SHS background materials

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SHS Trust and the work we do

Scottish Human Services Trust (SHS) is a values led training, consultancy, research and development company. All of our work is driven by a strong belief in social inclusion and the view that everyone is entitled to the supports they need to be a part of and play a part in community.

SHS believes that many individuals and groups in our society are at risk of social exclusion. These include older people, people with learning difficulties, people with physical and/or sensory impairment, people who have or are suffering from mental ill health, young people in care, and other disadvantaged groups.

The work we do brings us into contact with:

- individuals and families on a one to one basis
- user led groups and community organisations who want to change things at a local or national level
- staff from service providers working in the statutory, private or charitable sectors - for example: social workers, care managers, support and care staff, nurses and health associated professionals, advocates, day centre staff, supported employment workers
- policy makers at local and national government level.

As part of our work we design and run training courses, conferences and seminars. We publish articles, research papers, books and policy statements and we undertake a range of development work in fields such as advocacy, user involvement, person centred service design, and capacity building in local communities.

Much of the material and the philosophy is indebted to the work undertaken over the last 25 years by our colleagues in the UK, North America and Europe - particularly Wolf Wolfensberger, John O'Brien, Kristjana Kristiansen, Marsha Forest, Jack Pearpoint, Judith Snow and Alan Tyne.

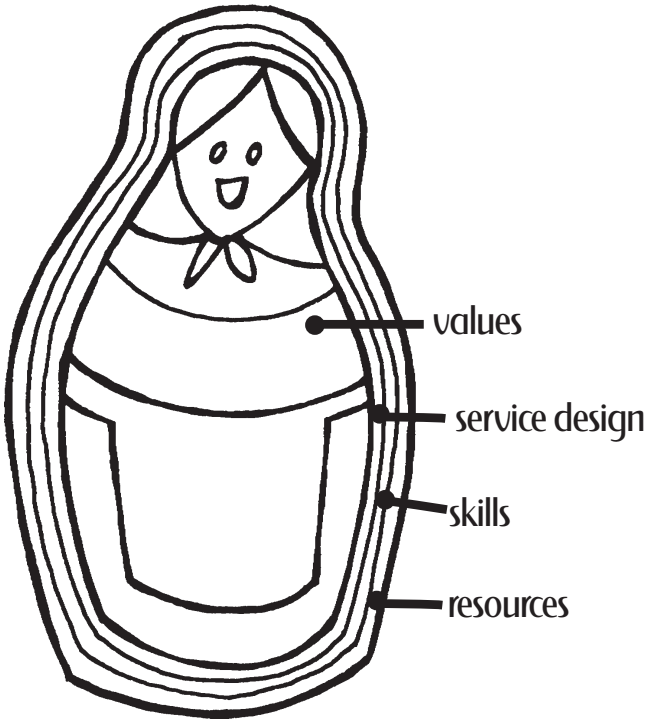
At the core of all our work is a commitment to the values of inclusion - the belief that communities are healthier, stronger and better when they learn to include everyone; the belief that social exclusion is both damaging to individuals and detrimental to the community as a whole.

The significance of the Russian dolls

Despite the best efforts of staff most services tend not to address or meet people's most important needs

Services typically face four different challenges in closing the gap between what people need and what they get. These are to do with: values and vision, service design, staff skills, and resources. A service may face all or some of these challenges.

- Values and vision
- Service design
- Skills
- Resources



These factors are linked. The underpinning values shape the service design, and this shapes the skills we expect from staff. The skills of staff affect the range and type of resources available to the service.

Organisations and services often say that all they need is more resources. However, it is clear that if the challenge is one of service design or of values and vision, just increasing staff resources will not prove to be a productive first step - it may be simply putting new wine into old bottles. Each type of challenge provides a constraint on what the service can achieve.

1. Thinking about values and vision

We have seen the central role of values in shaping the way we understand people's needs and the sorts of services we provide. It is difficult to get managers in a service to take time out to talk about values - about what they think people need, about what makes them go to work in the morning. Values are not something which can be simply written down in the mission statement and then left to look after themselves. Staff at all levels of the organisation need the chance to keep thinking about what they are trying to do, and why. This thinking works better if it can be done alongside the people who rely on the service.

Human services need to take as much care working on their values and vision as they take working on their budgets and their development plans. Otherwise, they will quickly go off course, and end up being very busy doing the wrong thing.

The values and vision must be clear, and they must be faithful to what people who use the service want and need. Otherwise, energy will be wasted and the service will not be focused on the right task. Every other decision will be flawed and may be counterproductive.

2. Thinking about service design

The service design must allow and enable the implementation of the values and vision. By design we mean the way the service is set up and managed: when, where and how people are able to use the service: the buildings that are used, the way people are grouped, the relationship which the service creates between staff and service user.

Many services were set up with a different set of values and vision and have inherited a design based on those different values. To make sense of their new vision they may need to make significant changes in design.
The explicit philosophy may have changed, but the models used are still the old ones. So we may talk about integration and inclusion but we still operate a whole range of segregated services - special needs housing, sheltered workshops, special schools, horse riding for the disabled, nursing and residential homes, day centres for people with learning difficulties and club houses for people with mental ill health.. We are still using many of the buildings put up between 1850 and 1950 to keep people 'out of sight and out of mind'.

The way we do things is influenced as much by unstated assumptions and custom and practice as by written policy.

Service practices, the 'look and feel' of the service, the design and location of the building, job titles and the way staff see their role, the messages the service sends out about what it is - all these often reflect very old-fashioned and

sometimes unconscious assumptions about the people being served.
If you accept that children and adults with disabilities are citizens at risk of social exclusion, the role of services is to support and strengthen the capacity of society to include them and to help them maintain and extend their positive social identity as valued members of their communities.

3. Thinking about staff skills

The staff skills must be up to the task. However clear the values and however beautiful the service design, a service cannot work well unless practitioners have the right skills. People who have done their previous job competently and conscientiously may feel defensive at the prospect of having to learn new skills, but without this a service may have all the right words but show no results. If the service has clear values and a clear vision, skilled and motivated staff can go a long way towards compensating for poor service design.

However, as a result of the way services are designed, staff become skilled in 'doing for' and even 'thinking for' people in the service. The language they use indicates very clearly where they believe the power lies in the relationship: they talk about "taking people to" places; of "allowing people " to participate in activities. They become skilled at 'organising', 'minding' and 'managing'. It is harder for them to learn 'listening' 'standing back' and 'responding'.

Staff also become very comfortable inside 'their' building and less confident and comfortable 'outside'. It is difficult for them to imagine functioning outwith the building and they begin to question the possibility of activity outside - 'but what if it's raining?'. Staff may not be skilful at introducing people they work with to people and places in the community, and may consciously or unconsciously mark people out as different and dependent.

4. Thinking about resources

Each of these three factors impose or remove a constraint on what is possible. Clearer vision, better design, higher skills increase the range of what can be achieved. The final constraint is the volume of resources - how many people, how much money can the service use. Everything else could be right and the service might be in a situation where progress can only be made if more paid staff are employed.

Most services would be happy to have an extra member of staff. But many services lack imagination in making use of the skills and resources of the people who use the service; or of their friends, families and contacts. Some services could also do more to make use of the skills and resources of their existing staff.

The values of inclusion

Every one is born in

We are all born as equal citizens and part of a community, we are only later excluded.

All means all

Everyone capable of breathing, even if breathing requires support, is entitled to be included - no-one is too difficult, too old, too poor or too disabled to qualify.

Everyone needs to be in

If people are physically excluded, they have to be physically included. Judith Snow talks about presence being the first criteria for inclusion - if you're not there, no-one will know you're missing.

Everyone needs to be with

Being there is necessary - but being with takes time and effort. A community is not just a locality - it is a network of connections and relationships. We have to help people be part of and belong to communities, not just be lonely residents within them or day visitors to them.

Everyone is ready

No-one has to pass a test or meet a set of criteria to be eligible - everyone is ready to be part of community now and it is community's task to find ways of including them.

Everyone can learn

We believe that everyone should be given the opportunity to try new things, grow as individuals and develop to their full potential.

Everyone needs support - and some need more support than others

No-one is fully independent and independence isn't our goal. We are working towards interdependence and differing degrees and kinds of support at different times.

Everyone can communicate

Just because someone can't or won't use words to communicate doesn't mean that they don't have anything to say - everyone can communicate and we have to work harder at hearing, seeing, understanding and feeling what people are communicating to us and communicating back.

Everyone can contribute

Each person has their own gifts and strengths - and each person has a unique contribution to make. Our task is to recognise, encourage and value each person's contribution - including our own!

Together we are better

We do not believe the world would be a better place if everyone is the same. We are not dreaming of a world when all differences are eradicated and all disabilities are cured - we believe that diversity does bring strength and that we can all learn and grow by knowing one another.

The importance of relationships

One scientific study showed that loneliness was a more significant mortality risk than smoking! Clearly relationships in general and friendships in particular are crucial to individual well being. A common characteristic of the lives of people at risk of exclusion is that they would like more and varied opportunities to develop relationships. If for no other reason, this is a good place to start in getting to know people. In starting to help someone make positive changes, most person centred approaches therefore suggest finding out about the relationships in that person's life.

Beth Mount who is one of the people who has developed the Personal Futures Planning approach says:

> *"A plan without attention to relationships will rarely take root and flourish. A rootless plan seems hollow and goes nowhere."*

This may be a common reason for some initial attempts at planning going no further. If the usual collection of professionals are the only people in the room with the person, it is far harder to imagine new and creative avenues to develop that person's presence in the community and to enlist allies to make it happen.

Beth Mount goes on to say:

> *"So we start with relationships. We discover who and what really matters. We discover ethnic and religious ties and identities. We discover the seeds of deep relationships and possibilities fir connection to nurture in the future. We discover who to include in the planning process, and we adapt the process to ensure the participation of essential people."*

Circles of support

This framework was developed by Marsha Forest, Jack Pearpoint and Judith Snow and is a particularly helpful way of understanding and building relationships. Much of their work has been based on actually building the networks of friendships and support - especially around children being included in mainstream education. This approach of intentionally building networks around people at risk of social exclusion is known as Circles of Support and has been adapted widely in this country and elsewhere. Although it is referred to as an analytical and reflective tool within our training - as with all person centred frameworks its primary function is as a tool for change.

