Supporting the Implementation of the National Framework for Person-Centred Planning in Services for Persons with a Disability

A Report on the Demonstration Project 2019

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Table of Contents

Table of Contents 3

1. What is Person-Centredness, Person-Centred Planning and a Personal Plan? 5

1.1. Person-centredness 5

1.2. Person-centred planning 5

1.3. Personal plans 5

2. Background Information 6

2.1. The National Framework for Person-Centred Planning in Services for Persons with a Disability 6

2.2. Implementing the National Framework for Person-Centred Planning in Services for Persons with a Disability 6

2.3. Aims of the Demonstration Project 7

2.4. The participating organisations 7

2.5. The role of the facilitator 8

2.6. The structure and content of the report 8

3. Evaluating Practice against the National Framework for Person-Centred Planning in Services for Persons with a Disability 9

3.1. Managing the implementation of the framework and the self-evaluation process 9

3.2. The introductory workshop 10

3.3. Self-evaluation 11

3.4. Positive outcomes from the self-evaluation process 18

4. Factors to consider in the completion of the evaluation tool and the development of the quality improvement plan 19

4.1. The resources required for self-evaluation 19

4.2. Consultation and accessible information 20

4.3. Understanding of the concepts in the framework document 20

4.4. Identification of evidence and determination of ratings 21

5. Person-Centred Planning: The Strengths of Organisations and Service Locations 22

5.1. Commonly identified areas of strength 22

6. The main challenges to person-centred planning 24

6.1. The challenges to person-centred planning 24

6.2. Key actions in the Quality Improvement Plans 31

7. Actions to support the implementation of the National Framework for Person-Centred Planning in Services for Persons with a Disability 33

7.1. Guiding Principles - organisational culture and leadership 33

7.2. Actions at the four stages of the person-centred planning process 34
Bibliography 39

1. What is Person-Centredness, Person-Centred Planning and a Personal Plan?

1.1. Person-centredness

Person-centredness is an overall approach that recognises the uniqueness of every individual, whether availing of or providing a service. This approach is possible through the development of relationships that enable everyone to achieve their personal best and flourish. The values of person-centredness underpin person-centred planning; respect, self-determination, empowerment, understanding.

1.2. Person-centred planning

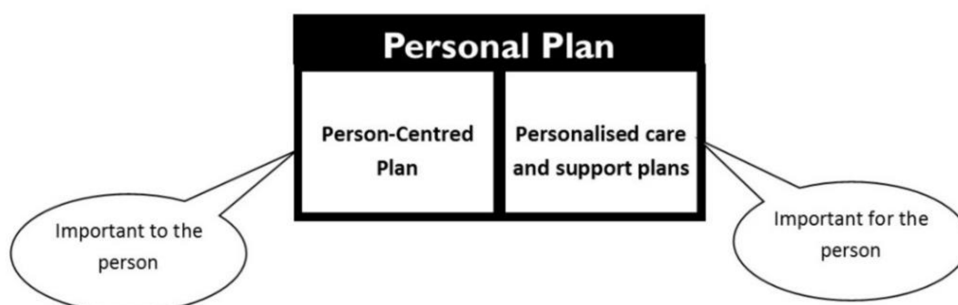
Person-centred planning (PCP) supports and enables a person to make informed choices about how they want to live their life, now and in the future. It supports the person to identify their dreams, wishes and goals, and what is required to make those possible.

1.3. Personal plans

The standards and regulations for residential services for people with disabilities in Ireland require each person using residential services to have a personal plan. The overarching personal plan can contain a number of different types of plans, including the person-centred plan, and personalised care and support plans. 'Personalised care and support plans' cover a range of different support plans that respond to a person's everyday needs, for example, a communication passport, intimate care plan, medication management plan or positive behaviour support plan.

Recognising what is **important to** a person and what is **important for** them can help to understand the difference between person-centred planning and personalised care and support plans. Person-centred planning is about what is **important to** a person, what really matters to them, from their perspective. Personalised care and support plans are about what is **important for** the person - the support they need to stay healthy, safe and well.

Figure 1.1: Illustration of personal plan containing personalised care and support plans and the person-centred plan



2. Background Information

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

Person-centred planning focuses the delivery of services and supports on the person and how they want to live their life. The National Framework for Person-Centred Planning aims to inform and guide how person-centred planning is carried out across services for persons with a disability in Ireland. The framework is relevant for all services for persons with a disability, including day, residential, home and community.

The framework builds on the 'NDA Guidelines on Person-centred Planning in the Provision of Services for People with Disabilities in Ireland', published in 2005, but is also informed by research on learning in the intervening period. This research identifies the key aspects and principles of good practice in person-centred planning (PCP), providing a valuable insight into current practice in Ireland and highlighting the strengths, gaps, opportunities and issues evident at this time. The framework is also guided by learning in relation to outcomes, and by national and international policies which have influenced thinking and practice in relation to person-centred planning.

The National Framework for Person-Centred Planning is designed to promote a consistent standard of practice. It describes four key stages of the person-centred planning process and what is important at each stage for planning to be effective. It contains two evaluation tools – one for the person who owns the plan and one for the organisation. The evaluation tools contain statements of good practice for each stage of the PCP process. The tools support individuals, teams and organisations to identify strengths in person-centred planning and to address areas for improvement or further development.

The framework sets out to provide support for culture development that promotes and honours the beliefs and foundations of person-centredness and person-centred planning. It seeks to assist organisations to embed self-evaluation and reflective practice into their person-centred planning policies.

2.2. Implementing the National Framework for Person-Centred Planning in Services for Persons with a Disability

All services supporting persons with a disability will be expected to implement the national framework in the future. The New Directions Working Group and the Person-Centred Planning subgroup are aware of the challenges that some services may face in achieving this. It is recognised that organisations, and the services within them, are at different stages when it comes to person-centred planning. There is significant variation in the models of planning available, and the quality of experience offered to persons with disabilities.

It was agreed to establish a demonstration project to support a small number of organisations to implement the framework. The first step of implementation is to evaluate current person-centred planning practice against the framework.

Self-evaluation requires that organisations:

- become familiar with the framework document and evaluation tools
- gather evidence in relation to each statement of practice in the framework
- rate their practice (very strong, strong, fair or weak) against each statement
- develop quality improvement plans to address deficits and support positive change at each stage of the process

2.3. Aims of the Demonstration Project

The aims of the project were:

- To support five organisations with the implementation of the framework, initially by supporting the self-evaluation process
- To establish a continuity of approach in the evaluation process
- To collate the outcomes from the process
- To produce a report which captures the outcomes and learning from the project
- To inform the wider rollout of the framework to adults with disabilities

2.4. The participating organisations

Five organisations participated in the demonstration project. These organisations are in different geographical locations around the country, with some providing supports in urban settings and others in rural settings.

Table 1.1. Information on participating organisations

Organisation	Location	Primary disability type
A	Urban/rural	Intellectual
B	Primarily Urban	Physical/Sensory
C	Urban/Rural	Intellectual
D	Rural	Intellectual
E	Rural	Intellectual

2.5. The role of the facilitator

Ace Communication were approached to act as facilitator and to support the organisations taking part in the demonstration project. Ace had been involved previously in research on person-centred planning, in the development of the framework, and in the identification of tools and resources to support implementation.

It was emphasised that the facilitator would not be acting as an evaluator. Each organisation or service would evaluate their own person-centred planning practice against the framework.

It was agreed that the facilitator would visit each of the organisations as they commenced the implementation process. This would ensure continuity of approach with regard to evaluation - the identification of evidence, ratings and quality improvement planning. The facilitator would provide guidance on statements of practice and evidence collection if required. They would act as a link between organisations and the PCP subgroup. The facilitator would also visit organisations when the self-evaluation was complete to capture the outcomes of the process.

The facilitator would provide a detailed report at the end of the project.

