

This is a recording system that  
helps to make a

# Person Centred Plan

for:

---

My Champion is \_\_\_\_\_

Plan Started:

Plan to be reviewed:





## INTRODUCTION

Person Centred Planning is a process for continual listening and learning, focused on what is important to the individual now and for the future, and acting upon this in alliance with family and friends, to create a desired future for the individual.

This Recording System (V2) is a method of capturing the important detail of an individual's life.

We all have similar needs in life but it is the detail that makes the difference in our own personal quality of life.

The following pages are a way of gathering that detail, listening and learning, and can then be used to create a summary of the most important aspects for an individual.

The Action Planning is a way of making change happen, acting upon the information to create a desired future for the individual.

When the summary/plan is completed the recording system can be used again as an ongoing monitoring tool; continual listening and learning.

This method of planning can be used for everyone.



## Contents:

(Key: \_\_\_\_\_ means the individuals name)

- Things to Consider** - items to think about when planning
- Relationship Circle explanation** - How to complete the Relationship Map
- Relationship Map** - The people in the individuals life
- What people say about \_\_\_\_\_?** - The individuals gifts, skills, qualities
- What is known to be important \_\_\_\_\_?** - A record of everything that is important to the individual
- What \_\_\_\_\_ appears to prefer or enjoy?** - A record of things the individual enjoys but not as important as the previous section
- How \_\_\_\_\_ communicates with others?** - The individuals communication methods
- How others communicate with \_\_\_\_\_?** - Other peoples method of communication with the individual
- For \_\_\_\_\_ to stay Healthy and Safe?** - A record of things that may be a risk to themselves and others
- \_\_\_\_\_ 's Routines** - Routines the individual may have
- Questions that need to be answered?** - Items to investigate and explore further
- Action Planning** - Actions the need to happen
- Dreams, Hopes, Desires for the Future** - The future direction of the individual



## Things to Consider:

This planning tool can be used for everyone of all levels of ability. The items below are not a checklist of abilities but things to think about or consider when planning. It is not an exhaustive list, it aims to highlight some areas that may need to be addressed by either raising support issues or through personal learning and development for the individual.

You may want to add other prompts that are appropriate for the individual.

These are items that could affect their independence and/or vulnerability and raise any support needs they might have.

### **General:**

Can the individual read?

Can the individual write?

Can the individual tell the time?

Does the individual understand the passage of time e.g. a week, a month, a year etc?

Does the individual use English as their first language?

Do they use a communication system e.g. Makaton, Total communication etc?

Does it need to be reviewed and/or developed further for the individuals changing needs?

Does the individual have numeracy skills e.g. counting, bus numbers etc?

Does the individual understand money e.g. it's values & what change should be given etc?

Is the individual able to make their own decisions or is support required around decision-making?

Is the individual able to keep themselves safe from harm in and out of the home?

### **Activities:**

Does the individual have a range of stimulating activities to choose from e.g. work, leisure and learning activities?

Does the individual engage in community-based activities e.g. church, gymnasium etc?

Does the individual have a range of people to engage in community-based activities with?

### **Health:** Does the individual:

Need support with personal care? e.g. washing their body, washing their hair, shaving, going to the toilet and/or continence support, dressing etc?

Have specific health care issues?

Take medication?

Can they administer their medication themselves?

Can they visit the GP, Dentist, Opticians etc independently or need support/prompting to attend?

Are there any emotional and/or mental health issues that need support e.g. Bereavement etc?



## Things to Consider: (continued)

### **Relationships:**

Does the individual have a support network?

Is the support network sufficient and provide a range of relationships?

Does the individual need to increase their range of relationships?

Does the individual have behaviours that reduce their ability to make relationships?

### **Sexual Health:**

The Legal age of consent is 16 years old.

16 years and older, it depends on the individual's capacity to consent.

Is the individual sexually aware?

Is the individual aware of appropriate and safe sexual practice/behaviour?

Is the individual able to attend their GP practice, Family Planning Services independently for sexual health support and advice or is support required?

### **Mobility/Transport:** Can the individual:

Use local public bus transport?

Book and use a taxi?

Use national public transport e.g. book and use train travel?

Does the individual have an awareness of road danger?

If 'No' to all mobility/transport questions are these skills that could be developed with appropriate support or are alternative arrangements required?

### **Around the home:** Can the individual safely:

Make themselves a drink? (Hot and cold beverages)

Make a snack?

Cook a meal?

Do Vacuuming?

Do household cleaning?

Do their own laundry?

Do their own ironing?

Make their own bed?

Wash up dirty dishes?

Run their own bath and check the temperature before getting in?

Use a telephone and/or a mobile?

In case of emergency know who to contact for help?

Does the individual understand health & safety around the home e.g. electrics, gas etc?