Circle of intimacy

This is the innermost circle and included the people closest to you. This may include family members and/or some of our oldest and dearest friends... the people you can't imagine not being around even if you don't see them all that often.

Circle of friendship

The second circle which includes the people we think of as friends in the real sense of the word. People we confide in, rely on, borrow money from, laugh and cry with, people who almost made the first circle.

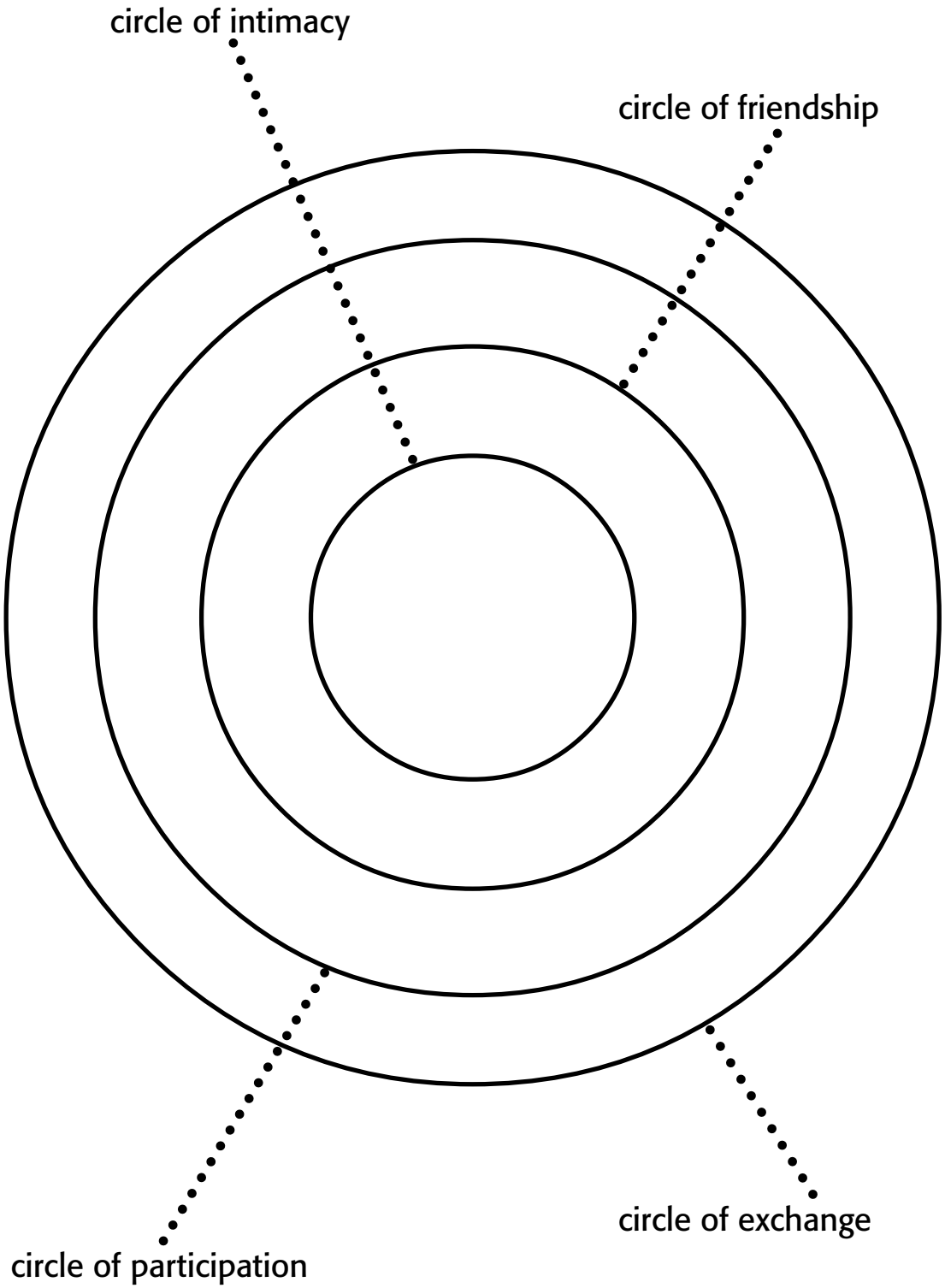
Circle of participation (or association)

The third circle includes all the people we meet on a daily basis, people who work in our office or we used to work beside, old school friends, people who we meet when following our hobbies or interests, people who always say "hello" even though we don't know their first name.

Circle of exchange

This outer circle includes all the people who are PAID to be in our lives - either directly by us or because they provide us with a service. This might include our doctor, dentist, child-minder, hairdresser, plumber etc.

Note: If anyone has listed people who are paid in any of the first 3 circles, we should discuss why that might be and what issues that may raise for the service in supporting individuals in the future?


circle of intimacy
circle of friendship
circle of participation
circle of exchange

Relationship maps

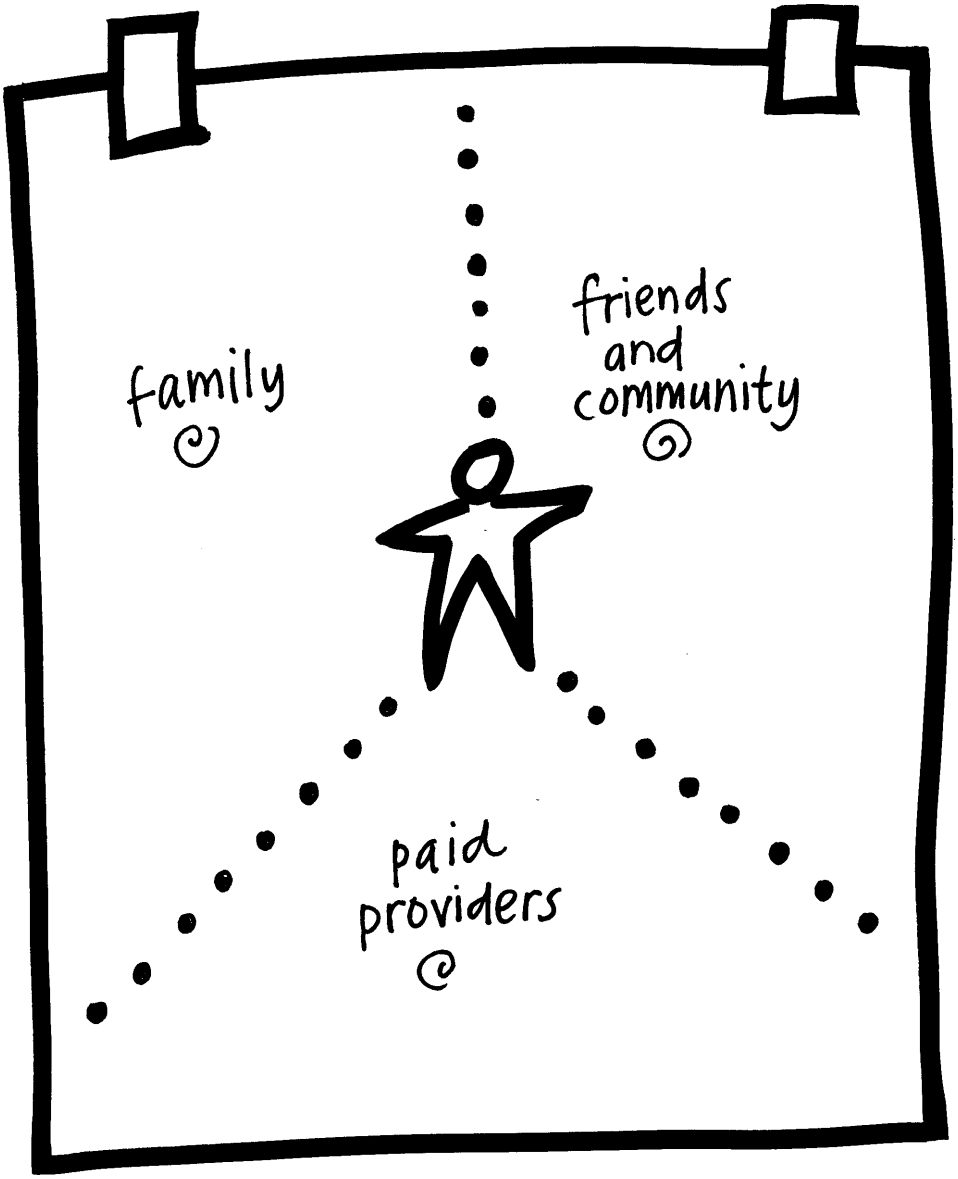
A slightly different approach is outlined in Personal Futures Planning (O'Brien, O'Brien and Mount) where the first step in getting to know a person is to develop a Relationship Map.

Rather than circles the paper is divided into segments with the focus person in the middle. As a minimum there are always at least 3 sections:

- Family
- Friends/community
- Paid providers

In this model, people are placed in the appropriate section but nearer or farther away depending on the strength of their relationship to the focus person. Additional lines can further denote a really important connection. If it makes more sense to the person, further sections could be used i.e. one for people who are paid to support them in a residential setting and another for other paid staff. As with the circles model, attention should be paid to those relationships, which might be strengthened now. Facilitators might highlight those who look most promising and Beth Mount suggests thinking of at least 5 ways to deepen and strengthen these relationships

Used sensitively and creatively both frameworks can make a difference to how well you know a person and to begin to give clues about positive changes. It depends on the individual person and their facilitator(s) as to which model fits best. Some practitioners have pointed out that the Map version has the advantage of allowing a person with limited relationships outside of their family and paid professionals a way of completing the exercise without some of the inner circles having big and obvious gaps. It also allows a space for paid staff who are close to people to have that relationship recognised. People have to judge according to the individual and their situation.



"Ask me
what is most
important
in this world,
let me tell you,
Tis people! Tis people!
Tis people!"

Maori proverb

Working with gifts and capacity

In person centred working the accent is on what people's capacities and gifts are rather than their deficits. We have already described how people who use services very often already have plenty of information about them which focuses on what they can not do. Although, it may seem common sense to look for what is positive in a person it is not all that common in our culture. We are often quick to pick up on each others faults or the mistakes we have made and often it is frowned upon for people to be seen to "bang their own drum". To be successful in helping people at risk of exclusion plan, we need to change these habits. Person centred planning offers some frameworks to help do this.