2.6. The structure and content of the report

The aim of this report is to:

- Outline the approaches to implementation and self-evaluation adopted by the participating organisations
- Identify the outcomes from the evaluation process
- Highlight the strengths of organisations and service locations
- Highlight the deficits identified in the quality improvement plans
- Highlight the challenges for the implementation of the framework and the delivery of quality person-centred planning
- Identify national developments needed to support the wider application of the framework

Section one of this report defines a number of key terms associated with person-centred planning. Section two summarises the background information in relation to the framework and the demonstration project. Section three explains the approaches to implementation and self-evaluation adopted by the participating organisations. The outcomes that emerged from the evaluation process are also outlined. Section four identifies specific factors for consideration in the completion of the evaluation tool and the development of the quality improvement plan. Section five highlights the key strengths of organisations and service locations when it comes to person-centred planning. Section six discusses the main challenges to person-centred planning and the deficits addressed in the quality improvement plans. Section seven lists a number of recommended actions to support the implementation of the framework across the country.

3. Evaluating Practice against the National Framework for Person-Centred Planning in Services for Persons with a Disability

3.1. Managing the implementation of the framework and the self-evaluation process

Each of the five participating organisations identified a lead person to co-ordinate the implementation of the framework and the self-evaluation process. This person also engaged with the facilitator and the PCP subgroup. Some organisations formed a working group to manage the process internally. Others assigned the task to their quality co-ordinator or department.

In March and April 2019, representatives from each organisation met with the PCP subgroup to discuss the demonstration project and the approach to self-evaluation. This group agreed that it would be best to evaluate by individual service location rather than by organisation. There was an expectation that the practice in service locations may differ significantly even within the same organisation. There was a strong consensus that service locations would require individual quality improvement plans and that one organisational plan would not suffice.

3.1.1. Working with the facilitator

It was agreed that the facilitator would visit each organisation during the months of June, July and August. Organisations were offered a choice of individual visits to service locations, organisational meetings with key managers and staff, or meetings with the lead person.

The facilitator would visit again in September or October when quality improvement plans were complete. The facilitator was available to answer any queries that arose between visits.

There were a number of key aspects to the approach adopted by facilitator:

- Supportive
- Inclusive
- Non-judgemental
- Respectful of where each service is at with person-centred planning
- Encourage honesty and provide reassurance that this is an opportunity for change
- Encourage self-reflection and active learning. Maximise learning and encourage shared learning across and between organisations
- Ensure the most effective and efficient use of time during the project. Ensure that tasks were completed in a timely manner

3.1.2. The evaluation tool

The participating organisations requested that the evaluation tool be converted to an Excel document. They suggested that this would support the management of the evaluation process. Two organisations agreed to trial the tool and provide feedback.

The facilitator developed examples of evidence for a core number of statements of practice, and examples of actions to support quality improvements.

3.2. The introductory workshop

In May 2019, an introductory workshop was held for key stakeholders prior to the commencement of the project. This included representatives from the participating organisations, the New Directions Working Group, the PCP subgroup, the National Disability Authority and the Health Service Executive. Approximately 80 people attended.

The event was held over one day. Every participant received a hard copy of the main PCP Framework document, the Excel tool, the Easy to Read tool for persons using services, and the guidance relating to the evaluation process.

An overview of the PCP framework and the self-evaluation process was provided to participants. The facilitator explained their role. Each of the five organisations made a presentation on how they currently approach person-centred planning. They highlighted any unique aspects to the approach they currently use. There was an opportunity for questions.

In addition, a group from each organisation discussed the questions below and provided feedback to the main group.

1. Considering where you are at as a provider organisation with an existing model of person-centred planning in place, how might you approach the evaluation required to measure how your current model aligns with the PCP Framework?
2. How might you consider using the 9 Outcomes[1] to strengthen your approach to person-centred planning?
3. How will you adopt the beliefs and foundations in the PCP Framework to strengthen your approach to person-centred planning?
4. Aside from the time involved in completing this evaluation, what other challenges do you envisage for your origination in complying with the PCP Framework?

Overall, the feedback from the day was very positive. Participants reported that they gained a good understanding of the framework and many welcomed the opportunity to share their experiences and learning in relation to person-centred planning.

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[1] The NDA paper on outcomes for disability services – http://nda.ie/Publications/Disability-Supports/NDA-paper-on-outcomes-for-disability-services.html

3.3. Self-evaluation

The five organisations began work on the implementation of the framework in June 2019. Self-evaluation is the first step in implementation.

3.3.1. Establishing consistency in the self-evaluation process across the five organisations

The facilitator worked with the different organisations to agree a number of consistent elements to the self-evaluation process. Organisations were advised to:

- Ensure all key staff involved in the project were familiar with the National Framework for Person-Centred Planning in Services for Persons with a Disability, including the evaluation tools.
- Focus for July and August on gathering the evidence in relation to each Statement of Practice. It became clear very quickly that there was a tendency to focus on the quality improvement actions and important evidence of practice was being overlooked. There was also a risk that organisations and services could get caught up at stage 1 of the framework.
- Identify a lead person or team to populate the excel tool with organisational evidence. This would ensure maximum efficiency.
- Share the populated tool with services so the local manager and team could drill down and add the local evidence to each stage of the evaluation tool.
- Consider the application of a wide range of evidence, some which may be undocumented to date, for example, information on the likes and dislikes of individuals using services, feedback on training, contact with families.
- Involve persons using services and their families in identifying the evidence and completing the ratings. Organisations were advised to gather a sample of views on their current person-centred planning process (a minimum of 20% for the purposes of this demonstration project).
- Involve frontline staff and other relevant stakeholders in identifying the evidence and completing the ratings.
- Complete the ratings by early to mid-September. The lead person would review these across the different service locations and note any discrepancies.
- Formulate quality improvement plans during the month of October.
- Prioritise actions within a set timeframe. Quality improvement plans should be dynamic documents that can be reviewed and updated on a regular basis.
- Select actions that target areas identified as strong, weak or fair. It is not necessary to focus on the weakest areas only. There is a need to establish a balanced approach moving forward. There is no need to identify actions for areas identified as very strong.
- Think about the quality improvement plan in the context of organisational work towards New Directions, Strategic Planning, etc. Think about the resources available that may support quality improvement targets in a set

period, for example, access to external supports such as the Social Reform Fund.

- Set both organisational actions for each stage and local actions.
- Meet with the facilitator in October to review and finalise quality improvement plans.

3.3.2. Organisation A

This organisation focused on two residential service locations (community houses), one providing supports to individuals with mild/moderate intellectual disabilities and one to individuals with complex needs. The persons with disabilities that live in these houses leave their home daily to attend a day service. A meeting was organised between the facilitator and key staff from the quality department, clinical services, day services and the two residential settings. The Facilitator also visited a number of key service locations. The organisation explored their PCP practice and the implementation of the framework across the day and residential settings. They looked at the interaction between residential and day services in the context of a person having one person-centred plan. The organisation has a very well-established person-centred planning policy and process. They also use outcome measures in their work.

In both residential settings, members of the quality department and the team leader met with keyworkers and other staff in small groups. Both day and residential staff were engaged from the outset and involved in the different elements of the evaluation process. It was noted that there is a good relationship between the day and residential services.

The Speech and Language Therapy Department provided additional supports to facilitate the inclusion of persons using services in the evaluation. For example, they explored the use of visual supports to maximise engagement or adapted the Easy to Read tool to meet individual needs.

In setting one, a residential house for persons with complex needs including high communication support needs, keyworkers from both the day and residential settings completed the Easy to Read evaluation tool. They did this separately from their own perspective, and then brought their responses together. Families were sent an information letter about the process and engaged in telephone calls. They were also asked to complete the Easy to Read tool. Families needed some support with the tool as not all concepts were familiar to them.

In setting two, a residential house for persons with mild/moderate disabilities, the individuals have good verbal communication skills and literacy skills. These individuals completed the Easy to Read tool themselves, with some support from their keyworkers. This was done over a number of sessions, at a pace to suit the person. Staff in both the day and residential service were given the opportunity to contribute additional information or ideas to the Easy to Read evaluation tool. Families were given information about the project and a chance to engage if they wished.