Does the individual understand basic health & hygiene around the home e.g. foods out of date, safe use of cleaning materials etc?

## Relationship Map / Circle of Support:

The Relationship map, also sometimes referred to as Circles of Support, is a good place to start. This is helpful for two reasons;

- 1) It provides a picture of who is involved in the individual's life and the range of relationships they have.
- 2) When it comes to the person centred planning process, the individual would chose from their circle of support/relationships map who they would like at their person centred planning meeting.

Note: It does not always follow that because the individual identifies someone in their life that they would automatically want them to be part of their future Planning.

Suggestion: Colour code the frequency of contact with each person e.g. Daily/Weekly/Monthly/less often

The circles are as follows:



### I LOVE:

These are intimate relationships/close connections to the individual e.g. Parents, siblings, partners etc not necessarily blood relatives but people that they love and trust.

Note: The individual may also identify people that are no longer in their life e.g. deceased loved ones, pets, previous supporters etc. It is still important to include all people that the individual identifies.



### FRIENDS:

These are people that the individual chooses and actively seeks to spend time with.

Note: Paid staff are not 'friends'. It is important to be clear with regards to boundaries. Consequently, when someone has genuine friendships they are of greater value to the individual.



### I KNOW:

These are people that 'happen' to participate in a similar situation or surrounding.

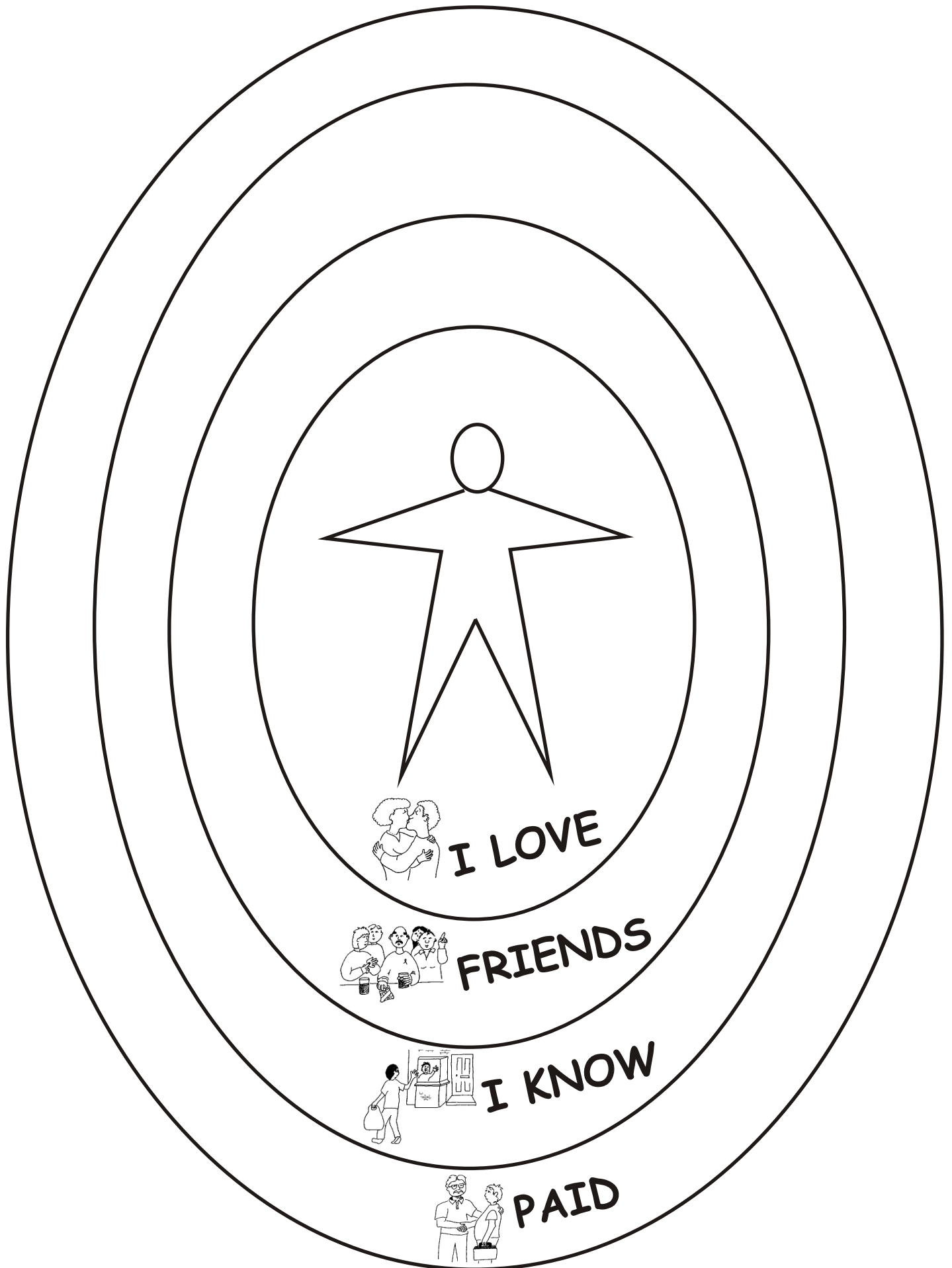
For example; neighbours, co-students, colleagues, acquaintances, and people you say 'hi' to but may not know well. This can also include people that someone lives with or attends the same day centre or club etc.