If you think of when you first meet someone it is unlikely that you would pick your own shortcomings to introduce yourself - "Hi! I'm an asthmatic middle aged man with myopia and a tendency to be grumpy if my routine is disrupted!" On the contrary, you might mention things such as your job, where you're from, what some of your interests are. Person centred planning takes a tremendous interest in this kind of information. How are individuals seen - as brothers, workers, sports fans, and friends? What kind of hobbies, interests and pastimes do they have? What things are they passionate about - as Tom Kohler says, "What gets them riled up?" What are their skills, interests and resources? Finding out these things begins to build a fuller picture of a person.

In person centred planning the expression "giftedness" is also used but it is important to realise that this is not meant in the conventional way. We do not mean someone who is a "gifted" pianist or painter (although some of the people we work with might be). Rather a gift is a "unique attribute" - something about you which creates a possible hook or connection with at least one other person. This therefore creates the possibility of a relationship and of greater community presence and involvement in the future. So someone might have a welcoming smile or an ability to be calm and quiet.

Discovering a person's gifts requires empathy, insight and the simple art of spending time with them. Sometimes friends, relatives and others, who know and like the person, might be better at seeing what your gifts really are and find it easier to say. Hearing others describe a person's gifts can be a positive and affirming experience for the person and their family.

Two leading thinkers on the subject are Judith Snow and John McKnight. Judith Snow describes giftedness as...

"...a common human trait, one that is fundamental to our capacity to be creatures of community. Gifts are whatever we are, whatever we do or whatever we have that allows us to create opportunities for ourselves and others to meaningfully interact and do things together - interactions that are meaningful between at least two people.

...our presence is the fundamental gift that we bring to the human community. Presence is the fundamental of all other opportunities and interactions- of everything that is meaningful in our lives.

Also fundamental to each person's presence is each person's difference. In fact presence is not possible without difference since even on a very simplistic level difference is essential to life (none of us would be here if the male and female difference did not exist). Meaning depends on difference as well, since if we were all the same there would be nothing to share or contribute to one another. Therefore, not sameness but presence and difference are fundamental to life and community...

Each person has a variety of ordinary and extraordinary gifts. The people whom we call handicapped are people who are missing some typical or ordinary gifts. However such people also have a variety of other ordinary and extraordinary gifts capable of stimulating interaction and meaning with others.

In fact it is not just that walking is a gift and not walking is not a gift or that knowing how to put your clothes on right is a gift and not knowing is not a gift. Rather walking is a gift and not walking is a gift; knowing how to dress is a gift and not knowing how to dress is also a gift. Each creates the possibility of meaningful interaction."

Gifts as described above are the basic tool of community. They are how we are able to interact with each other. When we seek to connect someone to community we are trying to find ways in which people can use their unique contribution so as to allow meaningful interaction.

No one is without gifts and it is our job to assist people to contribute those gifts in community. John McKnight writes, in "Building Communities from the Inside Out"

"Does everyone have capacities?
There are some people who seem to be without any gifts or capacities.

They may appear like an empty glass. And so they get called names - names like mentally retarded, ex convict, frail elderly, mentally ill, illiterate, and gang member. These are names for the emptiness some people see in other people. They are labels that focus attention on needs.

One effect of these labels is that they keep many community people from seeing the gifts of people who have been labelled. The label often blinds us to the capacity of the people who are named. They appear to be useless. Therefore, these labelled people often get pushed to the edge of the community, or they are sometimes sent outside the community to an institution to be rehabilitated or receive services.

Nonetheless, every living person has some gift or capacity of value to others. A strong community is a place that recognizes those gifts and ensures that they are given. A weak community is a place where lots of people can't give their gifts and express their capacities.

In weak communities there are lots of people who have been pushed to the edge or exiled to institutions. Often, we say these people need help. They are needy. They have nothing to contribute. The label tells us so.

For example, She is a pregnant teenager. She needs counselling, therapy, residential services, special education." But also, "She is Mary Smith. She has a miraculously beautiful voice. We need her in the choir. She needs a record producer.

Her label, pregnant teenager, tells of emptiness and calls forth rejection, isolation and treatment. Her name, Mary Smith, tells of her gifts and evokes community and contributions.

Communities growing in power naturally or intentionally identify the capacities of all their members and ensure that they are contributed. However, the most powerful communities are those that can identify the gifts of those people at the margins and pull them into community life."

"Every single person has capacities, abilities and gifts. Living a good life depends on whether those capacities can be used, abilities expressed and gifts given. If they are, the person will be valued, feel powerful and well-connected to the people around them; and the community around the person will be more powerful because of the contribution the person is making"

John McKnight

One framework - who am I posters

What's my identity?

This includes information about age, gender, job titles and important roles in the person's life, e.g. a 30 year old woman, a mother of boys, a big brother, the baby of the family, a nurse, a cleaner, the person who everyone talks to, the office agony aunt, the optimistic one in team meetings, the van driver, the fixer, etc...

What are my hobbies, interests and passions?

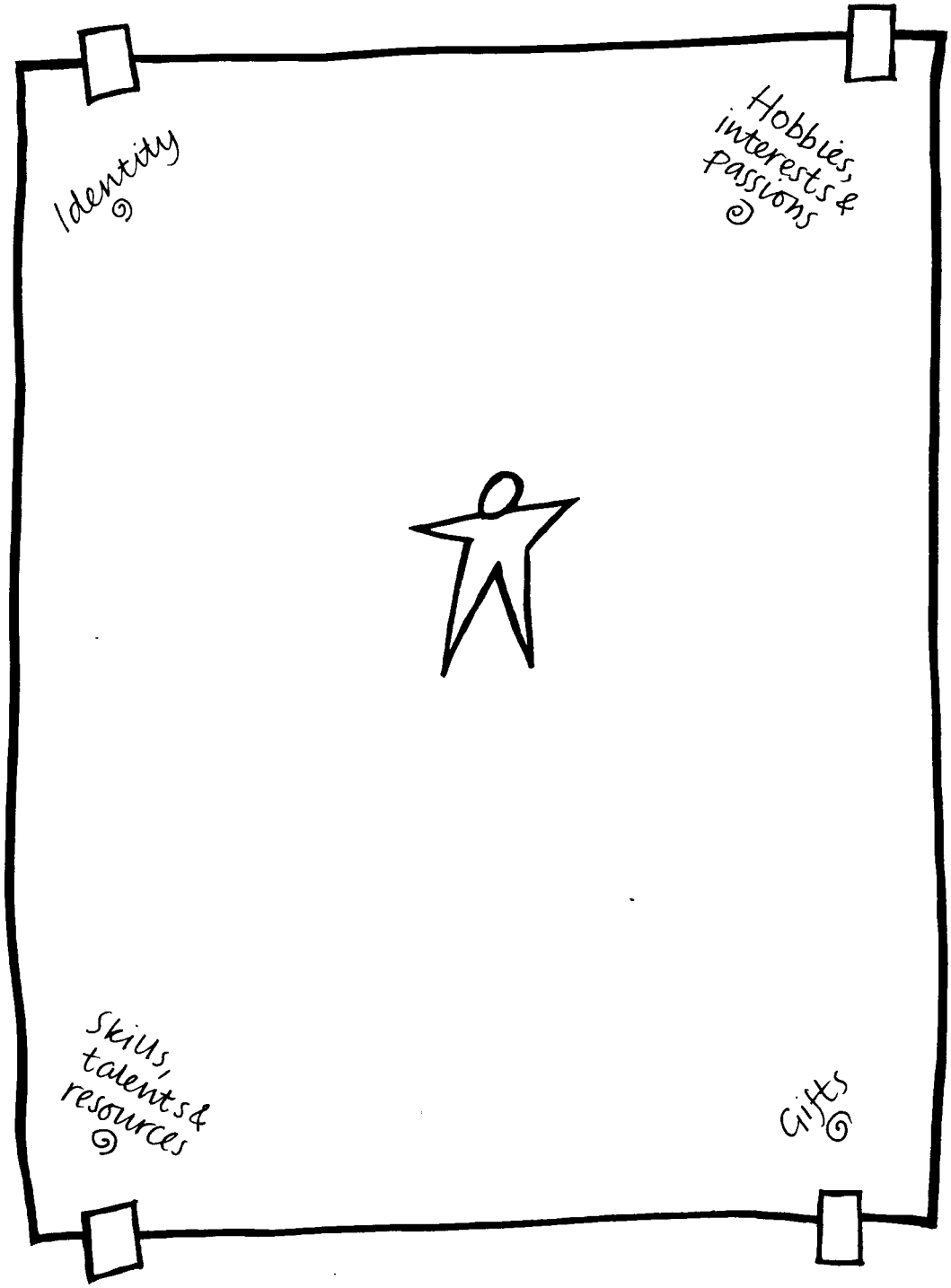
This should list all the areas and interests the person has.

What are my skills, talents and resources?

List everything the person can do, is good at, and enjoys. Also list all the people the person knows who might come in handy, together with any equipment or resources they have access to.

What are my gifts?

Bring in the other people in the team here to list some of the gifts the person has - what do the people who like them say about them, how do others who are positive about the person describe them.


Identity
Hobbies, interests & passions
Skills, talents & resources
Gifts

Dreaming up the future

Person centred planning is based on the premise that people want to make positive changes in their lives. That there is something about their life which they want to make better to get more of a life. A concept which is crucial to help people do this is the idea of dreaming.

What is the person's dream and conversely what is their nightmare? Our dreams are a vital source of energy. We are drawn towards our dreams and try our best to steer well clear of the nightmares. Person centred planning taps into this source of energy to give direction to the process of making changes and to give the person and their allies impetus to follow things through.

People dream in different ways. Dreams can change and grow with a person. For people who are deprived and oppressed, the dream may be very modest - to have some peace and quiet, to be able to come and go. Others will touch their dream by thinking about what they would do if they won the Lottery or if they had only 6 months to live. Some dream about external things - things to do, places to visit. While others are more about a state of mind or their spirit - the dream expresses some essence of them as a person. The same person might have more than one kind of dream at the same or different times in their lives.

We can have dreams for other people as well as ourselves. Person centred planning recognises the deep concern and commitment that friends and relatives feel for the person and utilises this to help people articulate their dreams. Planning enables the person's dream to become as vivid and detailed as possible while also allowing it to be heard by the people who care most about the person. This creates a real sense of direction and an urgent purpose about the change to be made. It is important of course in such a process to hold on to those things in a person's life which they do value now - friends, family, fun - and use these as a foundation for the future.

