**Implementing person-centered planning in practice**

**The concept of person-centered planning**

  Person-centered planning is a continuous problem solving approach used to help those with disabilities plan for their future (Sheehey, 2012). Person centered planning practice entails a way of thinking and doing things that sees the key individual as an equal partner in planning, monitoring, and implementation of care. It is designed to help an individual in planning their life support. Person centered planning therefore implies to putting individuals and their families at the center of decision makings and seeing them as experts who work alongside professionals to get the best outcome of their social, physiological, and physical life. According to Sheehey (2012), person-centered planning is not just about giving the key individuals what they want or providing them with information, but it involves considering their desires, values, social circumstances, family situations and lifestyle as well as seeing them as potential individuals who can collaborate to improve the quality of their outcome.

  Person-centered planning is undertaken with the objectives of looking at the key individual in a different way, assisting the key individual in gaining control over his/her life, and increasing the opportunity for the individual to participate in the affairs of the society. Other important objectives of person-centered planning are to recognize the interests and desires of the key individual, and to collaboratively work with the experts to turn the dreams of the key individual to a reality (Molony, Kolanowski, Van Haitsma, & Rooney, 2018).

  The concept of person-centered planning originates from humanistic psychology where scholars like Carl Rogers suggested that people develop a view of themselves in childhood based on the interaction with significant others. Therefore, if we are loved, valued and respected, we feel worthy of love, value and respect. In the same approach, integrating the key individuals in the process of their care makes them feel loved, valued and respected. Thus, key individuals and their families are able to contribute meaningfully towards a positive outcome of the care process.

  Since care is fundamental to nursing practice, the relationship between a nurse and a patient directly dictates the nature of the care outcome. To enhance a quality care outcome, it is upon the nurse to create an environment where the patient is not a passive recipient of care, but an important partner who is actively involved in the planning and implementation of care. This makes the patient to have a sense of positive self-regard and self-efficacy and would put more efforts towards the recovery process. Orentlicher & Dougan (2011) maintains that person-centered planning is important in enhancing the development of a therapeutic relationship, thus in order to better understand the concept of person-centered planning, it is critical to analyze the implementation of person centered principles as well as how person-centered process can promote successful outcome.

**Implementing person-centered planning principles**

  Among the most important principles of person-centered planning is that the key person should be at the center of the plan. This implies that the individual is the most important parson in the planning process and decision-making and all other persons involved in the planning process cannot make powerful decisions about the life of the individual who is at the center of the plan without the individual’s approval. In implementing this principle, it is important that the care process be designed in such a way that the person being cared for has an autonomy to choose who is involve and whom to invite for the meetings (Mahoney, 2011). In nursing practice for instance, it is critical that the patient be allowed an opportunity to decide who are involved in his/her care process. Nevertheless, this must be done after the patient is given the relevant information pertaining the usefulness of each player’s involvement in the care process.

  To implementing the principle of the person being the center of care, it is important that the person is asked about their opinion of what they want. This is because the needs of an individual may be influenced by his or her cultural and religious practices that could be unique to the person. This includes allowing the person at the center of care to choose where and when meetings are held to allow him or her maximum convenience in controlling the direction of the content of the meeting. The implementation of person-centered principles should therefore recognize that the person’s interests, goals, preferences, and desires are identified with an optimistic view of the future and the plans for a satisfying life (Kotoulas et al., 2017).

  Another important principle of person-centered planning is that the family members and friends are key partners in planning. This is to state that person centered planning is about supporting people to be part of their community. This is because friends, family members and other members of social support in the community are important people in the lives of individuals. In hospital care for instance, it is critical that friends and family members be integrated in the care process for the patient. This helps in the improvement of psychosocial support and enabling the patient to feel as being part of a community, which is important in providing the needed support for therapeutic process (Scan, 2015).  The involvement of friends and family in the care process equally helps in the pre-planning process, which would ultimately help the individual to explore who is currently in his or her life and what needs to be done to cultivate and strengthen the desired relationships.

  Another principle of person-centered planning is that the plan should show what is important to the key person. This entails showing what is important to the person now and in future as well as showing the strengths and the support they need (Taylor & Taylor, 2013). Based on this principle, it is evident that person-centered planning is a way of understanding more about a person and his/her life. as people plan together, supporters of the person may change what they think about a person and what they can do, people make friends and build relationships with others and people who are involved in the planning process are able to work together to make things happen. This implies that the person-centered plan will then be used to describe what is important to the key person, the strengths of the key person and the kind of support needed by the key person. In implementing this principle, it is important to make all the plans with the key person in mind and all objectives should be focused on the person and geared towards ensuring that the key person has a better and fulfilling life than before the implementation of the plan. Implementing this principle should equally recognize that issues of wellness, health, well-being, and primary care coordination and integration needs to be discussed with the key individual before they are put into practice as a way of ensuring that the implemented alternatives are in agreement with the socio-cultural and religious practices of the key individual.

  The fourth principle of person-centered planning stipulates that the plan should help the person to be part of his/her community and help the community to welcome and integrate the person. This principle implies that person-centered planning is about everyone working together to make things happen. Therefore, the plan should always help the person to be more involved in their community. In order to help the key individual to be integrated into the community, it is important to conduct pre-planning as a way of gathering the relevant information and resources like agencies necessary for person centered planning and set the agenda for the process. The pre-planning process for integrating the key individual into the society must however address when and where meetings for integration into the community will be held, who will be invited, the agenda of the meeting, the kind of accommodation the person may need, who will facilitate the meeting and who will record what is discussed in the meeting (Manthorpe & Samsi, 2016).