When all the relevant information was gathered, the lead person/member of the quality department and team leaders met. They co-ordinated the work on the ratings and on the development of the quality improvement plan for their service, collectively involving other staff members as appropriate.

The facilitator met with each group separately to review and discuss the plans, and the self-evaluation process overall.

3.3.3. Organisation B

Organisation B provides services to adults of all ages with physical and sensory disabilities. The adults receiving supports have congenital or acquired disabilities, and different levels of support needs. Some live independently, others in the family home or in care settings. Some adults with acquired disabilities previously led independent lives, working and rearing families, and had been active members of their communities. Most adults have commenced a person-centred plan or goal-setting plan, have individual timetables and key-working meetings.

Services are provided across a range of day service programmes. Five main programmes were included in the demonstration project. The inclusion of Organisation B allowed us to examine any specific issues that may arise in the implementation of the framework in services for persons with physical and sensory disabilities.

Meetings were organised between the facilitator, lead person and managers from the day service programmes and service locations involved in the project. These took place in the organisation's main centre and in some of the individual service locations.

Several in-house meetings took place with staff across Adult Services. This ensured that everyone had an awareness of and an opportunity to engage with the project. Staff were consulted through focus groups and an online survey. The organisation used an online tool for data collection called Mentimeter. This is an interactive survey that parents and staff were asked to complete. The data was collected from this and added to the findings of interviews and focus groups. On one programme, staff worked together to compile a document that highlighted what worked well and what could be improved.

Information and education sessions on the demonstration project and the National Framework for Person-Centred Planning were held for persons using services. The organisation consulted with a large number of individuals using their services as part of the self-evaluation process. The lead person reviewed information on participant profiles to ensure all areas of the service were adequately represented, for example, a balance of age, gender, support needs, living arrangements, disability types, etc. Participants gave their views on the current person-centred planning process and on the ratings. The Easy to Read tool was used as a basis for the information gathering sessions. Feedback was encouraged and documented. Views were gathered through:

- Focus groups: these were facilitated by staff. Participants were supported to express their views both verbally and non-verbally. Different groups looked at different elements of the evaluation tool

- A self-directed group: this group read through the document together, discussed it, and recorded feedback with staff support
- Individual meetings: these were conducted at a pace to suit the person
- The Easy to Read evaluation tool: individuals were assisted by their keyworkers to complete the tool

The strength of the voice of persons using services during the consultation was considered by the organisation to be a highlight of the project.

A small number of carers and family members provided input to the process. They did this through the online survey, written feedback, and the completion of the Easy to Read evaluation tool. A significant number of adults did not wish for their families to be contacted. Many persons using the service have chosen not to inform the organisation of the details of their circle of support.

Once all the information gathering was complete, managers worked through the responses.

Following the consultation, local managers held a series of meetings with their teams to complete the evidence, agree the ratings and draft the quality improvement plan. The final document was uploaded to a shared folder. At this point all adult service managers met to discuss their findings and relay their approach to the task. This led to further reflection and a more unified approach as managers reviewed and evaluated each other's work. Quality improvement plans were then completed and agreed. Actions were noted to be similar across service locations.

In November, the facilitator met with a representative group from the organisation to gather information on the process, the findings and the quality improvement plans. The group explained that the findings from the evaluation process and the development of Quality Improvement Plans will impact 'on the future structuring of our PCP delivery'.

3.3.4. Organisation C

Organisation C provides services to persons with intellectual disabilities in rural areas and large towns. There is a long history of work in the area of person-centred planning. In addition, the organisation employs staff as independent planners. These staff members are not part of the team in the day or residential services, and so are not influenced by the daily practices or thinking in those services.

The organisation decided to start implementing the framework in eight day service locations. Four of these locations had an independent planner supporting the PCP planning process – Group A. In the remaining four, PCP planning is supported by staff that also support the person to achieve the goals agreed at planning time – Group B.

At the outset, the lead person met with the team leaders from the eight service locations involved. In Group A, the lead person, independent planner and team leader went through the evaluation tool. They brainstormed and populated the form with the relevant evidence. In Group B, the lead person and team leaders met with

staff in the service locations. Areas were prioritised for discussion. Organisational evidence was shared across the services. It was reported that staff engagement was strong as they understood the benefits of good quality planning and were willing to make changes. Previous work on the New Directions Easi-tool provided a good foundation for self-evaluation. The organisation has also worked on introducing seven outcomes or areas of life, and this had an influence on the evaluation process also.

The organisation consulted with persons using their services to get their views on the PCP process. A tutor employed by the organisation met with individuals from an advocacy group. Focus groups were conducted along with a number of individual interviews, and the Easy to Read evaluation tool was used to gather information. Individuals from different service locations were invited to participate.

Families did not take part in the self-evaluation process in this organisation. They have participated in Quality of Life interviews in the past where issues relating to person-centred planning were noted. This information was considered in the evidence gathering.

Once all the information was gathered and the evidence identified, teams moved on to look at the ratings. The lead person co-ordinated this part of the process and looked at the responses. It was observed that there was a high level of consistency despite the differences between service locations. Leaders were honest and reflective practice was noted.

The organisation wanted to set actions that would fit with their strategic plan and could be worked on over set timeframes. The lead person met with team leaders and managers to prioritise actions at the organisational level initially. Local actions were then identified.

The lead person met with the facilitator in November to provide feedback on the process.

3.3.5. Organisation D

Organisation D is a large provider of services to persons with disabilities. Twelve day service locations were identified to participate in the project. Most were located in rural areas or small towns. These service locations provide supports to adults with intellectual disabilities, from mild to complex needs. The services had experience of using the New Directions Easi-tool. Person-centred planning had been introduced fairly recently to most services and the organisation had started to provide additional learning and development opportunities to support staff with their work in this area.

The majority of service locations have little or no access to multi-disciplinary supports. Some quality improvement support is provided by the Social Reform Fund. The impact of this support is highly significant and very positive. Each service location also received considerable support from the lead person on this project. Some had additional input from their service manager.

The facilitator visited each of the service locations in July to meet with staff and persons using services, provide information on the demonstration project, answer any questions on the framework and the evaluation, and agree a consistent approach to self-evaluation.

Initially the lead person organised a meeting of managers including Directors/Assistant Directors of Nursing, General Managers, Service Managers, Area Co-ordinators. This group worked to identify the relevant organisational evidence and populate the evaluation tool from this perspective. The populated tool was forwarded to local services for feedback and comments. The lead person then collated the responses, made the appropriate changes and forwarded the revised tool to local managers.

Local managers or nominated staff members worked on adding local evidence to the evaluation tool. Some service managers provided supports at this point too.

Most service locations were eager to consult with persons using services and their families. They approached this with enthusiasm and commitment. A small number did not have the resources to carry out a consultation, mainly due to staffing issues.

Consultation with families included:

- Information meetings during the day and in the evening
- Phone conversations about the project and process
- Written information on the project
- Participation in the completion of the Easy to Read evaluation tool

Many families were very keen to be involved. Meetings were unexpectedly well attended by parents, siblings and other family members. They were generally pleased the service was participating in the project, and they asked lots of relevant and informed questions about person-centred planning. In some cases, managers had not met these family members previously and were unaware that these natural supports existed. This was particularly relevant where the individuals using the day service lived in residential settings.

Some persons using services participated in the collection of evidence by completing the Easy to Read evaluation tool. Some also attended the meetings with their families.

When the information gathering was complete, managers worked with staff teams to agree the ratings and to identify actions. The quality of the plans produced varied significantly from one service location to another.

The facilitator met with the lead person in November to review the quality improvement plans and discuss the overall evaluation process.