Dreaming, Judith Snow

"I used to have a very compelling fantasy about being a truck driver. I would sit for long minutes imagining that I was behind the wheel of a sleek 18-wheeler driving some important delivery to California, which is more than 4000 miles from where I live. I would imagine earning enough money driving my rig that I would have to work only six months

of the year. The other six I would put my feet up, so to speak, comfortably at home.

Now it is very unlikely that I will ever drive any truck. I have very limited use of my limbs since I have essentially no power in most of my motor muscles. So not only would I spend time in this fantasy but for many years I also spend time feeling guilty about this pursuit. But finally my interest in discovering the nature of the meaning caused me to examine in a non-judgemental way my own experience.

I discovered over time that my fantasy represented the dream that I have a life where my work would be the focus. In other words the life of a workaholic was, and still is, meaningful to mean. Beyond this the fantasy was telling me that a high degree of travel and mobility are satisfying to me. It's also important that I be bringing something of value to other people. Years after I began to examine this story I discovered another level of meaning. I discovered that the time spent at work needed to be balanced with restful and reflective time at home.

Nowadays I never spend time fantasising about truck driving. I'm too busy travelling internationally to deliver the message of giftedness and inclusion. Over the years my support circle and I have learned to ask for enough money from my workshops so that I can afford a restful home in Toronto where I can prepare for the physical demands of travel and gather stories, reflections and insights about community. This part of my dream is very much part of the public domain and I am fulfilled.

It took many years to reach the point in my life where the truck driver version of my dream no longer was necessary to point the way toward where meaning lay in my life. The process of listening to one's own dream and those of others is no instant solution to an annoying problem but a doorway to a room to be revisited over and over again. Nevertheless even short visits to the world of dreams can give us strong clues as to where meaningful opportunity lies in someone's life."

Dreaming

- Creates urgent purpose
- Can be painful and difficult
- Can be simple or colourful
- Can be threatening
- Is not always possible
- We all have dreams
- Dreams evolve over time
- Some dreams are buried deep
- Dreaming needs other people to listen
- Many dreams need to be unpacked

Laura Broderick

Other frameworks

We have mentioned some of the key ideas behind a person centred way of working but there are other important ones, which can help in getting to know a person and plan for the future. Below is a list which is not exhaustive.

The person's story (or background): from the person's point of view the significant things that have happened in their life. Gives important clues about people, places and things that matter. In some planning tools can really help build solidarity and empathy with the person, their family and build support for the changes agreed.

- Places maps: to find out where a person spends their time at present as a way of planning positive change in future.
- What makes sense and does not make sense in the person's life now. A very practical way of identifying what to safeguard and what needs to change and use this as an agenda for action.
- What things are essential, important or strong preferences in a person's life.
- One year on - imagining a positive and possible future for a person based on their dreams and aspirations.

Person centred planning

Key principles of person centred planning

We are spending time during the course thinking about how we can plan for the present and the future in a more person centred way with people, where they are seen as having rights and control over the services they receive and the lives they lead. We are also looking at different ways of planning with individuals we know in a person centred way.

All person centred planning processes share a number of key characteristics:

- the focus is on the person and their life - the planning meeting is not to discuss the difficulties the service or the professionals may be experiencing or the constraints they are working within
- the person and the people who love and care for the person are the primary authority
- the professionals are to be on tap and not on top - they are there to provide advice, knowledge, support and service - it is not their meeting
- the control is with the focus person and their advocates
- universal needs are as important as medical needs
- the focus is on individual gifts and aspirations, not individual needs and deficiencies
- there is a future orientation,
- there is a commitment to address conflict openly and honestly
- there is a commitment to reach a consensus for action
- there is a willingness to come up with non-traditional solutions

When person centred planning works it builds a desirable future for the person and engages the energy, commitment and ingenuity of others to make that future happen.

When used with integrity and an understanding of the values which underpin the process, it is an inclusive method for achieving inclusion.

It is culturally coherent means to reaching a culturally valued goal.

Person centred planning is a method, not a formula; a process, not a pro forma.

The process of the planning is as important as the steps of tool being used - what is happening in the room and in the minds of the people who are contributing towards the plan is often as important as the words being written down in the formal document.

The process also seeks to build commitment to change and the development of creative solutions to long term problems, not just analysis. By its very individualistic focus, it does not produce standardised and predictable outcomes. Everyone's plan will be different and unique to them.

Roles and tasks in person centred planning

Process and graphic facilitation

Roles and responsibilities

At the outset, we think it would be helpful to outline some of the principles which underpin person centred planning.

There is no one list of roles to be divided up between the different actors. Rather in each situation there are a number of roles to be adopted, responsibilities to be recognised and tasks to be undertaken.
For example:

- Someone may have to help organise the process with or on behalf of the person
- Someone may have to spend time helping the person tell their own story and prepare their own account of what they want
- Someone may have to spend time finding out about the person because no-one knows them well
- Someone may have to gather together perspectives from different people to create a picture of the situation that everyone will recognise
- Someone may have to facilitate the discussion in a meeting where people have very different perspectives
- Someone may need to give technical advice about how to help someone control a computer, buy a house or employ staff

Each of these tasks can be done in many different ways. Some people may take on several different tasks and roles during the planning process. The important thing is for people to be clear about their roles and boundaries as this allows other people to take up their own roles more effectively.

So, for example, a care manager may have taken on the role of gathering together different perspectives and facilitating a meeting. The care manager should be careful not also to take on the role of 'knowing the person well' unless there really is no-one else in the person's life who knows anything about them. Stepping back allows other people who do know the person to contribute and work together.

Another common situation is where the person wants to invite a member of staff along to the meeting as their friend. The staff person has to be clear with the person and with themselves what being a friend means. If they are the person's friend, they have to walk out the door and come in again, out of staff role and in their own time. Otherwise they have to be there as staff. People need friendly staff as well as friends.

There are some roles in person-centred planning which are definitely different from the roles in traditional assessment practice. The roles of family and friends, and the role of clinical and professional staff are seen in a different way. Most person-centred planning will involve someone taking on some form of organising role, and/or someone taking on some form of facilitating role. Even where the person is able to manage both these roles themselves, they may well invite a friend or relative to take on one or both of these roles. Person-centred planning sees interdependence - giving and asking for help - as part of community-building, not as falling short of independence.

The role of family and friends

Often it is family members who know the person best. They care about the person in a way that is different from everyone else and they will probably be involved in supporting the individual for the rest of their lives. They bring a huge commitment, energy and knowledge to the table.

Family members see the person and the situation from their own perspective. They may well have been let down time and again by services. They have probably had many experiences of not being heard unless they shout. They will probably have had professionals smile knowingly when they talk about their son or daughter and will have seen those professionals discount or ignore what they have to say. They will have had experience of being told nothing, of being passed from pillar to post. They will also have legitimate concerns about safety and security that have to be acknowledged, respected and addressed.

Person-centred planning starts from the assumption that families want to make a positive contribution and have the best interests of the person at heart, even if they understand those best interests differently from other people. In person-centred planning families are not caricatured as one dimensional - either 'over protective' or 'not interested'; instead they are invited to tell their side of the person's story with the richness of detail which can provide the clues for change.

Sharing power with families means seeking their active involvement and building a partnership. This has to be based on families and professionals getting to know each other well and building up a personal trust.

The role of clinical or professional staff

People with disabilities need good expert advice, information and specific help from skilled professionals - not just nurses, doctors, therapists and social

workers, but also lawyers, housing specialists and people who know about money. What they don't need is for those people's opinions to come first, to be the only basis for decision-making.

In person centred planning clinical or professional staff move from being the owners of the process, centre-stage, to being backstage technicians, the people who know what is technically possible and how to make it happen.

> *'Information gained from technical assessments of the person can be helpful, but only in the context of a knowledgeable account of a person's history and desired future. Subordinating professional-technical information to personal knowledge turns the typical agency decision making process on its head.'*

O'Brien and Lovett

The professional is no longer solely responsible for implementing the plan, nor can she carry all the blame if things don't work out. Professionals become people who can provide specific expertise and access to particular resources, rather than people who are expected to find all the solutions and put them into practice.

The professional role is to support the individual to work towards their desirable future by using their particular skill as required - whether this is designing a communication system, negotiating housing, or seeing if there is a way to improve the person's hearing.

An organising role

The main responsibility of this role is to support the person and find ways for them to participate as fully as possible. This might mean months of working with the person on their portfolio to help them discover and articulate what is important to them, or supporting the person to chair their own meeting, or simply organising coffee and cakes to make people feel more at ease.

This person may assist the person to choose who they want to take part in their plan, and help them issue invitations. They may need to find ways to actively encourage the participation of family and friends, including people from the past who have lost touch. Where someone is very isolated, their most important job may be to find an ordinary citizen willing to get to know the person and walk through the planning process alongside them.

A facilitating role

The role of the facilitator is crucial in person-centred planning. They have two main tasks: to encourage the exchange of views and knowledge among the people involved in the planning process, and to ensure that the focus on the individual is never forgotten.

The dictionary definition of a facilitator is a person who makes a task easy. Brainstorming metaphors for the role of facilitator one group came up with a juggler, a baker, a catalyst, a guide through a maze, a conductor, a wizard drawing together ingredients for a spell, or a film editor. In all these roles bringing ingredients together to create something special is central.

Someone who takes on the role of facilitator needs to have an explicit commitment to the principles of person centred planning, and significant skills and experience. The style and method of facilitation will be different depending on the planning process used. It usually includes managing a meeting and may also include building up a shared picture of the situation through a number of one-to-one conversations and presenting this back to a group.

Some services have access to independent facilitators. As the facilitator does not bring in-depth knowledge of the individual or of their situation, it is easier for her to concentrate on listening to others.

Being independent is useful in situations of conflict because the facilitator will not be seen as belonging to either camp. On the other hand the person may not feel happy having someone they do not know well at the meeting, so the facilitator will usually make a point of going to see the person first and talking about the process.

An independent facilitator can help to surface and resolve tensions within the group of people who are concerned about the person. She can make it safer for people to express and discuss deeply-held worries. An independent facilitator also has an important role in encouraging and motivating the group and helping people think positively.

The facilitator also has to pay careful attention to sequence. For example, Michael Smull advises people to think first about how someone wants to live, and only then to think about where. In building a picture of the person, it is essential to start with what they want and only then to look at 'what would it take?'.