### PAID:

These are people who are directly or indirectly paid to provide a Service.

For example; Doctors, dentists, hairdresser, mechanic, mortgage company, care managers, support workers, key workers, teachers etc



# What people say about \_\_\_\_\_



These are to be positive statements **only** about the individual. Things you like and admire about them. Examples: 'nice smile', 'good sense of humour', 'affectionate', 'warm' 'makes a fabulous cup of tea' etc.

This is a starting point when collating the information and/or planning, so that everyone begins the process from a positive perspective of the individual.

Positive statements people say

Signed, date, time



# What is known to be important to \_\_\_\_\_



This should include things that are **known** to be the most important things and strong desires for the individual. For example: Going to the park, has to watch particular programmes, frequency of contact with friends and/or relatives, a particular object that is important to them or experiences like feeling the wind on their face etc. You can include things even if they are not happening right now. The aims of these are to find out what are the most important things to them, and therefore, be strived towards to make happen as often as possible for the individual.

What is important	What support, if any, is needed to make this happen	Signed, date, time

What \_\_\_\_\_ appears to enjoy or prefer?



These are things that the individual appears to enjoy but may not be so important. These things need to happen often but not as important as in the previous section.

What they appear to enjoy or prefer

Signed, date, time

What \_\_\_\_\_ does NOT like.



These are things that the individual clearly does not want to have in their life which are important for others to know and understand.

What they do not like or enjoy

Signed, date, time

How \_\_\_\_\_ communicates with others?

The aim of this grid is to map out communication techniques that the individual uses.

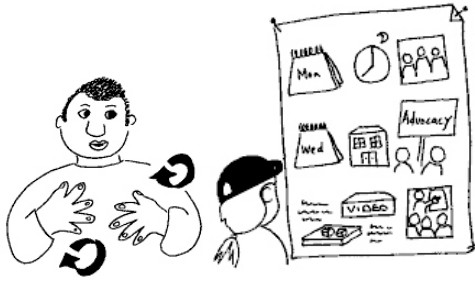


Where there is debate over interpretation everyone involved with the person should write down their own perspective, and then later everyone sit down together with all of the information gathered and reach a consensus as a group. When a consensus is reached everyone in the individuals' life can then consistently interpret the communications and respond accordingly.

Sign, Date, Time each entry

At this time or in this situation	When He/She does or says this	We think it probably means this	And we do this

How others communicate with \_\_\_\_\_?



The aim of this grid is to map out techniques undertaken that people have tried and worked. Again, this creates a consistent approach by the people in the individuals' life.

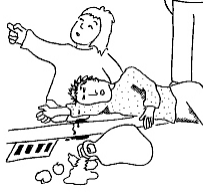
Sign, Date, Time each entry

At this time or in this situation	When we want the person to know or do this....	We do and say this...

For \_\_\_\_\_ to stay Healthy and Safe



Often, when trying new things issues crop up that are not necessarily already recorded in Risk Assessments. For example: 'Know this': likes to make their own cup of tea; 'Do this': needs to be supervised with the kettle.



In this section record issues that come up regarding the health and safety of the individual and the people in their life.

Know this	Do this	Signed, date, time

# Routines



We all have our own habits, routines and rituals. If it is observed that the individual has special routines or rituals then you may want to record it here. When they are clearly stated it will help ensure that everyone in the individuals' life will support and generally respect the routines that are important to the individual.

Routines, Rituals, Habits	How Often	Signed, date, time

Questions about \_\_\_\_\_ that need to be answered?



This section works like a communication area, and raises things that need to be addressed, dealt with or worked out. The items might be:

Things that the individual wants to happen that are not happening right now.

Things that people disagree about.

Things that the individual is worried about.

Things that other people are worried about.

For example: Is the individual aware of road safety? What independent living skills do they have? What is their favorite meal/activity? etc

What needs clarifying?

Signed, date, time



# Action Planning for \_\_\_\_\_



This section is where things that need to change/happen are stated. The action is stated in the first column, then in order to address it lay out clearly who is going to do what by when. Be sure to state a deadline ('by when'), so that actions happen in reality.

