Person-centred planning or person-centred action?
A response to the commentaries

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Introduction

In our paper (Mansell and Beadle-Brown, in press, 2003) we make three main points about the nature and importance of person-centred planning in the British context.

First, we point out that the scale of the task envisaged in the 2001 White Paper *Valuing people* (Department of Health, 2001b) is very ambitious, involving the extension of person-centred planning to many people on a scale not yet achieved in Britain.

Second, we use the available evidence about person-centred planning and other kinds of individualised planning to question whether individual plans are feasible and an effective way of changing the lives of people with intellectual disabilities. We suggest that there is the risk that person-centred planning will turn out to be ‘more of the same’. Given evidence of relatively poor coverage and poor quality of plans that do exist, we suggested that the diversion of scarce resources into large-scale implementation of person-centred planning might not be justified.

Third, we offer an alternative analysis of why individual planning systems, in the British context, may turn out to be ineffective. We argue that budgetary control mechanisms are used to undermine the individualised, tailored nature of planning and that therefore the introduction of a new model of planning will not in itself be likely to change the experience of service users. Based on this analysis, we offer an alternative prescription for achieving person-centred action. This places more emphasis on changing power-relations between people with intellectual disabilities (or those who speak for them) and public agencies, to make the user voice stronger and more authoritative. It also emphasises changing practice directly and immediately through work with front-line staff, focused on achieving real change in the everyday lives of people with intellectual disabilities rather than on plans and planning.
These concerns find varying degrees of support from the four sets of commentaries on our paper. Commentators extend and develop the scope of the discussion, reflect critically on the points we have raised and offer additional insights. In the following sections we respond to their comments under headings representing the three main issues identified above. Where we refer to the commentaries after the first instance we do so using only the author’s names for brevity; references to other sources are cited in the usual way.

**The scale of the task**

First, we should make clear in response to O’Brien’s comment (in press, 2003) that we do believe that people with severe and profound intellectual disabilities can lead better lives. As he notes, our previous work demonstrates this belief. Our quarrel is not with the values espoused by the 2001 White Paper *Valuing people* but with the assumption that person-centred planning, implemented on the scale and to the timetable set out in the White Paper, is the best way to achieve this.

Towell and Sanderson (in press, 2003) respond to this concern by asserting that “public policy recognises that local agencies need to gradually widen the number of people assisted directly through person-centred planning while using early experience as a signal about the larger-scale changes in provision which are likely to be required”. O’Brien also implies this incremental approach in pointing out that person-centred planning can lead to benefits even without successful large-scale change. Such an approach would be preferable, because it would allow for good-quality work to be developed and demonstrated by people with expertise before attempts at widespread implementation.

However this is not what the White Paper says. The expectations in the White Paper – they are not precise enough to be targets – repeated in our paper do imply a substantial programme of implementation and this is reiterated in the implementation guidance sent to public authorities (Department of Health, 2001c).
O’Brien points out that the “widespread awareness training called for in *Planning with People* (Department of Health, 2001a)…create[s] occasions for growing numbers of people to encounter the White Paper’s values in the context of individual action”. We agree that training opportunities create occasions for good things to happen – but our concern is that the numerical and timescale expectations in the White Paper, coupled with the prominence given to training on the wide scale, make it rather more likely that such training will become an ‘activity trap’.

Felce (in press, 2003) raises a distinct aspect of the issue of the scale of the task. He notes the apparent replacement of service provision targets like those in the 1971 White Paper *Better Services for the Mentally Handicapped* (Department of Health and Social Security, 1971) by the assumption that person-centred plans will be aggregated to provide strategic planning information. He suggests this is unlikely to be effective because well-crafted person-centred plans will not be available in the short to medium term. He suggests several examples where the absence of strategic targets seems likely to lead to deficits in the amount and quality of services available in future. We agree with this critique and think that it is a further manifestation of the concern we express that person-centred planning might be used to shift more of the costs of disability to individuals, their families and friends.

Felce points out that there is no logical inconsistency between indicative service targets and individual planning. O’Brien seems to disagree with this, in saying that “the overall adequacy of specialist service budgets is undecidable until access to mainstream services is established”. We think this is a very risky strategy, in which major influences on the need for resources could be sidelined in public policy until an indeterminate point in the future. The resulting resource constraints would likely undermine the ability to turn person-centred plans into action.

**Feasibility and effectiveness of individual planning**

We agree with Emerson and Stancliffe (in press, 2003), Felce and Towell and Sanderson that person-centred planning represents an evolution from previous
kinds of individualised planning and that therefore evidence relating to other approaches to individual planning is relevant.

Emerson and Stancliffe draw attention to the limited evidence base on the coverage of individual planning in the UK and suggest from their experience in the UK, USA and Australia that the vast majority of (residential) service users do have an individual plan. This will shortly become true in the UK, since the national minimum standards for residential homes for younger adults (Department of Health, 2002) produced following the Care Standards Act (Great Britain, 2000) require that every service user has an individual plan. We think that the concern about coverage remains relevant, though. As Felce points out, the introduction of person-centred planning is itself a major service development requiring the investment of substantial resources. In the absence of these resources the risk must be that coverage will be achieved by users having plans which are notional or aspirational. The question will then become whether the plans people are said to have are real working documents, guiding practice, regularly reviewed and making a difference.