The planning process travels continuously between a description of the present reality and a map of a more desirable future. The timing and order of these journeys is critical.
Whoever is facilitating the plan, Michael Smull suggests three 'nevers'

- Never plan with someone you do not like
- Never only plan once
- Never plan without a commitment to implement it

The role of the facilitator is always to listen hard, affirm and validate what is said and to ensure that the views of the person, their family and friends are heard.

The facilitator needs the skill of marginality described by Gerry Smale,

> *"the worker's ability to operate effectively as a participant and as an observer in any circumstance, and to neither become a part of problem-perpetuating interactions, slip unintentionally into being a permanent part of 'the solution', nor to remain impotently on the outside of the networks of people with whom they are involved. "*

The facilitator has to be 'constantly marginal', walking the line between detachment and involvement, between directing and reflecting.

The facilitator also needs skills in conceptualisation - the ability to make sense of information and see the patterns in it. Sometimes through a series of individual conversations the facilitator gathers all sorts of perspectives and snippets of information from different places and - like the Magic Eye pictures - lets a picture of what is important emerge into the foreground.

Process facilitation
Process facilitation in person-centred planning can include a whole range of tasks:

- Creating the space - getting the environment and tone right
- Holding the boundaries - managing groundrules, purpose, time
- Being in role - having an explicit and conscious role in the group
- Defending the process - giving it weight and momentum
- Eliciting - drawing out information, giving people a voice
- Validating - letting people know they have been heard, nurturing
- Mirroring - reflecting back what has been said, checking details
- Reframing - helping people to see the issue from a different angle
- Mapping - making connections, hearing themes
- Absorbing - allowing anger, pain and fear to be expressed in a safe way
- Holding the tension - allowing silence and feeling to come out
- Controlling the air space - managing the range of articulateness within the group

Graphic facilitation

Graphic facilitation may be familiar to many people as it has long been used as an aid in all kinds of meetings. It has several advantages:

- it encourages participation and is fun

- the proceedings of the meeting are recorded in a more memorable way - people are far more likely to remember ideas when images are allied with words
- everyone can see what is being said and agrees with the record as it goes up - the minutes are not typed up then disputed later
- the record serves as a reminder during the meeting of what was said earlier
- it helps the group stay focused
- previously unrecognised patterns and influences can be identified
- it encourages people to think creatively and in a different way
- position, colour, shape and arrows can be used to show connections between ideas

The process of graphic facilitation encourages people to think outside of their boxes, to come up with different pictures and different solutions.
A graphic record has a vibrancy lacking in a list of words. People who may be bored during the meeting are often engaged by the graphic.

Using different tools

There are a number of different person centred planning tools which can enable us to plan for ourselves and with other people when changes have to be made in our lives.

In this pack we will touch on four planning frameworks:

- PATH, developed by Marsha Forest, John O'Brien and Jack Pearpoint
- MAP, developed by Mary A Falvey, Marsha Forest, Jack Pearpoint and Richard L Rosenberg
- Personal Futures Planning, developed by Beth Mount, Connie Lyle O'Brien and John O'Brien
- Essential Lifestyle Planning, developed by Susan Burke-Harrison and Michael Smull.

Many of the authors of these approaches to planning believe strongly that you should not use any of these tools unless you have experienced them for yourself - a principle which we think makes a lot of sense. Only then can you be trusted to use the process with the skill and humility it requires.

If it is your plan, you are referred to as the focus person. The people who guide you through the planning process are called facilitators. For Map and Path there are two facilitators - a process facilitator and a graphic facilitator. For essential Lifestyle Planning there may be only a process facilitator. The graphic facilitator records the information on large sheets of paper. The process facilitator manages the planning process. If it is your plan, you may also have a group of people around you - your support team - who you want to be there to help you plan. This support team can include members of your family, your friends and, if relevant, some advisors or other professionals who you think might be useful.

The tool you choose, the type of facilitation you need for your own plan and the people you allow the facilitator to speak to vary depending on the context:

- Sometimes you need to identify the most important area in your life you need to change before you can work out which planning tool can help you change.
- Sometimes you need to improve the day to day level of physical care you receive .
- Sometimes you need help from others to move on from where you are now.

- Sometimes you need assistance from others to help you safeguard what is good in your life now.
- Sometimes you need help from others to work out how the future might be different.

When we are facilitating planning for other people we have to know that different tools have different strengths - Map and Path are good at creating compelling images of desirable futures and inviting others to join with the person in making these futures happen. Essential lifestyles planning is designed to help us catalogue specific details about how best to support individuals and this is particularly important when people have complex physical and medical support needs and do not use words to communicate. Essential lifestyles planning is also good at highlighting what makes sense in your life now and what needs to change.

Some tools are good at exploring ways to connecting people to communities and other tools are good at helping us work out individualised and specific support packages for people.

The Map process

Jack Pearpoint is based in Toronto and works worldwide as an advocate and campaigner for inclusion. Jack Pearpoint and Marsh Forest are founders of the Centre for Integrated Education and Community and the Map process was originally developed as a way of planning with children with disabilities who were being integrated into mainstream school.

The key criteria for this process to work are:

- The process happens in public - the person who is the focus of the plan invites the key people in their life to the meeting and the facilitators work with the whole group.
- There are two facilitators - one to manage the process and one to work on the graphic record, and the graphic is an immediate and agreed record owned by the group.
- Any conflict within the room has to be dealt with openly and it is the process facilitator's task to bring to group towards a positive consensus for action.

What is the Map for

The first question in any planning process should always be "why are we planning now?". The opening section of the Map process allows us time to focus on why we have brought everyone together and why this is an important time to plan with the person. What is the map for - where is our desired destination.

The story

You are trying to get as much information as possible about the focus person and the key events in his or her life - the clues you discover here will inform all the work you do later in the process. Your aim here is not to scrip a chronologically accurate and detailed record -your aim is to give the focus person, their family and the people around them a chance to tell the story of the crucial events, both negative and positive, in the focus person's life. It may be a revelation to many people in the room, it may be angry, it may be emotional, it may be sad.

You have to make sure people have enough time to tell their story, but not dwell too long on the negative sections. You must never put the focus person under pressure to give you details they don't want to share. It may be sufficient to write up "this was a bad time" and move on. Once you have shared your own story with others you will be very aware of how emotional this panel of the map process can be.

The dream

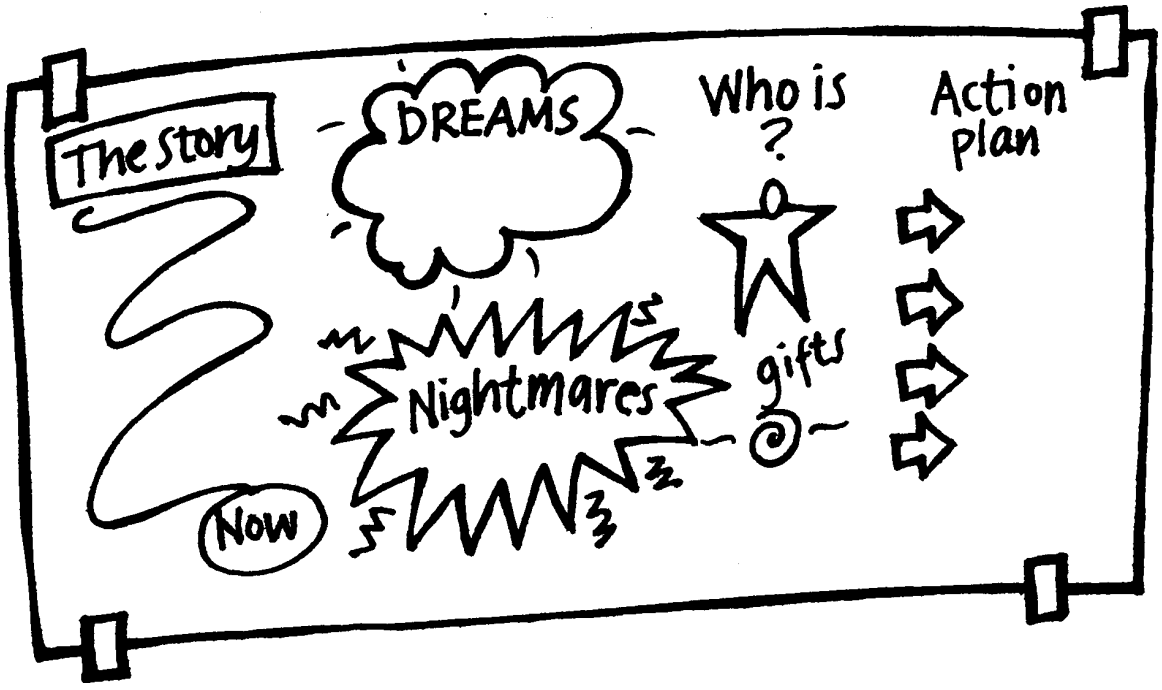
This section is crucial to the process. Everyone has dreams (even if they only feel like aspirations or ambitions at the moment). This section of the Map gives us a chance to focus on a desirable future - if we could get everything right for this person, what would it look like? We may need to use much of the information we gathered in the story to help us think about how to get things right. Sometimes this is very like the dream section in path, sometimes it is less intense. "What would it look like" is a different question from "what are your dreams" - you have to judge how deep you want to go.

The picture we draw here, whatever its content, should be energising and inspiring - it should engage the people in the room. It's content will vary enormously - for some people it may be having a room of their own, for others it might be owning their own business. Its purpose is to act as a North Star to allow us to chart whether we are working towards or away from the dream.

The nightmare

Sometimes it is easier to do this before the dream - we are often much more familiar with the nightmare scenario and it can give us a base to work from in the dream. The key question here is - if we were doing all the wrong things for this person, what would their life look like? By this stage in the process you should know whether the person's life at the present time is much more like the dream or the nightmare.

MAP, developed by Mary A Falvey, Marsha Forest, Jack Pearpoint and Richard L Rosenberg.



Who is this person

Ask the people in the meeting to describe the person to you as they would describe a friend. In this section we try and get some idea of the person's identity, their status, power and personality - i.e. 23 year old man, a 30 year old daughter, a 19 year old athlete - this gives us a benchmark for comparison. The sense of identity you build up here is very important. The focus person may have a negative self image and this section should work to overcome this view. This should be a warm and empowering experience for the focus person. They have to listen to what others want to say about them. It may be the first time any one has heard anything this positive.

