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SHS background materials



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Introduction

The information included in this pack is designed to accompany SHS training courses. It includes further explanations of the ideas and theories which inform the course content. It will help participants reflect on what they have learned and provide back up for the positive changes they plan in their life or the work they are doing with others.

Although designed as part of a training programme, it may be of use and interest to readers who had not had the opportunity to undergo an SHS training course.

This information is available in different formats. If you or someone you know would like any of the SHS materials in a different language or format please contact SHS Trust at the address shown at the beginning of this pack.

The plan of the materials is as follows:

- 1 WHY THINGS ARE THE WAY THEY ARE
- 2 FOCUSING ON CAPACITY
- 3 PERSON CENTRED PLANNING
- 4 GRAPHIC FACILITATION
- 5 WORKING ON CHANGE
- 6 YOUR LEARNING

08/03

SHS Trust and the work we do

At Scottish Human Services Trust (SHS) we believe that everyone has a right to the supports and services they need to enable them to participate fully in their communities.

At the core of our work is a commitment to the values of inclusion. We believe that communities are healthier, stronger and better when they learn to recognise and value diversity; that social exclusion is both damaging to individuals and detrimental to the community as a whole; and that becoming a more inclusive society requires changes in social policy, in the culture of human services, and in the way our communities and social institutions work. We also believe that people who are at risk of exclusion must be at the heart of the movement for change.

Some of the ways we work are:

- Developing leadership in the parent, family and service user movement across Scotland
- Training staff to work in a more person centred way
- Helping to establish new user-led organisations and networks
- Promoting patient involvement and consultation in health services
- Providing generic equality training
- Supporting independent advocacy
- Developing local joint strategies for improving services
- Hosting conferences and publishing books
- Undertaking research which focuses on the concerns of people who rely on services
- Working in partnership with organisations to change the way they look at things and become more responsive to the people they serve.

SHS was established in 1993 and is now involved in around 50 separate projects at any one time. We work with local authorities, health boards, voluntary organisations, community groups and organisations of service users and carers throughout the UK, and with people in other parts of the world who share our aims and values.

Much of the material and our 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.

The Trust does not receive any core funding from government. Income is generated entirely through grants and fees for specific projects.

Why things are the way they are

Section 1

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The problem with Serviceland

Services tend to entice people into a parallel world - the theme park world of Service Land. Whilst Walt Disney was working away developing Disney Land and Disney World, human services have been solidly constructing and commissioning Service Land.

The emergence and dominance of Service Land not only reduces the range of opportunities available to people, it frames their expectations about what is possible and acceptable. It also deprives the world of their contribution.

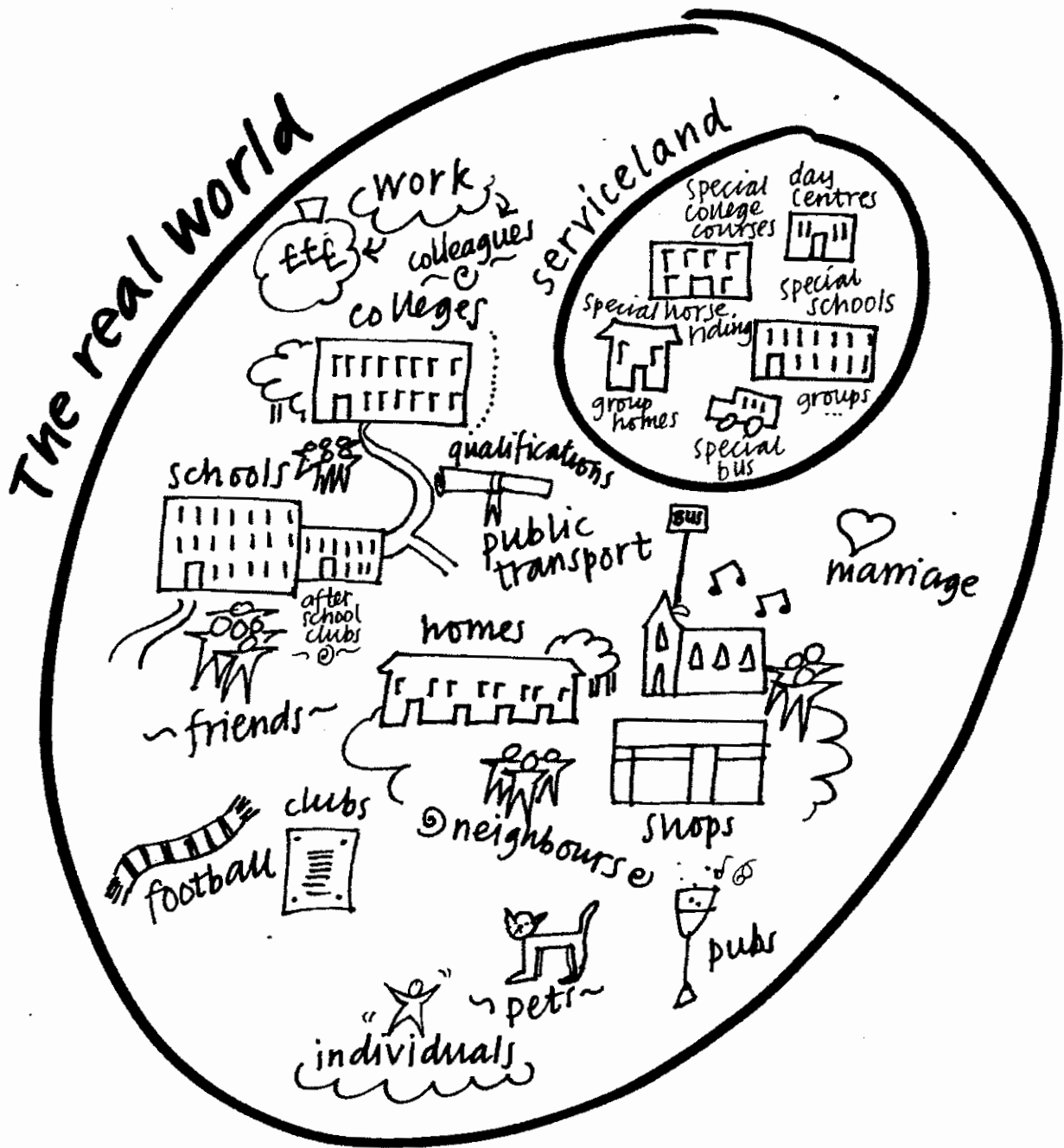
It is true that residential and day services have changed considerably in the last 25 years. There is a greater variety of services, provided by a wider range of agencies. Many facilities are comfortable and well-equipped. Staff work hard to provide physical and practical assistance, advice and encouragement. Many services have varied and imaginative programmes of activities.

Despite this variety, there are a number of features which are common to services for all 'care' groups. These features are inherent in the way the services are designed - they are not criticisms of the staff who work in them.

Segregation and congregation

Firstly, segregation and congregation - services bring people together and group them. While this increases the scope for mutual support it also makes it much more difficult to build connections with the community.

Services may be physically located in the heart of the community but socially isolated - in but not with. Both for the staff and for the community, people who use the service tend to become a homogeneous group rather than a number of very different individuals.



There is an enormous difference between segregation and kinship - between voluntary association (people coming together with a shared interest or shared goals) and people being involuntarily grouped by others on the basis of a single label. For the people concerned, their 'label' is not the most interesting thing about them. They are a brother, a partner, a football supporter, a computer nerd, a Northerner, a lover of jazz. For the services they become just one thing - their label.

Power and autonomy

Secondly, they struggle with the issue of power and autonomy. There is a tendency for staff people to take over decision-making and to make the rules. There is a tendency for people who use the service to become dependent. Mike Lawson says 'Professionals should be on tap, not on top' - but often nothing is further from the truth.

Seeing people's life as a whole

Thirdly, they have a tendency not to see people's life as a whole - their family and friends, their other skills and interests, their past life and former relationships. People's needs are seen through the service 'frame' and service solutions become the only solutions.

Becoming trapped

Fourthly, they become trapped in the building and lose sight of the fact that the main work needs to be done 'out there'. They become building-centred and service-centred in their thinking rather than person-centred. Many people have campaigned for years to raise the money for the building - they can't imagine what would happen if they weren't based in a building. People assume that the only way of avoiding loneliness and isolation is to have large groups of people living together - but if you live with everyone you know, you have no one left to visit.

As a result, people who rely on these services are in danger of losing their social identity, of shrinking rather than growing. Vic Finkelstein talks about people experiencing 'social death'. People's activities may become meaningless. They may lose reciprocal relationships. They may become less confident and less able to manage their own lives.

Clearly, this is not true for all of the people all of the time. Some services do a brilliant job of helping people maintain or rebuild their social network. But others struggle with the constraints of thinking and working in a particular way and find it difficult to make the creative leap which empowers the people who use the service. Thinking about an opportunity for discussion and debate - the discussion is more important than the decision about the exact score.

The impact of power, status and kinship on quality of life

People's quality of life, their sense of identity and their safety is closely connected to:

- the power they have
- the formal status which society confers on them
- the strength of their kinship network.

In British society, there are huge differentials between the status and power of individuals. By status, we mean the importance which society accords to them. By power, we mean someone's capacity to make things happen, to control events in their own life and influence the actions of others.

Status and power are associated, but are not the same. For example, Rupert Murdoch has more power than Stephen Hawking, but probably lower status. In Scotland, Nelson Mandela may have higher status than Jack McConnell, but less power.

A person's status and power can change dramatically during their lifetime. Churchill was sacked by the government in the 1914-18 war; 25 years later he became Prime Minister at a critical point in World War Two. He has now been voted the greatest Britain, although many people hold highly critical views of him.

Status - where it comes from

People's status may derive from their membership of particular groups; from their roles and responsibilities within particular contexts; from their talents, integrity, courage or personality; from particular actions or achievements, or from their conduct over a long period of time.

Adults can have status within one setting but not another. Someone can be head of a large organisation, but seen as the duffer in a local darts team. Some children may be regarded as the cleverest child in the class, but ridiculed by the other kids because they aren't cool. Someone may be seen as a freedom fighter by one group and a terrorist by another group. Someone may have high status within their own small community, but be unknown outside. Tony Blair's status in England is very different from his status in Scotland, although he is Prime Minister of both countries.

People can acquire status through their individual efforts, qualities, characteristics or achievements, or they may derive it from their membership of a particular group. Someone who is related to the Kennedy family in the United States will start off with high status - although they may lose it later. Similarly, some people start off with low status because of their family background, where they live or many other factors - and they may achieve high status despite this.

Power - where it comes from

People's power may derive from their physical strength, their control of resources (money, organisations, facilities), the people they know, the legal authority invested in them by the state, their particular skills or the force of their personality. Someone may have great power within their family, but no power at work, or vice versa.

Three 'bands' of status and power

The 1%

Our society can be seen in terms of three unequal 'bands' of people. There is a small group of people - perhaps 1% of the population - who have very high status and/or very high power. Government ministers, sporting heroes, company bosses, top civil servants, judges, media people, top academics, landowners, famous lawyers and doctors ... their status and power puts them in a position where many other people look up to them or are directly influenced by their decisions. They are the people for whom other people wait, the people whose words other people pay attention to.

For someone with such very high status or power, the role or talents or achievements from which their status and power derive 'drown out' almost everything else about them. Individuals become their public persona. They can afford to be no good at plenty of things because they are so famous and powerful in one or two roles. Richard Branson's hot air balloon can blow away before his world record attempt, but no-one questions his ability to manage Virgin's many business activities.

The 90%

There is a large group of people - maybe 90% of the population - who get by. Within this group, there are big differences of wealth and health. Some people will have significant authority at work, or will have a highly respected profession, while other people are unemployed or in low-paid jobs. Some people will have loads of money, others are scraping by. Some people will live in mansions, others will be tenants in poor housing. Some people will have many talents or be members of prestigious organisations, others will have much quieter lives.

However, all the people in this group are seen as citizens, customers, consumers, voters, community members. They are seen as part of society, as OK, as the great British public.

The 9%

Finally, there is a band of people with such low status, or such little power that they are at risk of being marginalised or excluded. Within this band there are people who are homeless, people who are permanently unemployed, people who are old and ill and very poor, people who have long-standing major mental health problems, children and young people in the care system, children and adults with sensory and physical impairments, and children and adults with significant learning disabilities.

Not everyone with these characteristics will end up 'on the edge' like this. Some will achieve enough status or power to see themselves and be seen as people who matter. But people 'on the edge' are seen by society as unimportant and have little capacity to take control of their own situation. They become the people for whom nobody waits, whose words nobody hears.

These people get a worse deal from society. They are likely to receive a smaller share of the society's resources, to have to accept lower standards, to live shorter and harder lives. The more unequal a society, the greater this difference of treatment, and the more this difference is seen as acceptable.

Kinship

Kinship is concerned not with formal roles and responsibilities, but with personal ties and connections between people - friends and family to rely on, colleagues at work, neighbours to swap favours with, mums and dads and grannies who take care to spoil us.

These are the people who introduce us to new people and new opportunities, the people who include us in things they are planning, the people who keep in touch and who think we matter.

These friendships and relationships are also a vital safeguard against abuse and neglect, and a source of solidarity and support in taking on the system. They are especially important to children and young people to help them develop into confident and secure individuals.

Some people who are at risk of exclusion have strong family connections, but only with a small number of people. They may be very close to their mum, or daughter, or partner but know very few other people. Sometimes the whole family is at risk of exclusion because nobody in the family is well-connected with the wider world.

A crucial role of services is to support people in building up and maintaining their networks of kinship and acquaintance. Again, however, services can

operate in a way which destroys people's existing networks and cuts them off from opportunities to build new ones. Sometimes services lock people into being entirely dependent on one caring relative or paid carer.

The challenge for those of us who work in services is to act in a way which enhances people's status, allows them to take greater power and creates new opportunities for kinship.

Why most people who use services have low status and power

People who use services, like other people, acquire status in two ways. As an individual, their personal characteristics, talents, roles, activities, contributions are regarded as desirable or undesirable. But they are also seen as a member of a minority group, for example 'disabled people', 'old people', 'abandoned children', 'orphans', 'travellers', 'Asians', or 'the mentally ill.'

They have a particular social status as a group - and individuals from that group have to start with and work from that point.

The beliefs which are commonly held in society about people who use services, as a group, make a frame through which we see and judge these individuals. The way we then treat people who use services tends to keep us within this frame and to confirm rather than challenge the judgements we make.

So being a member of the group gives people a poor reputation to recover from. If society perceives an individual to be part of a group which has a devalued status, then that individual will inherit any social perceptions which surround that group of people.

Individual Status

People can achieve things as individuals that reduce or even cancel out the negative reputation they inherit from their 'group identity'. By holding down valued roles in society they can be recognised as individuals with a place and a contribution to make. So, for example, people can become classmates, members of a youth group, members of the board of directors, householders, employers, partners, parents, actors, writers, designers.

All these formal social roles help to create an alternative status and identity for this person as an individual, so they can be seen as someone in their own right.

Changing social perceptions

We tend to forget that the development of human services is relatively recent in historical terms. It is only really in the past 200 years that social policy has been concerned in any planned way with groups of people described as a "problem" or in need of some kind of help or intervention by local or national government. It is also the case that social policy has gone through many changes in this period and that services we may have imagined "always being that way" might in fact have altered greatly over the years. In the era of Community Care, it is perhaps surprising to realise that most of the hospital institutions built for people with learning difficulties grew most dramatically after World War II.

Wolf Wolfensberger points out that the service "models" developed and championed at any one time reflect the social perceptions of people that are prevalent at that time. He goes on to argue that most of our services today retain elements of models created in response to a range of different perceptions. We believe that the idea makes sense for any group at risk of exclusion. It is worth remembering that social policy has very often grouped people together whom we see in very different ways. A brief glimpse at medical journals from early last century might shock present day readers by their linking of disability, mental health, criminality, poverty and race.

People as an economic burden

People may be seen as primarily a drain on society, as people who do not contribute but simply require others to pay for and support them. The 'colonies' and 'farm schools' set up to provide for disabled people from 1870 onwards were organised to be as self-sufficient as possible, in order to reduce the costs to the public purse, and league tables were published to compare the performance of different institutions. Very large establishments were built in rural settings to achieve economies of scale. Many long stay hospitals in the UK had farms until recent years.

Continuing this tradition, people in adult training centres used to undertake jobs like packaging on a contract basis and, rather than get paid directly, would earn money for the local authority or the voluntary organisation running the centre. Many elderly people are now regarded as economic burdens for the rest of society and we are constantly warned that as a society we will not be able to sustain our ageing population. People immigrating in to the UK are sometimes accused of 'taking our jobs' or being 'benefit scroungers'. A recent survey has shown that this is particularly prevalent in respect of asylum seekers who have been described as 'parasites'. Those who have the misfortune to be unemployed have long been regarded in this light.

The ideas of cost and burden are also prevalent in the discussions around abortion of unborn babies who are suspected of 'defects' or 'abnormalities'.

People as child-like/eternal children

Tom Shakespeare, the Director of Outreach for the Policy, Ethics and Life Sciences Research Institute, has suggested that the fundamental social division is between adults and children. He comments that many other devalued groups have been seen as child-like.

Sometimes disabled people, particularly those with learning difficulties, are seen as children who never grow up. In fact, there are social clubs called the 'Peter Pan Club' based on exactly this view. Similarly, people with dementia are sometimes seen as returning to a childlike state.

Seeing and treating people as children is a theme which runs through many different services, and is often explicitly justified on the basis that people have a 'mental age' of 5 years, or 6 months, or whatever. This is given as an explanation for why people do not have a home of their own, or a job, or any money - and why they have not been consulted in crucial life decisions.

Services which treat people as children will seek to protect them from risk, from responsibility, from serious choices, from knowledge - to keep them in a state of innocence and also of powerlessness. Design, decor, activities and language all reinforce the message that 'these people are child-like' and 'we are the grown-ups'. Bedrooms are decorated with children's posters and the TV is switched on for the teletubbies. People are addressed as children - men and women in their 80's are referred to as boys and girls and asked to eat up their dinner. Older men and women, who are considered to be 'disorientated and confused' are asked to play team games with parachutes as a form of therapy.

Expressions of opinion by adults are simply discounted and not taken seriously. Staff assume a parent-like authority in relation to people of their own age and older, without even thinking about it. People are expected to ask permission and follow rules as if they were in primary school - while at the same time being told 'this is your home'.

Some villages and 'rural communities' for people with learning disabilities have a strong element of this approach - they wish to protect people and to create a make-believe world where they will be able to escape the dangers of the real world. However, some of these villages also miss out on much of the variety, fun and freedom of the real world.

People as sick, ill, diseased

People may be seen as sick or diseased when they are quite well, or their illness, medical labels or history may be seen as the most important thing to be known about them. Some of the consequences of this include:

- People being grouped by diagnosis, living alongside people with the same syndrome or label, in a service run by an organisation for people with that syndrome. It is not clear what benefits derive from sorting people into these groups, since the syndrome itself is not treatable or curable. Unlike TB, these syndromes are not contagious, and there are no benefits to other people from grouping people in this way.
- People's 'clinical needs' are the focus of intervention, and people's ordinary universal needs for housing, employment, friends etc. may be overlooked or seen as secondary. The people who are employed to provide day to day support in ordinary life matters may be nurses, medically qualified, or employed by the NHS.
- Medical and clinical perspectives and language are given overriding importance. Decisions about the risk attached to someone living in their own home are seen as medical matters. Support staff sometimes need to seek authorisation for supporting someone in ordinary activities from a more highly qualified medical professional. Normal activities such as riding, swimming or making things are redesignated as 'therapeutic', as if there is a sickness in people which these activities will cure.
- Information which is recorded or distributed about people often starts with medical information. The first thing that a new school finds out about a prospective pupil may be their medical diagnosis - something they've never heard of and which sounds worrying but tells them nothing useful.
- "Challenging behaviour" is seen as a side effect, not of neglect, abuse or boredom, but of the disability, or label - in medical terms, it is seen as a diagnosis rather than a symptom. It becomes a focus for clinical rather than environmental intervention.
- It is seen as acceptable and desirable to undertake research and observations on people in their everyday life. Some services use one way glass to enable them to observe and monitor people. Nurses may be located in observation stations.