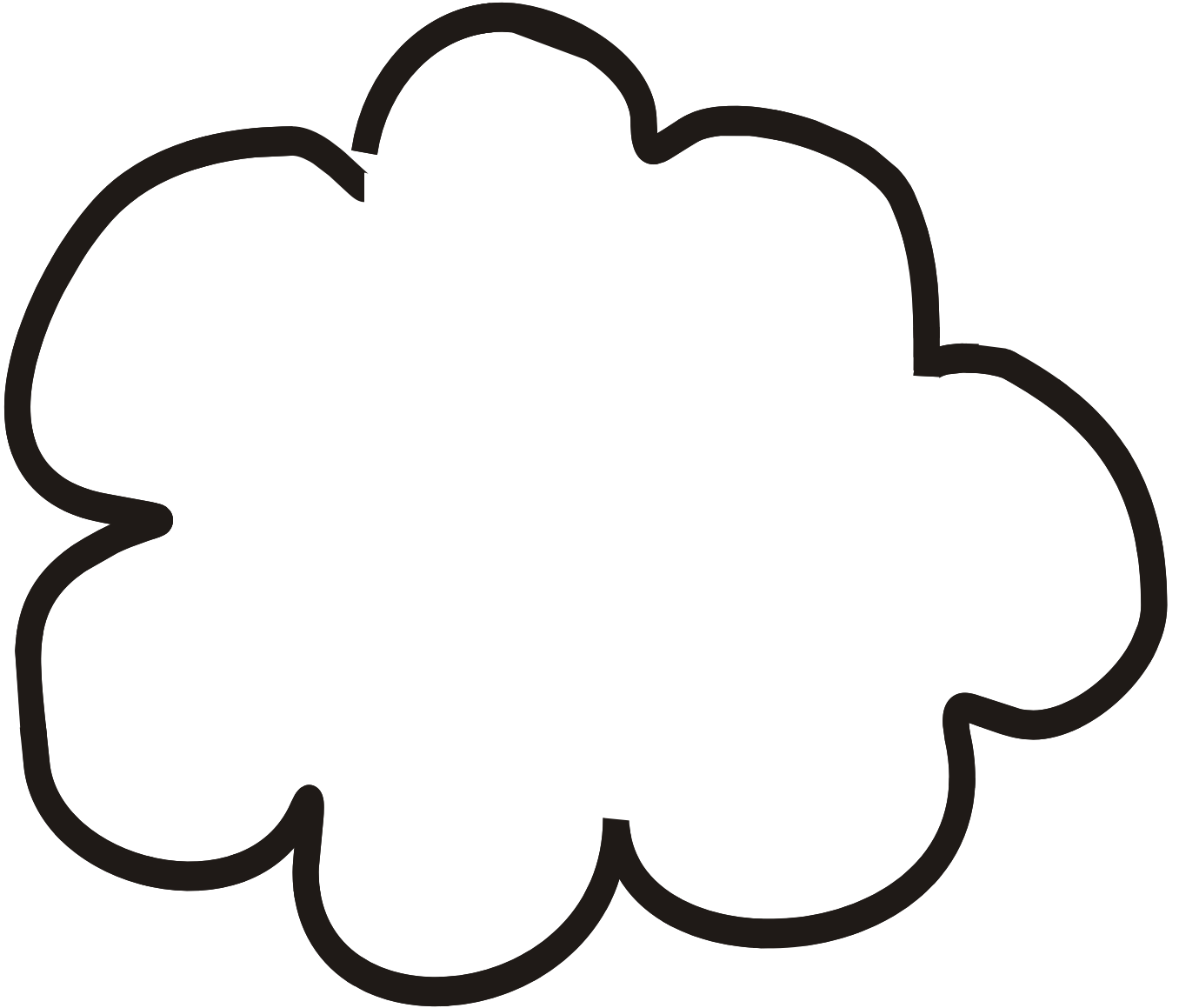
Action	Who?	What?	By When?

---

## Dreams, Hopes, Desires for the future

This is where the future dreams, hopes, desires, wishes etc for the individual are recorded.

If the individual is unable to participate, then use the information gathered in the rest of the sections to work out what might be the perfect day, or dream experience for the individual and then Action Plan on how to achieve that on their behalf.





## Summary

Name: \_\_\_\_\_

This is where you summarise the content of the recording system, to clearly lay out; What are the individuals gifts, skills, qualities and strengths, What is important things to them, What the individual likes and does not like, Important routines, How they communicate with others, How others communicate with them, Healthy and Safety issues for the individual and for anyone working with them, and their overall dreams and hopes for the future.

Use as many pages as required.

The Action Plan is an ongoing separate section.