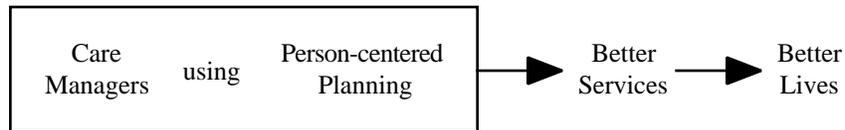
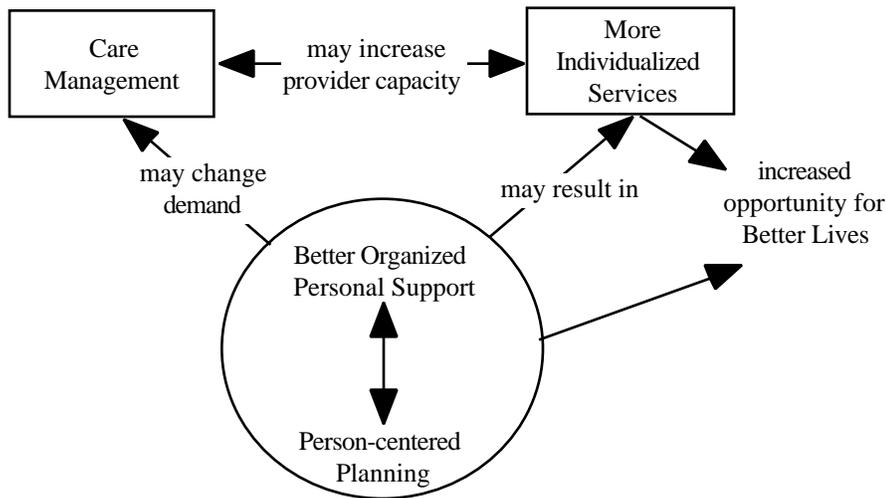


### The Contribution of Person-centered Planning to Care Management

An increasing number of people look to person-centered planning as interest in improving the practice of care management grows.\* Some wonder if care managers should routinely adopt person-centered planning tools as a means to better assessments and care plans, as this diagram suggests:



This note answers in the negative, arguing that person-centered planning would make a greater contribution to improving life for people with disabilities by changing the environment around care management than it could by changing the way care managers typically do assessments and care plans. As this diagram suggests, the assumed influences are somewhat more complex and more tentative than those implied by the straightforward adoption of a new technique by care managers:



---

\* Discussions arranged by the King's College Community Care Development Centre (CCDC) with groups interested in person-centered planning in Suffolk, Oxfordshire, and Somerset offered me the opportunity to think about the relationship between care management and person-centered planning. While I am much indebted to these groups, neither the sponsoring organizations or the participants in these discussions would necessarily agree with the position outlined here.

## **Potential Benefits**

I assume that thoughtful investments in person-centered planning will improve the care management environment by 1) changing the expectations and resources that some people and families bring to the care management process; and, 2) improving the capacity of some service providers to offer more flexible and more precise responses to differing and changing individual needs. People and families who bring well formed individual plans, better aligned personal support, and experience in problem solving and negotiation to the formal assessment and care planning process will reduce the information processing load care managers have to bear. Providers who learn to expand their repertoire of responses to individual circumstances offer care managers a greater variety of services to purchase, and may offer added value to people they already serve without seeking to modify existing care plans or allocations.

Making person-centered planning available outside the formal assessment and care planning process offers people and families the opportunity to develop an independent view of their interests, priorities, resources, and service requirements which may be informed by, but is not determined by, what the purchasing system deems to be a need. It also offers service providers a systematic way to improve the quality of the assistance they offer the people they serve within the funds and specifications allocated by care management.

## **Costs and uncertainties**

These potential advantages come at costs. People with disabilities, their families, and service providers assume responsibility for initiating action on their own behalf and take the risk that, despite investment of hard work, necessary cooperation and desirable resources will be unavailable to them. Asking others to become involved with their lives and projects may require an uncomfortable revision of isolating ideas of privacy and community. Care managers and their authorities may face well organized demands from people who question allocation practices and priorities. Everyone faces the challenge of stretching the sense of what is possible and the boundaries of typical roles. Everyone faces the difficulties involved in collaboration with others who have their own views and their own resources to contribute. Everyone faces partial disconfirmation of the fantasy of an external bureaucratic authority that can be held fundamentally responsible for a person's quality of life and used as a sufficient excuse for compromises.

Person-centered planning has reached a middle phase of development. I believe that the effectiveness of person-centered planning with people who voluntarily assume its costs and uncertainties justifies thoughtful investments in increasing the number of competent practitioners and making room in the care management process for its contribution.