What are their gifts, strengths and talents

Ask the participants to highlight what they like about the person, what hooks them into this person, what's different/distinctive about them. This section highlights what the person can do, not what they can't do. The qualities listed here don't have to be "gifts" in the British sense of the word - they are qualities and attributes which draw others to the person - from their smile or laugh to their memory for train timetables, etc...

If the focus person is isolated, the information in this section will give us some clues about how we can introduce the person to new people and begin to build a supportive community around them.

If there is a lot of negativity in this section, it is good indication that the person is surrounded by people who do not, or can not at this point, love or care for them. This may mean that one of the first steps which has to be undertaken is to move the person out of their current environment or help them build a new group of people around them.

If the right people are in the room, this can be a very powerful section. The words written up on the paper can often be less important than the process going on in the room. When we are asking people to talk about the gifts they see in the focus person, we are inviting them to align themselves with the person. In doing this, they give permission to others to align themselves. By stating you think the focus person has a brilliant smile, you are telling other people in the room that you like the focus person. This may change their perception of you and your relationship with the focus person. For parents it may be the first time they realise that their son or daughter is surrounded by people who like them - this can dramatically change the dynamics in the room.

What does the person need now

Taking into account all the information we have gathered to date, how is the person doing? Is their life more like their dream or their nightmare? Is there scope for working towards the dream and how can the person and the people in the room contribute towards this?

If little is known about the focus person or the focus person does not use words to communicate, we may need to find an expert witness to help us work up a picture of the best options for the person - the best person to provide information about what an 18 year old boy wants to do over the summer, is usually an 18 year old boy, not their mother.

The plan for action

Here we highlight and work out what needs to change and who is going to help achieve that change. We also need to clarify deadlines for actions and ways of working together to increase the chances of success. This may be one small telephone call or a major change in the way the person lives their life. A more detailed description of the Map process is detailed in "All my life's a circle" by Mary A Falvey, Marsha Forest, Jack Pearpoint and Richard L Rosenberg. (Inclusion Press, Canada, 1992).

The Path process

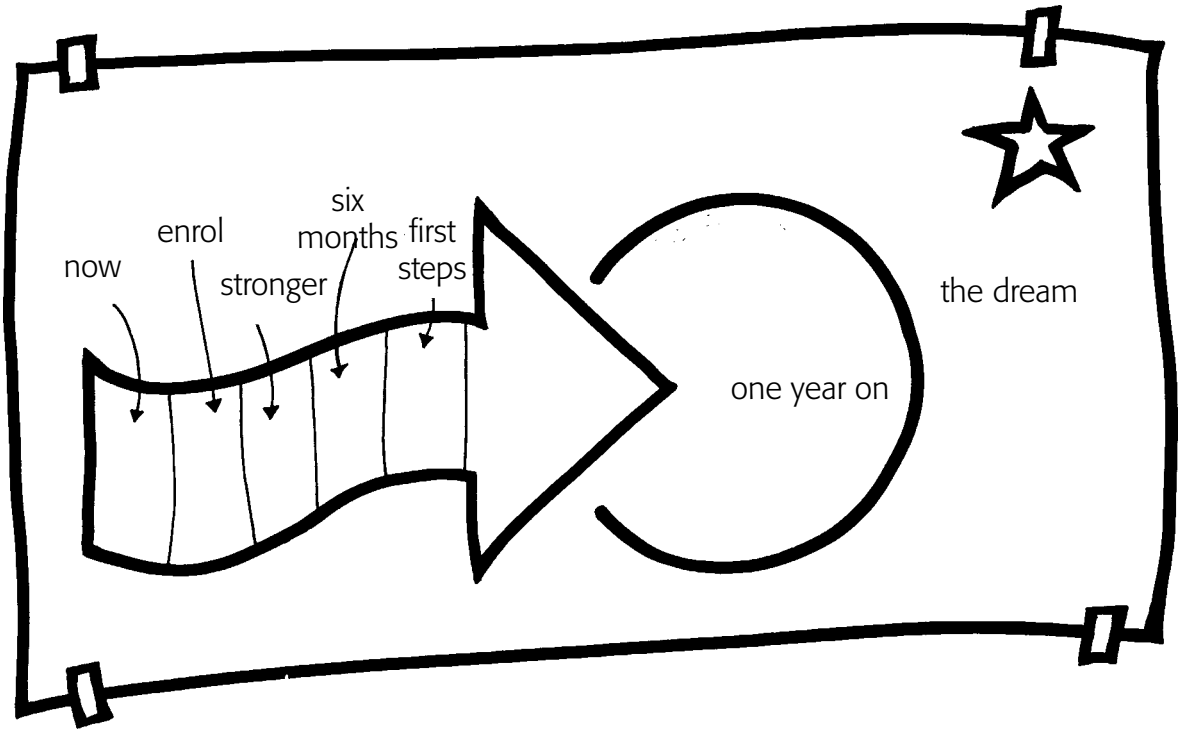
The Path process was developed by Marsha Forest, John O'Brien and Jack Pearpoint. John O'Brien has been working around the world for the last 20 years as a teacher and philosopher in the field of social inclusion. Some of you may be familiar with the Framework for Accomplishment (the five service accomplishments) which John developed back in 1987.

The Path process uses some of the same elements as the Map process which we will look at in more detail on the third day of the course. Like the map process, there are a number of key criteria which must be followed for the process to work:-

- the process happens in public - the person who is the focus of the plan invites the key people in their life to the meeting and the facilitators work with the whole group
- there are two facilitators - one to manage the process and one to work on the graphic record, and the graphic is an immediate and agreed record owned by the group
- the two facilitators should be external to the group of people who are participating in the path. If you are someone's key worker or their best friend, you can not facilitate their path - but you may have been invited to the meeting as a contributor to the process
- any conflict within the room has to be dealt with openly and it is the process facilitator's task to bring to group towards a positive consensus for action

PATH, developed by Marsha Forest, John O'Brien and Jack Pearpoint.

There is a very clear visual graphic to accompany the process. This is usually drawn on a large sheet of wallpaper (say 15' by 4') before the meeting and it looks something like this:



The steps and sequencing in the process are very important and should be followed. However, anyone using Path should be aware of how powerful Path can be - you should never facilitate this process if you have not experienced being the focus person in your own Path. Anything can happen and the facilitators need to know when to push ahead with the process and when to abandon it and do something different.

Before you start, be clear who the path is for. It should be for the focus person who has requested it, not for the service or for other people in the person's life. The service may need a path, and someone's parents may need a path, but their path will need a separate meeting.

Finally, as with all person centred planning approaches, the guiding principle should be **DO NO HARM**.

We will now describe the process from the point of view of the facilitators. Remember that you can not facilitate your own Path and you can not facilitate a Path for someone who is very close to you - you should be with them, supporting them in the Path if they want you to. The steps of the process are as follows:

The dream

After you have welcomed everyone to the meeting and listed their names, you move straight to the Dreaming section of the Path. The first two sections of the Path focus on the vision of a desirable future for the focus person.

As the process facilitator, you will have to work out whether you have done enough work with the group to enable them to open up in the Dreaming section - for some people this is very easy and for some it is hard to imagine a dream.

This is our chance to imagine a perfect future - it should be inspiring and energising and it should engage the imagination and mood of the people in the room. It's content will vary enormously - for some people it may seem completely out of reach, for others it may sound like a list of limited aspirations. Dreams vary over time and on different days - a dream may be to have your own house, but once you have your own place you will move onto a different dream. Dreams changing over time should not be viewed as an organisational obstacle - if we are working with people in a person centred way our goal should be to raise their expectations and enrich their dreams.

The key thing is to LISTEN to the dream and record it - particularly when , as the facilitator, you think the dream sounds far fetched or out of reach for the person. As the process facilitator your job is to draw out the essence of the dream - what is the person trying to tell us, what clues are there, what is important and essential to them, what do they really want...
Remember - the seeds for the future are in the dream.
The graphic facilitator has to draw the dream - in addition to trying to "picture" the big ideas in the dream, it is important to get down the words and the emotions the person is expressing. It is often important to start writing up key words right away - the focus person may be very anxious at the beginning of the path and this will let them know you are listening and feel more confident that they are saying the right things. Save the space around the star icon in the dreaming section until you are sure you are getting closer to the heart of the dream.

Sometimes the nightmare creeps into the dreaming section - sometimes people can tell you what they don't want very clearly. As the graphic facilitator it is often important to record this information - but try to keep it on the lower half of the paper. The graphics near the star should all be positive.

The graphics facilitator checks back the dream throughout this section of the Path to make sure they haven't misinterpreted anything or missed anything out. The focus person has to know that they can tell the graphic facilitator if they've got it wrong or they missed something out or need to change something.
The icon of the Star is symbolic of the North Star - the star which allows us to chart where we are going. Whatever else we do, we must be working towards the dream.

One year on

Once people have built up the dream, you have to bring them back to some form of reality. We use this section of the path to help people keep in their mind the best elements of the dream and imagine what would be positive and possible in a year's time. As facilitators you have to talk the group into the future - in terms of the process we need everyone in the room to be "remembering" the last 12 months as if they really did happen.

Although this may sound fanciful and contrived, it is an important part of the process. If you can get people to imagine what happened and tell you the story, you know they have begun to believe that the story is possible and that they have started to engage with their role in the story.

Earlier we spoke about person centred planning creating a compelling image of a desirable future and inviting others to make it happen - this is exactly what you are doing at this point in the process.

When you are facilitating this section you have to help people talk through what happened, when it happened, how it happened, what the weather was like when it happened, what they were wearing, how it felt....anything which makes the story feel real. People in the group can work together to create the stories - and you must always check back with them whether it felt positive and possible.

By the end of this section you should have built up quite a few ideas for the next 12 months. The graphics facilitator has to check back the information with the focus person and the people they have invited to the meeting. The focus person must feel positive about the scenario you have built up - you need to check whether anything important is missing and whether anything undesirable has been included. It should feel like a year worth having - if there is no energy in the room at this point you may have to consider whether or not to go on with the process.

Now

We now have to take people out of the desirable future and bring them back to today.