Unfortunately, the sickness model does not always result in people getting good basic health care - in fact, many people living in hospitals, hostels and group homes have unmet primary health needs.

Often people in long stay hospitals have to be removed to general hospitals for medical treatment. They may not receive regular dental check ups or sight tests. Many older people in institutions have had their teeth removed, they share hearing aids and they don't have glasses. They may have far less information about the drugs they are compelled to take and their side effects than ordinary members of the public. They may have far less power to refuse medication and may often be sedated against their will.

This is nothing to do with the skills and qualities of people who have trained as nurses. This is about the model. A service model based on the perception of people as primarily sick is not focused on meeting their most important needs as people.

It is worth remembering that the long stay chronic care institutions were not mostly built as hospitals. Before the NHS was founded in 1947, they were called schools, asylums or colonies. They were included in the NHS almost as an afterthought. Only then were they renamed as hospitals and seen as places where people would be cared for by nurses and doctors rather than keepers, instructors, wardens or attendants.

A burden on charity, holy innocents or sinners

People may be seen primarily as objects of charity, "as gifts from God", or as people who have received divine punishment. Lynne Elwell, a trainer in this field of work, talks about the nuns regarding her deafness as a blessing but her left handedness as a sign of the devil.

In pre-industrial times, disabled people may have been supported in monasteries, by wealthy benefactors or through charitable donations from the parish. Many religious organisations, for example the Brothers of Charity and the Church of Scotland are major providers of care services. With the development of secular charitable and voluntary organisations, the image of people as objects of charity has been maintained as a way of raising money.

Organisations still use collecting cans, second hand shops, door-to-door collections, and summer fairs to encourage people to 'give to the handicapped' or whatever. Some organisations post bin bags to houses asking for second hand goods. Many large voluntary organisations use pity and fear as a way of making us put our hands in our pockets. One campaign in Christmas 1998 asked us to buy a Christmas decoration to 'hang on our tree' because the beneficiaries of the charity 'were hanging on' for our donation - presumably they weren't enjoying Christmas in the same way as 'us'.

Many people find this demeaning. It undermines their status as citizens - they do not have a right to decent services but should be grateful for handouts. Some of the annual charity events in Britain are strongly criticised by organisations of disabled people and others for the imagery they perpetuate.

Contrast this for example with the Big Issue where homeless people themselves do a disciplined job to earn some cash and produce a quality product. Comic Relief is another example of an organisation promoting positive imagery. Generally, this notion of people as objects of charity encourages organisations to be complacent and think of themselves as working out of the goodness of their heart. Instead they should think of themselves as privileged to provide a service to people, and as accountable to the people they serve.

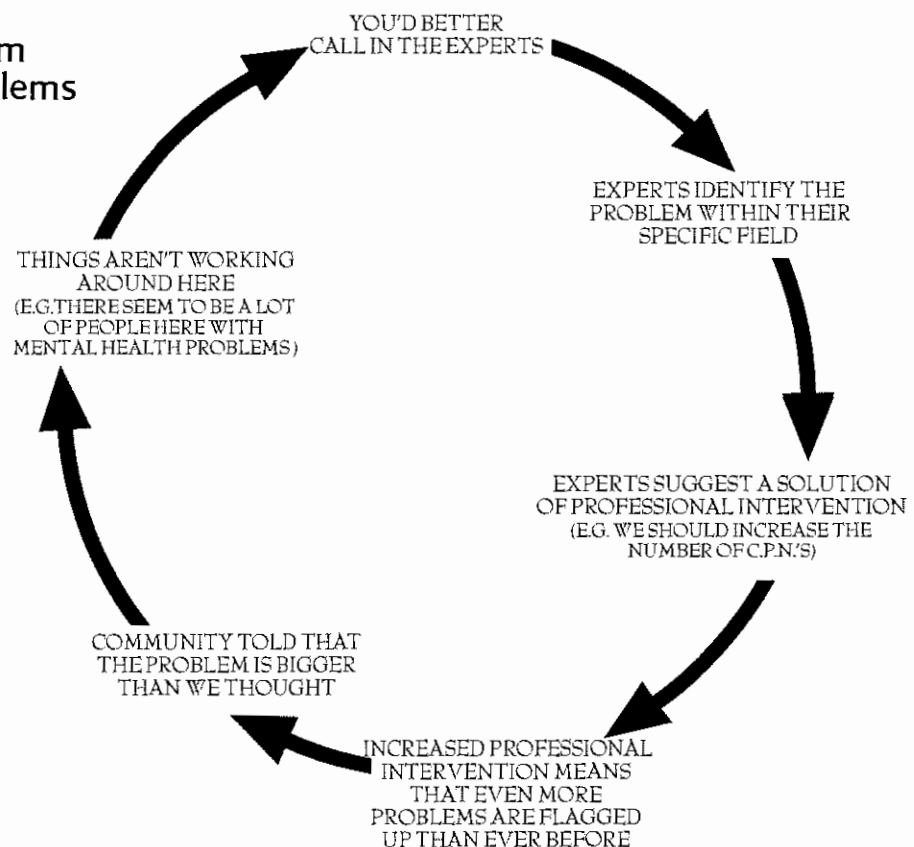
Community building

John McKnight is the Director of the Community Studies Program at the Center for Urban Affairs and Policy Research at Northwestern University in the US. In his book, 'The Careless Society' (Basic Books, 1995) and other works, John McKnight spends time analysing how human services can be a barrier to community development and to thinking about how people can link those who have been excluded back into their communities.

Two ways of looking at communities

McKnight describes that the traditional approach to difficulties in communities is to find out what is wrong, do a deficiency or 'scar survey' and then work out how to address the needs which have been discovered. The welfare and social system then professionalises a solution and develops deficit-oriented programmes which teach people the extent of their difficulties. The service system then creates a situation in which it can seem that the only way to address these difficulties is to receive services. Communities may then begin to see themselves as having special needs. A further effect is that in order to receive more services or 'help', then the community must emphasise those 'problems' that attract most special service funding. This can create a self-fulfilling prophecy or vicious circle.

The problem breed problems vortex



When we look at community in this way we create a map of needs to be fixed.

We map out the levels of unemployment, crime, illness, mental ill health, single parents, poor housing conditions, people claiming benefits, illiteracy etc etc.

This type of mapping can be referred to as Needs and Deficits Mapping. There are a number of common consequences of this approach:

- We organise services which address the various different areas of need separately and are therefore fragmented, e.g. we tackle mental ill health by providing support workers but ignore the fact that people's health may be closely intertwined with poverty and poor housing. This denies what community members often know, which is that many problems are an indicator of general community breakdown. This approach denies communities the opportunity of using their own problem solving abilities.
- We tackle problems in this way by directing financial resources to service providers and not the community. So we increase the number of "clients", "service users" etc, rather than stimulate community strengths.
- Directing resources to those most in need encourages communities and their leaders to present the worst aspects of their community to people outside of that community in order to attract whatever funding and resources might be available.
- The whole thrust of this type of approach works at breaking down communities to the level of individuals who have to be fixed and doesn't acknowledge the energies and strengths of a whole community. Strategies and resources targeted at this individual level are misdirected and cannot lead to real change or community development. It again emphasises the deficits in a community.

The capacity approach to community

The alternative to the deficit approach is to turn everything around and map the capacities of communities then use this as a basis for development. In this approach, we start by mapping, person by person, the skills, gifts and assets of residents. This will uncover a vast range of untapped resources. It is important that each person is considered, especially any person who has been labelled or marginalised, because of disability age or poverty. Everyone is a contributor to the community building process rather than a client or a service recipient.

To this map is added a further layer of associations, clubs and local groups. These are generally less formal than institutions and are where ordinary people meet to pursue interests e.g. Karaoke nights at the local pub, fishing clubs etc.

Finally we add a layer which covers local institutions, such as schools and businesses.

This creates a map which shows the richness and capacity of communities, this approach does not deny that communities, especially those which are low income based, require external resources. Indeed communities may require resources in order to facilitate this process and enable local people to participate but resources will always be targeted at and in the control of local people not those brought in to 'fix' things or provide services. This approach is an extension of the community development work which goes on in many parts of Britain.

This particular approach to mapping resources ensures that, because it is an asset based process, it flows from what exists and builds on that, rather than focusing on what doesn't exist or what is missing or going wrong. This confirms that it is those people who are in the community who are of most value in improving things. It turns around the notion that we must invite external professionals in to fix things. Rather, it means that we must build from the resources of those who are there and improve our focus within our community to ensure that any additional resources are attracted yet remain within local control and creativity.

Using this approach concentrates energies on building on the already existing relationships within communities, those between individuals, between institutions, between associations and across members of each. This has to be a focus in order to take any development forward. We have chosen to use this approach to communities because it is consistent with the values of inclusion. It confirms that communities are rich because of diversity, that all members are of equal value and that everyone has a contribution of value to make.

It confirms that communities need the resources of all of their members in order to grow and survive, as John O'Brien states:

"Civic life depends on citizens' willingness to recognize and support one another's membership despite apparent differences. All people will live better lives when the knowledge that we are all members of each other shapes everyday life and collective decisions."

For more information on a capacity approach to community development read "Unleashing the Potential" published by Joseph Rowntree.

In these notes John McKnight talks about three kinds of associational life in communities:

- Formal associations with office bearers elected by members and with articles of association and constitutions. Examples for us include the Rotary Club, the Bowling League, the Women's Guild.
- Local, less formal gatherings of citizens who meet to solve problems, celebrate, mourn or enjoy social contact. Examples include local bridge clubs, coffee mornings, and neighbours discussing local issues.
- A third form of association is based around locations - for example pubs, cafes, corner shops, fitness centres.

John stresses that these three types of association represent the community from which most people with disabilities are excluded and into which they have to become incorporated.

As well as associational life in the community, people also participate in personal activity and civic activity. We are seeking inclusion on these levels as well.

He then talks about the key qualities of the people he describes as community guides who lead excluded people out of the world of service and into the realm of community. He explains that community guides 'do not just introduce one person to another: they bring a person into the web of associational life'.

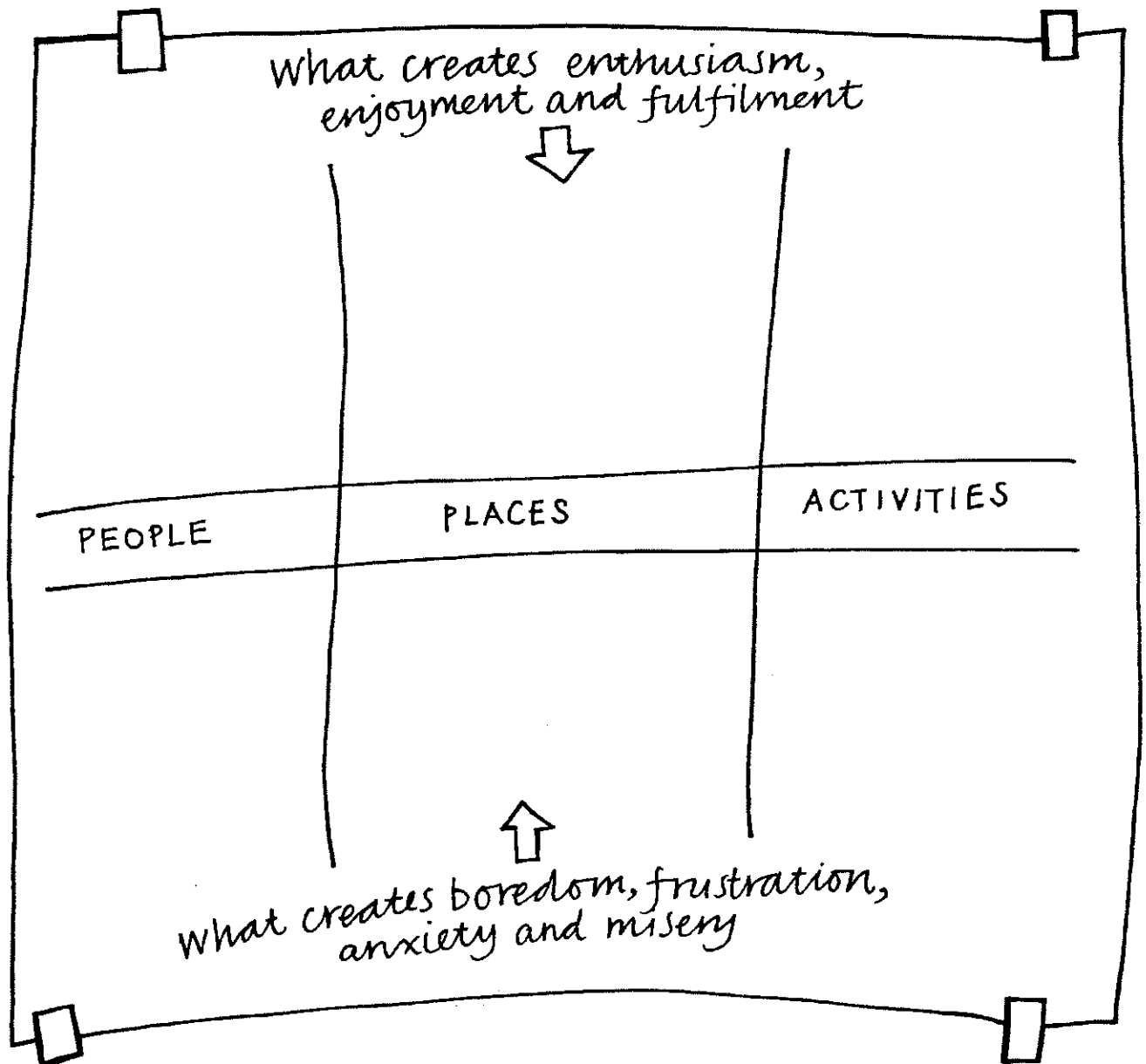
Their key qualities are:

- 1 They can see people's gifts.
- 2 They are well connected to the community they are navigating.
- 3 They are trusted by their community peers - they do not use institutional authority.
- 4 They believe strongly that the community is "a reservoir of hospitality that is waiting to be offered" and they are skilled at making offers that people can't refuse.
- 5 They know that they must say goodbye to the person they are guiding into community life - and that their continued presence in that person's life will in effect act as a barrier to full incorporation.

John also stressed the need to differentiate between services which lead people out of community and into dependency and those activities that support people in community life. He also warns that we cannot undo exclusion by "a thoughtless attempt to create illusionary independence".

Also, look out for 'third places'. In his book "The Great Good Place: Cafes, Coffee Shops, Community Centers, Beauty Parlors, General Stores, Bars, Hangouts, and how they can get you through the day", Ray Oldenburg writes about 'third places', which are the places in a community where locals gather to share news and views. He describes them as follows:

- They must be on neutral ground - places where individuals come and go as they please, none are required to act as the host, and in which all feel comfortable and at home.
- They act as a leveller - a place that is inclusive, accessible to the public and does not set criteria for membership and exclusion.
- Conversation is the main activity - a place where the 'talk is good', lively, colourful and engaging. You can see it in the smiles of others, handshaking, back-slapping, and pleasurable, entertaining conversation.
- There are regulars - a place where the customers are a source of attraction, giving the place its character and the assurance that on any given visit someone will see someone they know.
- They have a low profile - the place is typically plain, sometimes looks unimpressive, and do not attract a high volume of strangers and transient customers. This discourages pretence and people 'come as they are'.
- The mood is playful - there is laughter, which is the magical element that warms the insider. The urge to return is there, to recreate the good time and to recapture the experience.
- They can feel like a home away from home - people feel rooted, see familiar faces, and may have special privileges because they are a regular."



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 this is used to help build solidarity and empathy with the person and their family and to build support for change.
- 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.



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

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 spent 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 of a life where my work would be the focus. In other words the life of a workaholic was, and still is, meaningful to me. 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 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.

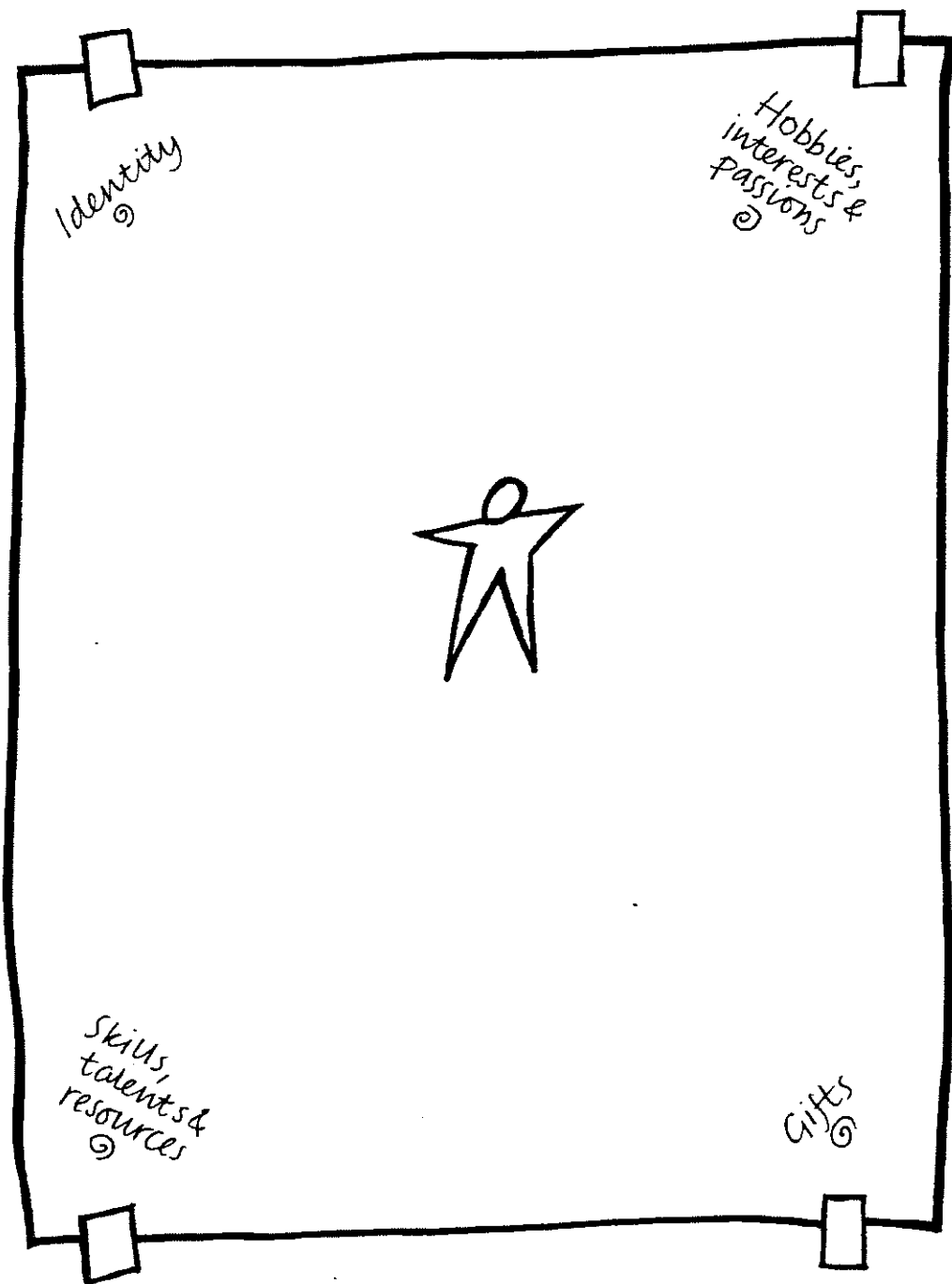
What is the person's dream and conversely what is their nightmare? Our dreams are a vital source of energy. We are drawn towards our dreams and try our best to steer well clear of the nightmares. Person centred planning taps into this source of energy to give direction to the process of making changes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



Who am I posters

One framework for focussing on an individual's strengths and capacities is to do a 'Who am I?' poster with them (see overleaf). The framework suggests a series of good questions to ask - which when taken together will give a rounded and positive view of the person you are either trying to get to know or introduce to others in the community.