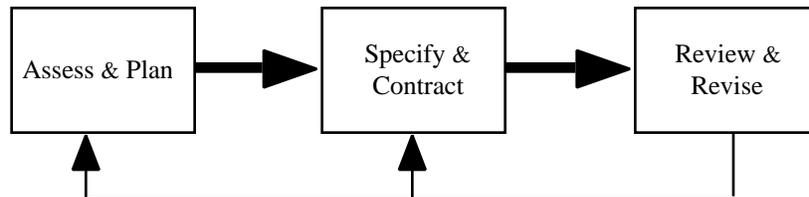
However, uncertainties remain large enough to make it unreasonable to require people with disabilities and their families to assume these costs as a condition of receiving services. While methods for educating facilitators continue to develop, person-centered planning remains an art effectively practiced by people who choose to learn in response to their own interest rather than a procedure whose practice can be reliably taught and required as a condition of employment. While a growing number of support providers increase their capacity to follow individual people's lead, facilitating person-centered planning, especially the follow through essential to continuing movement in the direction indicated in a plan, still remains labor intensive enough to strain the schedules of care managers who feel burdened by an unmanageable work load. While the range of techniques to support person-centered planning continues to evolve, a chosen relationship between people and their facilitator remains central in accounts of good outcomes. One of the responsibilities of competent practitioners of person-centered planning is to successfully join an increasing number of people with disabilities and their families in choosing a journey toward the security and satisfaction that results from assuming the risks of greater participation, contribution, and self-determination. While the numbers of people with disabilities and families on such journeys increases, these journeys remain a matter for volunteers not conscripts.

### **Distinct contributions and processes**

Care management and person-centered planning make distinct contributions and follow different logics. While the two processes can beneficially complement each other, they combine poorly.

Care management assures people with disabilities and their carers a fair share of available funds, clearly allocated to a qualified provider for a specified service, based on an individual assessment of need which allows for their input. It defines a benchmark and reviews both the adequacy of services delivered in terms of specifications linked to assessed need and conditions that suggest a significant change in individual need. In the practice of care management, "need" defines a contractual relationship between a purchasing authority and a service provider. "Need" entails an obligation to provide a level of funding sufficient to purchase an adequate service; it is defined within priorities set to distribute scarce purchaser funds in a way that will create the greatest benefit for the greatest number of eligible people. Care managers make critical decisions about the type and extent of a person's individual need, about the type and amount of service that constitutes an adequate response, and in cases where direct funding is at issue about the extent to which a person can make decisions about services.

Because a continuing flow of people depend on a relatively small number of care managers to reliably perform a process defined by statute as a necessary and properly documented step in receiving necessary assistance, care management follows a linear process, sketched below.\*



The care management process is paced by the calendar because there is a duty to provide people with assessments, care plans, and reviews in a timely manner. Fairness and uniformity are closely linked in most people’s minds: eligible people with similar disability related characteristics should get similar levels of service, and all applicants should be treated in a similar fashion, regardless of their circumstances. As much as possible, judgments about level of need should be based on objective criteria, objectively applied.

The quality of care management depends on how well its practitioners manage its built-in dilemmas. These include:

- Limited time to build and maintain relationships that might disclose more of what is possible for a person
- Dependence on existing service provider capacity for responses to people currently in need of services
- Responsibility to implement organizational policies that define the terms of need

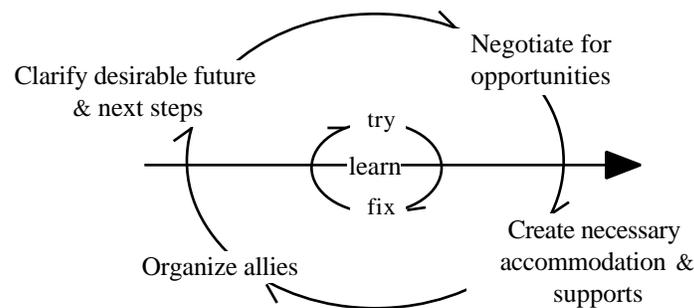
Practicing person-centered planning responsibly requires an investment of time in developing an understanding of a person and in assisting the people who know and care about a person to discover a basis for aligning whatever energies they can muster toward a better future for the person. This often means looking for constructive ways to deal with long standing conflicts. Person-centered planning seeks access to new opportunities for work, learning, leisure, and housing rather than remaining inside the limits of current service offerings. Person-centered planning raises the issue of possibility before –and sometimes in the face of– the kinds of short term realities created by organizational policies.

---

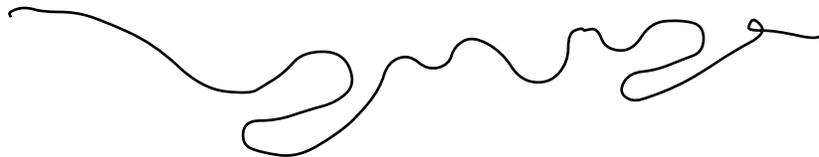
\* I realize that the care management process is far more complex than this diagram suggests. What matters to this discussion is its general shape: a linear, programmable process of decision making within specified rules.

It encourages its participants to stretch themselves to invent new ways to use and multiply resources, whether at the scale of organizing staff time and attention so that a person's morning routine comfortably suits them or at the scale of finding an effective way to develop alternative arrangements for a person who finds group living intolerable. Person-centered planning creatively blurs the distinction between preferences, wants, and needs by asking, "How can we use all of the resources available to this person to assist her or him to compose a life that makes sense?"