When we say "now" we don't mean now in the meeting, we mean now in life generally. We need to get words from people to describe how things feel now - adjectives, feelings, phrases which sum up for them how life is now. You can use this section to get different kinds of information - how does the person feel, how do the people around them feel, how do others view the present time. There may be differences of opinion which highlight important issues which have to be addressed.

You are essentially measuring dissatisfaction at this stage - if people think things could be a lot better than they are now, there will be some energy for

change. If people are complacent or happy about how things are, there will not be any energy for significant change.

You have to sense the tension between the now and the dream and one year on sections and check with the group whether they think there is enough energy to move towards the dream. People in the room may feel low during the now section and it is important to reconnect them with the dream to help them focus on the future again.

Enrol

You have completed the Now section and you have a sense of how big a stretch it is from the Now in the Path to the Dream and the One year on panels. If there is a big stretch this can give us the energy and urgency we need to do something. If people are content with the present, there will not be enough energy to do anything differently - if this is the case, you may need to abandon the Path at this point and use a different planning tool.

If there is enough energy, move onto the enrol section. This is the invitation to people to sign up to help the person reach their dream. Obviously the focus person has to enrol and this is another way of checking that we have got it right so far. After the focus person, other people who have been invited to the meeting are invited to come forward and put their names up.

During the enrol section the graphics person should put the pens down and leave the space for the participants to come forward and write their names up. Don't hang onto the pens - it can be more difficult for the participants to take the pens out of your hand than pick them up. If someone needs help to put their name up, one of the group should do this. The enrol section can be a very emotional and energising part of the process and the act of signing your name empowers the group to take ownership of the paper - it is as if it physically becomes the group's path from this point onwards.

It is important to be clear about what people are enrolling for. We are asking them to enrol for the dream and the one year on we have just created - not just the person and the future they previously or separately wanted for that person. When they enrol, ask people to clarify to the group what they are enrolling for - if they have one particular thing they want to assist the person with, they should say so at this point.

People in the room may not be able to enrol and this is an important part of the process. In many situations it is better for people to be honest than say they will do something which they can't or won't do. People may have to be given their chance to say why they can't enrol - it may be a positive contribution to the process.

In addition to this being a possibly reaffirming time for people who have know the person for a long time, it is also a chance for new people to come into the person's life and for some old acquaintances to see the person differently.

As you can imagine, this can be a very stressful part of the path process - if no-one signs up, nothing will happen. As the facilitators are generally external to the situation, they should not be signing up to assist the person with the changes they need to make - they have to invite the people in the room to contribute. The facilitators have to hold the tension in the room if there is any and deal with it.

Often the wider the group of people who have signed up, the more likely it is that something will happen. If one person takes on all the tasks, then it is generally less likely that everything will happen.

Sometimes you need to list additional people who aren't present who have to be enrolled in order for the dream to come true. When you do this, check out with the group who how they will do this. If there are a lot of people missing, it may be worth stopping the process and rearranging the meeting to finish the path when these people can be present. You should try to avoid a situation where the focus person is beginning to feel disempowered because they are sitting inventing people they think might help who aren't there.

Growing stronger

If people have signed up to assist the person, you can move onto this section. The people who have signed up have to agree how they well get stronger - how will they work together and keep one another motivated to assist the focus person. We can also think about what the people in the group need from one another, for example "I need you to phone me on Sunday evenings at around 8.00 pm to let me know where we have got to" or "I can't be chased up about this on Saturday afternoons because I am out with my kids".
This section must never be used to make up a list of things that the focus person must do in order to qualify for the dream - it is about what the group of people who are supporting the person have to do assist the focus person reaching their dream and experiencing some of the things highlighted in the one year on section.

Charting actions

We then move to the arrowhead of the graphic and we pick out the key areas where we need to take some action. This is essentially the beginning of the action planning phase of the Path. Once you have identified the key areas where people need to do something, you need to get them to brainstorm what and how they might do it. You can keep them in a big group or divide them up into smaller groups around specific areas - as facilitators you will have to decide what feels right for the group.

Six months, three months and one month on

It may feel right to do these more detailed sections - it often depends on what people need to do and what has to change. Often it is useful to have some kind of deadline agreed by the big group as this helps people focus and think about when they need to meet again.

First steps

We like to end the Path meeting by making sure that everyone is clear about what they have to do after the meeting. It is vital that everyone who will be contributing to the action plan has identified their first step - if they don't do anything within two to three days after the meeting, there is less likelihood that they will do anything at all.

As facilitators, try and make everyone sign up to something and make sure that they are checking up on one another to make sure they have done it. You may need to remind them about the things they said would make them stronger as a group.

Closing the Path meeting

At the end of the Path, you have to agree when you will meet again and you have to agree who will be the keeper of the Path - who is going to keep the wallpaper. This is often the focus person, but they may want someone else to keep it for them. The ritual of rolling up the paper and presenting it to the keeper of the path is significant - it is about the facilitators formally handing over the control to the focus person and the people they trust.

People sometimes take a photo of the Path and circulate this around the group. Someone may want to draft a written version of the action planning section to help the group work together when they meet again. The original path should be rolled out again and reviewed at follow up session.

Last words

Remember that people may need different Paths for different things - they may need a Path to help them work out where and how they want to live, they may use the Path to work out what kind of work they need to do, they may use if to help them work how to get through a difficult time in their life. Like dreams, you don't just get one for life.

And, very last words - Path is dramatically different from traditional forms of assessment. If you have assessed people using traditional methods, facilitation of a path should feel uncomfortable. Your role of facilitator is completely different from your role as assessor. If you don't feel uncomfortable, you may not be doing it right!

Personal futures planning

This framework was developed by Beth Mount, John O'Brien and Connie Lyle O'Brien. This process involves:

- Getting to know the person and what their life is like now.
- Developing ideas about what they would like in the future.
- Planning action towards this in relation to developing the person's life in the community and looking at how services need to change in order to help rather than get in the way.

Personal Futures Planning uses the 5 Service Accomplishments as a kind of values compass to check that the planning process is going in the right direction. Will the ideas people come up with reinforce old patterns of isolation, rejection, powerlessness and poor reputations? Or will these choices lead to relationships, dignity, choice, real contribution and inclusion in community life?

Getting to know a person - developing a personal profile

This is the first step in the Personal Futures Planning process and involves developing a series of maps which help give a positive and accurate picture of who the person is. This is often done by the facilitator(s) before the Personal Futures Planning meeting and is reviewed as the first step in the process of that meeting. Alternatively, the maps can be drawn graphically in the first part of the meeting. There are 5 basic maps which are always done:

Relationship Map

This is the first step in beginning to get to know a person which Beth Mount describes as "finding friends for the journey". By dividing the map into at least 3 sections - family, friends/community people and paid providers - and placing those who have the deepest and strongest relationships to the focus person closest on the map we can begin the process of getting to know them. This map can:

- Find out who could make a contribution to the personal profile and/or planning process - friends, allies, important people.
- Identify relationships which could be developed or strengthened - for example with friends or other community people.
- Show the balance of family, friends and paid workers in the person's life.

If there are very few people around in a person's life it may be a clear indication that energy needs to go into widening that person's connections now before ploughing ahead with a planning process that will have limited chances of success if the person has hardly any friends or allies.

Having found some friends for the journey the next task in developing the personal profile is to help find capacities in the person who is having the plan done.

Places Map

This maps out those places where the person regularly spends their day or week, paying attention to time spent in segregated service type settings and those ordinary community places they may go. The map should clearly divide these off and be explicit about how much time the person spends in each place -so that once again the balance of these is evident. This map:

- Shows how the person spends their time.
- Identifies the balance between Serviceland and the Real World.
- Highlights some opportunities for increasing time spent in ordinary community settings.

Background Map

This map is very like the Story in the MAP process where an overview is developed of what life has been like for the person and their family from their perspective. It can help illustrate positive experiences from the past to build on but also appreciate and acknowledge some of the loss, grief and trauma that may have been around in peoples' lives. It is done by drawing a time line usually from the person's birth to now and recording those events and experiences they feel are most significant and relevant. This map:

- Keeps people in touch with the person's history beyond their immediate past or life in services.
- Identifies experiences which must not be repeated.
- Celebrates achievements.
- Identifies positive experiences and opportunities which might be built on in future.

Preferences Map

This map is very like the Gifts one in the MAP process and describes the person's personal preferences, interests and gifts. It tries to identify those things the person likes and dislikes and draws all these ingredients into patterns which identify the potential and unique contributions of the person, as well as those trends which challenge their development. This map:

- Shows what the person enjoys, is good at and can contribute to.
- Identifies things they may want to do more often.
- Show which situations and experiences should be avoided.

Dreams Map

Once again this map is very similar to the Dreams and Nightmares sections of MAP and in it people are invited to imagine and share their dreams and desires for the future. They are asked to explicit about their hopes and fears and how they feel about the opportunities and obstacles that might lie in their path. It is vital that the person does this from their perspective and that those contributing to the process try to do likewise. This map:

- Helps to develop a sense of the lifestyle the person would like through their eyes.
- Identifies what the person is most afraid of happening or going wrong.
- Helps to set the agenda for the planning meeting itself.

There are further optional maps which can enhance the process of getting to know a person and should be used if the facilitators think they will help the person and those around them plan more effectively:

Choices Map

This should clearly show what decisions the person makes in their life and which are made by other people. This gives a good picture of how much genuine autonomy the person has in their life and which areas might be worked on to give them more control in future.

Health Map

This map should describe what helps and what damages the person's health. It should clearly specify those things that need to happen to keep the person healthy and safe and what things need to happen to make them healthier in future. This is not dissimilar to the Heath and Safety section sometimes used in Essential Lifestyles Planning.

Respect Map

This should illustrate what helps people to value the focus person and what things may be a barrier to this happening. It should acknowledge those positive aspects of the person which enhance respect but be clear about personal characteristics which might create barriers to community acceptance or lead to rejection by others.

Beth Mount suggests that facilitators may need to invent further maps in order to fully get to know the person who they are working with and gives the example of developing Communication Maps for people who have visual or auditory difficulties.

When the personal profile is completed the various maps can be summarized by drawing them into 5 -10 capacity themes which can be drawn together in a statement about the person which others can be invited to comment on and add to.