3.3.6. Organisation E

This organisation provides services to persons with intellectual disabilities, mainly in rural settings and towns. A number of day services and hub services participated in

the project. A working group was established specifically for the demonstration project. This group was made up of managers and frontline staff. Overall, staff were pleased to have a place to share good work and to discuss challenges. It was reported that the organisation have a strong commitment to New Directions, and this underpinned the work of the group. Previous work on the Easi-tool made this process a little easier.

Local staff teams were involved as much as possible in the process. Staff were consulted both individually and during staff meetings. In some service locations, families were engaged and were motivated to participate. In other services, families were not interested in taking part in the process.

Most service locations consulted with the individuals using their service. Where staff ratios were higher, it was reported to be easier to gather evidence and collate information. There was positive feedback on the Easy to Read tool:

> "It was easy to understand nearly every question".
>
> "I liked the blue colours".
>
> "It was more straightforward that the easy to reads we use".

The consultation strategies included:

- Staff completing the Easy to Read evaluation tool with individuals directly
- Completing the Easy to Read evaluation tool in a 360 format with staff and family members
- Small focus groups with persons using services to discuss the tool

Generally, the information gathering took place over a number of sessions. The organisation noted that completing the Easy to Read evaluation tool provided new learning and valuable information about individuals.

Two service locations swapped staff to facilitate the focus groups, but there was agreement that this did not work. Initially, in both services, participants were delighted to meet new staff members. However, the organisation found:

> "People who were interviewed to give their feedback, were more honest about their thoughts with staff they knew versus a staff member coming from a different area. People who expressed negative thoughts and gave suggestions to staff they know and work with daily, did not verbalise the same when interviewed by an outside staff member. Staff got the impression that the person was nervous about giving their thoughts when interviewed by staff from another area. People required a lot of reassurance that they could be honest and that it was okay if they found something that could be better, but we found that people did not share the genuine opinion that they had expressed to staff that they know and are comfortable with".

Although staff enjoyed the change, there were challenges interacting with some individuals with communication difficulties. More time would be needed to establish

relationships and build trust if this model was to be developed further moving forward.

Overall the consultation process was very positive, however, it was noted that it took significant time to write up the information afterwards.

Once the evidence was gathered, teams worked together to agree the ratings and to develop quality improvement plans. These were shared with the lead person. The lead person then met with the facilitator to discuss the plans and to provide details on the self-evaluation process. Many of the actions selected were organisational. A number of specific areas were highlighted during the evaluation process; these included staff education in relation to person-centred planning, the implementation of the PCP policy, the paperwork in place to support planning, and the use of technology.

The PCP working group operated well during the project and facilitated shared learning. It was agreed that this group would continue to function after the project finished. The organisation noted a lack of representation from persons using services on the PCP group and agreed to look at building capacity to address this.

3.4. Positive outcomes from the self-evaluation process

All organisations were extremely welcoming, staff were very interested in the project and most were eager to participate. The feedback on the National Framework was generally positive. Many service locations indicated that this is a good time to introduce change and they were excited at the prospect of new developments. There was a recognition of the potential challenges to person-centred planning, and a desire to share experiences and learning both internally and with other service providers.

1. In some organisations, self-evaluation led to the formation of working groups to focus on person-centred planning. These teams were made up of different personnel but could include senior managers, Persons in Charge, staff from day services, staff from residential settings and clinical staff. The feedback on these groups was overwhelmingly positive.
2. There was very strong engagement with persons using services. Some service locations worked extremely hard to personalise the consultation process and to support individuals with communication challenges. They tested out different methods of information gathering, including the Easy to Read evaluation tool, focus groups, the use of independent facilitators to collect information, individual interviews and 360 analyses. Although it was noted that the consultation phase was 'time consuming' and 'resource heavy', there was a consensus that it was 'valuable', 'informative', 'enjoyable', and 'offered great insight into ideas and opinions about PCPs'.
3. The inclusion of families in the evaluation process was encouraged and experiences were generally positive. In some services, families chose not to engage. However, in others they engaged readily, travelling long distances in

rural areas to take part in interviews and meetings. Again, many services invested significant time and resources in this aspect of the evaluation process, but most felt it was very worthwhile. It was noted that in some services, the consultation process 'introduced us to family members we hadn't met before', 'showed us that families are interested in the right things', 'raised important issues and concerns', 'generated new ideas and learning about individuals', 'brought up important questions'.

4. The evaluation process provided a structured opportunity for reflection. In some cases, it 'threw up issues that otherwise might not have been thought about'. Many services commented on the 'information sharing' that happened as a result of their organisation taking part in the demonstration project.

   The National Framework for Person-Centred Planning drills deeper than the New Directions Easi-tool and exposes more gaps in service provision and practice. Completing the evaluation demands that teams discuss, review and revise their information a number of times, leading to a deeper understanding of the PCP process and how to do it well. Some organisations felt this 'deeper analysis' is beneficial but others were concerned that it might cause confusion. There was a suggestion that the self-evaluation should be combined in some way with the Easi-tool for New Directions.

5. A number of services have identified potential pilot projects as part of their Quality Improvement Plans. These relate to topics such as communication supports, staff learning and development, educational opportunities for persons using services, independent planning and PCP resource development.

4. Factors to consider in the completion of the evaluation tool and the development of the quality improvement plan

This section focuses specifically on the self-evaluation process as a key element of the implementation of the National Framework for Person-Centred Planning in Services for Persons with a Disability.

A number of considerations, relating to the administration of the evaluation tool and the development of quality improvement plans, arose during the project. These are summarised below.

Section six of this report deals with the broader challenges to person-centred planning that emerged during the project.

4.1. The resources required for self-evaluation

This issue of staff skills and resources arose consistently in the five organisations and their service locations. Completing the evaluation tools for the first time is labour intensive and time consuming. It was challenging for some service locations to free staff to do this work. Some staff were very concerned about adding to their current workload. Consistent staffing also proved very important to the evaluation process. Staff must know their organisation and service well in order to identify the right evidence. Where staffing was compromised, for example, through recruitment challenges, sick leave, maternity leave or use of agency staff, it was very difficult for a

service location to complete the evaluation tool. A small number did not manage to complete the evaluation process and did not submit quality improvement plans for review. They identified staffing shortages or changes as the main reasons for this.

Completing the evaluation tool requires staff to have good administration and IT skills. The Excel version of the evaluation tool needs to be more user friendly and more functional, for example, to input data, populate information across pages, print copies of plans.

It must be recognised that the self-evaluation process took far longer for organisations to complete than was previously estimated. Most teams had a couple of attempts at the evidence, ratings and quality improvement plans before they were happy to submit them. They needed time to work both individually on the evidence gathering and to attend meetings to complete joint work, for example, to review and discuss the evidence, and to develop plans.

4.2. Consultation and accessible information

Persons with disabilities in some organisations said they found it time consuming and a bit tedious to complete all stage of the Easy to Read evaluation tool, or to take part in the consultation. Others, however, welcomed the individual time with their keyworkers or the chance to give their views on the PCP process in focus groups.

A number of organisations reported a certain amount of 'consultation fatigue' amongst managers, staff, families and persons using services. Many have been involved previously in the New Directions Easi-tool, HIQA inspections or internal surveys and consultations.

There was some concern that the statements in the Easy to Read evaluation tool did not correspond exactly to the statements in the main tool. A small number of services found this frustrating. Some services requested that the Easy to Read tool be simplified further to support individuals with more complex disabilities.

It can be challenging to gather the views of persons with complex communication support needs. Organisations reported that there is limited Speech and Language Therapy assistance available to help with this, and some organisations have no access to clinical supports.

4.3. Understanding of the concepts in the framework document

All organisations agreed that managers and staff must have a good understanding of the national framework and the concepts within it. Without this, teams find it difficult to identify gaps in their practice. Some local and service managers believe that their current practice is of a high standard and feel they are already implementing many of the recommendations in the framework. The facilitator found that this is not always the case, and there may be little evidence of implementation on the ground. In particular, there was a lack of reference to the belief and foundations essential to person-centred planning in some service locations.