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, as much as possible in their own words and in as colourful detail as possible, ie, they are a Hearts fanatic, adore Indian food - especially chicken tikka, like an expensive white wine, etc.

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, ie they drive a car, have a spare bedroom, own lots of CDs etc.

What are my gifts?

This can be difficult for people to do themselves. Our culture seems to discourage giving ourselves much credit. It is here however that friends and allies can be of most help. What do these people say about you? Why do they like you? What attracts them to you? ie, an infectious smile, a great listener, someone to lean on, etc. Remember what was said earlier about the sense in which we use the word 'gifts'.

“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

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."

"...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.

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. A person-centred approach 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.

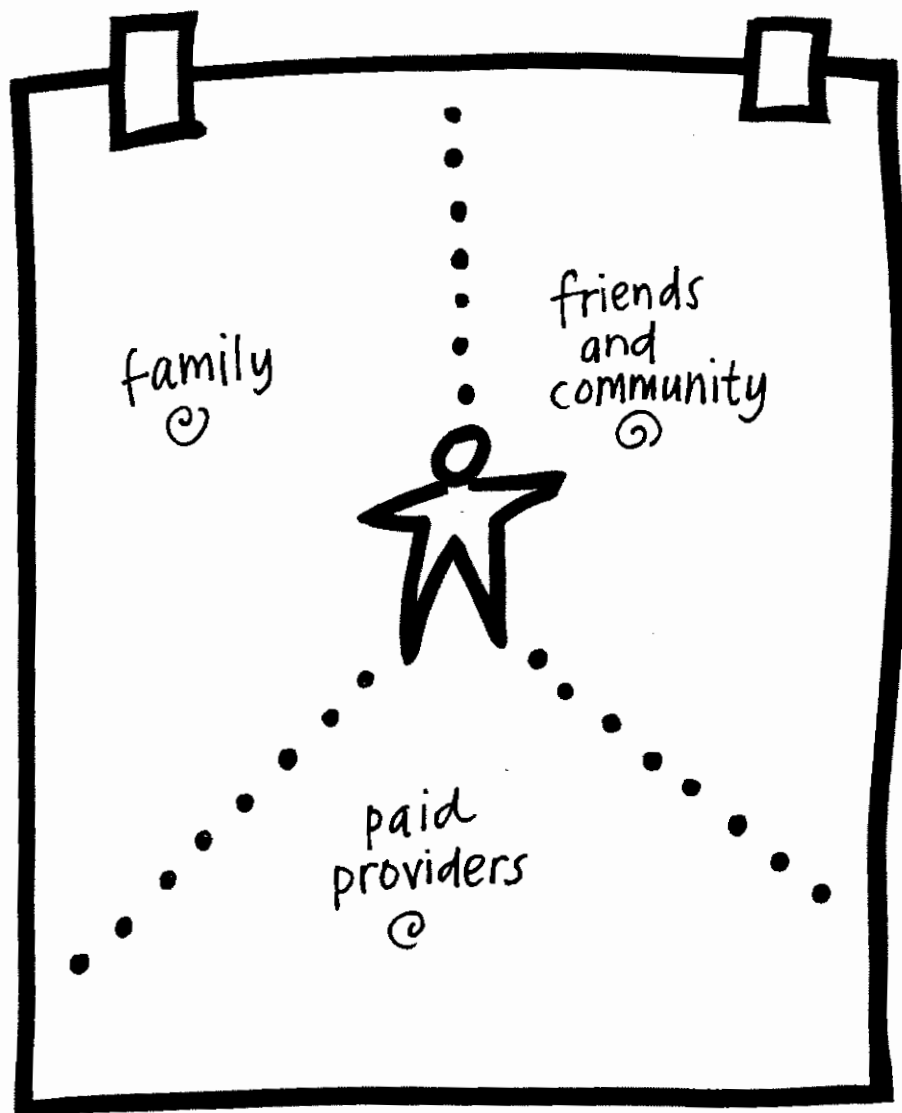
In person centred planning the expression "giftedness" is also used but it is important to realise that this is not meant in the conventional way. We do not mean someone who is a "gifted" pianist or painter (although some of the people we work with might be). Rather a gift is a "unique attribute" - something 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...

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

Maori proverb



An alternative relationship map

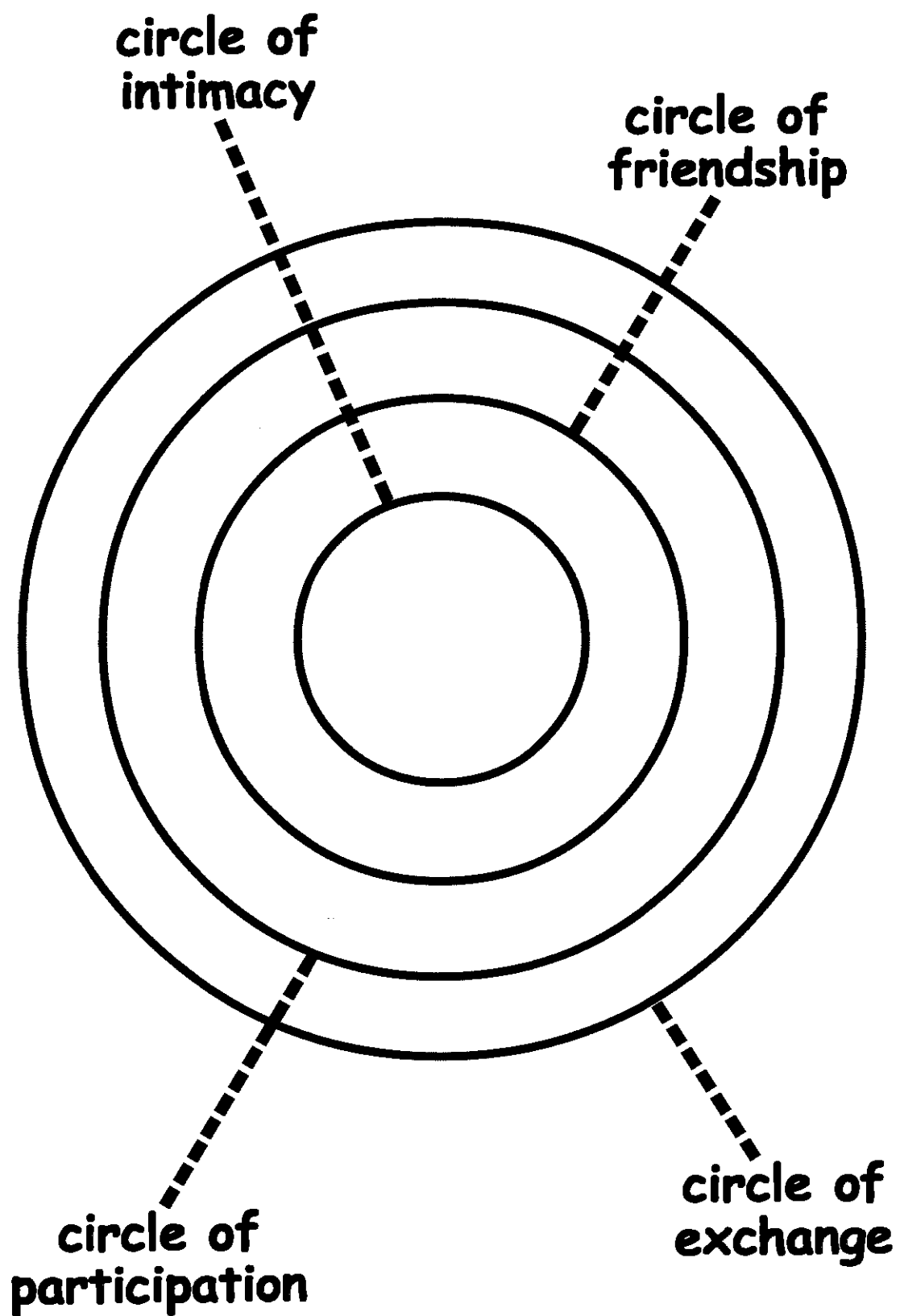
A slightly different approach is outlined in Personal Futures Planning (O'Brien, O'Brien and Mount) where the first step in getting to know a person is to develop a Relationship Map.

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.



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.

We can use this to map our relationships.

Circle of intimacy

This is the innermost circle and includes 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 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: When using this approach it is not uncommon for people to list staff members in one or other of the first three circles. Without disrespecting the positive nature of many such relationships, it is worth reflecting on why this might be the case. Would these paid staff remain in contact if they moved job? Do they chat on the phone late at night or invite the person to dinner? Sometimes people have so few valuable relationships that staff are closer to them than anyone else, but adding names of staff into a circle to which they may not belong paints a misleading picture.

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 and 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."

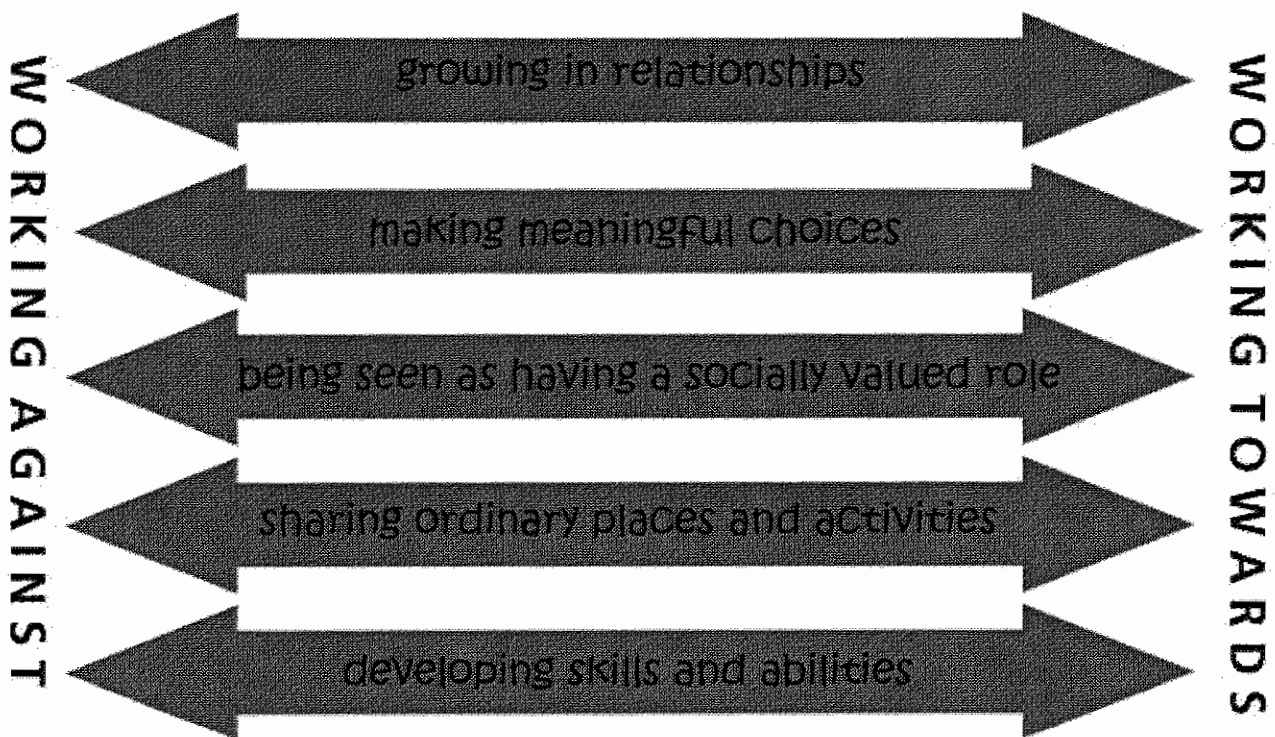
*"To see what is
in front of one's nose
needs a
constant struggle"*

George Orwell

It's true, most services have just the right intentions. But those intentions don't always deliver good results for people who rely on services. Even where services say they are focused on the five service accomplishments, the day-to-day experience of people who use services can be very different. A lot of people say "we've done the five accomplishments". Perhaps they have read about them, or had a staff training course on them. But to say 'we've done the five accomplishments' is like saying 'we've done quality' or 'we've done success'. The services which are serious about the five service accomplishments can see clearly how much more there is still to do - and how hard it is to maintain high standards.

The five service accomplishments are easy to understand, but hard to deliver. Most of all, this is because they can't be done 'inside' the service. You have to make connections with other people and make things happen 'out there'. For example, you can't 'share ordinary places' when you are on a special bus driving to and from a day centre.

The five service accomplishments are not cosy and comfortable. Taking the implications of the five service accomplishments on board means confronting your own assumptions and beliefs and questioning the whole way your service is designed and run. You will each need the support of other team members to do this.



When we look at the five service accomplishments, we are looking at how well the service is doing, not how well the individuals are doing. When we talk about an accomplishment we are talking about a particular characteristic of the service - not something an individual needs to achieve.

The question we need to ask is, as a result of what the service is doing or has done:

- Are people able to share ordinary places and do ordinary things in them?
- Are people able to make real choices and exercise control over their lives?
- Are people developing genuine friendships and reciprocal relationships?
- Are people respected? Are they valued by their community and seen as having something to offer?
- Are people using and developing their abilities and talents?

The five service accomplishments are particularly important for people who need most help from others, as they are the people who have to rely most on services.

If services are geared towards the five service accomplishments and they are working effectively, people who have to rely on services will have the same kind of everyday experiences as people who don't need services.

If services are not geared towards the five service accomplishments or if they are not working effectively, people who rely on them will generally have different and worse experiences than people who don't need services.

The five service accomplishments are all about people who use services being part of, and not apart from, the community in which they live. This doesn't mean people being physically in the community but in a separate group - it means people being with the people they choose to be with, as individuals.

The five service accomplishments are not just about what happens while people are in the service. The service should be helping people to have a better quality of life when they are not actually with staff. In other words, what impact has all the service activity had on the person's life outside the service and their role in their community?

Many people who work in services may say, "But this is exactly what our service is trying to do!"

Measuring quality: 5 service accomplishments

John O'Brien has spent much of his life thinking and writing about how human services could be better and he developed the 'Framework for Accomplishment' as a way of understanding quality in human services.

Basic human needs

When people talk about what makes life worth living, the same sort of things come up again and again. We all share some basic universal needs.

These are needs for everyone, not just people with a learning disability and or physical impairment.

There are 'physical' needs for safety, food, health, sleep and comfort. But we also have social and psychological needs which are equally important. John O'Brien summed these up as:

- Sharing ordinary places and activities
- Making meaningful choices
- Developing abilities and skills
- Being treated with respect and having a valued social role
- Growing in relationships

These needs are not luxuries. We know that people who do not have these needs met die early.

These five areas are what makes life worth living for everyone. If someone's needs are not being met even in one of these areas, they will experience unhappiness.

The job of services

Services do have to pay attention to safety, food, physical health, warmth and comfort. Sometimes they fall short even here. But they have to do more than this.

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 Values of Inclusion

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.

The way to inclusion calls for more modest, and probably more difficult virtues. We must simply be willing to learn to get along while recognising our differences, our faults and foibles, and our gifts.

This begins with a commitment to decency: a commitment not to behave in ways that demean others and an openness to notice and change when our behaviour is demeaning even when this is unintentional. This ethical boundary - upheld as a standard in human rights tribunals around the globe- defines the social space within which the work of inclusion can go on.

This work calls on each of us to discover and contribute our gifts through a common labour of building worthy means to create justice for ourselves and for the earth through the ways we educate each other through the ways we care for one another's health and welfare, and through the ways we produce the things we need to live good lives together.

In this common labour we will find people we love and people we dislike; we will find friends and people we can barely stand. We will sometimes be astonished at our strengths and sometimes be overcome by our weaknesses. Through this work of Inclusion we will, haltingly, become new people capable of building new and more human communities."

The values of inclusion

What is inclusion?

Inclusion is easy to say. We think we know what it means and we sign up to the values but we have to realise that inclusion is both easy and difficult. It's easy because it makes sense, but it's difficult because it presents a challenge to each and every one of us. The challenge is to make inclusion a part of all of our everyday lives. Inclusion is not something we can do at work or on a Wednesday afternoon. When we sign up to these values they have to become a part of how we live our lives.

Making inclusion a conscious and active force means the total adoption of the following beliefs. Every one is born in
We are all born as equal citizens and part of a community, we are only later excluded.

We do not believe the world would be a better place without difference in it. We are not dreaming of a world when all disabilities are cured and eradicated. We believe that diversity does bring strength and that we will all learn and grow through being together.

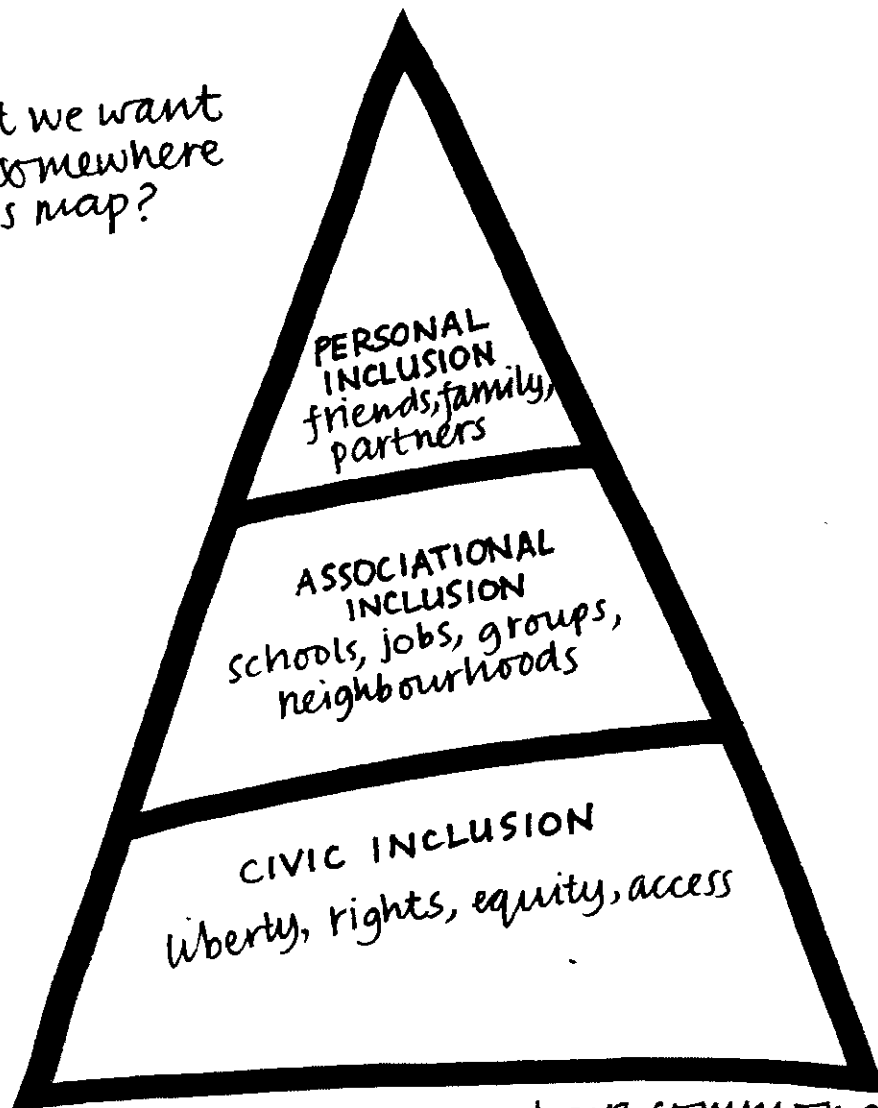
These values are not up for debate. They are the values on which all of our work and lives should be based. Whenever we think about what we should be doing and how we do it we should always refer back to the values of inclusion. If something doesn't fit with even one of these values then we shouldn't be doing it.