Community building map

Having completed the personal profile, the next task suggested is that those people involved in the Personal Futures Planning meeting brainstorm ideas for the many ways that an individual might become more involved in community life. It is extremely important that people think ordinary, try to be as creative and imaginative as possible and do not judge the ideas that are offered but list them all. The framework suggested by Beth Mount is to brainstorm places that enhance citizenship contributions:

- Interests: summarize the interests, gifts, qualities and identities we hope to develop.
- Places: list community opportunities - settings, associations, networks and places where people come together who have similar interests, qualities and values.
- Roles: imagine a variety of citizenship roles the person could assume, learn and contribute in such a network.

Then the person picks out 2 or 3 ideas which seem most interesting and those present outline 5 specific strategies for getting started. It is important that this is done in a systematic way and that thought is put into identifying what supports might be necessary to make this happen i.e. How will people get there? Who will support them? What do paid staff need to do? Can the family help? Are there opportunities for natural supports to be built? What skills are required for these roles? How can these best be taught? What are the opportunities for building understanding between people? What adaptations are required in the environment to build success?

These ideas can then be expanded when the meeting goes on to develop a plan for the future.

Creating a positive vision for the future

The planning meeting provides the opportunity for a group of people to develop a powerful positive future that inspires people to work hard over time to implement the vision. Although each plan will be unique they might include some of the categories listed here:

- Better Days - work, transition to work, work experience, school, adult education.
- Better Social and Community life - friends and fun, community experience, family and love life, community participation, neighbourhood life.

- Better living arrangements - home, home ownership, homemaking, hospitality.
- Pursuit of interests - artistic expression, spiritual life, vacations and travel, self-advocacy.

In the meeting people will develop priorities which make sense to the person. For example, it might be crucial to address their living situation as soon as possible while other issues such as finding a paid job can have a longer timescale. It probably makes sense to have a balance with at least a few clear short term things for everyone to work on. As in the community building exercise the meeting should then brainstorm ideas and strategies which will help make the vision a reality - pick the best ideas and prioritise the work, asking individuals present to commit to follow through on these. A date should then be set to meet again and see how things have gone.

Basic Steps of the Personal Futures Planning Meeting

- Review the personal profile.
- Find desirable images of the future.
- Brainstorm strategies for achieving vision.
- Establish priorities to start with and help group members to make commitments to action.
- Set time and date of next meeting.

Follow along meetings and renewal activities

As with all planning tools it is extremely important not to plan only once but to try to maintain commitment of the person's team over time to ensure that problems are being tackled and the person is continuing to travel towards their goals and dreams. Personal Futures Planning suggests a simple structure for enabling this to happen.

At the follow-along meeting those present review what has happened since the last meeting and list What's Working and What's Not Working. They then go on to brainstorm new strategies and ideas for action and once again are clear about who is committed to action to make them happen. The meeting ends with the time and date of the next meeting being agreed.

Probably the biggest challenge to the facilitators is working to maintain the commitment of a group over time and the ability to bring the group together to help the person problem solve over time is a major challenge. However, the effective building of a committed "Intervisionary Team" (as Beth Mount calls it) is vital to supporting the person develop their community life.

A final step in the process is to consider giving constructive feedback to service agencies about what is working and not working in relation to the person having the plan done. The idea here is to try and feed into the wider organisational picture some of the issues which must be addressed to improve services. It is an optional part of the process but may make great sense in some situations. It is described as creating a Platform for Change and a framework given for how to do this.

A more detailed explanation of Personal Futures Planning can be read in Dr. Beth Mount's book "Person - Centered Planning: Finding Directions for Change Using Personal Futures Planning" (published by Graphic Futures, New York - 2000 edition).

Essential lifestyle planning

Essential Lifestyle Planning process

This tool was developed by Susan Burke-Harrison and Michael Smull as a way of discerning what was important to people in their everyday lives and cataloguing this information in a way which enables service providers to deliver the service in a consistent and respectful way.

It was developed originally as a means of supplying service providers with as much relevant information as possible about individuals who were leaving long term institutional care. It is also used widely in residential care settings as a way of ensuring that all staff provide the service in a way which suits the person.

Undertaking interviews

The focus person and the facilitator for the plan identify the key people who are most important to the person and who can contribute to the plan. The facilitator starts with the focus person and then talks with each key person, trying to build up as rich a picture as possible of the focus person and the things which are important in that person's life.

Prioritising information - five initial panels

Essentials, important, likes

The information is sorted out into three main categories: the essentials (or non-negotiables), the things which are important (or strong preferences) and the things the person likes. We can then build up a picture of the people and things which must be present or absent in the person's life in order for them to achieve their preferred lifestyle.

When we think of ourselves and the people very close to us, it is easy to make up a list of essentials or non-negotiables - for example, my son must continue to see his grandmother once a month, I must be allowed to buy at least one CD every month, my aunt must be supported to attend church every Sunday morning. In addition to asking us to highlight the key areas, essential lifestyle planning asks us to be specific and quantify volume and frequency.

We then categorise other areas and requirements as either important (or strong preferences) and as likes. Although we have interviewed lots of people to build up this rich picture, these sections reflect only what is important to the person, not what other people consider to be important or essential.

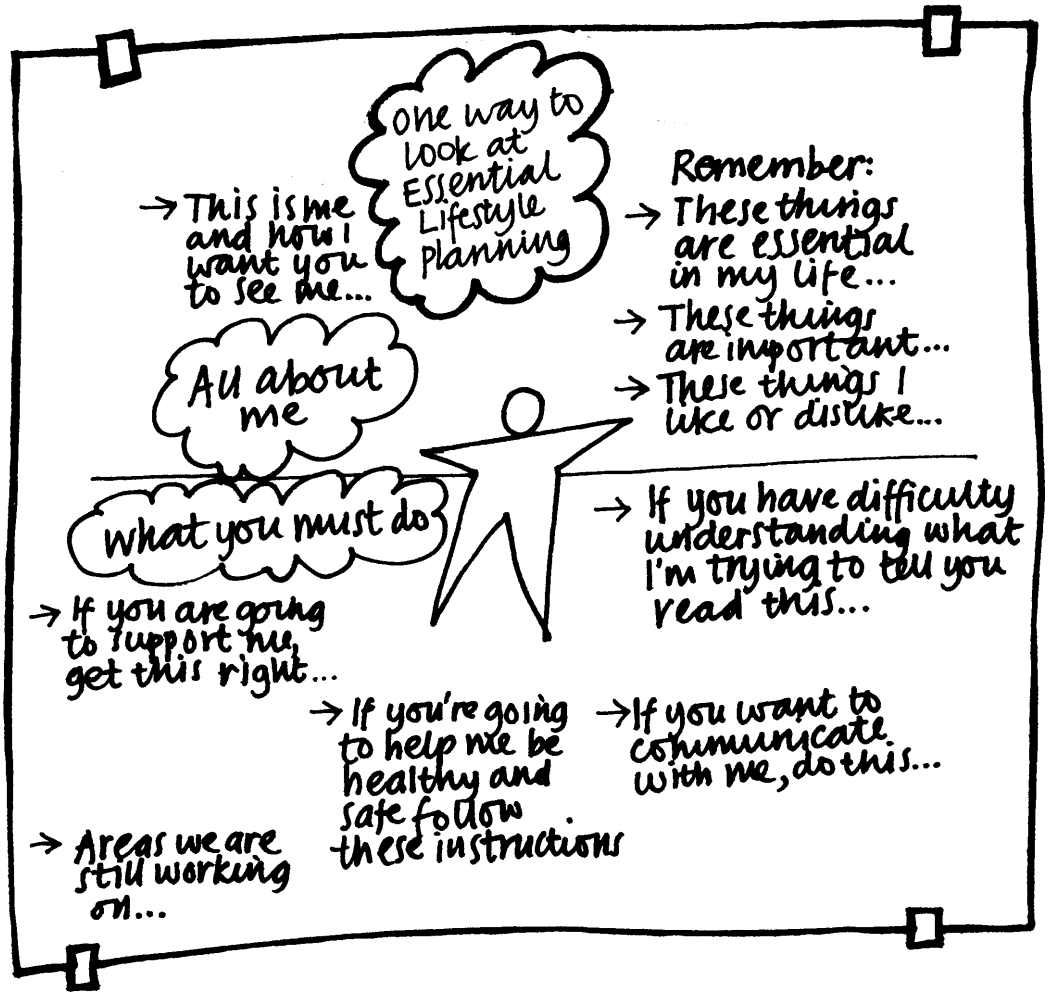
Positive reputation

We also prepare a sheet which outlines what other people say about the person. Like the "About" panel in Maps, this should include positive and affectionate descriptions of the person and not include clinical descriptions, such as "expresses anger inappropriately" or "can eat independently".

To be successful in supporting

This includes information about important rituals and routines in the person's life. It can detail the kind of support they require, when they require it and the manner in which that support is to be provided. It can also include information which would assist us in finding the right type of person to provide support.

There are other headings which can be used in Essential Lifestyle Planning. For example, we can have communication charts which help us pool our understanding of the ways in which the person communicates; we can detail information which assists us in ensuring that the person remains healthy and safe, and we can list things which we think are important to know, even if the person does not agree with them.



The Essential Lifestyle Planning meeting

The focus person and the facilitator invite the people who have contributed to the plan to a meeting to review the plan and look at ways of putting it into practice. The meeting generally has five stages:

- Review, amend and agree the plan prepared by the facilitator
- Check out whether the things detailed in the plan are actually happening in the person's life now.
- Celebrate what is making sense in the person's life now and highlight the areas which do not make sense.
- Where things need to change, discuss individual action plans and agree who will do what by when.
- Agree with people when to meet again and review and update the plan.

A more detailed description of the Essential Lifestyle Planning process is contained in "Supporting people with severe reputations in the community" by Michael Smull and Susan Burke-Harrison (available from the National Association of State Directors of Developmental Disabilities Services Inc., USA 1992).

"Many of us have a clear vision - and first hand experience - of how people with disabilities can live in ordinary places and contribute significantly to the wider lives of our communities. Meanwhile, most are living with services that in effect, keep them homeless and poor, lonely and ignored, and most of all, powerless to change any of it. The real work before us lies in putting that to an end"

Herb Lovett (1996)

Further learning

Personal development plans

What am I going to keep the same?

What am I going to change?

What challenges will I face in making these changes?

How am I going to get support to overcome these challenges?

Action plan for the next three months?

Evaluation

What do you think of this day?

Which part of the training did you find most useful?

What did you think the trainers did well?

What could they have done better?

Is there anything they could have done differently?

Thank you for your time in completing this form.
SHS Trust