Some staff have very little exposure to good practice, with a number of staff members and local managers reporting that they had never seen a good quality person-centred plan or an accessible version of a person-centred plan.

A lack of familiarity with the framework and a poor understanding of its implications was apparent in a few of the evaluation tools submitted.

4.4. Identification of evidence and determination of ratings

Service locations with less experience of person-centred planning found the process daunting and needed significant support from the lead person to complete the self-evaluation. Some services needed encouragement and reassurance to give honest feedback. This was particularly noticeable where there had been a previous negative experience in relation to evaluation and quality improvement planning.

Managers and staff teams were unsure what to include as evidence for each statement of practice. They are seeking more guidance on this. Some requested a list of possible items for inclusion with each statement of practice.

There was diversity in the ratings both within and across organisations. Teams under and over-rated for many different reasons, for example, fear of looking too competent/weak, allocation of resources, lack of understanding of specific statements of practice, too much focus on the organisational perspective. Some services rated their practice as fair but could not think of anything that needed to change. Some teams asked that sample lists of evidence should be generated with a corresponding rating.

Some services rated their practice as fair or weak if they did not have all the suggested practices in the framework in place. With the National Framework, the scale of needs is most diverse. Some recommendations for good practice may relate to persons with specific support needs. At all times, the user must decide if each statement of practice in the guidance and/or evaluation tools is meaningful to the person and their context, and to improving the effectiveness of person-centred planning for the individual. It is important to avoid tokenism and the misuse of resources. In some cases, evaluators overlooked everyday but really essential practices, omitting them from the evidence and reducing ratings. For example, some services rated themselves as weak if they did not have Easy to Read materials available. However, it was evident that the persons using their service would not be able to understand or use this type of information. One service used objects of reference/sensory cues and put measures in place to support each individual's understanding and engagement. Their practice was entirely appropriate and met all best practice recommendations. This practice should be included in their evidence and considered in the ratings.

4.5. Developing quality improvement plans

Some managers and teams found it difficult to identify SMART (Specific, Measurable, Attainable, Relevant, Time-anchored) actions in the Quality Improvement Plans. There were requests for examples of actions to assist with this issue.

5. Person-Centred Planning: The Strengths of Organisations and Service Locations

During the demonstration project, organisations and service locations had the opportunity to reflect on the strengths of their person-centred planning systems. Strengths tended to be intricately linked to the history and culture of the organisation, the leadership provided, and to strategic planning. Person-centred planning does not happen in isolation and the findings from this project reinforce the thinking in the National Framework on the importance of organisational culture, structure and processes.

Organisations with a strong history of person-centred planning found it easier to embrace the process and engage fully. In addition, the beliefs and foundations described in the framework, were more established in some organisations. This created an environment more conducive to consultation, reflection, evaluation and change management.

Some service locations identified very few areas of strength, rating their practice as weak or fair against most of the statements in the framework document. Other organisations and service locations highlighted specific areas where practice was considered to be strong or very strong. These strengths were further analysed through:

- the evaluation tools and quality improvement plans submitted by each service location in the organisation – a review and comparison of the evidence and ratings
- the facilitator notes and observations during meetings and visits to organisations and service locations
- written submissions provided by some participants in the project

5.1. Commonly identified areas of strength

Participants from the various organisations identified different areas of strength. Sometimes, opinions differed between service locations in the same organisation. However, a number of statements of practice drew the most consistent ratings of 'very strong'. These included:

- Organisational support for person-centred planning
- Engagement with persons using services and responsiveness to individual need
- Capacity building for self-determination, decision-making and self-advocacy
- Education and learning opportunities for staff
- Understanding of person-centred plans versus personalised care and support plans
- The person-centred planning policy
- The person-centred planning process in the organisation – PCP as an ongoing event, information gathering, understanding of roles, and accessibility

- The person-centred plans focus on the dreams and aspirations of the individual. Goals are individual and meaningful to the person
- Complaints policies
- Innovation to overcome barriers to goal-setting and achievement
- Positive risk-taking
- Reviewing person-centred plans
- Community networking and collaboration
- New learning is embraced and used to make positive changes

It is important to note that these strengths were not evident in all participating organisations or service locations. It is also important to note that the ratings are based on the views of the team/individual working on the evaluation tool. In some cases, the lead person and facilitator worked with local teams to adjust ratings both upwards and downwards.

6. The main challenges to person-centred planning

6.1. The challenges to person-centred planning

During the demonstration project, individuals and organisations raised a number of concerns and challenges in relation to the implementation of the National Framework for Person-Centred Planning in Services for Persons with a Disability. These challenges present significant barriers to the delivery of quality services and supports to persons with disabilities, and to the implementation of New Directions[2].

It was noted that the degree to which these challenges impact on the participating organisations varies significantly. Some organisations have measures in place to address and overcome challenges, whereas the practice in other organisations may be severely restricted by them. Some challenges are most relevant to specific service user groups or geographical locations, for example, persons with physical and sensory disabilities or persons in rural settings.

Some challenges are perceived to be beyond the control of organisations and are viewed as a 'national issue'. Others may be primarily the responsibility of another provider or agency, for example, home care packages or residential supports.

6.1.1. Equity of service provision

In some of the participating organisations, there is a lack of equity in the provision of services. Persons with disabilities may receive completely different levels of support for person-centred planning despite receiving services from the same provider. The skills of staff vary enormously even within organisations. Staff ratios may differ from one type of service to another, for example, Rehabilitative Training programmes and hub services seemed to have higher ratios than regular day services. It was particularly noticeable that those with severe and complex disabilities and older persons with disabilities appeared to receive the poorest supports in some organisations.

6.1.2. Institutional practices

'Group think' was still evident in some service locations. Institutionalised practices can be entrenched, and staff may find it hard to recognise them. Sometimes out-dated practices were put forward as evidence in the evaluation tool and local teams were surprised when this was addressed by the lead person or facilitator.

Valuing each person as a unique individual is essential. Services have to recognise that individuals will set different personal goals that reflect their choices. Supporting the person to achieve these goals may present challenges for the service provider. There is still a tendency in some service locations to offer group activities and outings, and to set 'group goals'. This may be due to practical limitations but needs to be discouraged.

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[2] HSE (2016) Interim Standards for New Directions, Services and Supports for Adults with Disabilities.

6.1.3. Staff learning and development

Organisations have developed and accessed many different learning and development options for staff around person-centred planning. Some have comprehensive learning pathways for staff, which are evaluated in-house on a regular basis, and adapted to changing environments. Others have invested to bring in modules from specialist, private providers from Ireland, the UK and further afield. Sometimes organisations have sent a small number of staff to specific learning events. A number of service locations have accessed the National Programme to Enable Cultures of Person-centredness within the HSE.

Often courses and learning supports are poorly evaluated, and there is little evidence in relation to their long-term effectiveness. It was suggested in one organisation that we need to know 'Does training on person-centred planning actually work?' and 'What works best?'

Some managers noted that staff are seeking PCP learning and development opportunities despite having received this in the past. They asked if this learning goes out of date quickly or is particularly challenging to transfer to practice. It was suggested that 'whole team' learning is best, as one person returning to a service with new knowledge and ideas can find it very hard to influence practice without 'on the ground' support.

In some service locations, it was clear that staff would benefit most from experiential learning - ongoing mentoring and support, i.e. being taken through the development and implementation of a person-centred plan step by step. There was a sense that qualified staff such as social care workers or nurses should know how to deliver a quality person-centred plan. In some organisations, managers and staff members felt that this was not necessarily the case.

An assessment of the skill mix in local areas might be beneficial and would support staff development and progression. Sometimes the skills and expertise sought by one service location were available in another service in the same organisation. A lack of communication between services meant that the organisation might look externally for this advice when it was actually available locally. For example, there are staff with excellent IT skills that could support services and individuals to develop plans in different media. There are staff with strong entrepreneurial skills that could help persons with disabilities to explore career opportunities.

