# **CACHE Level 2** Certificate in the Principles of Care Planning RISK ASSESSMENTS Workbook 1

In this section you will learn about the principles and processes of person-centred thinking, planning and reviews. You will look at the context in which person-centred thinking and planning takes place and you will explore your own role in the planning process.

## What is person-centred thinking and planning?

Please read the following as it will help you to answer question 1.

Before starting to look at the detail of person-centred thinking, planning and reviews, it is useful to define these terms. By 'person-centred' we mean anything that reflects on what is important to the individual and helps them to live the life they choose. In health and social care, the individual is the person you are supporting who is at the centre of the thinking, planning and reviews. The other terms are based on this but have particular meaning within health and social care:

### Person-centred thinking

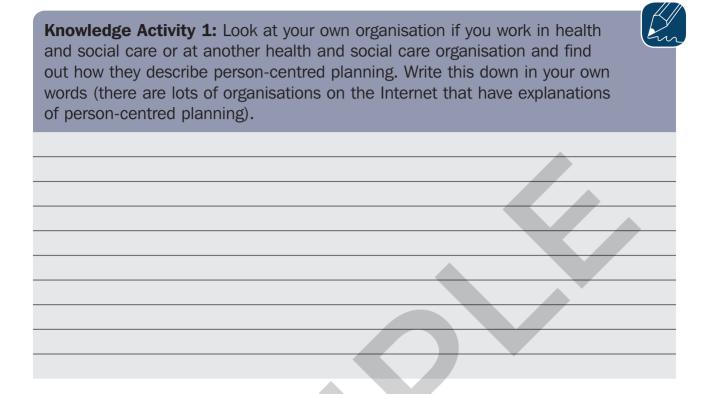
Person-centred thinking refers to using a range of practical tools in person-centred planning. They help to focus on the person, their gifts and skills and what is important to them, as well as helping to identify what the best support for them would be. This is in contrast to task-orientated thinking, which looks at tasks to be carried out e.g. washing, dressing etc. rather than the person. The government describes person-centred thinking as the 'foundation for person-centred planning'. You will learn more about person-centred thinking tools later in this section.

### Person-centred planning

Person-centred planning is a way of finding out about how a person wants to live their life and how they can be supported to do that. It is not a set approach to planning but is planning based on a particular set of values aimed at helping a person create a vision for their own life. It is a continuous process that considers the whole of an individual's life and not simply their care needs. Person-centred planning does not involve coming up with a plan, then putting it into practice, but continuously examines what is important to the individual and what may be important to them in the future.

### Person-centred reviews

Part of the care planning process is having regular reviews to look at what is working and what is not working in terms of the services offered and outcomes achieved from care. Person-centred reviews use person-centred thinking tools to consider whether the outcomes set out for an individual's care have been achieved.



There is no single definition of 'person-centred' planning and it can include a variety of planning approaches. However, it is always centred around the individual and includes the individual in the planning process.

# Underlying beliefs and values of person-centred thinking and planning

Please read the following as it will help you to answer question 2.

While different organisations may have different approaches to person-centred planning, it is always underpinned by the same values and beliefs. You have learned that person-centred planning always centres on the individual and is about helping them achieve the outcomes they want in life. The key beliefs and values described on the following pages help to ensure that the interests of the individual are always at the centre of care and care planning.

### **Individuality**

Person-centres care accepts that every person is an individual with their own wishes, needs, beliefs and values, and that their desired outcomes from care will be different from other individuals. The differences between individuals need to be recognised and respected.

### Choice

All individuals should be supported to make their own choices about their lives and about their care and support. They must be given the information they need to make informed choices. Personal beliefs should be respected and individuals need to be in control of their own lives.

### **Privacy**

Whilst there may be a number of people involved in the planning process, the privacy of an individual should always be respected. Information and activities should not normally be shared with others unless the individual gives their permission and it is provided on a 'need to know' basis. Every individual has a right to privacy and this may affect how and when care is provided for them.

### **Dignity**

Dignity means having self-respect, self-worth and self-esteem. Everyone has a right to preserve their dignity and should have their values and beliefs respected and be valued for who they are. Assumptions should never be made about individuals or their care needs. When individuals can take control of their lives, their care and their activities, they can preserve their dignity.

### Independence

Individuals are independent when they are empowered to do things for themselves. It is important in the planning process to agree the level of care and support that individuals need and want in order to support their independence as much as possible.

### **Partnership**

Care planning should always be a partnership between the individual, their family and others involved in their care, whether formally as care workers or informally such as family and friends. Positive partnerships in health and social care will be built on effective communication, trust and respect.

### Respect

Every individual should be respected. Individuals have their own opinions and feelings and respect means acknowledging this even where you may not agree with them.

### **Rights**

The Human Rights Act 1998 and The Equality Act 2010 are two pieces of UK legislation that set out the rights of every individual. They include the right to be kept safe from harm, to be able to speak freely, and to be respected as well as the right to privacy, dignity and equality. Care and care planning must support the rights of individuals. Other legislation and guidance that affects the rights of care service users are the Care Act 2014, which sets out individual's rights in relation to assessment and provision of care and The Common Core Principles of Dignity (from Skills for Care www.skillsforcare.org.uk), which set out the principles of dignity in care.

Knowledge Activity 2: For each of the values/beliefs just mentioned, give an example of how it would affect your practice in care or care planning.

