informed choices and decisions about their person-centred plans and about their lives. Individuals are supported to communicate their informed choices and decisions.

Inclusion and active Citizenship; each individual is a valued member of their community and are encouraged to have varied opportunities to make contributions. Person Centred plans help support the person's life to take place ordinary community places, making new friends and contacts and to have varied experiences.

Independence; each person is supported to be as independent as they can be doing ordinary things.

Foundations
These foundations are the building blocks of Person Centred Planning:

Beliefs; The organisation has a Person Centred Culture. We believe in individuality, equality, respect, dignity, empowerment, choice, inclusion, and independence**.**

Person centeredness; services and supports are built around the needs of each person rather than a group.

Outcomes; person centred planning is about achieving outcomes with the person. Outcomes are good changes that supports each person towards a better life.

Planning across an organisation; person centred planning is important at all levels of the organisation. It is part of the whole organisation and is not new or a separate service.

Every plan is different; every person centred plan is a one off. It shows the individuals strengths, needs, goals, dreams and wishes.

Listening; individuals, staff teams, and managers really listen to and respect the choices that each person makes. They accept and respond to the decisions of the person, and their family where appropriate. The person decides if they want their families involved or not.

Responsibility; individuals, staff teams and managers show how they support each other to achieve outcomes for each individual. They answer any questions that a person may have about their supports and wishes for the future.

Expectations; there are high expectations set for each person. Person Centred planning encourages each person to believe in themselves and support the person to be the best they can be.

Relationships; individuals, staff teams and managers make sure that each person has the time, space and a chance to build meaningful relationships both in the community and in the services.

Partnership; individuals, staff teams and managers work together with the person- this is called partnership. Power is shared and there is open honest communication. Each person will get the information they need to have a say in services and supports they receive.

Key Elements in Person-Centred Planning
Person-Centred Planning has been divided into four main stages:

Stage 1 – Getting Ready to do a Person-Centred Plan;

- Learning and Development
  Opportunities for learning and development are available to help the person engage with the person-centred planning process. Designated staff will provide information to each person on their rights and responsibilities as set out in the charter of rights and human rights. Each person is offered information on person centeredness, person centred planning, community participation, choice and advocacy in a way they can understand. Opportunities for learning and skill development in these areas are also available to all staff, people who own the plan, family members and circle of supports. All staff are provided training person centeredness,

person-centred planning, and person centred active support which is delivered by internal and external facilitators and these are fully evaluated.

- Accessible Communication
  Person-centred planning must be meaningful and accessible to each person. Access to supports such as assistive technologies, information technology and the expertise of a multi-disciplinary team are provided as required. All person-centred planning is recorded and stored on IPlanit web-based system in Ireland and in the UK plans are stored in client files securely on password protected IT systems. This system guarantees that all plans are live and ensures the overall level of quality and accessibility for the individual. IPlanit provides individuals of all abilities the opportunity to independently communicate using, multimedia enabled plans, easy to view and easy to read formats with accessibility options.

- Person-Centred Planning Policy
  Rehab Group person-centred planning policy is adhered to across the organisation. All staff demonstrate a commitment to the policy, and ensure it transfers to their practice.

- A Planning Team
  Each person is allocated a planning team made up of staff to assist them with their person-centred plan. The planning team should consist of:
  1. The person who owns the plan:
     - They should lead out on the person-centred plan as much as possible

  2. The person who supports putting the person-centred plan together:
     - Operates independently of any potentially vested interest in the process
     - Spends time getting to know the person
     - Facilitates the person to communicate during the planning
     - Supports the person to develop an action plan
     - Supports the person to coordinate a review of their plan

3. The person who supports putting the plan into action:
    - Operates as the persons key worker
    - Engages with the process from the outset
    - Supports the person to progress their plan
    - Supports the person to overcome barriers
    - Seeks out community connections and facilitate community inclusion

4. Family (if the person wants this)
    - Families support and involvement can include invitations to planning meetings, phone contact and shared information and ideas as long as the choice of family involvement lies with the individual who owns the plan.

5. Multi –disciplinary team (if appropriate)
    - The person who owns the plan has access to a multi-disciplinary team and specialist supports as required, if this will help them to develop or action their person-centred plan.