6.1.4. The provision of supports

6.1.4.1. Staff ratios

Staff ratios are important to the development and delivery of high-quality person-centred plans. Staff need time to devote to the individual and their plan. It was noted that there are significant challenges to staff recruitment in some areas. A small number of services reported using agency staff regularly. The time staff spend on paperwork was also raised during the consultations. Persons using services explained that this impacts on their plan and on the achievement of goals. In particular, persons with disabilities highlighted the importance of one-to-one time with the person who supports them to put their plan together. They also valued individual time with the person(s) supporting them to put their plan into action.

6.1.4.2. Home care packages
The lack of home care packages and quality home care supports significantly affects an individual's capacity to engage with the person-centred planning process. Issues mentioned by persons using services include recruitment problems, reduced hours, carers not turning up, lack of flexibility, carers not trained to use slings and hoists. These issues impact particularly on persons with physical and sensory disabilities, but they were also raised as an issue for persons with intellectual disabilities living at home with older parents or family members. In some situations, a lack of home care supports might mean that the person cannot get up, washed, dressed and out to a day service, educational facility or workplace in the morning. It might mean that a person has to go to bed at seven in the evening as this is the only time a carer can come to support them. Where persons with disabilities cannot get support for the most basic everyday activities, person-centred planning is not a priority. These individuals can reject the planning process, explaining that it is difficult to focus on dreams and aspirations when their basic rights are not being met.

6.1.5. Leadership and working relationships

5.1.5.1. The local leader
A strong leader in the local service is a huge asset to the person-centred planning process. It was suggested that this person needs to have 'the right attitude'. Some of the characteristics associated with this include 'proactive', 'willing to take risks', 'creative', 'thinks outside the box', 'good communicator', 'strong people person'.

The local leader needs to have a thorough understanding of person-centred planning, the framework and the concepts within it. They need to embrace the beliefs and foundations outlined in the framework document and embed them in practice. They need to guide the staff team through the implementation process, and support consultation with persons using services and families. It can be difficult to recruit this calibre of person to local manager positions, and this directly impacts on the quality of person-centred planning.

Organisational culture is a key influencing component of person-centred planning. The governance from senior management is significant; the local leader needs to be supported by a strong senior management team that understands the benefits of person-centred planning. The organisation needs to be committed to delivering positive outcomes for persons using their services. It is important that strategic planning in the organisation supports staff to work in line with the framework and New Directions. Where staff felt supported by senior management, they were more honest and reflective in evaluating their PCP practice.

6.1.5.2. Relationships between day and residential services
A good working relationship between day and residential services is essential if one person-centred plan is to be developed and delivered in a cohesive manner. This working relationship facilitates information gathering at the early stages of person-centred planning, the development of the plan, goal-setting, achievement and review. Integrated person-centred plans are not automatic in all services or organisations. There needs to be much more collaboration. There can be difficulties, especially if the day and residential services are provided by different service providers. Often the residential service takes the lead in the development of the person-centred plan. Some day services reported that they can have little influence when this happens.

Organisation A in this project looked specifically at the implementation of the framework across day and residential services. They found that a strong working relationship with open and honest communication was essential. This 'openness' between services was identified as part of the organisational culture. Some of the staff worked across both day and residential services, and this was extremely advantageous.

6.1.5.3. Involving families

Some families are very engaged in the person-centred planning process and provide significant supports to their family member, both in the development of the plan and the achievement of personal goals. Others are reported to have very little interest. Some persons with disabilities do not want their families to be involved.

It was suggested that more information needs to be made available to families about person-centred planning. For example, information meetings, explanatory videos and online materials.

One organisation described how families can feel left out of the current PCP process. In the past, families were very involved in the PCP meeting. Now the focus is much more on the person and their priorities. Families can be frustrated as the PCP meeting is no longer a forum where they can voice their issues and concerns, for example, respite, residential places, carer supports. They can feel their voice is not heard. It was suggested that families may need support with positive risk-taking and with managing expectations. Some families fear New Directions, believing it will reduce services. This needs to be addressed. Organisations are looking at different structures and fora to support families, and to ensure their needs are met.

Some families also manage the person's finances, including their Disability Allowance. A number of services reported difficulties accessing money for the individual so they could work on their goals. For example, families may not wish to pay for courses, travel, lunches, outings. It is very important that the person has some control over their finances if they are to make their own decisions and live the life they want to live.

6.1.6. Important to and Important for the person

6.1.6.1. The separation of personalised care and support plans from person-centred plans

One recommendation of the framework is the clear separation of personalised care and support plans from person-centred plans. It is crucial that staff understand the difference between the two – what is important for the person and what is important to the person. This is a challenge for some organisations and levels of understanding were found to vary within and across organisations. It is also important that this separation is communicated to persons using services and to families. It was noted that a good personalised care and support plan is vital in order for a quality person-centred plan to be developed and goals to be achieved.

6.1.6.2. Multi-disciplinary supports

Some organisations are finding it extremely difficult to access multi-disciplinary supports. These are required to support learning and development, capacity building, accessibility, goal-setting and evaluation.

The provision of Speech and Language Therapy (SLT), Occupational Therapy (OT) and Psychology supports was raised as a specific problem. For example, communication supports are essential to ensure those with more complex needs can engage in the PCP process and make their own choices. SLTs can also offer support in the creation of accessible environments and materials. Occupational Therapy can facilitate the use of assistive technologies and the provision of meaningful activities, as well as ensuring each person has the appropriate aids and appliances to be as independent as possible. Psychology supports can guide the person and those supporting them with capacity building, risk-taking and community networking.

It was reported that persons using services and their families can find the move from children's services to adult services very difficult. This can be exacerbated by the lack of clinical supports in adult services. Often the working relationships between clinicians and staff in adult services are not established in the way they are in children's services. There is little understanding of the roles of clinicians in some organisations as staff have very little experience of working with these professionals.

Sometimes roles are severely restricted, for example, SLTs may have to prioritise eating, drinking and swallowing interventions over communication referrals. Clinicians may be permitted to deliver mandatory training only in an organisation - person-centred planning is not always prioritised or considered mandatory.

Persons with physical and sensory disabilities also requested more counselling and psychological supports. This is particularly important to individuals with acquired disabilities. It was noted that it can be hard to engage in person-centred planning if you are struggling with your mental health and well-being.

Some organisations and service locations could draw on the skills and expertise of a quality department. Others had access to external supports such as the Social Reform Fund. These supports provided valuable assistance and constructive advice to local managers and teams during the evaluation process.

6.1.6.3. Independent advocacy supports

The lack of independent advocacy supports was mentioned during the project. Not all areas have access to these supports. This can cause difficulties, particularly if issues arise during the planning process, for example, opposing views in relation to risk-taking or independent living.

Many of the participants had no experience of working with an independent advocate during the person-centred planning process and had little awareness of the role.

6.1.6.4. Respite facilities

The topic of respite came up again and again during the project. In particular, persons using services and their families commented on the need for respite, and the link between respite and person-centred planning. A number of individuals said that respite would be a priority goal for them. Respite places are reported to be limited and respite facilities are not always accessible. Persons with physical and sensory disabilities felt that there are not enough over-night breaks, and evening or weekend outings.

6.1.6.5. The management of medication
In some organisations, only qualified nurses can give out medication and this impacts on goal-setting and achievement. An individual may not be able to leave their day service unless a nurse can accompany them, or they may need to return in time for their medication. This reduces their freedom and choice.

6.1.7. Accessible environments
6.1.7.1. Transport
Transport is essential in supporting a person to achieve their goals, for example, the person may be reliant on transport to participate in activities in the local community, to attend educational establishments, to get to work, or to visit new places.

The lack of affordable, accessible transport is an ongoing issue, particularly in rural areas. Some services are located a considerable distance from towns, public transport routes and accessible pedestrian facilities. Accessible public transport, where it exists, can be limited. Services are often reliant on their own transport to assist persons using their services to get out and about. These cars and buses may have limited wheelchair spaces and not all staff are qualified to drive them.