An ethic of decency and common labour (extract from The Ethics of Inclusion Three Common Delusions by O'Brien, Forest, Pearpoint, Abu-Tahir, Snow)

"Inclusion doesn't call on us to live in a fairy tale. It doesn't require that we begin with a new kind of human being who is always friendly, unselfish and unafraid and never dislikes or feels strange with anyone. We can start with who we are. And it doesn't call for some kind of super group that can make everyone happy, satisfied and healed. We can and must start with the schools, and agencies and associations we have now.

Different levels of inclusion

Is what we want
to do somewhere
on this map?



If so, we have common cause..

SERVICE LENSES

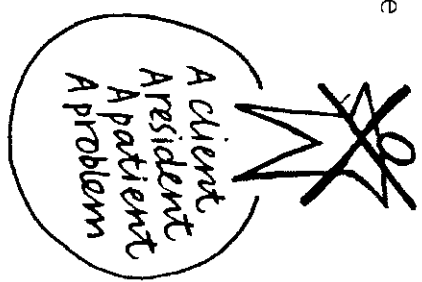


what other
staff say -
anecdotes
stories

labels
descriptions
used

environment
grouping
imagery

not like me
genetic
difference



CAPACITY LENSES



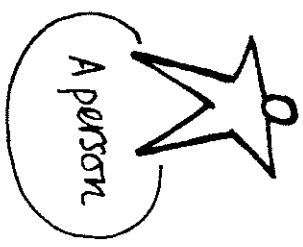
sense of
justice
and
decency

recognition
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seeing
another
context

appreciation
and
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benefit of
the doubt
belief people
can change



For example we are trying to move from seeing people through the lenses of:

- what other staff say, anecdotes, stories
- labels, descriptions
- environmental, grouping imagery
- an assumption of fundamental difference

To instead seeing people through the lenses of:

- a sense of justice and decency
- a recognition of wounds
- seeing people in another context
- an appreciation and understanding of difference
- giving the benefit of the doubt, the belief that people can change

In effect a more person centred approach to working starts from these lenses. Although it is possible to see the real person through the distorted lenses of negative reputations and labels it is often almost impossible. To say that someone is 'autistic' or 'bipolar' or 'demented' actually says almost nothing about the real person behind the reputation.

People working in a person centred way have definitely stuck the capacity lenses on. This gives them a great opportunity to really get to know the person they are trying to help and what they have to offer. The rest of this section says more about some of the ideas and frameworks that might help keep the capacity lenses clear and focused and allow you to meet people with gifts, dreams, stories and contributions to make.

Putting on the capacity lenses

One characteristic of most human services is their focus on peoples' deficits rather than their capacities. Older people are 'frail', 'housebound' or 'confused'. Children are 'attention seeking' or 'school refusers'. People with disabilities are 'wheelchair bound' or 'non verbal'. These 'reputations' often have their origins in genuine attempts to be helpful to people but in effect produce a view of individuals, which is distorted by its focus on the negative. So social workers are asked to undertake 'needs led assessments' in order to try and work out what services might help an individual or family but are not usually expected to ask what strengths and capacities they might have. Moreover, many of these descriptions or categorisations of people can develop into reputations which might follow them around for most of their lives - an even greater risk when you have a file or report written about you at some time.

When thinking about reputations there are some important points to consider:

- Sometimes people have qualities and traits which other people dislike or which can be seen negatively in one context, e.g. someone may be described by some people as 'pig-headed' or 'insecure' or 'selfish'.
- These same qualities might be seen differently by people who like the person or people who know the person in a different context. They may say that the person is 'committed and determined', or 'keen to please' or 'good at making time for themselves' or 'clear about what they want'.
- Sometimes the way someone behaves can be seen as a diagnosis rather than a symptom - the person is described by others as having 'challenging behaviour' or being 'attention seeking' or 'self isolating' This description is seen as part of their 'medical condition' rather than a response or reaction to a set of external factors. If the people around the person see them in this way, they can end up trapped in their reputation.
- Sometimes the way someone behaves is misinterpreted or taken out of context, and the reactions and responses based on this misunderstanding in fact make the person's behaviour worse. Situations can go on like this for some time, with every new behaviour seen as further evidence.

In some senses when we are thinking about reputation we are trying to see through a new set of lenses. Some of us can imagine sitting in the optician's chair while she slots in different strengths of lens in each eye until we can see things in focus. Part of this work is about changing some of the lenses commonly used.

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Focusing on capacity

Section 2

People as in need of improvement

Sometimes it is assumed that people need to learn skills in order to gain acceptance in society. In other words they are not yet ready, but with enough help some of them may make the grade – and if they don't then there is good reason for them to be kept apart.

This way of thinking was the motivation behind the first residential schools for people with learning disabilities and/or physical impairment founded in the 1840s and 1850s in the UK and US. These were relatively small schools providing intensive training in trades such as printing, bookbinding, shoemaking, tailoring and brush-making. However, many students never 'graduated' to the point where they were economically self-sufficient, and many of these schools, founded with great optimism, gradually deteriorated into - or were replaced by - long-stay institutions.

A similar model has been used in 'adult training centres'. People may spend thirty years 'training' for something, but never getting there. Sadly, some of the trades which had a real economic relevance 150 years ago are still the focus of some of the activities in such centres, and have become nothing more than ways to fill the time. This idea of people as 'trainable' is double-edged. It encourages people to develop their skills and abilities – which is clearly a good thing. But at the same time, it puts people in the position of 'not yet ready to join in'. If people are seen mainly as deficient, in need of fixing, there is too much emphasis on their learning disability or impairment and not enough on them as a whole person. Also, many people will never learn to be 'independent'. As Judith Snow, an internationally recognised thinker and campaigner in the disability movement, comments:

"I am perfectly eligible to live in a chronic care institution. I have never had the full use of my body in all of my 44 years and the taxpayers of Canada would pay \$150,000 a year for me to be hospitalised. But 5, or, even 40 years later I would still have very limited use of my body. People would allow me, even support me, to spend the rest of my life waiting to become a person who walks and moves my arms."

People as a social menace

Another common social perception of people has been that they are a menace to the stability and prosperity of society. With this assumption the job of services becomes to keep them out of the social mainstream and prevent them from having children. This was done most aggressively in the early part of this century when there was an active policy of taking people away to segregated institutions.

It was commonly accepted that a wide range of 'mental deficiency' was passed on through a single recessive gene, and that this gene had to be eliminated through social engineering. Compulsory sterilisation was used. Although it was publicly rejected in both the US and UK as impractical as a mass policy, it was and still is used as a way to deal with particular individuals.

This attitude was taken to its logical extreme in Nazi Germany with the mass killings of selected groups of people during the 1930s. Sterilisation has only recently been changed in Canada.

In the midst of all this, it is worth noting that the Nazis at the Nuremberg War Trials cited the Alberta Eugenics Board in Canada as a source of inspiration for their policy of sterilisation. Many People First organisations in Canada are supporting people to sue their state over the fact that they were sterilised without either knowledge or consent.

The social menace model is perhaps strongest today in relation to people with mental illness despite the fact that the vast majority of people with mental health problems are in no way dangerous to others.

Despite the various Education Acts, disabled children still have to fight to get into the mainstream education system at age 5, and then have to keep fighting to stay in. Many teachers and parents still regard them as a menace or distraction to the 'ordinary' children. Despite the presumption of mainstream inclusion in the Standards in Scotland Schools Act 2000, children with labels of disability can still be excluded on the grounds of their assumed aptitude or ability, the perceived cost of their inclusion and their unfulfilled potential for interfering with the efficient education of other children. No other children have to pass such tests to attend their local primary school.

The social menace model reappears in the use of genetic testing and screening. Many people make the unconscious assumption that the world would be better off without disabled people. Therefore, they conclude, if we can find out that someone will be born with a disability we should organise an abortion as a matter of course.

A life not worth living, or less than human

Some people are seen as so disabled or impaired that their lives could not possibly be worth living. Older people with dementia may be described as 'gone'. Nursing homes are sometimes referred to as "God's waiting room". People may be seen as less than human, so that it is assumed that their only needs are for food and shelter. The word 'vegetable' is sometimes used.

Sometimes this has effects on the standards of health care people receive. Judith Snow explains that she was told that "people like that don't survive past 30" so that her ill health was seen as inevitable, and nobody realised that she was severely allergic to the food dyes in some of her vitamins.

People as commodities

The growth in the care sector, particularly over the last 10 years, and the integration of business language and ideology into the provision of care, has supported the view of people as commodities.

The following article by David Brindle in the Guardian newspaper on 2. September 1998 talks about older people being "bought and sold".

"Old people are being bought and sold without any say or protection as nursing and other care homes change hands at an alarming rate, a campaign group is today warning."

... The alert comes from Counsel and Care, which specialises in advice and help for older people in care homes. It says that growing domination of the homes sector by bigger companies, and the accelerating withdrawal from it by local authorities, mean that home residents increasingly resemble a commodity being traded - often without knowing who 'owns' them. Some have experienced up to five different owners of their homes.

The article goes on to say that there are now 16 companies each operating more than 1000 beds in nursing, residential or dual-registered homes. BUPA Care Homes is by far the biggest in the field, with almost 16,000 beds, but Ashbourne has more than 8,500 beds and Westminster Health Care almost 6,000. It states that there is "no direct voice for the users of the service - old people themselves and their relatives and carers."

A new social perception - people as citizens at risk

All of our work at SHS is based on seeing people first and foremost as citizens - as adults and children first - who share common human needs, but who need more help than other people to get these needs met. For instance we believe that the sort of help that disabled people, or people with mental health problems need is not different in kind from the sort of help that everyone else needs from time to time in their life. What is different is the intensity of help, and the fact that some people may need help for most or all of their life.

We see everyone as having a contribution to make. We believe that society as a whole benefits from the presence and inclusion of all and that it would be a better place if the contributions of all were recognised and valued. Services based on this perception concentrate on helping people to be included; on increasing and maintaining their power and status, and building their networks of friendship and association.

The Consequences of Devaluation

The consequences of society having these negative perceptions about an individual are that, at the very least, they are looked down upon. In simple terms, people often get from society what society feels they deserve, and being 'devalued' means being treated less well. Wolfensberger points out that a consequence of devaluation is that "people get systematically rejected, not only by society as a whole but quite often even by their own family, neighbours, community, and even by the workers in services that are supposed to assist them".

Wolf Wolfensberger suggests that, as a consequence of rejection, an individual may express feelings of rejection by being violent or aggressive and this may result in them being assigned other labels such as 'challenging behaviour'. Other consequences of devaluation can be that:

- People are at risk of being made society's scapegoats. They and people who are seen to be 'like them' are blamed for multiple problems.
- People experience segregation. They find themselves spending their time in places away from the rest of society, along with other people who are seen to be like them.
- People lose control over their own lives. Other people gain power over them and make decisions for them.
- People may be moved from place to place and lack many personal possessions. Wolfensberger talks about 'discontinuity' to explain the way that some may lack the kind of personal environment that most of us build for ourselves using possessions, collected junk, carefully chosen clothes, and objects that are meaningful to us. It is useful to consider how many of us would allow another person to tidy our home for us, making decisions about what we should keep and what we should throw away.
- People experience discontinuity in their relationships. They may have to repeatedly say goodbye to those who are closest in their lives because these are the members of staff who provide day to day support. This is sometimes called serial bereavement to reflect the profound effect it can have. Older people often even have to give away treasured pets when they move into supported accommodation.
- People may have to accept what is available to them, and may be expected to be grateful. They may have a 'service-centred' life. Most of us can choose the country we live in, the city, the area, the type of house and the people we live with. Even if we can't afford expensive accommodation, we can still choose from a huge number of options.

Compare this to the common experiences of people moving from large disability homes or leaving hospital accommodation after mental illness who may have their choice restricted to just one or two possibilities.

- People may be financially poor, with few valuable possessions.
- People can be denied participation in society and thus lack valuable social experience and support networks.
- People may feel they have a wasted life, spending lots of time waiting around, or getting ready for something to happen at some unspecified time in the future.
- People may be physically abused, and may die prematurely.

Working with the present - the impact of Russian dolls

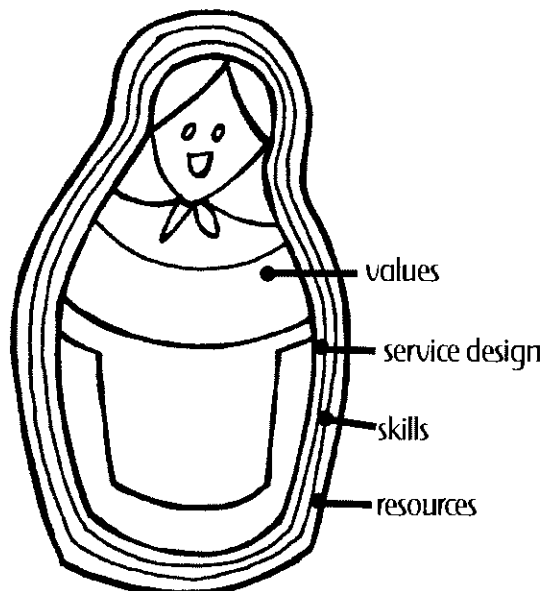
Despite the best efforts of staff most services tend not to address or meet people's most important needs.

The way we organise services tends to reinforce negative assumptions about people as a group. By providing separate facilities, by batching people together by group, and by organising strange activities and imagery around people we create a cultural apartheid in which people are seen as separate and unequal.

Someone's label - such as 'disabled', 'frail elder' or 'traveller' may be seen as the most interesting and important thing about them in other people's eyes. This obliterates other more important personal characteristics and qualities. People are assumed to have more in common with other people who are similarly labelled than with anyone else, even their own family.

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.

- 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. We use the diagram of the Russian Doll (see previous page) to illustrate this concept.

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.

Understanding why things are the way they are

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 some people 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.



*"You can put a grass skirt
on a cow - it still won't
do the hula!"*

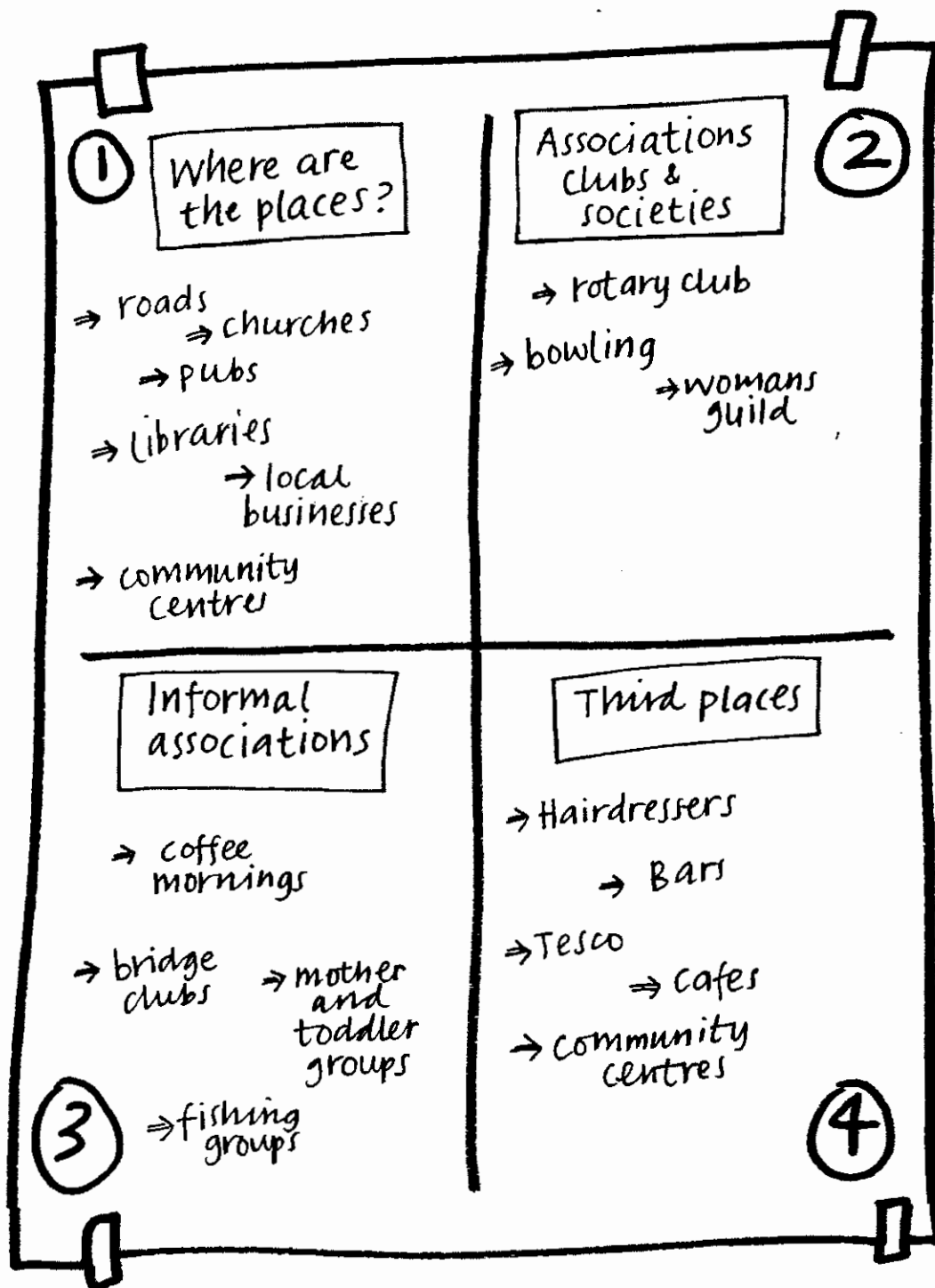
Herb Lovett

Breaking the moulds

Services based on the perception of people at risk of exclusion as citizens will look and feel very different. They will be:

- Person centred, not service-centred or building-centred. Services will be personalised, designed around the person - people will not be sorted and slotted into groups and segregated facilities.
- People will live in ordinary houses, on their own or with their friends, partners, flatmates, families - with people they have chosen.
- People will get their housing and personal assistance from different sources, and from a wider variety of agencies.
- More people will own or part-own their homes.
- Children will attend ordinary schools and go on to further education.
- People who want to work will have jobs.
- More people will directly employ their own staff or have direct funding to hire staff from an agency. People will be able to change their support arrangements without moving, and vice versa.
- Staff will see community-building as a key part of their role, not an afterthought.
- People, often with assistance from their support circles, will be much more in charge of their own lives, and have more choice and control in how and when they use services.
- People will be involved in hiring, firing and training the staff who work for them and with them.
- The supports and services available to people will be flexible, and adapt to changing needs and circumstances.
- Service agencies will have a commitment to loyalty and zero rejection.
- People with disabilities will be more visible in community, especially in work places, schools and colleges, and will be using natural supports - family, friends, neighbours - in addition to paid staff.
- More people in the community will have a connection with someone who has one of many labels of disability.
- People will have higher expectations, and will be achieving more.

