

## A brief overview of the elements of person centred approaches

### Definition

The term “person-centred approach” is best explained by looking at what it means for both the person who is in the client/consumer role and what it means for the organisations providing services to them and their families.

Person-centred approaches give the client/consumer:

- valued roles
- participation and belonging in the fabric of community
- freely given relationships
- greater authority over decisions about the way they live
- genuine partnership between the service, themselves and/or their family and allies
- individualised and personalised support arrangements.

Person-centred approaches require that organisations:

- have a committed leadership that actively instills the vision of a person-centred approach at all levels
- have a culture that is open to continual learning about how to implement a person-centred approach
- consciously hold positive beliefs about the client/consumer and their potential
- develop equal and ethical partnerships with the person in the client/consumer role and their families
- work with people to individually meet each person’s needs so that they can be in valued roles in valued settings
- develop appropriate organisational structures and processes

Ellis, Sherwin & van Dam 2011

### The elements of a person-centred approach

The following sections explore the seven elements of a person-centred approach:

- i. the needs of each person
- ii. life in, and with, ordinary community
- iii. my life, my say
- iv. positive beliefs and expectations
- v. partnerships
- vi. planning and support
- vii. enabling structures and relationships.

### How the elements fit together

Working to help the client/consumer experience a good life through a person centred approach starts with understanding and meeting the needs and wishes of the person, in order that they experience a life in, and with ordinary community. This is an ordinary life where they have authority over their life and support arrangements. Having an ordinary life in and with community and having authority over one's lifestyle and support arrangements should be the outcomes of a person centred approach.

Achieving this requires all people to hold positive beliefs and expectations. Crucially, it requires services to work in partnership with individuals and their families/allies. Planning and support needs to be individualised, based on an individual's needs and aspirations for valued roles. For person centred approaches to flourish, organisations need to develop enabling structures and relationships to support this new way of working with individuals.

This is reflected in the following diagram



## **‘Understanding the needs and wishes of each person’**

When we try to understand ‘needs’, this is within the context of the question: what needs need to be met in order for this person to have a typical yet rich and meaningful life.

### ***What this is about, in brief:***

‘Needs’ refer to those human needs that each person in the client/consumer role shares with other people, such as the need to belong, to contribute, to have a safe and secure home, to express one’s individuality and personality, to have valued roles, to have meaning and purpose, to have a range of relationships, and to be respected and well regarded.

A person might also have needs related to some of their past experiences. For example, if someone has experienced rejection from loved ones or from generic or aged care/disability agencies, then one need could be acceptance.

A person will probably also have needs related to their impairment such as mobility or to communicate if someone has no verbal language.

It is also helpful to consider whether the person has vulnerabilities. This is a heightened likelihood that harmful things could happen to them, such as poor treatment in hospital, rejection, or being separated from their familiar neighbourhood.

The individual themselves and their family or friends will be central in identifying the person’s own needs.

### ***Unhelpful approaches to understanding needs:***

- Thinking about the person mainly in terms of what they can’t do
- Listing the deficits: e.g. can’t read, can’t walk, can’t eat independently.
- Being present oriented rather than future oriented e.g. identifying a need such as ‘needs to learn to cook’ because the person can’t cook is a present oriented view; a need to be in the fullness of the cook role in their own home is future oriented.
- Thinking that the needs are *only* what the person says they need. These are wants, and while they should be considered, the person might or might not be able to articulate what their fundamental and pressing needs are.

### **A Good Life, typically includes:**

- Family, or small intimate group
- A small-scale social group
- A belief system
- Absence of imminent threats of extreme privation
- To be viewed as a human and treated with respect
- To be treated justly
- To have a say in important issues affecting one’s life
- Access to at least many of the activities of human social life
- Good health
- A place to call home
- Work, especially meaningful work
- Opportunities and expectations to discover and develop skills, abilities, gifts and talents
- To be dealt with honestly
- To be treated as an individual
- Access to most of the ‘sites of everyday life’
- Being able to contribute, and
- Having one’s contributions recognised as valuable

## **'Life in and with ordinary community'**

**'Life in and with ordinary community'** refers to both where people spend their time and with whom. It is commonly referred to as social inclusion, social integration and social participation, good lives, typical lives, and rich and meaningful lives. This is a key outcome of working in person centred ways.

<b>What this is</b>	<b>What this is not</b>
A combination of the following: Being present in community life Being in valued roles (tenant, host, neighbour, family member, employee, volunteer, hobby club member etc) Having a range of social contacts Having a range of acquaintances Having some friends Having a reason to get out of bed each day Having a real home, not a bed in a house Having hobbies Having a way of contributing Choices, fun, joy, being listened to Using generic resources e.g. library, sports facility, banks, etc	Living or spending time in a centred that is located in the community
	Service programs that are integrated to improve service coordination
	Being present in community, but not participating in community life
	Being present in community, but not belonging
	The main role is as a service client

## **'My life, my say'**

**'My life, my say'** refers to the importance in the lives of all of us to have a level of authority over our lives. For the client/consumer, this goal is about not only having control over one's lifestyle, but also having a negotiated level of authority over one's support arrangements. This is a key outcome of working in person centred ways.