Persons with disabilities may be unable to leave a service location more than once or twice a week. When they do go out, they can be very restricted in the time they spend away from the service as the car/bus may be needed by another person later in the day.

Persons using services explained that they really enjoyed getting out of the day service, going on trips and visiting new places. They felt 'limited' when they set goals as they knew they would not achieve certain goals because of transport issues, for example, attending a weekly class in a community location.

6.1.7.2. Accessible bathroom facilities
Organisations highlighted the lack of accessible bathroom facilities in local communities. This means that persons with disabilities are constrained in terms of the places they can go and the time they can spend in certain locations.

For example, a person might choose to take part in a community group in the local town. They may need to travel a distance to this town. However, if they need to use the bathroom or change their clothing, they will often have to return to their day service to do this. Some organisations also explained that they have to bring slings and hoists with them on outings to ensure the needs of individuals can be met. More initiatives like 'Changing Places' would be welcomed.

6.1.7.3. The physical environment
The physical environment in some service locations was noted to be extremely poor. The environment did not facilitate learning, communication, interaction or positive well-being. It impacted on persons using services, and on the staff working there. Again, there was an equity issue; some individuals spending their time in warm, bright, accessible spaces with access to modern technology and equipment. Others spending their day in dark, dingy rooms with minimal facilities.

Private spaces were an issue in some services. It was noted that quiet and accessible rooms might not be available in centres and it could be difficult to get undisturbed

time with your keyworker. There needs to be more consideration of alternative venues for meetings, however, the potential cost was raised as a possible barrier, as well as accessibility.

6.1.7.4. The provision of accessible information

Persons using services highlighted the need for accessible information both on the person-centred planning process, and also on the opportunities that are available to them in the local community. The types of accessible information suggested included audio, braille, Easy to Read and video.

Staff supporting individuals with high communication support needs explained the challenges of making the process accessible. They would like to use more visual supports, videos, scrapbooks, reminiscence tools, etc. This is time consuming and the provision of any resources to support this work would be welcomed.

6.1.8. Independent planning

Only one service (Organisation C) implemented a system of independent planning - see 3.3.4 for information. All other organisations felt they were a long way off using independent planners, but they were all interested in learning more about this model of working. Resourcing this type of service provision was a particular concern.

Organisation C compared the independent planning model with the traditional model of person-centred planning during the self-evaluation process. It was noted that more quality improvement actions were required by the services in Group B. These services used the traditional model and did not have access to an independent planner.

In Group A, the working relationships between the independent planners and team leaders were very positive. The organisation has invested considerably in developing these relationships. Roles within the PCP process were very clearly established and understood in Group A. The PCP process was clearer, in particular the separation of personalised care and support plans from person-centred plans. This separation was more likely to be communicated to the person who owns the plan. The accessibility of plans was stronger in Group A and plans were more detailed.

The services in Group A also have access to a centralised electronic recording system. This brought a number of benefits to the PCP process, in particular in relation to reviewing plans.

There was a sense that the person who owns the plan feels more in control with the independent planner. Families dictate the pace less. The independent planners were reported to be very skilled at goal-setting. Risk-taking was much stronger with an independent planner and there was more accountability generally. The traditional model was considered to be more risk averse.

Goals were less likely to stay on a plan on an ongoing basis if an independent planner was involved. It was noted that there was little difference between the actual goals set in Group A or Group B. All staff in adult services complete a QQI module on Facilitated Learning which cover topics such as task analysis and systematic

instruction. This is considered to be very beneficial to their work on person-centred planning.

There was no major difference in reported levels of satisfaction with person-centred planning between the two groups. This may be due to the lived experience of individuals, and their expectations.

There was little difference noted in relation to Circles of Support. Independent planners did seem to seek the involvement of a wider range of people in the person's life.

Staff from Group A appeared to be more confident when it comes to person-centred planning, putting themselves forward for new learning and projects. The team leaders from Group B would like to move to the independent planning model and the organisation is looking at ways to deliver this.

6.1.9. Circles of Support

Circles of Support are identified as a key component of person-centred planning. However, in reality there seems to be little evidence of them in practice on the ground. Most circles consist only of family members and/or paid staff. There was also a poor understanding of the concept of Circles of Support and what it really means in practice. Although organisations have worked hard to build community presence and to create opportunities for community participation, it can still be hard for persons with disabilities to build relationships with community members and to widen their support networks. Participants in the project reported practical difficulties in establishing circles, for example, attitudes in communities, data protection concerns, risk management issues, limited opportunities for persons with disabilities to meet new people.

6.1.10. Data protection

Some organisations requested additional information and support in relation to the General Data Protection Regulation. They were concerned that this law impacts on their ability to give persons with disabilities ownership of their person-centred plan.

6.2. Key actions in the Quality Improvement Plans

The quality improvement plans from the five participating organisations were reviewed. A number of areas were frequently identified as needing action. It is important to note that these actions were not required by all organisations. They include:

- Developing or updating a person-centred planning policy
- Ensuring the separation of personalised care and support plans from person-centred plans
- Clarification of staff roles in the person-centred planning process
- Improving paperwork and recording systems, particularly in relation to the PCP process and the reviewing of plans

- Improving the accessibility of the PCP process and the provision of communication supports
- Building the capacity of persons with disabilities to engage in person-centred planning and decision-making
- Providing/Evaluating educational opportunities for staff, persons using services, family and community members in relation to person-centred planning
- Identifying internal advocacy structures and independent advocacy supports
- Educating staff, persons using services, families and community members about Circles of Support / setting up Circles of Support
- Positive risk-taking and risk management
- Goal-setting
- Involving persons using services in service design, delivery and management

7. Actions to support the implementation of the National Framework for Person-Centred Planning in Services for Persons with a Disability

The demonstration project highlighted the good aspects of person-centred planning in each of the five organisations. However, it also emphasised the significant differences in the quality of supports provided by the participating organisations and service locations. Some organisations have well-established person-centred planning policies and procedures which deliver positive outcomes for persons using services. Others have poorly developed systems which struggle to provide basic supports and impede goal-setting and achievement.

One aim of the project was to inform the wider roll-out of the framework in disability services. Important challenges and barriers to the implementation of the framework emerged during the project. These must be addressed if the framework is to be fully implemented moving forward.

7.1. Guiding Principles - organisational culture and leadership

The framework document highlights the beliefs and foundations that are essential to person-centred planning:

Beliefs: individuality, equality, respect, dignity, empowerment, choice, inclusion and active citizenship, independence.

Foundations: Beliefs, person-centredness, outcomes, planning across an organisation, every plan is different, listening, responsibility, expectations, relationships, partnership.

The findings from the research reported in the national framework are reiterated here; organisational culture strongly influences the quality of the person-centred planning process and the achievement of outcomes. It is essential that managers at all levels of an organisation understand the concepts of 'person-centredness' and 'person-centred planning'. It is vital they recognise and understand the beliefs and foundations listed above, and commit to embedding these into the practices of the organisation. The local manager is key to person-centred planning, and this person needs to have a specific skill set in order to drive the implementation of the framework at a local level.

Whilst there may be clear management structures in some organisations, the lines of accountability can be blurred. When barriers to good practice are identified, it may be unclear whose responsibility it is to support the person to address these barriers. There can be a lack of innovation and a reluctance to problem solve or take risks. In some organisations, the values of New Directions and the National Framework are compromised by the actions of the organisation. There may be practical reasons for some of these actions, but it sends a confused message to staff working on the ground, to persons using services and to families.

The evidence gathered during this project demonstrates that if staff feel the organisation has a clear vision and shared values, and they have good management

support, they are much more likely to be reflective, creative, and to engage in positive risk-taking.