- Staff Roles
  Managers should identify specific roles for staff members within the person-centred planning process. These roles should be communicated clearly, recognised in job descriptions and valued. During induction support staff names and roles are identified and explained to each person.

<u>Stage 2 – Putting a Person-Centred Plan Together;</u>

- Gather Information
  Person-centred planning is a continuing process and not an annual event. Information is gathered with the person throughout the year with opportunities for constant review, reflection and evaluation. The person's strengths, likes, dislikes, dreams and hopes and valued social roles are identified. The person also collects information about learning and employment interests and community involvement. Designated staff will engage in a discovery process with the person to obtain a deeper knowledge, insight and understanding of them.

- Explore Planning Tools and Approaches

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Person-centred planning tools are used to plan with a person. The tools are used to help the person think about what is important in their lives now and also to think about a positive future. Examples include Discovery, PATH, MAPS, Personal Futures Planning, WRAP, Essential Lifestyle Planning and Person-Centred Thinking Tools. The planning tool is selected depending on the individual preferences and the reasons you are planning.

- The Person-Centred Planning Meeting
  The person who owns the plan decides if they want a person-centred planning meeting. The person decides when and where to have the planning meeting, they choose the type of meeting, the time and venue, and are supported to make these decisions. The person chooses who should attend the meeting and is involved in organising invitations and agendas. In the UK if the person does not ask for a meeting the plans are automatically reviewed every 6 months in relation to legislative requirements.

- The Content of the Person-Centred Plan
  Person-centred plans are focused on the personal aspirations of the person and on their personal outcomes. They describe a vision of a more positive future and have a clear action plan using smart objectives. The person-centred plan should foster community engagement through valued social roles in line with the person's choices.

- Goal and Outcome Setting
  Goals and Outcomes set in the person-centred plan are specific, person-centred, long-term and developmental. Goals are set on the aspirations of the person, they are meaningful to the person and are not constrained by services or resources. Each goal has a timeframe and is assigned a person responsible for ensuring each goal is worked toward with the outcome of being achieved. Expectations are set high for each individual. Reflection and evaluation of these goals will take place formally at key working meetings and plans are updated as required on the IPlanit system or within their individual files.
- Accessible Formats
  Each person who owns a person-centred plan will have secure access to their plan on IPlanit and have the option to print a hard copy. Each person will have a copy of their person-centred plan

that is accessible to them. Each individual receiving support form Momentum Care has a hard copy of their plan in their home in a format suitable to their needs.

Stage 3 Putting a Person-Centred Plan into Action;

- Develop an Action Plan
  Each person who owns a person-centred plan should have a clear action plan and implementation strategy. The action plan should set out high expectations. Be accessible and consist of a set of smart goals with clear timeframes and identified leads for completion.

- Address Barriers
  Staff and the organisation are committed to finding ways to achieve personal goals, they are responsive to person-centred plans and their implementation and support creativity and innovation within teams to overcome barriers. Where difficulties arise in the implementation of a person centred plan the issues are initially addressed within the local team, however if barriers persist information is fed up the organisation and addressed with senior management.

- Independence and Positive Risk Taking
  Promoting equality of access, opportunity and independence is a core ethos of Rehab Group. Each person is supported in setting outcomes to develop their independence. This may mean taking positive risks to achieve these outcomes. Where risks pose a barrier to an individual achieving their goals, a flexible approach is required. Person-centred planning works in conjunction with individual positive risk management policy. All staff, individuals and their families need to support the effective management of an individual's risk through the policy and practical tools.

- Community Engagement
  Each person is encouraged and supported to access the community as an individual, and supported to develop meaningful valued roles. Individuals, staff teams and managers advocate for

improved opportunities for people to meaningfully engage in valued roles in their community. They actively seek to create community connections and social networks and promote local community collaboration. These factors should not compromise the principles of community engagement or active citizenship but rather reinforce the approach to individualised planning which will support appropriate and meaningful valued roles and further access in the community.