<b>What works</b>	<b>What doesn't</b>
Asking people what they would most like	Everything the person says they want must be followed
Enabling people to have lots of experiences so that they can make a choice	Nothing the person says they want can be followed
Thinking not only about choice, but also about how people can have more control in their own lives	Making decisions for the person about all things
Limiting the number of choice for a person who finds it hard to make good decisions	Telling people what the decision is, after the decision has been made by the service
Providing information so that people can make good decisions	Expecting that people will be able to enact control and decision making, without support to do so, at least at the start
Introducing the person/family to others who have been able to enact authority in their own lives	
People having a say over their support arrangements e.g. who the staff are, when they come, what they do	

## **‘Positive beliefs and expectations’**

### ***What is this about?***

There is a link between what we believe and our actions. What we believe can be conscious or unconscious. We can consciously adopt values and beliefs that will guide our practice in the direction of person centred approaches.

These values and beliefs are about a range of things. They are about how we see the world and what we think is good and ‘right’ in the lives of people with disabilities. The following are examples of values and beliefs.

<b>Examples of positive values and beliefs that are consistent with person centred approaches:</b>	<b>Examples of values and beliefs that are <i>not</i> consistent with person centred approaches:</b>
<p>Everyone is born into a common humanity</p> <p>Everyone needs to belong to a group on the basis of their shared humanity, not on the basis of their age or disability</p> <p>Everyone needs support, some more than others</p> <p>Everyone can learn</p> <p>Everyone can communicate</p> <p>A service can assist people to participate in community life</p> <p>A service can assist people to have freely given relationships</p>	<p>Being old or having a disability means that people can't live lives like other people</p> <p>Being old or having a disability means that disabled people have more in common with each other than with other citizens</p> <p>Only paid aged care or disability workers can meet the needs of people with disabilities</p> <p>The individual or their families cannot learn to be an equal partner with a service</p>

Low expectations keep people stuck in ‘service land’. High expectations are necessary for each older person or person with a disability to continue to learn and grow and acquire valued roles and relationships.

## **‘Partnership between individual/family and service’**

### **‘Helping people stay in charge in their own lives & over support arrangements’ is so important because:**

- i. It is the professional who generally holds the power, because it is they who have the job title, the status, access to resources, and are the decision makers by default.
- ii. A relationship where it is only the professional who holds the power is very frustrating for the service recipient.

### **What it means**

- i. It is possible to be in a relationship where the power is shared between the professional and the service recipient
- ii. At a minimum, the person and/or the family can be recognised for the knowledge they have over their own needs, their dreams, and ideas for how best to meet their own needs
- iii. The role of the service provider can be to negotiate with the individual/family how best those needs can be met
- iv. A partnership will include helping to do with practical matters *and* helping, through having a respectful trustworthy relationship where there is regular and constructive communication
- v. The service delivers on promises
- vi. The spirit is that there is collaboration around all of the major decisions and that information is there to be shared.

### **Therefore we need to be conscious of:**

- Who is involved in decision
- Who’s involved in supporting the person
- What roles various parties play

## Plan & support: needs based, roles based, individualised

This collection of strategies is:

More likely to be person centred if ..	Less likely to be person centred if ..
<p><b>Re Needs based:</b></p> <p>The needs in order to have a good life are identified</p> <p>Needs are those that other humans have too</p> <p>Some needs arise from the impairment or the person's past experience e.g. being rejected from mainstream</p>	<p>Person has to fit into what the service has on offer (the menu)</p> <p>The focus is on needs in the context of being a client, not a participating citizen</p> <p>Needs are seen to be the same as the deficits or labels e.g.. autistic, challenging behaviour</p> <p>Needs are seen as just the basics e.g. food, shelter</p>
<p><b>Re Roles based:</b></p> <p>Person is supported to be in valued roles</p>	<p>Person is supported to be in role of client (only)</p> <p>Person is fitted into activities</p> <p>Person is fitted into programs</p>
<p><b>Re Individualised</b></p> <p>Personalised program</p> <p>Very relevant to what the person needs</p> <p>Tailored to needs in terms of what is done, by whom and where</p>	<p>Same program as others receive</p> <p>Confusing having personable staff with working in a person centred way.</p> <p>Confusing working in a 1:1 relationship with working in a person centred way.</p>



## 'Have enabling structures & relationships'

We can think of structures as the various systems and procedures that are used by the organisation. All of these processes need to be facilitators of person centred responses, not inhibitors.

Organisational area	Includes
The organisational structure	Delegation Speedy decision making Level of bureaucracy
Finance	How budgets are done Feedback to families/individuals
Vision for the future	Strategic planning Tendering for funds that will lead to person-centredness Transformation
H.R.	Recruitment Supervision Role descriptions Working conditions
Culture of the service	Preparedness to change History Open communication Learning
Interface between the service and people	Processes used in meetings, when they are held and where, Planning Tools, Recording, Reflecting
Bricks and mortar	Do we need the buildings we have? Does it help or hinder individualization?
Relationships between management/staff and people	Nature of partnership Where power resides Clarity of roles Do senior people know people and families?