- Staff will have less of a definite boundary between work and life, and will see themselves as working alongside people, not as having power over them.
- Service agencies will be more firmly rooted in the communities they serve.
- Managers in service agencies will make a point of keeping closely in touch with the people they serve, so they can keep learning from and improving practice.



Rosita De La Rosa is a community guide in Chicago in Logan Square and she assists people to make different types of connections - associational links, personal links with a family or network and links with places of work or places to volunteer.

All of the links which Rosita has made came from her own community network. She is someone who John McKnight describes as a community guide. These are the people who are able to connect people in 'the web of community life' not just make introductions.

Rosita tells us that when she was asked to connect people she would get them to accompany her in her everyday life so that she could get a sense of their gifts. She is a very gifted community guide but her natural style and use of personal connections teaches us a lot. She connected 30 people using her own networks. Even if we do not have a large personal network ourselves then some of our friends may have and they may be prepared to help us.

Tom Kohler a citizen advocacy co-ordinator in Georgia suggests that bridge-builders or community guides should:

Job Spec for Bridge Builders

- Think about back doors, back roads, back when.
- Have a brutal interest in what regular people think.
- Be curiously uninterested in interagency co-ordination.
- Be energetic to a fault when learning from and teaching to.
- Be suspicious of technology.
- Be overly fascinated with the tools of hospitality- e.g. coffee, beer, birthday cards, thank you notes.
- Be anxious to find the phrase to open someone's heart.
- Be always lurking, swimming quietly through schools of citizens.

Making Introductions

Once we have an idea for a connection, we then have to consider how best to introduce the person.

We have talked about the public perceptions and myths of people who may belong to excluded groups. We have also looked, through the community mapping work, at the intricate invisible layers of hospitality that still exist in communities. The way in which introduce people must recognise both these sides of the picture.

Often, when introducing people we are having to find ways to tell the person's story. Stories are important and we have a responsibility to tell a person's story in a way which makes the person who is listening want to engage with and welcome the person.

The story has to be true to the person. It has to be honest, respectful and come from the heart and it has to be positive about the person. What we say first is important and we have to try to get it right in order to minimise that chance of exclusion.

Some different ways to introduce Joan

VERSION ONE

This is Joan. I have worked with her for three years and she needs support because she can sometimes be very withdrawn. She likes photography and she's even had a few things published. We think it would be good for her to be a part of your group as she doesn't have much to do and it would be good experience for her. Do you have a befriender who could take her?

VERSION TWO

This is my friend Joan. She is a photographer and had some photographs published in calendars last year. She also showed her work with other artists in the summer. Joan has spent quite a lot of her time in hospitals and hasn't met many people who live around here yet. We heard about your club and thought it sounded great. Joan is quite shy and wondered if someone could go with her to the first meeting. Do you know someone who lives in the street that you could introduce her to?

VERSION THREE

This is Joan. She's a photographer. Can she join your group?

VERSION FOUR

Joan is a friend of mine. She has been locked in an institution because of the way in which our society treats people who are labelled. She is a gifted

photographer and would like to work on a series of images to change society's view of people with disabilities. Can you help and do you know any one else who could?

All of these introductions give different messages and all except the first one may be useful, depending on the context; how Joan feels about it; who the person telling the story is and who is being told. The first introduction is disrespectful and uses jargon - so is not useful.

Some key points about story telling:

- Agree it with the person first
- Do not use jargon
- Be positive
- Tell the truth
- Be yourself, not the person's worker. People can tell if you are passionate about a person's story and if you admire them. If you do not like the person then you should not tell their story or try to introduce them
- Use the information from your community mapping to figure out what will get the other person engaged. Tom Kohler (who is a community connector in North America) suggests finding out what people are 'riled up' about and talk to them about that - politics, family religion, justice etc.
- Be specific. If you are open ended or vague, people don't know what you want and will possibly become nervous

Keeping yourself safe when you're connected

*"I learn by going where
I have to go"*

Roethke

People working in the service system can become concerned when we talk about this type of community connecting. Some of the most common concerns are around:

- Confidentiality
- Safety and risk to the person and/or the community.

Confidentiality is not the same as secrecy. Confidentiality never seems straightforward and this is often because we get overly concerned with the rules surrounding the concept rather than with the reasons for them in the first place. The whole idea of confidentiality is actually about deep respect. It is about ensuring that professionals who have been privileged to gain knowledge about a person use that knowledge respectfully. What often happens instead is an over emphasis on secrecy.

We need to ensure that stories we tell about a person are agreed and thought through carefully with the person and perhaps also those closest to the person. We need to ensure that the stories we use are always respectful and are told because they might help to increase the chances of the person making connections. Anything the person does not want included should not be told.

Safety and Risk

The safety of people who have been labelled is important and there are regularly stories of serious abuse in newspapers and on television. We always have to think about safety but we also need to think about risk. Life is about risk, as Helen Keller said

Security is mostly a superstition. It does not exist in nature, nor do the children of man as a whole experience it. Avoiding danger is no safer in the long term than outright exposure. Life is a daring adventure or nothing.

We need to remember the risk of exclusion and the damage and pain it causes to individual people and to communities as a whole. We need to remember that all of us are safer when people know us and care for us, as Alan Tyne said,

"If not many people know you, then you might fall off the edge and no one will notice you're not there any more".

If we can help people get connected to other people, then they are likely to be safer than if no one knows them or cares about them.

When we work on community connecting we need to operate on trust. We hope that bringing people who are excluded to the attention of more people means that they will be safer. We can also take practical steps to help people stay safe:

- We can make sure that someone who knows the person is available to listen when they have met someone new. If the person feels uncomfortable or is unhappy, listen to them. Just because we have set something up, that does not mean it has to continue for ever or that it is perfect. If the person is not happy, stop and try something or someone else. In order to effectively listen to people we also have to know them well and know how they show upset, distress anger, frustration and so on.
- Some people will be safer if they know how to say no and other people also know how they say this. This might mean helping the person with becoming more confident, assertive. Although their lack of confidence or assertiveness must not be used as the reason for not-connecting.
- We can ensure that we arrange initial meetings with new people in places where there are other people around.
- We can show that we care about the person and respect them. People who are seen to be loved and respected are less likely to be abused.
- Finally, there may be technological aids and adaptations that can help people be kept safe.

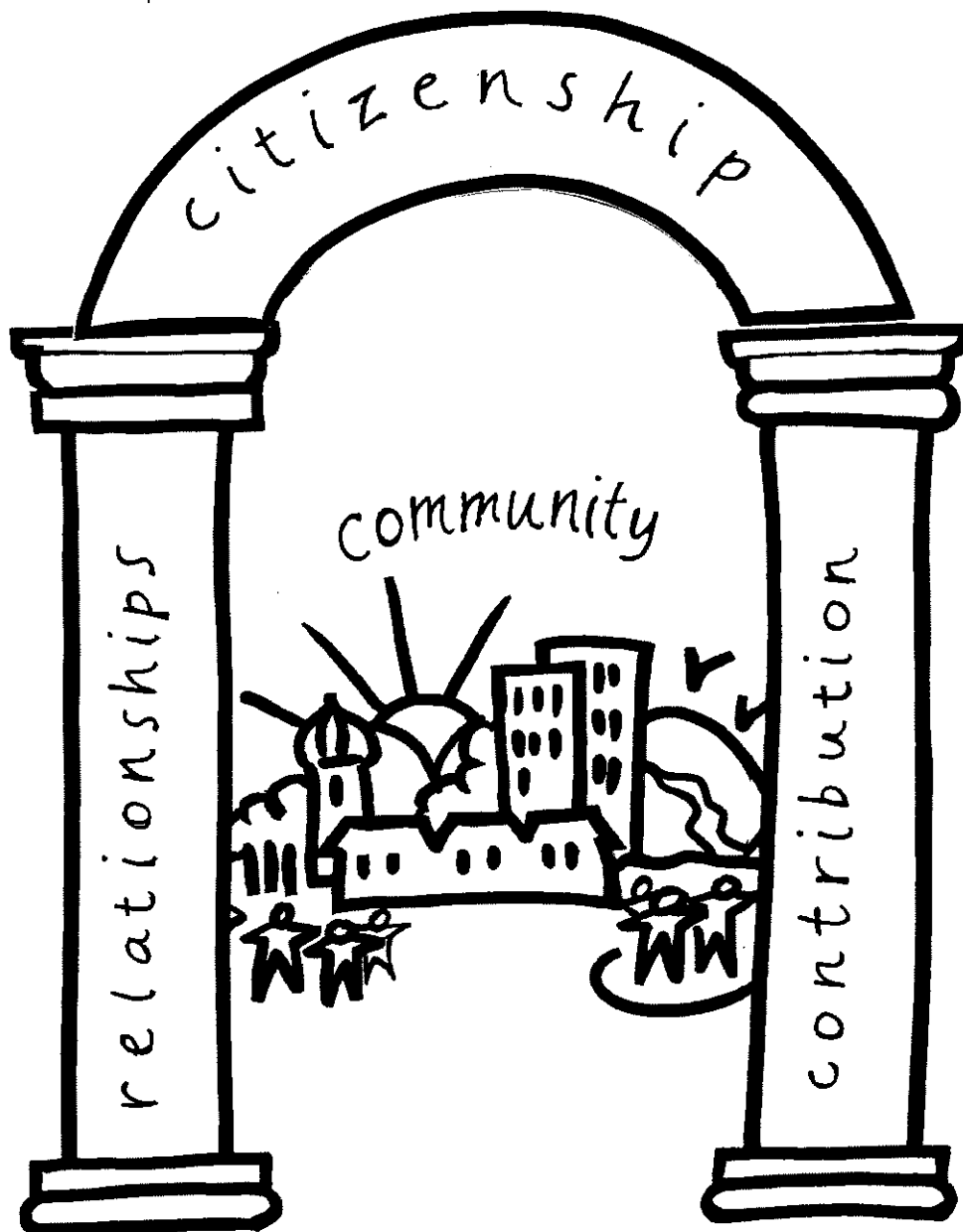
*"Community connectedness
says - I don't care about
your deficiency...
I insist on*

Summary

We think this picture we have borrowed from Al Etmanski nicely summarises this section.

People have dreams and aspirations which involve taking their place in the community as full and respected citizens. The archway of citizenship rests on the twin pillars of contribution and relationships.

Person centred working and person centred planning offer ways of helping people's contribution to be recognised and to make real and meaningful relationships.



Person centred planning

Section 3

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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 or partner or relative 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

Remember - these sections reflect only what is important to the person, not what other people or the service consider to be important or essential.

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. It can be divided into different sections and it is important to remember that there are difference kinds of support :



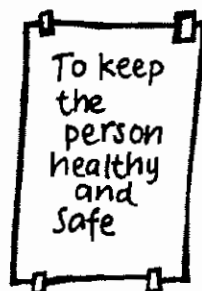
- there is emotional support and encouragement - i.e. "Mary is anxious about walking into a room full of strangers and may need some reassurance before she enters the room and when she has entered the room"
- there are styles and approaches which people are more likely to respond to - i.e., "Mary hates to be rushed - always give her up to 25 minutes to respond to any requests to get ready to go out and go somewhere"
- there is physical care and assistance - i.e. "to assist Mary to eat her lunch, cut the food into small bite size pieces. Mary can use an ordinary fork and can eat the food herself once it has been cut up"...

Remember that this section is written specifically for people who are going to provide support and we need to give them the best chance of success. If the person is likely to respond negatively to certain situations or types of people, we need to give this support person information about how to avoid or manage these situations or encounters.

For example, 'I hate flying. It is useful for anyone coming with me when I'm having to get on a plane to know that I will become irritable and find it difficult to concentrate on conversation. When the plane is taxiing down the runway - hold my hand if I want you to, and let me read my book or magazine. Tell me it will be OK but don't try and have a conversation with me...I will be OK when we get in the air!'

To keep the person healthy and safe

The inclusion or length of this section of the plan varies with the focus person. Sometimes you don't need this at all, sometimes this is very detailed and vitally important.



This section may contain details about:

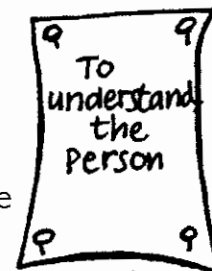
- medical treatment - dosages and frequency, side effects and warning signs
- aids and adaptations - why they are required, how often they are used, what happens if they are not used
- information about risks to the person or other people.
- If there are issues around behaviour, it is very important to describe the behaviour, our understanding of it's cause and its consequences. We must not label the person. If someone is labelled aggressive this can be very damaging. If we explain here what we think causes the behaviour and how best to support the person during it, we are creating a very different picture.

For example, to simply say that I am nervous and irritable is completely different from explaining that I am frightened of flying and may become distressed during take off. Explaining the context for the behaviour helps other people empathise with it and work out how to support it.

Sometimes there may be a section entitled "to keep others healthy and safe" which could contain details about specifically dangerous conditions or situations.

To understand the person

This section may be very important if there are issues around communication. If the person does not use words to communicate, there may be completely different interpretations by different people around them of their preferences and views.



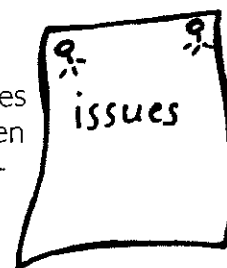
In essential lifestyle planning we can use communications sheets to try and build a better shared understanding of the ways in which a person communicates with us and how we can best communicate with them. For example if someone is both deaf and blind we may need to include a lot of technical information about symbols and signs we use to communicate with them. In addition to this, we need to details any clues we have about ways in which this person expresses their preferences and views to us.

Communication sheets can look like this:

AT THIS TIME OF DAY/ DURING THIS KIND OF ACTIVITY	WHEN SALLY DOES THIS	WE THINK IT MEANS	AND WE SHOULD DO THIS

Unresolved issues

There may be areas where you are unclear about the person's preferences or how best to support them. There may be major contradictions between the views of the person themselves and the people who support them - these can be listed here for more details discussion at the meeting.



Phase 3

The meeting - checking back the data and action planning

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 to put it into practice. The meeting generally has a number of stages:

Checking back the data

After welcoming people to the meeting and outlining the process, the facilitator should say who they have spoken to and then present the sections or panels prepared so far to the group. The facilitator may have written this information up on sheets of flip chart and have stuck them up on the way. The information in these sections of the plan should have been checked out with the focus person before this meeting to make sure they were happy with the content

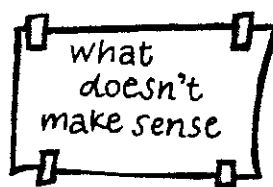
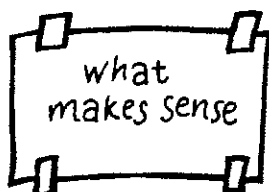
The information in the panels should be checked back with the focus person and their support group in detail - is there anything missing, did the facilitator misinterpret anything, does any of the information need to be amended or improved at this stage....

Any changes and corrections must now be made and agreed by the focus person and the group.

What makes sense, what doesn't make sense

Up to this point in the process we have had data. This is really the start of the plan for change. The focus person and their support then check out whether the things detailed in the plan are actually happening in the person's life now.

To do this they have to work out what is making sense in the person's life now and highlight the areas which do not make sense - we can write this up on two flip chart sheets



Action planning

The focus person and their support team then need to do some action planning - this might include action planning to:

- safeguard the good things that are happening in the person's life now
- stop and change the bad things that are happening in the person's life now
- start exploring and doing new things which make sense to the focus person

Some of these changes can take effect immediately, some of them can happen in the short term and some of them will be in the long term. It is important to help the participants in the planning see the things they can change immediately because they are within their control and may not need any extra resources. The focus person and their support team need to have some immediate sense of achievement.

The participants will then need support to think creatively about how they change things in the long term where they do not have a great deal of control or require additional resources. In essential lifestyle planning we use a lot of brainstorming to come up with creative and non traditional service solutions. We do the brainstorming in stages and work through the following sequences:

- Issue
- Situation Now
- What we can do (brainstorm)
- How we can do it (brainstorming on the best "what's")
- Who can do it and by when (choosing the best "hows" and "whats" we've come up with so far - if there is no-one who can do it, it won't happen)

It is important to get people to work in pairs or team to brainstorm lots of "whats" before they think about any "hows". Once they have loads of "whats" they can pick the ones they like best and brainstorm "hows" for each one. Once they have done this they can identify who can do it. Again you must be specific - names are required, not job titles and we should be using the people in the room and their personal networks to maximise the chance of success. The minute the "who" person is not in the room, the less likely it is that the "what" will happen.

Closing the meeting and working on the plan

Check out that everyone know what they have to do next then agree with people when to meet again to review and update the plan. The panels of the plan agreed at the meeting should be amended and updated as a result of the meeting, dated and circulated to the people who need to use this information.

The action planning has to be noted and needs to be referred to in the follow up meeting. The action taken as a result of the meeting should have an impact on the content of the panels written so far - in this sense the plan is in constant revision and is never static. The content therefore has to be reviewed at the next meeting and again updated.

Ongoing Learning

As with other planning tools it is extremely important that an Essential Lifestyle Plan is not done once - for example when a person leaves an institution - but continually reviewed and amended as the person grows and develops their life. Michael Smull refers to this as ongoing learning and suggests a framework which asks the following questions:

- What have we learned?
- What have we tried?
- What are we pleased about?
- What are we concerned about?

Everyone is then asked to respond to each of these questions and the facilitators help the group to decide what makes sense and what doesn't in the way things are at present? Given all this information the meeting is asked:

- What do we still need to learn and what do we want to learn next?
- What do we want to maintain?
- What do we want to work on changing?

An Action Plan is then drawn up and the date for a future meeting is agreed.

A more detailed description of the Essential Lifestyle Planning process, along with many helpful ideas for reviewing progress and keeping the plan as a living and active framework is contained in "Essential Lifestyle Planning: a Handbook for Facilitators" written by Michael Smull and Helen Sanderson with Bill Allen (published by the North West Training and Development Team, Manchester 2001)

Person centred planning and groups

Introduction

One of the most powerful aspects of person centred planning is that it brings people together to support a person in their quest for a better life, or to make a positive change. In most cases this involves (at some stage or other) a meeting of the person seeking change and their allies and supporters. Two people will usually facilitate these meetings. One person will facilitate the process of the meeting and the other creates a vivid and contemporary record of the meeting - known in person centred planning as the graphic. Together, they are facilitating a group.

Groups can be scary, exhilarating, lonely, welcoming - no two are exactly the same. Below are a few ideas that might help you begin to make sense of what is going on when a group is formed.

The task and the emotional life of the group

One idea which has clear relevance in terms of person centred planning is the idea that a group works on two levels - there is a task and there is also a process. (In some literature, the process is referred to as the 'emotional life' of the group.)

Or to put it another way, 'the task' refers to the need of the group to achieve its objectives, and 'the emotional life of the group' refers to the process which operates as the group goes about its business.

The 'task' aspect of being in a group is particularly obvious in a group which has come together to help a person plan for the future. Person centred planning tools include action plans, 'first steps' and clear arrangements for ensuring commitments are followed through. A person centred plan which does not include these tools will almost certainly fail in the task it is designed to fulfil.

Planning tools such as MAP and PATH pay considerable attention to the process of the meeting. For example, in drawing up a PATH there will be discussion of the ultimate 'Dream' goal and also of what the situation might realistically (and positively) be in a year's time, before looking at the present situation. This is a clear attempt to support the group and their facilitators to keep on track in coming up with some positive and concrete action steps.

However, although this helps, it is not strictly speaking about the emotional life of the group - it is more about ensuring that as far as possible, change will be an outcome. The emotional life of the group is more likely to exist rather like an undercurrent, which might flow at a different rate (or even in a different direction) to the surface flow of the meeting.