Recommended Actions

- The New Directions Working Group and PCP subgroup must ascertain if the National Programme to Enable Cultures of Person-centredness within the HSE could support learning for senior managers and local managers in disability services. If not, a specific educational programme for managers should be developed which focuses on person-centredness, organisational culture, and the beliefs and foundations identified in the framework.
- Service Providers must examine the equity of service provision within their organisation. Individuals should have the same access to person-centred planning supports regardless of their age, disability type or geographical location.
- The New Directions Working Group must promote the framework as a key component of New Directions. It is currently viewed by some as a completely separate initiative. Opportunities to combine the implementation of the framework with work on the Easi-tool and themes from New Directions should be explored.

7.2. Actions at the four stages of the person-centred planning process

A number of recommended actions are outlined below. The actions are aligned to the four stages of person-centred planning described in the framework. These actions are essential to support the implementation of the framework and the delivery of quality supports to persons with disabilities.

7.2.1. Stage 1- Getting ready to do a person-centred plan

7.2.1.1. Supporting persons with disabilities and their Circles of Support to build capacity for self-determination, decision-making and self-advocacy

Organisations must provide opportunities for learning and development in order that persons with disabilities and their Circles of Support can engage meaningfully with person-centred planning.
A significant number of participants suggested that persons using services, families and communities need more information on New Directions and on the National Framework for Person-Centred Planning. The implementation of New Directions requires significant engagement on the part of communities. It was felt that more work needs to be done in this regard if the standards in New Directions, including those relating to person-centred planning, are to be achieved.

The consultation initiatives undertaken as part of this demonstration project were enlightening, providing valuable information and learning. Where the voices of persons with disabilities and their families were heard, their contributions strongly influenced the quality improvement plans. A limited number of service locations reported that persons with disabilities had influence over service design and delivery, or a role in decision-making in their organisation.

Recommended Actions

- There should be a national strategy to engage persons using services, families and community members in New Directions and the National Framework for Person-Centred Planning in Services for Persons with a Disability. Circles of Support should be a key component of this strategy.
- There should be online information and learning supports in relation to person-centred planning for family and community members. This should explain and promote the role of Circles of Support.
- The New Directions Working Group must identify leadership opportunities for persons using services, family and community members. This includes representation on national and organisational working groups and involvement in service planning and delivery.

7.2.1.2. Learning and Development for staff

Significant investment has been made in education for staff but with mixed outcomes. Learning and development opportunities for staff need to be evaluated in an open and transparent manner. Overall, there seems to be a lack of cohesion, with some organisations dipping into different models and approaches without an over-arching plan. The facilitator felt there was a tendency to 'reinvent the wheel', with little sharing of educational practices, resources or experiences.

Recommended Actions

- The New Directions Working Group should commission/develop an educational module on person-centred planning. This programme should address the key elements of the national framework. Mechanisms should be in place from the outset to evaluate the effectiveness of this programme, in particular in relation to the transfer of learning into practice.

  Whole team learning should be prioritised.

  Any educational module should comprehensively address topics such as:
    - The difference between personalised care and support plans and person-centred plans
    - Independent planning
    - Collaborative working to develop a plan and ensure goals can be achieved / understanding of roles
    - Circles of Support
    - Accessible plans and the use of technology
    - Valued social roles
    - Community mapping and networking
- The PCP subgroup should provide additional guidance in relation to the completion of the main evaluation tool; lists of evidence, examples of

completed tools and quality improvement plans, shared learning on consultation.

The Excel tool should be reviewed to make it as functional as possible

- The New Directions Working Group should explore opportunities to engage with professional education programmes, particularly those for nurses and social care workers, to share information on national developments and best practice in relation person-centredness and person-centred planning.

7.2.1.3. Person-centred planning policy

The demonstration project highlighted the need for organisations to have a person-centred planning policy which is communicated clearly to all stakeholders. Where organisations had no policy, an out of date policy, or a policy which was unfamiliar to staff and others, there was a lack of structure and cohesion.

Recommended Actions

- All organisations must have a person-centred planning policy which is accessible to all.
  The policy must ensure that personalised care and support plans are separate to person-centred plans.
  It is essential that only one person-centred plan is developed for each person. The policy should identify how agencies, organisations and service locations will work together to facilitate this. The working relationship between day and residential services is particularly important in this regard.

7.2.1.4. Independent planners

Organisations would welcome specific guidance and direction on this topic, along with more information on models of service delivery and resourcing. Generally, there was a poor understanding of what independent planning really meant and practical issues, such as resources, deterred organisations from exploring this approach.

Individuals and organisations are interested to find out if personalised budgets could support independent facilitation. They would like to know how this model of funding and support might impact on their service delivery.

This topic was identified as a priority for further research.

Recommended Actions

- The New Directions Working Group should gather information from services using an independent planning approach in Ireland. This information should inform the establishment of pilot programmes in services for persons with a disability. These programmes should incorporate various models of delivery and approaches to resourcing, including personalised budgets.

7.2.2. Stage 2 – Putting a person-centred plan together

7.2.2.1. Goal-setting

Several participants in the demonstration project highlighted the challenge of supporting persons with disabilities to set goals during the person-centred planning process. Managers and staff also found it difficult to identify appropriate actions for the quality improvement plans. Many of the actions listed on the plans were not specific or measurable.

Recommended Actions

- Staff involved in the person-centred planning process should have access to learning in relation to goal-setting and action-planning, for example, differentiated learning, SMART actions. This should be a component of a module on person-centred planning or a stand-alone programme.

7.2.3. Stage 3 – Putting a person-centred plan into action

7.2.3.1. Facilitating Independence and supporting the achievement of personal goals

A number of organisational practices restricted the independence of persons with disabilities and limited their opportunities for community participation. Limited resources in some areas also impacted on personal freedom and decision-making.

Recommended Actions

- Organisations should provide learning and development for frontline staff in the safe administration of medication. This could facilitate persons with disabilities to participate in activities in their communities without relying on nursing support.
- Home care supports can be a significant barrier to person-centred planning. More collaborative work between agencies is required to address the deficits identified during this project. Collaborative work between agencies is also required to address the issue of accessible environments – transport, community facilities, information, etc.
- Organisations are seeking guidance on managing the issue of families controlling a person's finances. The New Directions Working Group should provide advice or guide organisations to the appropriate agencies for further direction.
- Persons with disabilities may need access to multi-disciplinary team (MDT) supports and independent advocacy supports in order to engage in person-centred planning and achieve their goals. There is a lack of availability and equity in the provision of these supports which needs to be addressed.

7.2.4. Stage 4 – Finding out if person-centred planning is working

7.2.4.1. Shared learning

All five organisations would welcome the opportunity for shared learning in relation to person-centred planning. Shared learning values the contribution of each individual, encourages active learning and reflective practice, and champions good practice.

Recommended Actions

- A follow-up workshop should be organised for participants in the demonstration project. This would focus on highlighting key learning from the project and offer practical ideas for implementing the framework going forward.
- The New Directions Working Group should continue to create opportunities for shared learning between organisations in the longer term. This could include study days, online learning, discussion groups, etc. Organisations must find ways to promote shared learning internally. Shared learning opportunities should promote the transfer of knowledge and skills to everyday practice.

7.2.4.2. Measuring outcomes

Some organisations used outcome measures to support their work in person-centred planning. This was very effective and supported goal-setting and achievement.

Recommended Actions

- The New Directions Working Group should identify how the Outcomes for Disability Services, developed by the National Disability Authority, could be used to influence organisational culture and support the implementation of the framework.

7.2.4.3. Influencing service design and delivery

Individual person-centred plans should inform the delivery of services and supports, and influence service development and the allocation of resources. Persons with disabilities and their Circles of Support should be able to express their views on local and national strategies that relate to person-centred planning.

Recommended Actions

- The New Directions Working Group will facilitate shared learning on the consultation methodologies used during this project and the findings which emerged. This could form part of the follow-up workshop. The information gathered on the views of persons with disabilities and their families should guide national developments and strategies.

Bibliography

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