- Valued Social Roles
  Each person is encouraged and supported to contribute in a meaningful way to their families and their community. It is important that all staff promote, facilitate and support each individual to undertake valued social roles of their choosing. (e.g. Daughter, Uncle, Friend, Employee, Home Owner, Student)

- Record Actions and Progress
  Each person will be assigned a key worker to support them in putting their person-centred plan into action. They will meet formally every 6-8 weeks to review progress or as often as needed, this is formally recorded. All reviews of the person-centred plan will be recorded on IPlanit and in Momentum Care directly in the individuals files these include any updates, new developments and changes will be reflected directly to the plan and recirculated.

<u>Stage 4 – Finding out if the Person-Centred Planning is Working;</u>

- Reflective Practice
  The organisation and all staff, the person who owns the plan, family members and the circle of support should engage in critical reflection of the plans. Staff teams should regularly consider what changes need to be made to continue challenge and enable a culture that promotes person-centeredness, innovation and reflection. This reflective practice need to happen regularly and supports good practice cultures and better plans for individuals.

- Formal and Informal Review
  Person-centred plans should be reviewed both formally and informally. The frequency of review should be based on:

- The need of the individual
- The needs of those supporting the person
- The progress of the person-centred plan and achievements
- The person-centred planning policy

Formal review meetings should take place at least annually and in Momentum Care every 6 months. They reflect on outcomes, progress or changes needed and ask what is working or not working, with the key people. The review looks at the steps already taken and what needs to happen to build and sustain this. Reviews should celebrate any successes. Any new outcomes identified in review meetings are updated on IPlanit and individual files in Momentum Care then actioned to move the process forward. Informal review of plans happens on a regular basis with the support of the key worker this happens every 6-8 weeks through key working process in community support and learning this is reviewed every month.

- Measure Outcomes

  Outcomes are generated by person-centred plans in line with the themes of New Directions and HIQA in Ireland. These outcomes are tracked and captured on the IPlanit system and service managers can review all outcomes and supporting actions. In Momentum Care outcomes are measured at review in line with CQC and are currently looking to implement the Well Being Star.

- Plans and Service Development

  As an organisation, Rehab Group use individual plans to support and capture person-centred planning information for service planning. The results of these planning support service plans capturing key outcomes in areas such as employment, community memberships and links as well as any barriers to planning can then be fed back into design and delivery of service planning in a way that takes account of all the practical considerations of person centered planning and key areas required for development.

6 .0 ROLES & RESPONSILBITIES

It is every staff member's role and obligation to deliver on these responsibilities outlined in this policy. The overall responsibility for the

implementation of this policy rests with each divisional Director. They are responsible for ensuring that all employees within their Division are aware of this policy and are provided with the appropriate training and assistance and supports they need.

7.0 EVALUATION & AUDIT

The implementation of this policy and person-centred planning will lead to the development of high quality plans and the achievement of outcomes for individuals. Evaluation of the implementation of the person-centred planning will include reflective practice, measuring outcomes, Iplanit, examining the impact or person-centred planning on service delivery and implementing the evaluation tools within the National Framework. There is one tool for staff and one tool for the person who owns the plan. Following evaluation, staff, the person who owns the plan and their family/or circle of support will review the findings together and agree on actions that may be necessary to enhance person-centred planning practice.

8.0 REFERENCES

NDA Guidelines on Person Centred Planning
Helen Sanderson And Associates
http://www.helensandersonassociates.co.uk/

A Little Book About Person Centred Planning
- John O'Brien & Connie Lyle O'Brien

Rehab Group Charter of Rights and Responsibilities

Rehab Group Person Centred Planning DVD Parts 1 & 2

A National Framework for Person Centred Planning in Services for Persons with a Disability- May 2018

UK The Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

8.1 Related PPPGs

Learning and Development
Positive Risk Taking
Communicating with families
Service Users Pathway

9.0 APPENDICES

Appendix 1 – List of Authors

Authors List for New/ Reviewed Policy Area

The following names individual authors/ reviewers to this policy area.

Division/Other	Name(s)
RehabCare	Joanne Connolly
Quality & Governance	Kathleen Morris
Rehab UK	Paul McKay
NLN	Linda Shultz

*Note that it is not obligatory for each division to be involved in a new policy/ review if the policy is not relevant; this should be decided by each division on a case-by-case basis.

Appendix 2 – Read & Understood

I have read, understand and agree to adhere to the attached Person Centred Planning Policy, Procedure, Protocol/ SOP or Guideline:

Print Name	Signature	Date