To ensure a positive outcome for the planning, it is important that the facilitators are aware of and attend to this process 'undercurrent'. If this is done well, the group will work better together and be more effective. The group's ability to undertake its task will be improved. Do the facilitators understand that individual anxieties might be due to the difficulty of the early stages of the process? That if someone is angry or sad, these feelings might be exaggerated, or muted, by the process of the group itself?

When the emotional life of the group is facilitated well the results can be startling. In his book, "Learning to Listen", Herb Lovett describes an example of facilitation where he asked a group to share how they might have felt had they had the experiences of the child whose plan it was. This question really focussed the feelings and intensity of the group. The result of making these emotions explicit was that the young person began to engage more closely (physically and emotionally) with the meeting as a whole.

As well as being a brilliant example of facilitating the meeting to be truly person centred, it also suggests that the process of what is going on in the room is vital. It is not enough to simply follow the steps and ignore the process. The process or emotional life of the group will always be a factor to take into account in the facilitation of a meeting.

However, it is equally crucial to remember that the process is not therapy and that it is not the facilitator's job to 'dig deeper' or to sort things out. This balance is a tough one to strike. The best kinds of meeting often feel a bit "therapeutic"- in the sense that participants might have been emotionally affected, and/or (in the case of those most involved) feel empowered by the experience.

To summarise - person centred planning attempts to strike a fine balance between task and process. When done well, this kind of respectful facilitation allows for creativity, energy, solidarity and empowerment, results in good plans and can lead to real changes for people.

When John O'Brien talks of person centred planning as an art, rather than a science, he is possibly describing this challenging balance. Having a clear understanding of the values which underpin person centred planning is crucial, but it is likely that respectful facilitation, with an understanding of group processes, will also be a big help.

Stages in the “life” of a group

Closely linked to the ideas discussed in the previous section is the idea that a group goes through various ‘stages’.

There are many theories which attempt to offer a framework for the notion that all groups develop over time - and that some of what is going on in a group can be better understood in the context of the ‘stage’ a group is at. Of course, like all such theories, there is no way to predict exact behaviour - but there is considerable evidence from practitioners which seems to confirm that many of the characteristics of groups can be attributed to the ‘stage of their development’. Below are a few examples to illustrate the idea.

B.Tuckman and M.Jensen envisaged 5 stages of group development:

- Forming
- Storming
- Norming
- Performing
- Ending

In the forming stage the group is often characterised by feelings of anxiety and uncertainty. There may well be pressure on facilitators to “take over” and to set the rules and boundaries.

The storming phase is described as the point when people attempt to find a place and a role for themselves in the group. This phase can often involve tension and conflict, as individuals wrestle to dominate or to take a lead in the group.

The middle norming phase assumes that the group has settled down to some extent and that, at least tacitly, participants will have accepted their various roles within the group. There will be a shared understanding in the group of what the ‘rules’ are.

At the performing stage, group cohesion is at its height and the level of commitment, solidarity and acceptance within the group is such that it can work really effectively towards its goals.

The ending phase will often include discussion of shared experiences and may be associated with a reluctance to finish the group and feelings of sadness.

J.Benson (1987) describes group life having 4 stages. At each stage the group will be characterised by a set of issues peculiar to that phase of the group's life:

- The beginning stages (inclusion issues)
- The middle stages (control issues)
- The later stages (affection issues)
- The ending stage (separation issues)

Immediately, you will be able to spot the similarities between the 2 models. The only significant difference is that Benson merges the norming and performing phases mentioned in Tuckman and Jensen's theory. However, Benson does agree that it is in this later stage that a group does its most effective work.

What relevance does this have for the practice of person centred planning?

The person centred planning meeting is clearly a group; probably a group which is coming together for the first time (although in the case of the families and some of the professionals present this will not necessarily be the only time they have got together).

However, it will almost certainly be the first meeting with this kind of focus or approach and some people will be meeting for the first time. It will be important therefore to think about some of the issues associated with FORMING or BEGINNING the group. Having a welcoming environment, ensuring folk are comfortable and are introduced to each other are all vital. It will be important to set groundrules for the session (see below) and also to explain the process and remind people of the purpose of the meeting. Above all be aware people might be anxious and uncomfortable and that this will manifest itself in different ways, depending on the individual.

'Groundrules' are a familiar concept to professionals used to formal adult learning opportunities but it is unlikely that they will have been part of most peoples' experience of school. Jack Pearpoint uses a nice metaphor for groundrules: when you begin working on a new jigsaw you throw all the pieces on the floor; you need to find the corner pieces first, then the straight edges - this gives you the outline of the jigsaw and everything else falls within these edges. Jack describes this process as similar to that of setting groundrules: it helps the group to know what its outer boundaries are and to have an idea of the areas it is legitimate to go during the meeting.

In person centred planning meetings some groundrules are clear - ie, it is the person's meeting and we are focussing on developing a positive picture which helps us plan changes for the better. We also need to consider other apparently obvious things, eg timing of the day (including breaks), refreshments, listening and so on.

Clearly, much of the most productive work of the meeting will be done if these early stages can be negotiated and the group moves on to more of a NORMING/PERFORMING or MIDDLE/LATER stage. In order to be most productive from the person's point of view, this should coincide with the problem solving, brainstorming and action planning phases of the planning meeting - where the group needs to be at its most creative and collaborative.

Finally, the ending of the meeting is extremely important. There should be a clear outcome in terms of action points for the person and their family/supporters - in other words the task of the group is complete (or at least the first step is clear!)

It is often good to ask everyone present for a 'last word'. This closes the meeting in an obvious way and gives the opportunity for some early feedback to the facilitators. Where people have been affected powerfully by the process, facilitators should acknowledge this and allow for some discussion (most likely individually if requested) before leaving. People might also want a last cup of tea!

Of course, in some ways the group process of good person centred planning does not mark the end of a process, but the beginning. Good planning involves forming a supportive group around the person to value their contribution and dreams and beginning to plan for a future where these will be accepted and welcomed. A good planning meeting, therefore, creates firm foundations for the group developing around the person - as well as a sense of direction. It crucially models the beginnings of good teamwork - what Beth Mount calls the person's Intervisory Team (as opposed to Interdisciplinary Team). As a consequence, some of the group stage issues might be a little more complicated than suggested above.

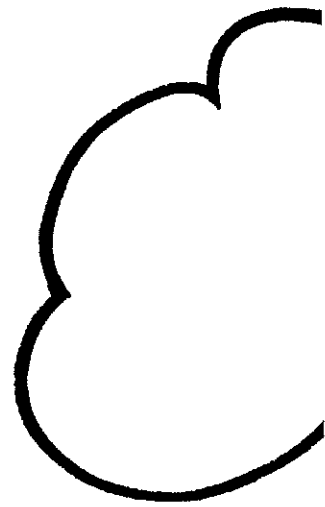
John O'Brien, Jack Pearpoint and Beth Mount are writers and thinkers, working at the forefront of person centred planning. If you would like to know more about them, please speak to the facilitators of the Building Better Lives course and they can help you.

Graphic Facilitation

Section 4

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Section 1

Introduction

*It's not about how well
you can draw but about how
well you can listen.*

Graphic facilitation

Some people may already be familiar with graphics. It has long been used as an aid to many kinds of meetings - particularly when people are trying to plan or understand service systems or the way organisations work. People who use person centred planning techniques may have seen or used graphic facilitation during planning meetings.

Teaching graphic facilitation can give people a distorted view of what it is they are meant to be doing. We teach people to draw shapes and pictures and write in big letters, but actually it's much more about listening than drawing and more about how we use the space than how good the drawings are.

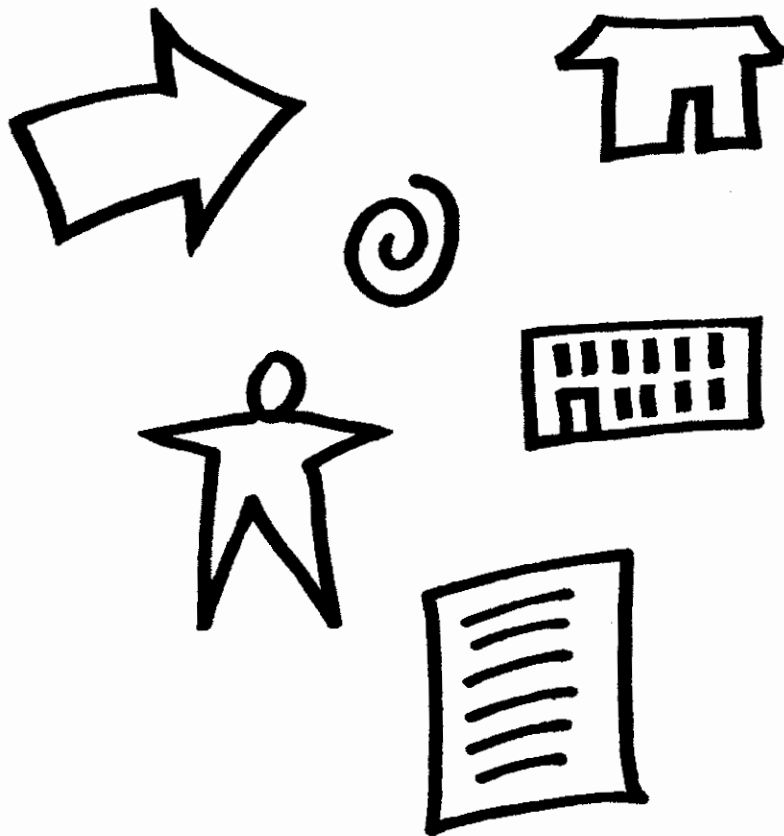
The reason that we practice drawing lines and shapes and squiggles is that we need a store of images and ideas to pull on so that we are not worrying about what to draw and can concentrate on what is being said and the space we are recording it in.

Graphic facilitation creates a visual record of a particular event or meeting with emotion, so the story has to be organised in a way that people can understand, but it also has to be drawn in a way that helps people to remember what it felt like to be there. We need to record the excitement of agreeing to work on a project together or the stress felt by someone who had too many things to juggle and felt they couldn't keep going. Using colour is one way to help people feel the picture as well as see it.

Many people misunderstand why we use graphics. They think we use imagery and icons because some people who depend on services can't read and they regard it as a replacement for language. Whilst this may sometimes be a useful spin-off of the process, this is not its main intention.

What is it?

Graphic facilitation is a way of recording information that encourages people to think differently and more creatively. It is not illustration and should not use childlike images. The images are often universally recognised symbols or a series of words linked by key graphic elements. It is best to keep the imagery simple - being too smart about how to represent something often leaves people feeling confused.



Why do we use it?

All the information is being recorded in public so it is an agreed record of what is happening in the room. It is a product of the group and can, therefore, be trusted. Written minutes might only be seen by the note taker and the information being gathered is therefore open to reinterpretation.

It keeps people focused on the discussion and makes people feel that their contribution has been recognised and acknowledged.

It encourages participation and is fun.

Seeing the information helps people to organise and make sense of it, and ideas become associated. It allows people to focus on key themes. It is easy to recap and back track visually.

It is happening in real time and so is alive and full of emotion, power, tension and energy.

It encourages people to think outside of their boxes and come up with different pictures or solutions - it empowers them to imagine it differently.

When do we use it?

- Any time that we need to record something.
- When we want to remember something simply and effectively.
- When people find it hard to read or write.
- When we need to 'see' an idea.
- As an aid to brainstorming.
- As part of team planning.
- When supporting other people.
- To 'illustrate' an idea in written document.
- As a visual explanation of an idea you are explaining to an audience.

Most of the time we do graphic facilitation 'live' with other people in the room but sometimes you may want to use your graphic skills to make sense of a written document or to illustrate a talk you are giving. It works in the same way, by allowing the audience (who may not have been present when you created the graphics) to understand your ideas visually.

The example included here helps people to understand the differences between traditional assessment and person centred planning.

	not a problem	can manage with help	can't manage at all
Bathing			✓
Shopping		✓	
Cooking		✓	
Mobility			✓

WHAT'S IMPORTANT TO KNOW?

WHO FINDS OUT HOW

A named professional through questions and tests

TRADITIONAL ASSESSMENT

HOW IS THIS UNDERSTANDING SHARED AND RECORDED

On a standard assessment form which may or may not be completed by or with the person - and which the person may not even see

How do we do it?

Starting with a large blank sheet of paper is frightening, even for an experienced facilitator, so write something on it before people arrive. This might just be the date or the name of the organisation that you are planning with, but it gives you a chance to start filling the space at your own pace. Don't do too much though because people get much more involved in live visuals than ones that have been prepared beforehand.

Be confident and record the information quickly so that you are keeping up with the conversation. You will often be listening to one thing and recording another so it is important to put something on the paper so that it is not lost. You can go back later and elaborate. Do not allow yourself to become too involved in one idea or issue. If this happens you will find that the group has moved on to another subject and you do not know where they are. Keep it simple and you will find it easier to keep up.

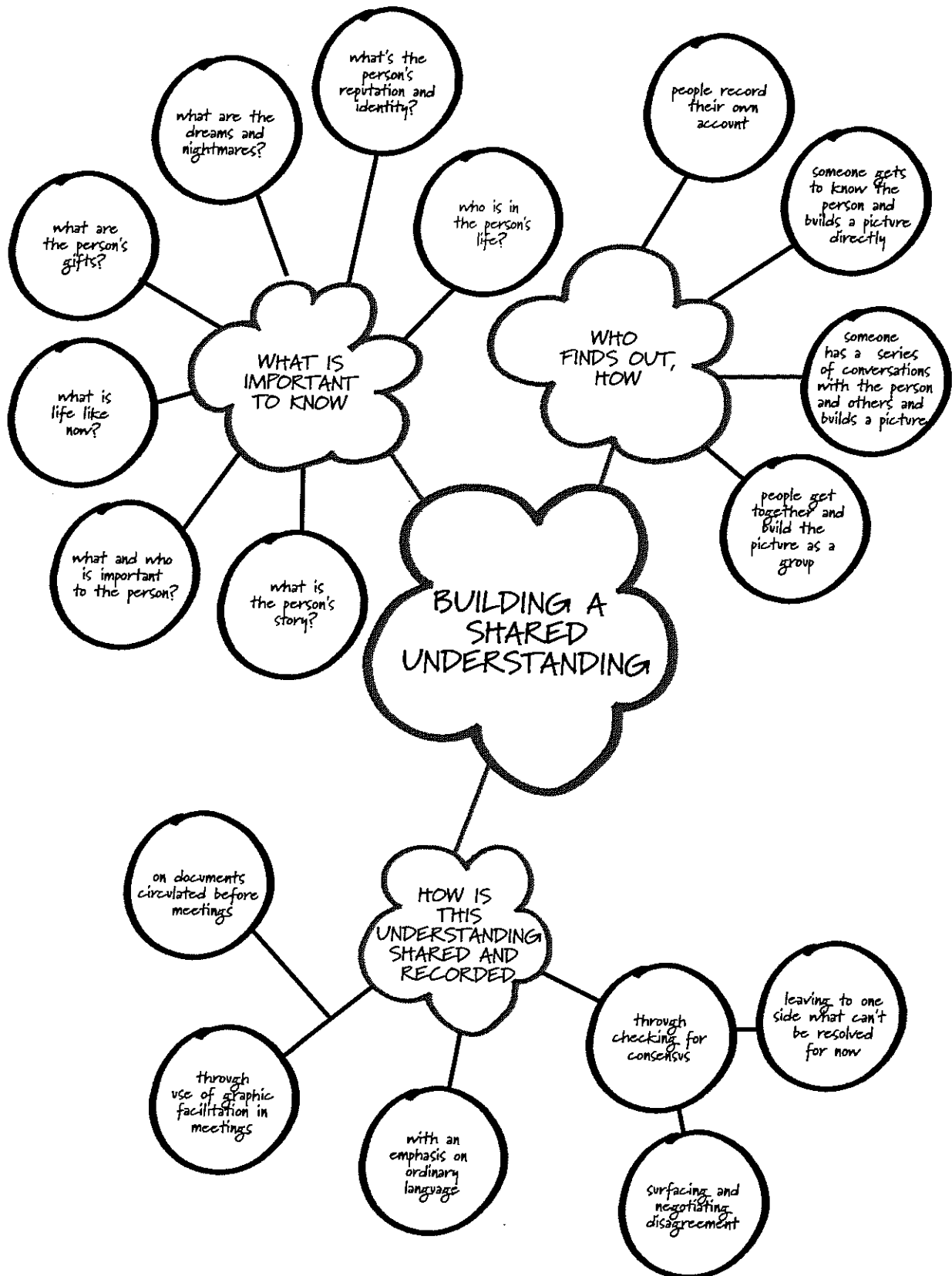
Remember that words are graphics too. Do not reinterpret what people are saying without consultation. It's all right to say "do you mean?".

Never be restricted by the size of the paper - use more than one piece. Let people see the graphics as you are drawing them. This means you have to stand to the side of your graphic as often as possible. Organise the images in a logical way. Group images that are about the same topic or issue. If you find that there are graphics that should be grouped together but aren't, link them visually with lines or arrows.

Write clearly and ask people to spell things. Sometimes the simplest words become impossible to remember when you are working in front of a group of people. Give yourself a break and ask for help. It's always a good idea to ask everyone how they spell their names rather than guessing and writing it up wrong (people often do not tell you you've spelt it wrong but feel bad about it) and it's better than just picking one person out.

Use appropriate colours for the words or images that you are drawing and change the colour to bring visual relief. Remember that, as with the images, the colours need to be universally understood. There is no point in saying that you don't like orange and so use it to represent bad things when the rest of the room thinks that orange is a happy, lively colour. Colours do not always transfer from one culture to another and we should be sensitive to this.

If you feel that your graphic is all words and no images, add underlines, arrows, stars, bullets, outlines - anything from the bag of tricks that you have been keeping for just this occasion.



Things to think about

Spelling

Space

Colours

Concentrate all the time

Be positive

Enjoy the lines

Get used to the feels of the pens



Section 2

Using graphic facilitation in person centred planning

A facilitating role

The role of the facilitator is crucial in person centred planning and it works best when there are two facilitators at a planning meeting. The process facilitator needs different skills from the graphic facilitator and, because of this, it is very difficult to carry out both functions at the same time.

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.

While the process person is doing all of these things, the graphic facilitator is recording everything that is being said in a logical, clear, accurate way without letting this process get in the way of the person telling their story. It is a demanding process and needs good listening skills.

It helps if you discuss beforehand how you are going to work together to facilitate any plan. The process person has to trust that you, as the graphic person, will not miss any key things that the person is talking about. They also have to allow space for you to feedback what you have recorded and check that it is what the focus person wants on the wall. If this does not happen you need to know that it is alright to ask if this would be a good time to feedback.

It is a good test of whether or not your graphics are any good when you come to the feedback bit. If you can't make sense of them minutes after you have recorded the information there is probably something missing. This also gives

you the opportunity to add things you might have missed. Sometimes you just have to admit that you think there was something that you didn't get and ask for the people in the room to try to help you remember. If someone has been talking about a particularly difficult time in their life it is sometimes a good idea to check that the way you have recorded this period is ok with 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.

The PATH

There is a very clear visual graphic to accompany the process. The outline is usually drawn on a large sheet of wallpaper (say 15' by 4') before the meeting and then filled in with the group present.

The steps and sequencing in the process are very important and should be followed. This means that the areas you have to put the information in is clearly defined at the beginning. Half of your paper will be taken up with the dream part of the graphic. When you draw the outline at the beginning it is a good idea to mark the centre of your sheet of paper and draw the tip of the arrowhead from here. This then leaves enough space for the dream at the right hand side.

The key thing is to LISTEN to the dream and record it - particularly when you think the dream sounds far fetched or out of reach for the person. 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.