# The impact of person-centred thinking on individuals and their families

Please read the following as it will help you to answer question 3.

Person-centred thinking puts individuals in control, which has a positive impact on how they feel about their lives and their care. Where, in the past, care has often been about providing services, with person-centred thinking it becomes more about supporting the life choices of the individual. Planning will reflect what is most important to the person, their abilities and support they need. This element of control can have positive effects for an individual's well-being. It can make individuals more confident and improve their self-esteem.

Person-centred thinking encourages the involvement of family, friends and others outside the traditional care process. They become partners in the planning process.

Family members and friends usually know the individual better than care staff and are committed to their well-being. Bringing this knowledge and commitment into the thinking process tends to lead to better, personalised, successful outcomes for the individual and for their families and friends.

When family members and others are excluded from the care process, the individual can start to feel isolated and relationships with family members can suffer. Personcentred thinking helps to build on the relationships that exist and includes everyone important to the individual. This helps avoid the frustration and helplessness that family and friends can sometimes feel in the face of care services, and encourages inclusiveness for the individual in family and community life.

### Did you know?

Person-centred thinking is about working with the individual and their family to identify needs rather than identifying their needs for them.

### **Person-centred thinking tools**

Please read the following as it will help you to answer questions 4 and 5.

There are a number of different ways to approach person-centred thinking and tools and approaches have been developed to help care professionals to work in a person-centred way. Some examples of these are below, though you may find other tools in use in your own organisation.

Thinking tools should help individuals answer questions about:

- things that are important to them
- changes they want to make
- the support they want and need
- funding for that support
- how they want to manage their care and care planning

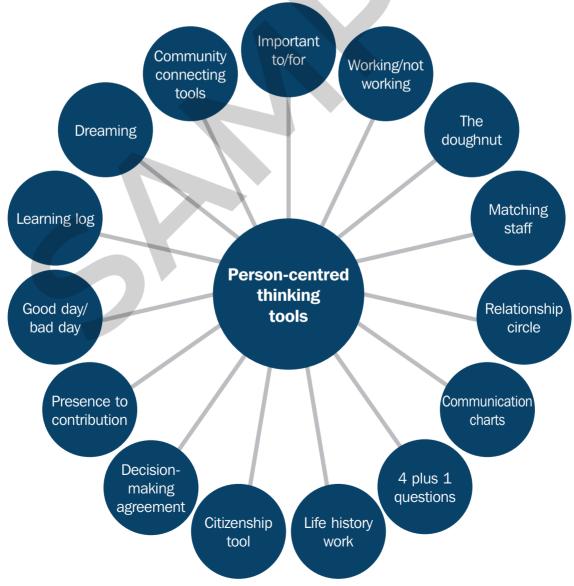


### Nothing about me without me

Before we look at the tools in detail, lets consider the main approach to person-centred thinking. Since 2001, UK legislation has stipulated a duty on care providers to involve individuals in decisions about their health and social care. In 2010, the Department of Health published a paper called 'Equity and Excellence: Liberating the NHS' where they expanded on the idea of shared decision-making using the phrase 'No decision about me without me'. The idea at the core of person-centred thinking and planning is that individuals are involved in every decision about them.

### **Person-centred thinking tools**

There are lots of person-centred thinking tools you can use. Here, we are going to look at the ones identified in the diagram.



Thank you to Irene Davison for their advice and contribution to this course.

### Disclaimer

contained within this learning material is accurate and reflects current best practice. All information provided should be used as guidance only, and adapted to reflect local practices and

All legislation is correct at the time of printing, but is liable to change (please ensure when referencing legislation that you are working from the most recent edition/amendment).

Neither Learning Curve Group (LCG); nor their authors, publishers or distributors accept any responsibility for any loss, damage or injury (whether direct, indirect, incidental or consequential) howsoever arising in connection with the use of the information in this learning material.

CACHE is a trading name of NCFE (registered company number 02896700) and CACHE; Council for Awards in Care, Health and Education; and NNEB are registered trademarks owned by NCFE. CACHE has exercised reasonable care and skill in endorsing this resource, and makes no representation, express or implied, with regard to the continued accuracy of the information contained in this resource. CACHE does not accept any legal responsibility or liability for any errors or omissions from the resource or the consequences thereof.

### Copyright 2018

All rights reserved. All material contained within this manual, including (without limitation): text; logos; icons; and all other artwork is copyright material of Learning Curve Group (LCG) unless otherwise stated. No part of this publication may be eproduced, stored in a retrieval system, or transmitted in any orm or by any means (electronic, mechanical, photocopying, ecording or otherwise), without the prior permission of the opyright owners.

If you have any queries, feedback or need further information please contact:

Learning Curve Group Unit 51 – 53, Innovation House, 26 Longfield Road, South Church Enterprise Park, Bishop Auckland, County Durham. DL14 6XB info@learningcurvegroup.co.uk www.learningcurvegroup.co.uk

CACHE is the trading name of NCFE (registered company 02896700) and CACHE; Council for Awards in Care, Health and Education; and NNEB are registered trademarks owned by NCFE. This learning resource is endorsed by CACHE against the associated NCFE CACHE qualification/unit(s); this means that CACHE has reviewed the resource and agreed it meets the endorsement criteria.



LCG-CCP June 2018 Version 1 (601/7566/7)