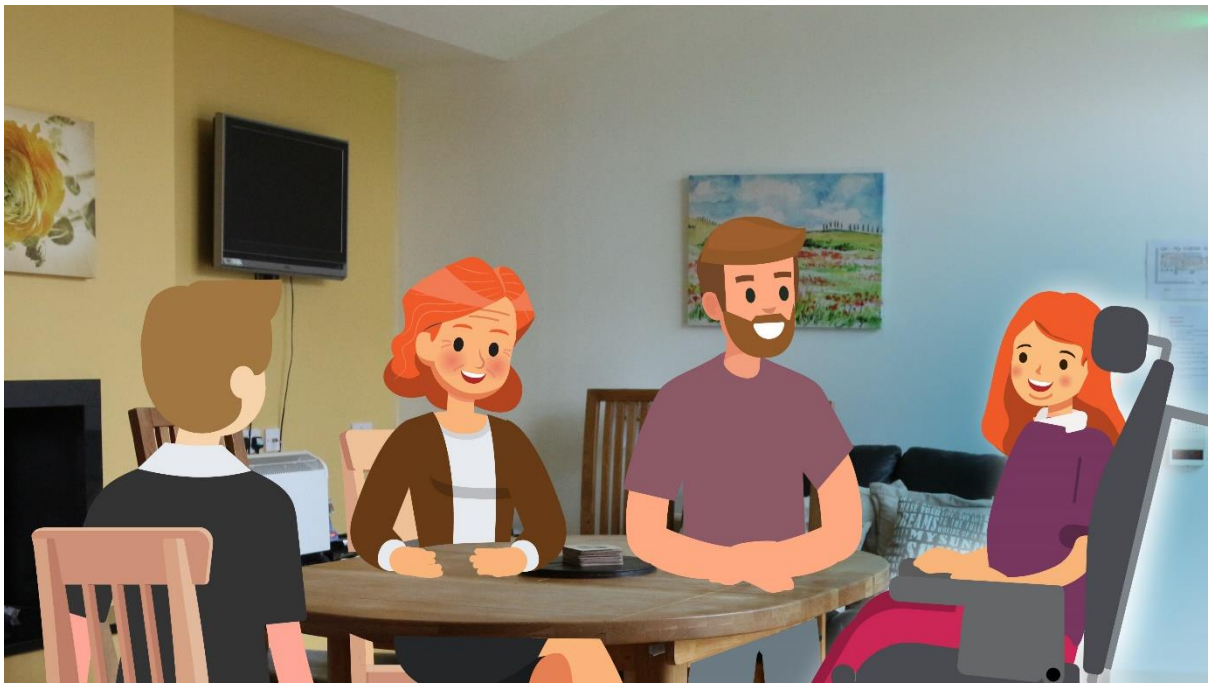
The National Framework for Person-Centred Planning in Services for Persons with a Disability



A Short Guide

2023

What is Person-Centred Planning?

Person-Centred Planning enables a person to make informed choices about how they want to live their life, now and in the future. It supports the person to identify their dreams, wishes, and goals, and what is required to make those possible. Person-Centred Planning is for everyone regardless of the level of support they need.

Why do we need a framework for Person-Centred Planning?

The National Framework guides how Person-Centred Planning is carried out across services for persons with a disability in Ireland. The Framework is of interest to anyone involved in the Person-Centred Planning process; persons with a disability, staff, managers, families, and Circles of Support.

The Personal Plan

Every person should have a Personal Plan. The Personal Plan can contain several different types of plans, including the Person-Centred Plan and Personalised Care and Support Plans. Recognising what is important to a person and what is important for them can help us to understand the difference between the Person-Centred Plan and Personalised Care and Support Plans.

The **Person-Centred Plan** is about what is important **to** a person, what really matters to them; things they dream about, things they love, and want to do. Every Person-Centred Plan should reflect the identity and culture of the person who owns the plan.

Personalised Care and Support Plans respond to a person's everyday needs, for example, a communication passport, intimate care plan, medication plan, or positive behaviour support plan. These plans focus on what is important **for** the person, the things they need to stay healthy, safe, and well.

Personalised Care and Support Plans can help to develop the Person-Centred Plan.

They make sure that the person is in the best possible place to make important life choices and decisions.

Quality Personal Plans strike a balance between Person-Centred Plans and Personalised Care and Support Plans.

They make sure that the person's dreams and wishes are listened to, and that services do not over-focus on what is important **for** a person, for example, support with their medical and clinical needs, or safety.