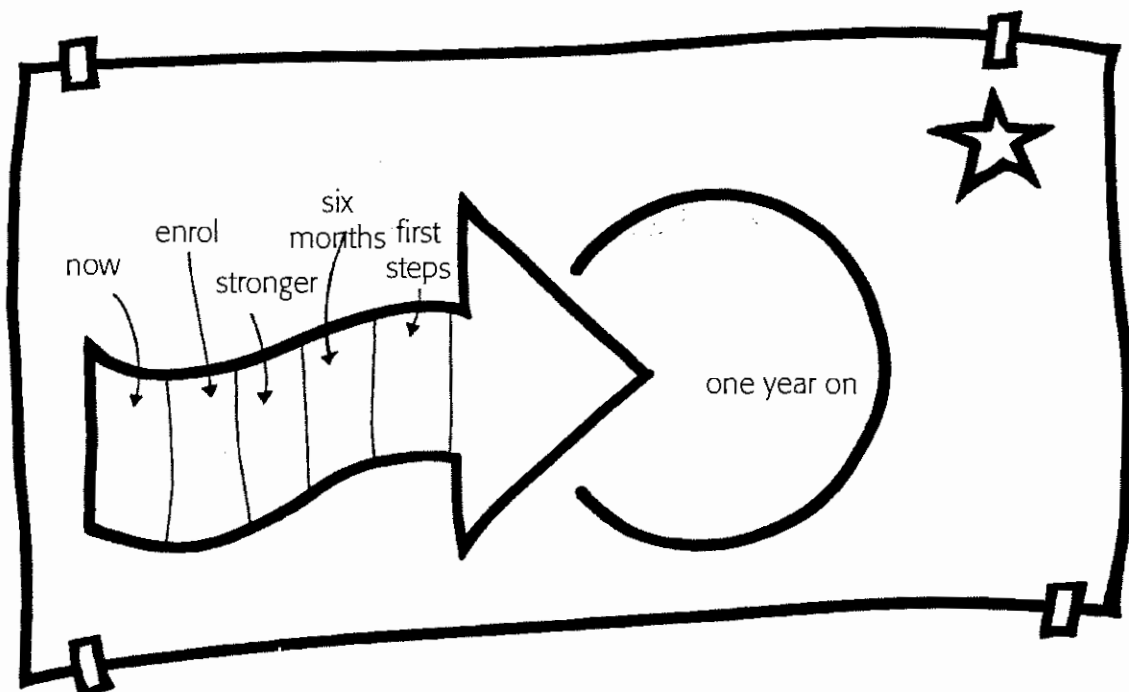
Once you have created a picture of the dream the rest of the graphic falls into place. There is not much space for elaborate graphics in some of the other sections, but using things from your toolbag of images will help to keep it interesting.

When people are asked to Enrol 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. Help the process facilitator by checking that everyone has signed up to something and encourage people to do so if they have not.

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. Try to discourage people from producing a written version of the Path, but taking note of the action planning section may help the group work together when they meet again. The original path should be rolled out again and reviewed at the follow up session.



This planning tool was developed by Marsha Forest, John O'Brien and Jack Pearpoint.

The Map

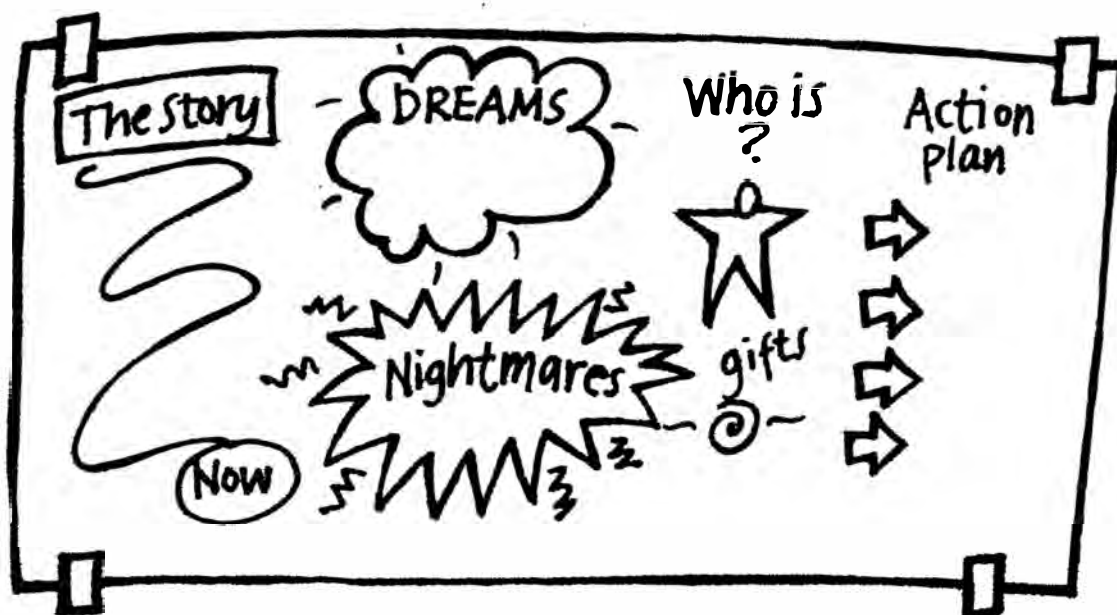
In the story section at the start of the Map the process facilitator is trying to get as much information as possible about the focus person and the key events in his or her life. Your aim here is not to script a chronologically accurate and detailed story but to record crucial events, both negative and positive, in the focus person's life. The information you are being given may be difficult to listen to, it may be exciting, it may be sad - all of which you can record visually to capture this emotion.

You can't tell at the beginning how long a person's story is going to be. It helps to draw a snake like shape in yellow pen (so that the people in the room can't see it) to give yourself a frame to hang the story on. This shape will allow you to leave spaces in case the person goes back to something that they forget earlier. Very few people tell their stories in chronological order, and you have to be able to cope! The process person will not put the focus person under pressure to give you details they don't want to share so it may be sufficient to write up "this was a bad time" and move on.

The dream part of the Map should be above the nightmare - keep bad things at the bottom of the sheet. The picture we draw here, whatever its content, should be energising and inspiring - it should engage the people in the room. Its content will vary enormously so you might have to be particularly creative here. 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.

When you record what people say in the 'who is?' and the 'gifts' sections make sure you record people's actual words. It is good for the focus person to remember later that some one thought they had a 'brilliant smile', rather than you just drawing a smiley face. If people are only saying negative things then this will become obvious to them because you will not be recording anything at all.

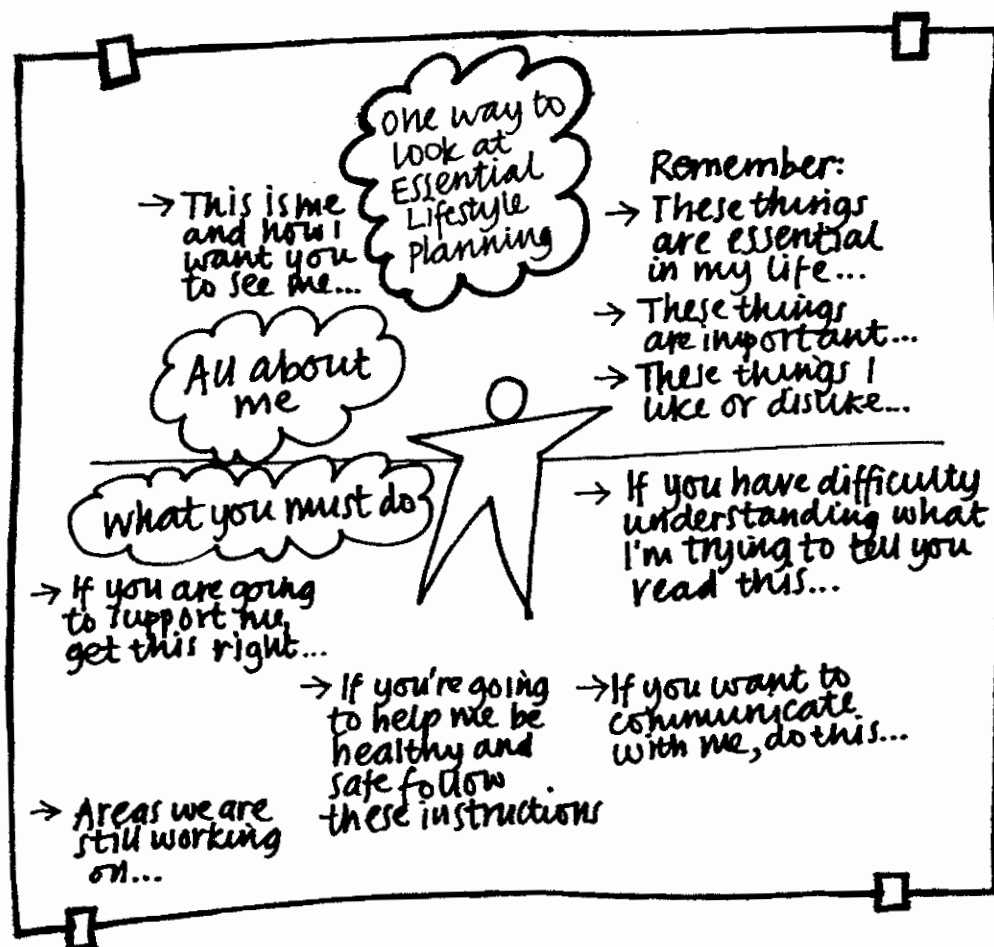
The last part of this Map process allows you to use your skills to gather the information accurately and to group things together logically, to help the people in the room to make sense of the information that they are giving you in a random fashion. This will help with the planning for the next steps.



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.

Other tools

Although graphics are not central to some of the other planning tools we use, it doesn't mean that they are not useful. Whenever we are asked to gather information, we should expect to share it at some point. Using graphics to gather, sort and share information makes the process more open. It is always worth taking your pens and paper with you just in case!

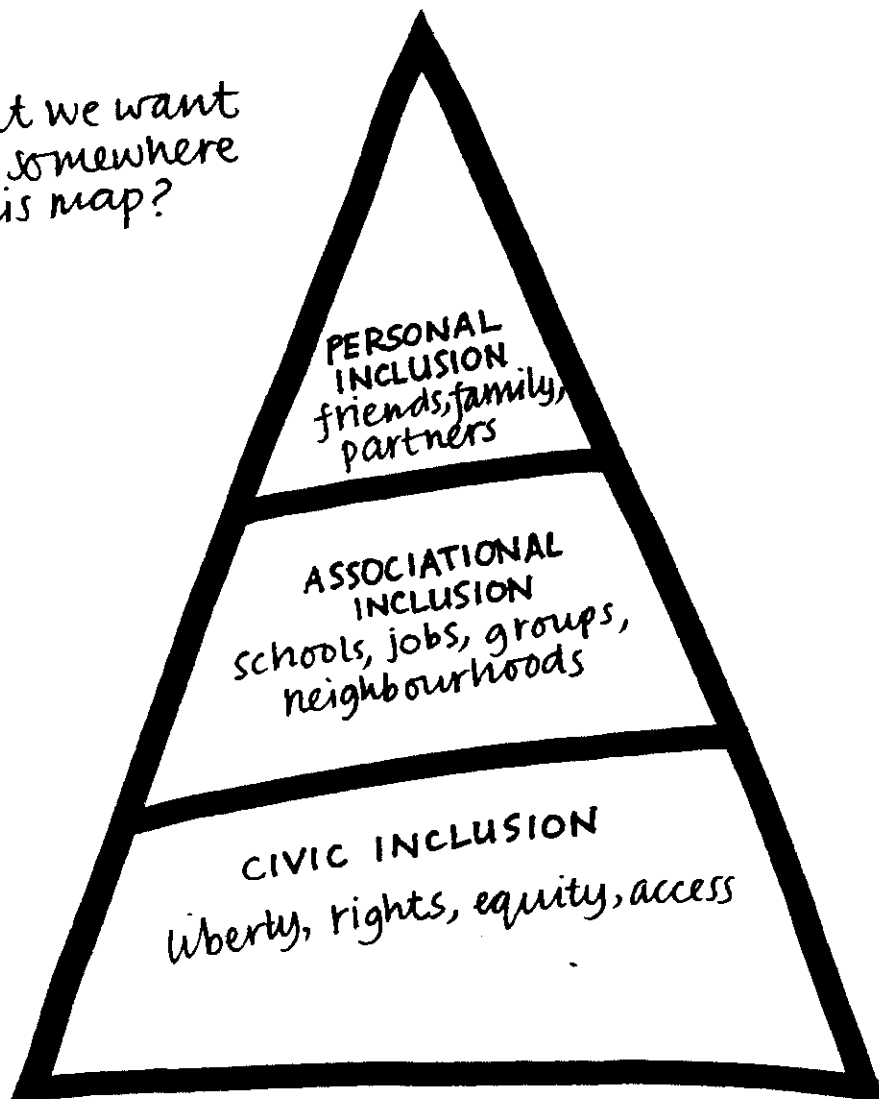


Section 3

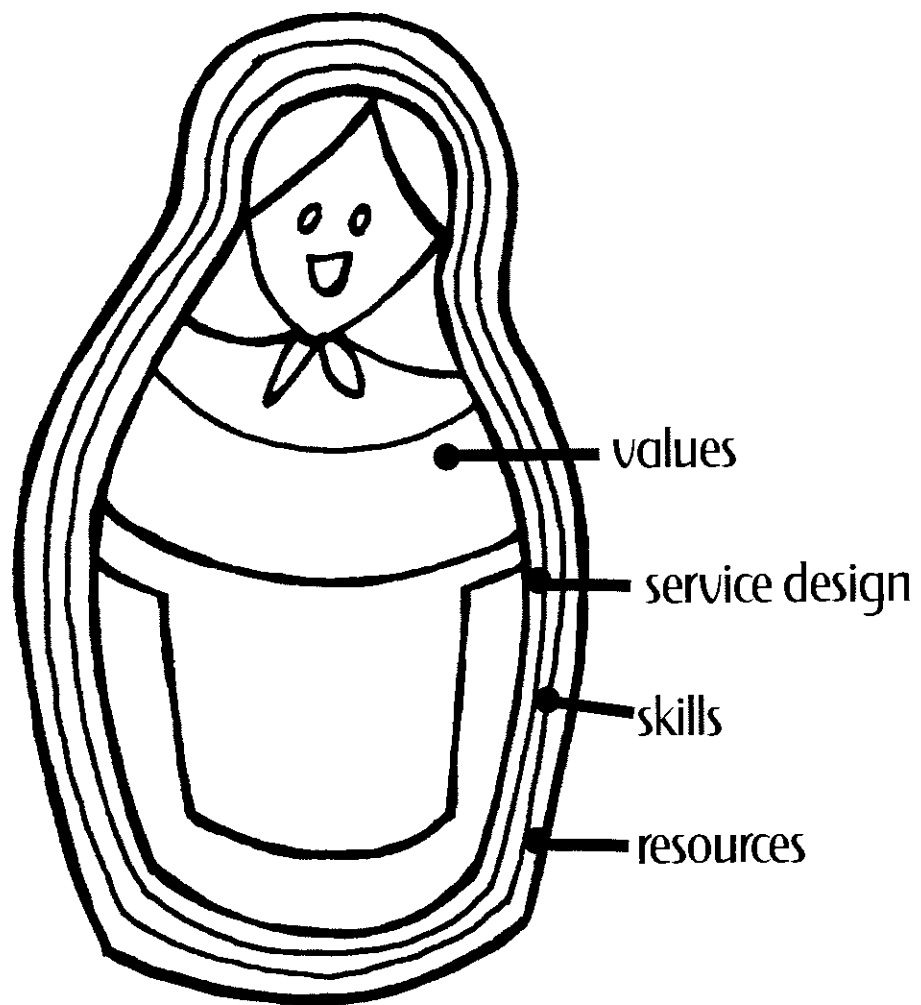
Some examples

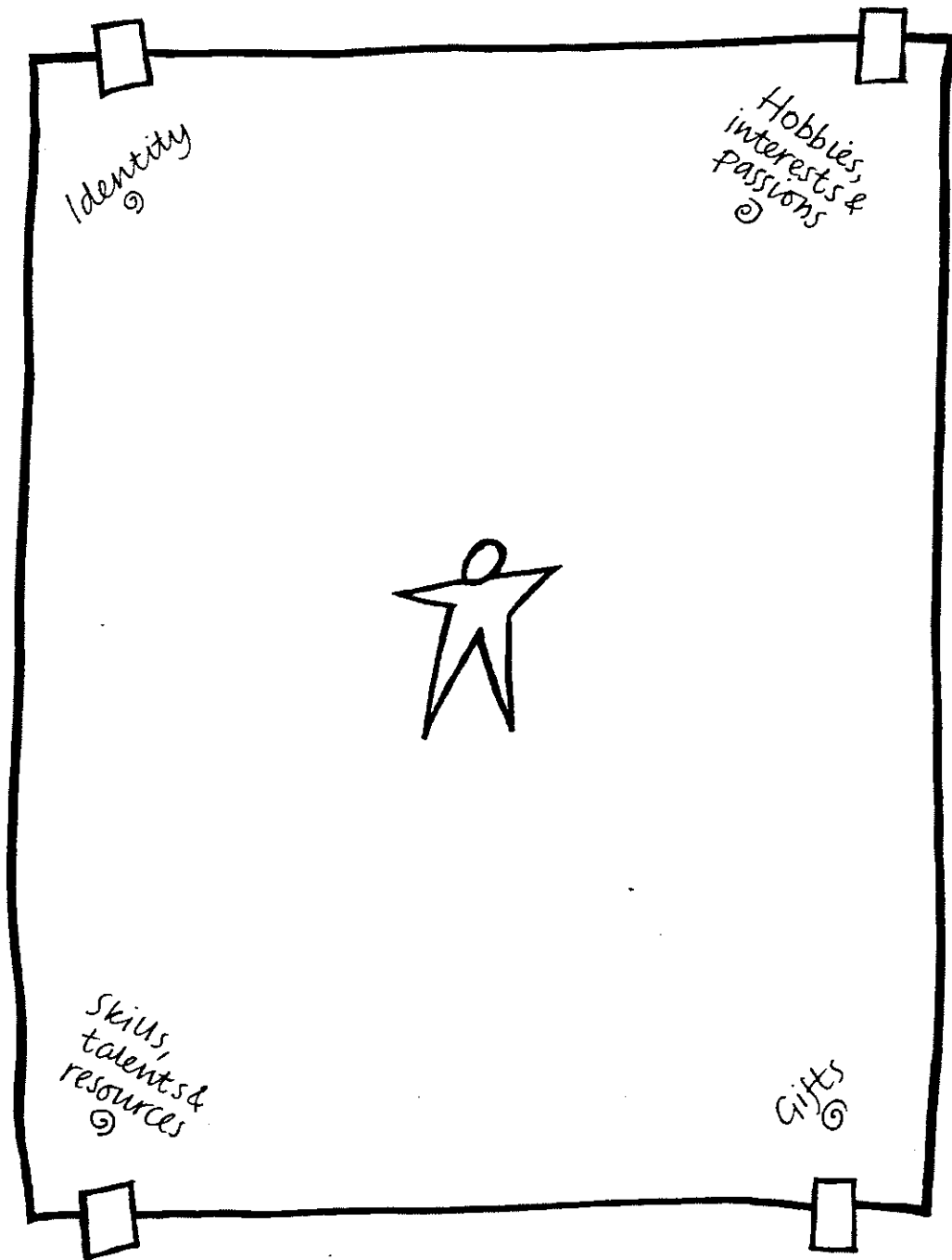


Is what we want
to do somewhere
on this map?