The process of person-centered planning is circular:



The path this wheel of learning describes is far less likely to be uniformly straight than it is to describe this sort of meandering search:



The quality of person-centered planning depends on how well its practitioners manage its built-in dilemmas. These include:

- Outcomes depend more on social resources than on easily definable disability-related characteristics. Knowing the extent of a person's impairment does not reliably predict such things as whether a person will hold a job or own a home, so disability becomes an increasingly fuzzy category rather than a clear, objectively measurable one. This means that people will have different outcomes which can be explained by the willingness of others to mobilize on the person's behalf and the person's reciprocal willingness to invest him or her self in making changes rather than by differences in degree of impairment. People with strong support circles will be and expect exceptions to usual policies and practices. They will look hard for ways around barriers. They will develop their problem solving skills and their contacts. These differences may violate some people's sense of fairness or their commitment to a principle that uniform services

should be available to everyone. They may also upset the routine expectations that provide stability to service organizations and their workers.

- Results cannot be guaranteed. The farther people move toward opening new opportunities –for example jobs or new sorts of supported living or new educational opportunities– the more their progress depends on the ability to negotiate changes with people outside the direct control of disability services.
- Accountability depends on people making and keeping agreements and repairing broken agreements. Those who have made commitments need to find ways of keeping themselves on course, making changes on the basis of what works and what does not.

Person-centered planning has proven itself as a way for willing people to break new ground. It's strongest effects on larger populations may well come through longer term effects on raising expectations and the routinization of inventions in more person-centered supports and services rather than through greatly expanded numbers of people engaged in person-centered planning.

### **Thoughtful investment in person-centered planning**

The developmental approach to change proposed here will probably seem too elaborate for people who see person-centered planning an incremental addition to the care manager's toolkit. It may seem pessimistic to those who think that major changes would happen if those in authority used person-centered planning to really listen to people with disabilities and their families. However, I see the necessary changes as systemic: providers, purchasers, and people with disabilities can each use person-centered planning as one means to open new community opportunities, increase the effective control people have over their lives, and reconfigure supports. The usefulness of person-centered planning in making this systemic change will depend on two factors: 1) the extent of policy change to make room for person-centered planning, and 2) the level of investment in developing competence in person-centered planning.

Some of the foundations of a thoughtful investment in person-centered planning would include...

- Position person-centered planning as a means to strengthening the voice of those people with disabilities and families who choose it and as a means to developing new expectations among people with disabilities and their families, new opportunities in community settings, and new capacities in the service and benefit systems people rely on.
- Avoid the temptation to make participation in person-centered planning a condition of access to typical services or a condition of employment for all care managers, as it would

be if it were a necessary part of the care management process. Keep it voluntary for people with disabilities and families and for facilitators, who have the responsibility to find ways to invite people into the process.

- Expect person-centered planning efforts to offer care managers and clinical specialists the opportunity to clarify and differentiate their specific contributions to better lives for people and their families. Provide occasional forums to explore the issues of authority and role boundaries that will inevitably arise. In this context, it is well worth acknowledging a trap created by a label: no one would characterize their work as anything but person-centered, and sometimes practitioners of person-centered planning are seen claim that they truly center their efforts on the person as if others did not. This trap needs avoiding.
- Make room in the care management process for person centered plans. Care managers hold responsibility for judging a fair allocation of funds and assuring adequate specifications for provider performance; they can and should not defer to those involved in person centered planning in these matters. However, care managers should be able to judge when it is reasonable for plans of care and specifications to create a minimum legal framework for those who will work out a person-centered plan over time rather than appropriating and judging the details of the person-centered plan.
- Consider the negative effects of some practices aimed at creating price competition among providers in light of the possibility that the engagement of service providers with a specific commitment to a person could well be the path to best value.
- Consider ways to focus person-centered planning on developmental issues for the service system such as increasing the range and effectiveness of supported living options, or assuring that young people have good support to move on from school into adult life, or expanding the variety of ways to support people in work, or assisting people to become contributing members of community associations. Making development funds or waivers of some rules available to people with suitable person-centered plans compounds developmental effects.
- Explicitly recognize the strategic importance of the variety that results from innovation in organizational plans and accept the trade-off with uniformity of offerings and outcomes.
- Make the most of direct funding as a way to increase the influence people and their families can have over their own lives. This increases the options available as people develop and work out their plans, whether they choose direct funding or not.
- Recognize that competent facilitation requires both intensive and extensive educational opportunities. Able facilitators can come from a wide variety of backgrounds, but no matter what their prior education, people need a chance to understand the ideas behind

person-centered planning, to learn the techniques of person-centered planning through practice (including making and following up plans in their own lives), to develop their skills through regular coaching and consultation, and to discuss difficult issues with other practitioners.

- Avoid limiting access to opportunities to learn how to facilitate person-centered plans. A growing number of family members and people with disabilities have become capable facilitators and co-facilitators of person-centered planning, as have a growing number of direct support staff.

### **Reading**

A variety of discussions of the possibilities of person-centered planning and the conditions for its effective use are collected in John O'Brien & Connie Lyle O'Brien, editors. (1998). *A little book about person-centered planning*. Toronto, Ontario: Inclusion Press ([www.inclusion.com](http://www.inclusion.com)).