All organisations should have a Person-Centred Planning policy.

The policy must make sure that the Person-Centred Plan is separate to Personalised Care and Support Plans.

The core beliefs and foundations of Person-Centred Planning

The culture of an organisation is key to the delivery of good person-centred supports. The National Framework outlines a number of core beliefs and foundations at the centre of quality Person-Centred Planning, for example, individuality, equality, choice, inclusion.

Person-Centred Planning should be part of how a whole organisation works. Organisations should work in partnership with persons using services and their families. Power should be shared and there must be open communication.

The Four Stages of Person-Centred Planning

The National Framework divides Person-Centred Planning into four main stages:

Stage 1 – Getting ready to do a Person-Centred Plan

At Stage 1, the person is supported to understand what Person-Centred Planning is about, and how it might work for them. The person decides if they wish to have a Person-Centred Plan. While there can be more than one organisation supporting a person, each person should have just one Person-Centred Plan, which they own.

The Person-Centred Planning process must be accessible to the person.

The person who owns the plan should lead out on their Person-Centred Plan as much as possible.

There should be a planning team for each person. The person should decide who is on this team.

Ideally, the planning team should lead to a Circle of Support for the person.

Stage 2 – Putting a Person-Centred Plan together

During Stage 2, the person is supported to gather information and decide on their goals. Each person will need different levels and types of support to find out what they want for themselves and what is important in their lives.

The person who owns the Person-Centred Plan should decide if they want a Person-Centred Planning meeting.

They should decide when and where to have the meeting, and who they want to attend their meeting.

The person should be supported to take part in the meeting, for example, through the use of sensory materials, objects, mementoes, signs, photos, videos, PowerPoint presentations, music.

The person who owns the Person-Centred Plan should hold the main copy of their plan. This should be in a format and place that is accessible to them.

Stage 3 – Putting the Person-Centred Plan into action

At Stage 3, the person who owns the Person-Centred Plan and the person supporting them to put their Person-Centred Plan together should set out a clear action plan. There must be timeframes, and those responsible for supporting the person to achieve their goals should be identified in the action plan.

Planning teams and Circles of Support need to find ways to achieve the person's goals, even if this is a challenge. Where barriers are identified, these should be addressed.

Person-Centred Plans should support persons with disabilities to achieve more independence in their daily lives, for example, by setting goals in areas such as finances, employment, travel, relationships.

Person-Centred Plans should address positive risk-taking; where risks pose a barrier to a person achieving their goals, a step-by-step approach should be taken. This should support the person to gradually build the skills they need to take part in different tasks, activities, and experiences.

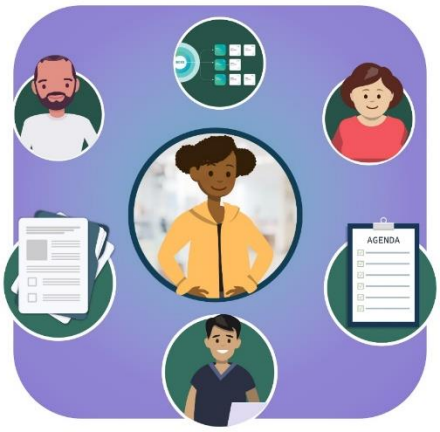
The person who owns the Person-Centred Plan should be encouraged to explore their community, and to access that community as an individual, developing meaningful roles and relationships.

Plans should be reviewed and updated to account for changing circumstances and new developments.

Stage 4 – Finding out if Person-Centred Planning is working

Once the Person-Centred Plan is developed and put into action, there are several ways to measure its success. This is Stage 4 of the process.

The person's achievements and outcomes should be recognised and celebrated. There should be regular feedback opportunities so the person, their family, and/or Circle of Support can say if they are satisfied with the Person-Centred Plan and its implementation.



There should be a link between Person-Centred Plans and organisational planning.

Individual plans should influence the delivery of services and supports, service development, and the allocation of resources.

Every organisation should reflect on their Person-Centred Planning practice; this should include all staff, both managers and frontline, as well as multi-disciplinary teams, the person who owns the Person-Centred Plan, their family members, and Circle of Support.

The National Framework has two evaluation tools designed to support individuals and organisations to find out how Person-Centred Planning is working in their service; one tool for the person who owns the Person-Centred Plan and one for organisations.

Remember!

The best measure of success for Person-Centred Planning is whether the person at the centre of the Person-Centred Planning process has experienced a real change for the better in his or her life as a result of their Person-Centred Plan being implemented.