Emerson and Stancliffe also note the limited number of studies of effectiveness of individual planning, point to some studies addressing large-scale implementation and suggest that there is evidence for the value of individual planning in studies which address issues like active support, positive behaviour support and individualised service provision. We agree that the evidence base is limited. In relation to studies of larger scale implementation we note that these do not yet include outcome data in a comparative form which would permit judgements about the effectiveness of person-centred planning versus other kinds of intervention; indeed the authors of these studies make similar comments to our own about the value of evaluation and the importance of ensuring that plans are carried through into practice.

To argue that there is evidence supporting the value of individual planning from other studies is an interesting point which connects with the comments by Towell and Sanderson and O’Brien that person-centred planning is one part of a complex intervention. Towell and Sanderson say “it is difficult to envisage
person-centred planning processes as one of a number of independent variables whose impact can be assessed separately. Indeed we would argue that social change of this complexity requires a more holistic approach.” This is a powerful point; clearly there are many situations where it is not feasible or possible to evaluate the effect of individual components of a service package. However, we would argue that among the conditions under which it is sensible to try to weigh the contribution of one component is where that component is expensive, time-consuming and where its introduction may not yield the hoped-for benefits. Our case is that changing practice from pre-existing individual planning systems to person-centred planning is not likely to achieve the change to more person-centred action.

Examination of the literature on other initiatives is instructive. For example, in the whole series of studies by Felce and his colleagues evaluating and understanding active support (Felce et al., 2000; Jones et al., 2001a; Jones et al., 2001b; Jones et al., 1999; Smith et al., 2002) individual planning actually occupies a peripheral role. Although individual planning is described as part of the active support package, it is the generalised enabling style and systematic pursuit of immediate opportunities for user engagement in meaningful activities and relationships that is the primary focus of active support. It is possible to conceive of highly individualised services offering active support which do not have a formal individualised planning system and which might still provide very good lives for the people they support. Indeed the original work on active support in the first Andover house (Felce, 1988; Mansell et al., 1987) took place before individual planning was introduced, on the basis that it was not until staff were practiced in helping people take part in activities that they could generate possible goals that were realistic yet ambitious.

Similarly in previous work on the development of individualised services for people with severe and profound intellectual disabilities and very serious challenging behaviour, Mansell, McGill and Emerson (2001) point out that the planning process was sometimes subject to major compromises and it offered most people rather similar choices. Here too it is not possible to judge how important the detail of the planning process was when compared with other
aspects of the multi-faceted intervention. This was, in addition, a special project for a small group of people carried out on behalf of service agencies by the Tizard Centre. The involvement of a special team of staff based in a University means that it may not be representative of typical practice.

The commentaries all allude to the importance of person-centred planning being carried out ‘properly’ - in a principled way, faithful to the vision embodied in the guidance. Given the evidence that previous approaches to individual planning did not achieve the desired results when implemented widely we think this is an important caveat. Our concern is that Valuing people offers no analysis of the reasons for past difficulties and just offers a new model of planning as a central part of the programme of reform. Our assessment of the reasons for the difficulties of individual planning lead us to believe that, overall, they will undermine person-centred planning too – irrespective of the degree of optimism or commitment of the people involved.

**Achieving person-centred action**

Our contradistinction of planning or action leads Towell and Sanderson to point out that, in the definition of person-centred planning used in official guidance, action is an integral part of the overall process – person-centred planning is defined as “a process for continual listening and learning, focussing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends” (Department of Health, 2001a). Emerson and Stancliffe also call for “person-centred planning and (rather than or) person-centred action”.

For us, this is partly a question about the precision of the definition of person-centred planning and whether it is used consistently. We too think that helping people with intellectual disabilities requires a sustained, committed engagement with them as individuals to find out what it is they need and want and to work with them at the often complex and difficult process of putting this in place. We agree that this should be done in a way which sustains and if possible extends family and community ties rather than just relying on public services. We agree that this is a process of discovery and iteration as people grow and
develop. Our concern – shared by all the commentators – is that the effect of the White Paper will not be to promote this, so much as to promote a new ‘system’ of meetings, forms, training and so on – the ‘activity trap’ to which O’Brien refers. For its proponents, this would not be person-centred planning but a travesty of it: as O’Brien says, “meetings only matter when they serve positive changes in the circumstances of daily life”. We present the distinction between planning and action to emphasise the risk.

We also maintain the distinction between person-centred planning and person-centred action to emphasise that the connection between them is open to debate. The emphasis on person-centred planning appears to be based on an assumption that changing the form of individual planning is the key variable to increase person-centred action. We doubt this and offer an alternative analysis that emphasises as explanations the weakness of user and advocate voices in the decision-making process and the lack of service focus on directly producing person-centred action. So, rather than frame the question as “what are the conditions for person-centred planning to enhance significantly the prospects for helping people…” (Towell and Sanderson), a formulation which takes a central role for person-centred planning for granted, we would frame the question as “what would be the best ways to enhance significantly the prospects for helping people…”.

**Conclusion**

We are all agreed on ends. We agree substantially about the processes that need to take place around individual people with intellectual disabilities to help them get what they need and want. We disagree about whether person-centred planning will deliver this, and about whether it will provide a robust basis for claiming and defending the resources people with intellectual disabilities will need in the future.

These are empirical questions; we shall see. But since the results of policy will affect many people in the coming years we have a responsibility to try to make the best judgements we can about where to put effort and resources. We agree with O’Brien that the key measure of impact is the kind and quality of lives led
by people with intellectual disabilities; “continuing questioning of results in everyday life should inform the process of change”.

References