  The other principle of person-centered planning is outcome-based approach. Under this principle, outcomes in pursuit of the person’s preferences and goals should be identified as well as services and supports that enable the person to achieve his or her goals, plans, and desires and any training needed for the services. implementation of this principle should recognize the fact that people change as their experiences change, therefore, the support and help they need may also change. It is therefore critical to continuously monitor and evaluate the achievements of the key persons and their movements towards set objectives as a means of setting other priorities that would be in conformity with the changing circumstances (Taylor & Taylor, 2013).

**Implications of person-centered planning process in promoting successful outcome**

  Different approaches to person-centered planning exists, but there are certain commonalities that are uniform among the approaches. For instance, trained and experienced facilitators using a nationally recognized person-centered planning approaches, engagement of the key individual and their families in the planning process as well as designing appropriate support system are critical elements across the approaches. Person-centered planning process can involve a single staff person meeting with the key individual or a range of significant others whom the key individual wishes to be part of his/her plan. The facilitator of the meeting can thus be any party agreed on by the key person and is responsible for preparing the plan of service. The planning facilitator must thus ensure that the meeting time and place is considerate of the key person’s desires and maximizes his or her participation in the planning process. The facilitator would equally ensure that the key person if the focal point of the planning process, hence comments, questions, and statements revolve about the key person (Jette, 2017). The facilitator must equally ensure that the input of the key person is held as the primary opinion and all other participants act as consultants and advisors rather than decision makers. Moreover, the facilitator must ensure that the language used in the meeting can be understood by the key person and the individual has all the needed information to make choice and has time to communicate them.

  Following the creation of a conducive atmosphere for the meeting and deliberation on the matters pertaining the key individual, Person-centered planning process would therefore entail assessment of the needs of the key person, which involves gathering of information in the pre-planning process. The second step in the process is the planning, followed by implementation of the plan, then evaluation of the plan. The last step in the Person-centered planning process is the adjustment of the plan in relation to the evaluation report. The assessment step involves development of the personal life story of the key individual. The key person’s parents and friends who may have first-hand information about critical events, medical issues, major developments, and important relationships can contribute the bigger part of the information in this step (Stanhope, Tondora, Davidson, Brown, & Marcus, 2015).

  With the gathered information, it would then be important to plan for the immediate, intermediate and the long-term needs of the key person and implementing these plans in a systematic manner using the suggestions and information from experts such as nurses and physiotherapist. The implemented plans would then be evaluated periodically to determine the achievement of the objectives and if there are deviations from the objectives, adjustments can be made in subsequent plans and implementations. With appropriate implementation of Person-centered planning process, it is easy to periodically review and understand the needs of the key individual, thus adjust appropriately to meet the immediate and the intermediate needs of the individual. The planning process would thus help in outcome success.

**Challenges experience in applying Person-centered practice**

  Several barriers and challenges have been witnessed in the implementation of Person-centered planning. For instance, limitation in time is one of the critical barriers to the implementation of Person-centered planning. In most instances, due to working schedules of professionals and family members, it is often difficult to find appropriate time that is comfortable to the key person and plan for the needs of the key person. Another challenge with the implementation of Person-centered planning is the insufficiency of qualified facilitators. This implies that most Person-centered planning activities are conducted by underqualified staff leading to gaps in planning and implementation of the activities. Another important challenge to the implementation of Person-centered planning is that it can be more complex to plan for people with severe needs such as limited body mobility and this requires a lot of financing. Financial constrains is this another drawback to the implementation of Person-centered planning processes (Molony et al., 2018).

**References**

Jette, A. M. (2017). From person-centered to family-centered health care. *Physical Therapy*, *97*, 157–158.

Kotoulas, S., Daly, E., Tommasi, P., Kishimoto, A., Lopez, V., Stephenson, M., Rooney, R. (2017). Service bundle recommendation for person-centered care planning in cities. In *Studies in Health Technology and Informatics* (Vol. 228, pp. 33–37).

Mahoney, K. J. (2011). Person-centered planning and participant decision making. *Health and Social Work*.

Manthorpe, J., & Samsi, K. (2016). Person-centered dementia care: Current perspectives. *Clinical Interventions in Aging*.

Molony, S. L., Kolanowski, A., Van Haitsma, K., & Rooney, K. E. (2018). Person-Centered Assessment and Care Planning. *The Gerontologist*, *58*, S32–S47.

Orentlicher, M. L., & Dougan, C. (2011). Person-centered planning an innovative approach for transition planning. *OT Practice*, *16*, CE1–CE7.

Scan. (2015). *Policy approaches to advancing person-centered*. *Scan Foundation* (pp. 1–11).

Stanhope, V., Tondora, J., Davidson, L., Brown, M. C., & Marcus, S. C. (2015). Person-centered care planning and service engagement: a study protocol for a randomized controlled trial. *Trials*, *16*, 180.

Taylor, J. (2013). Person-centered planning: evidence-based practice, challenges, and potential for the 21st century. *Journal of Social Work in Disability & Rehabilitation*, *12*, 213–35.

Wells Jenny C.;Sheehey, P. H. (2012). Person-Centered Planning. *Teaching Exceptional Children*, *44*, 32–40.