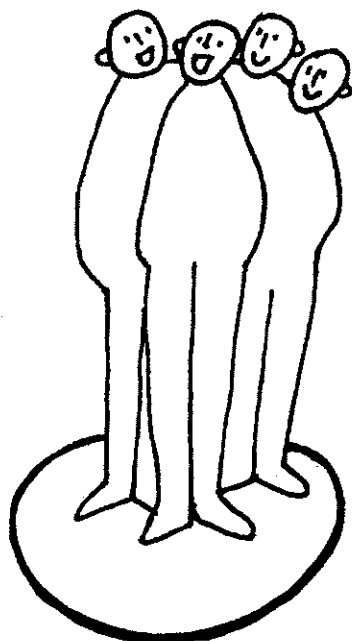


If so, we have common cause..

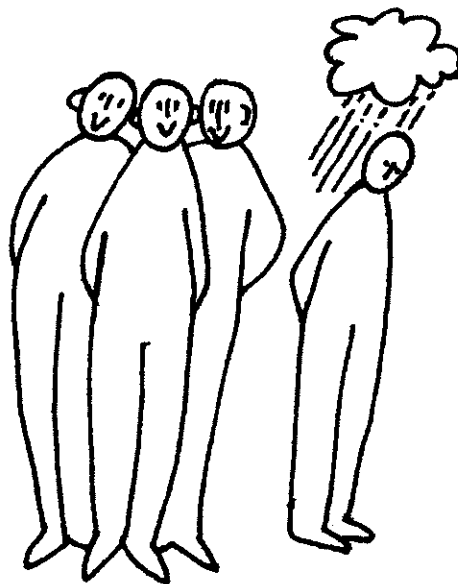








inclusion

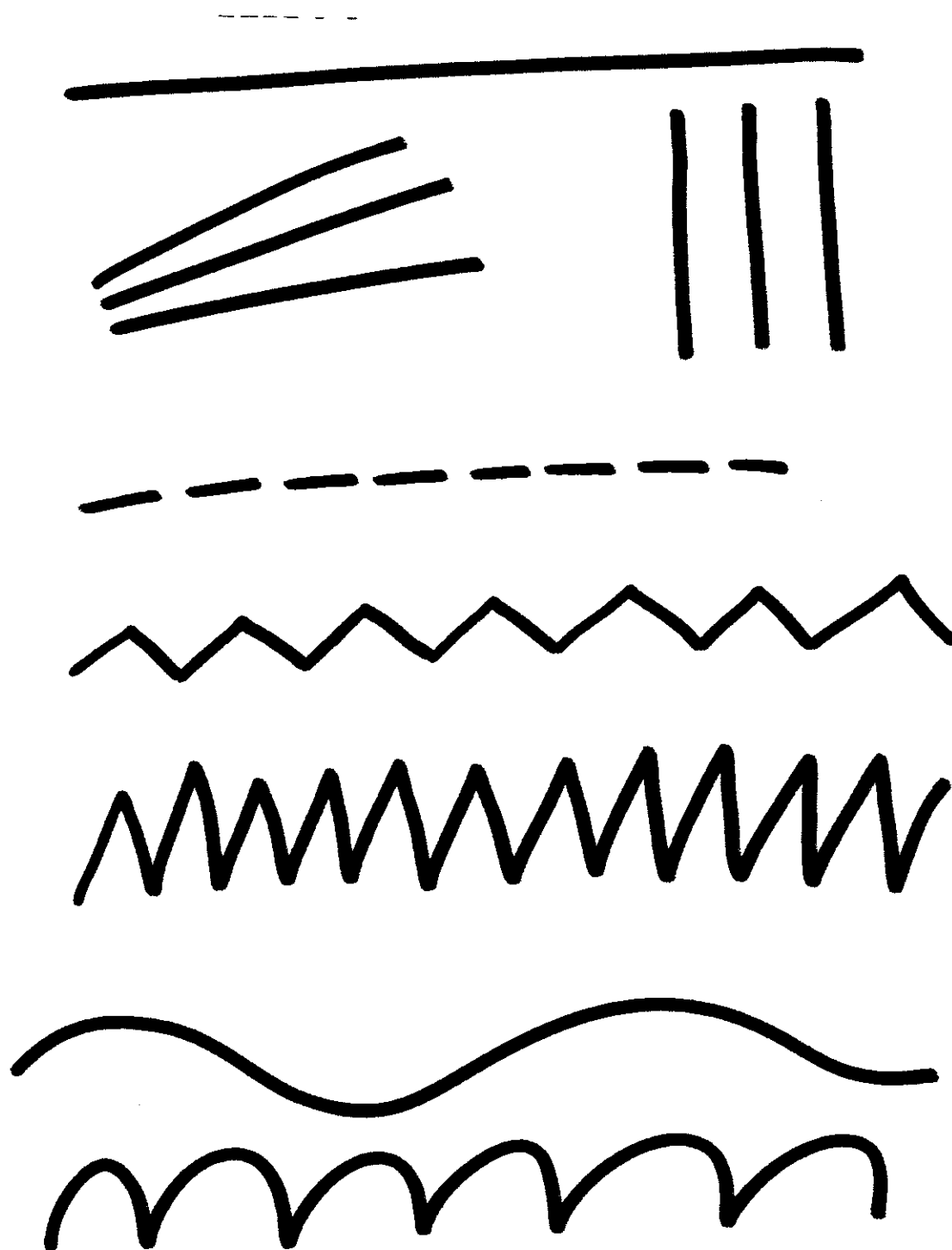


exclusion

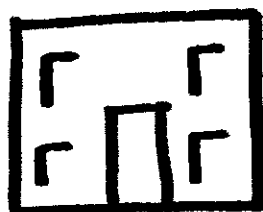
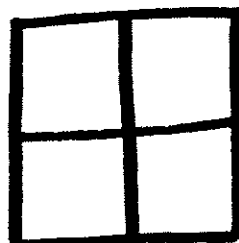
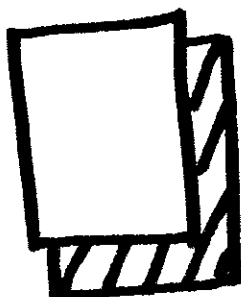
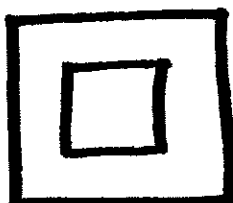
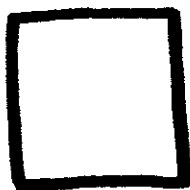


Some things to practice

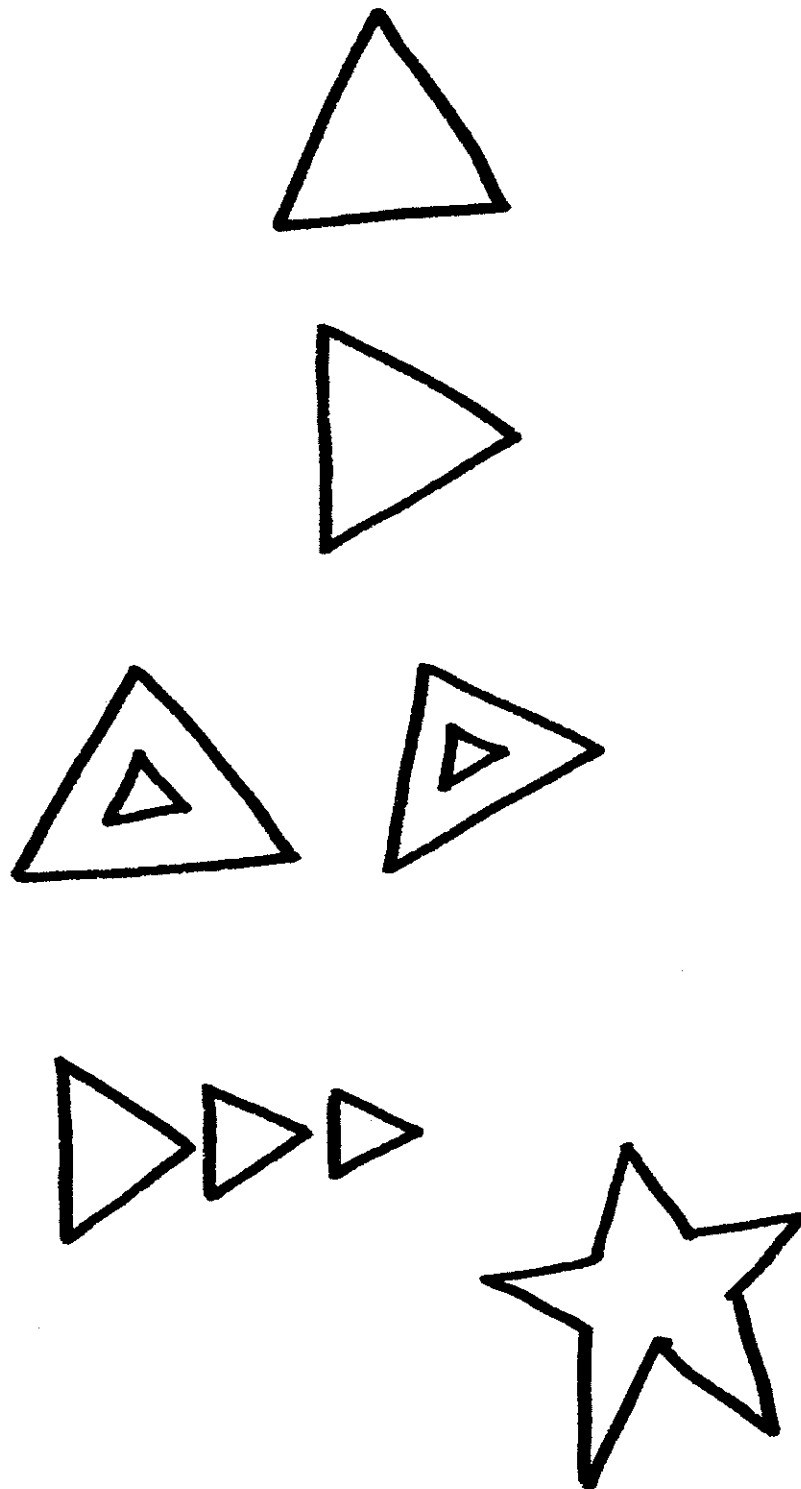
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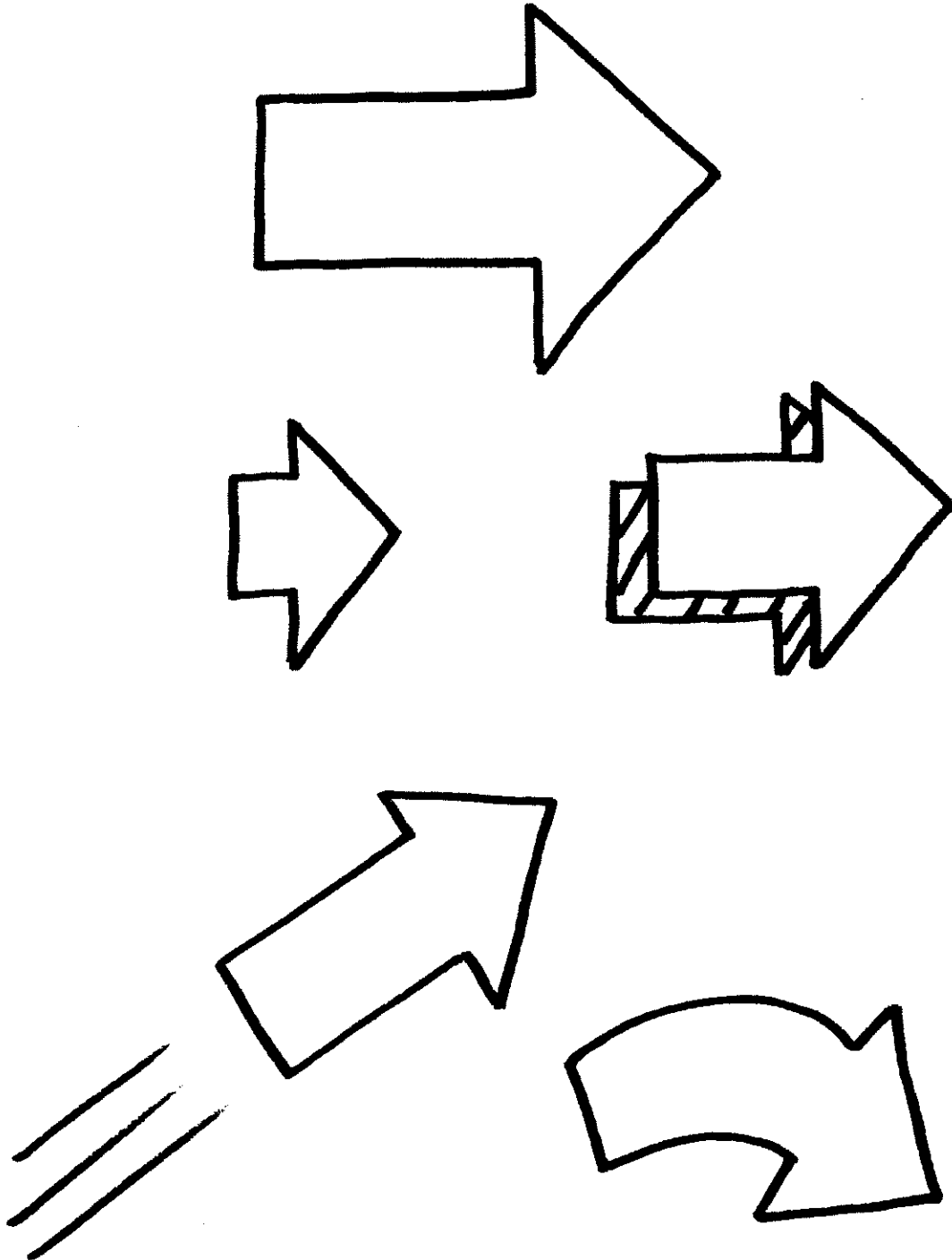
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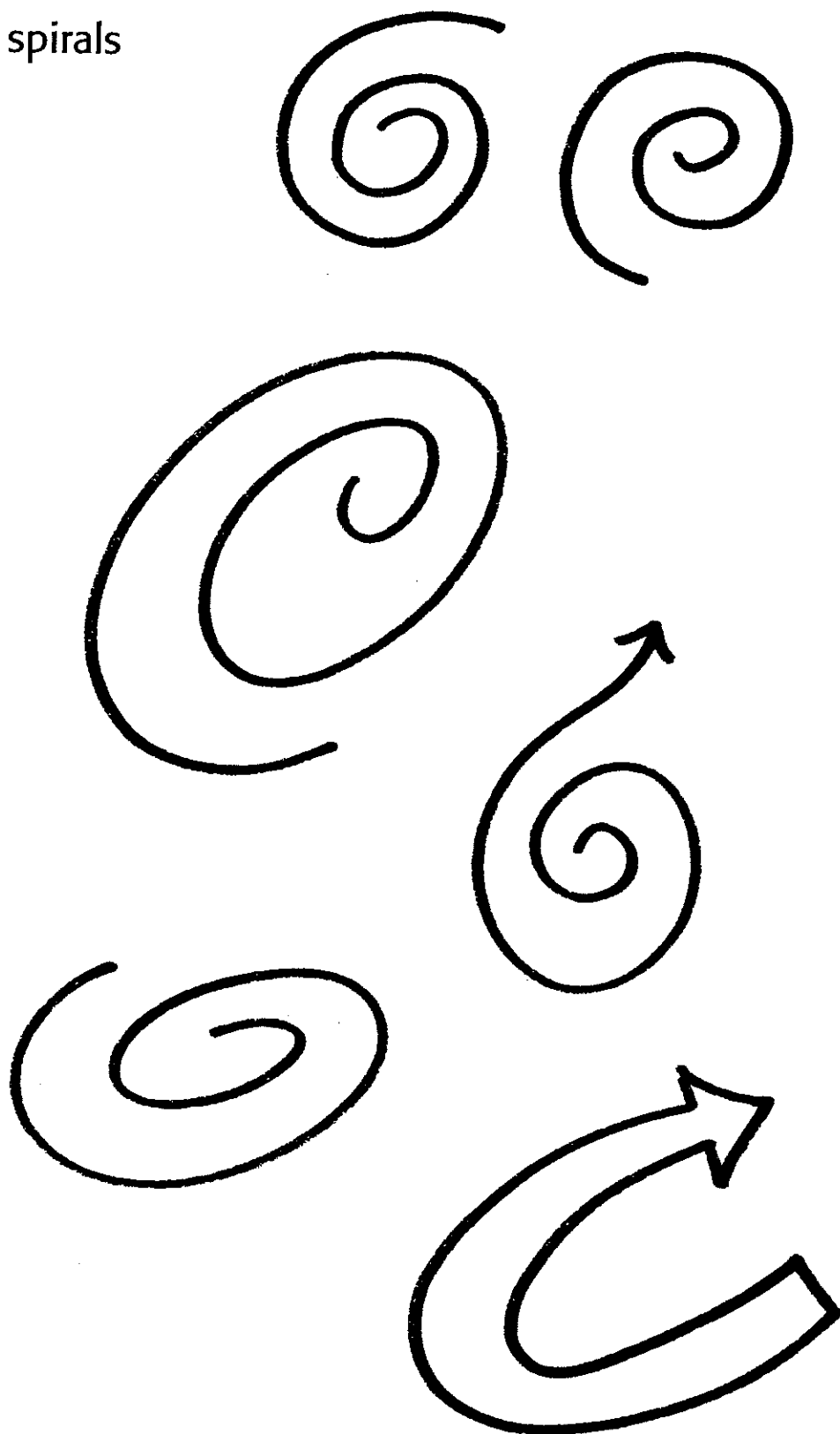
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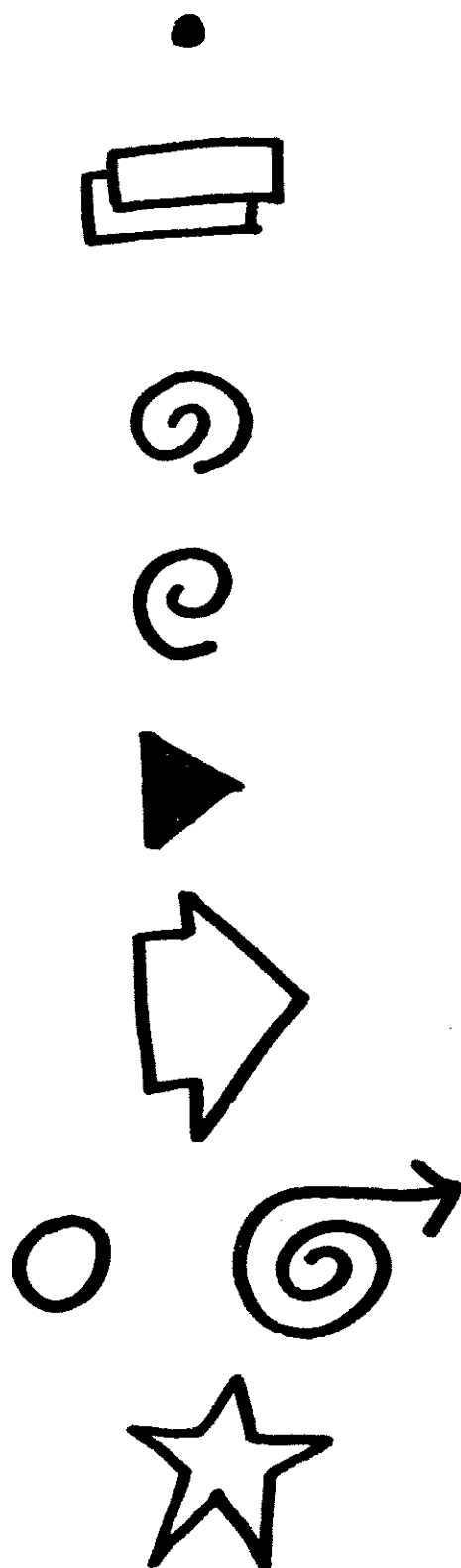
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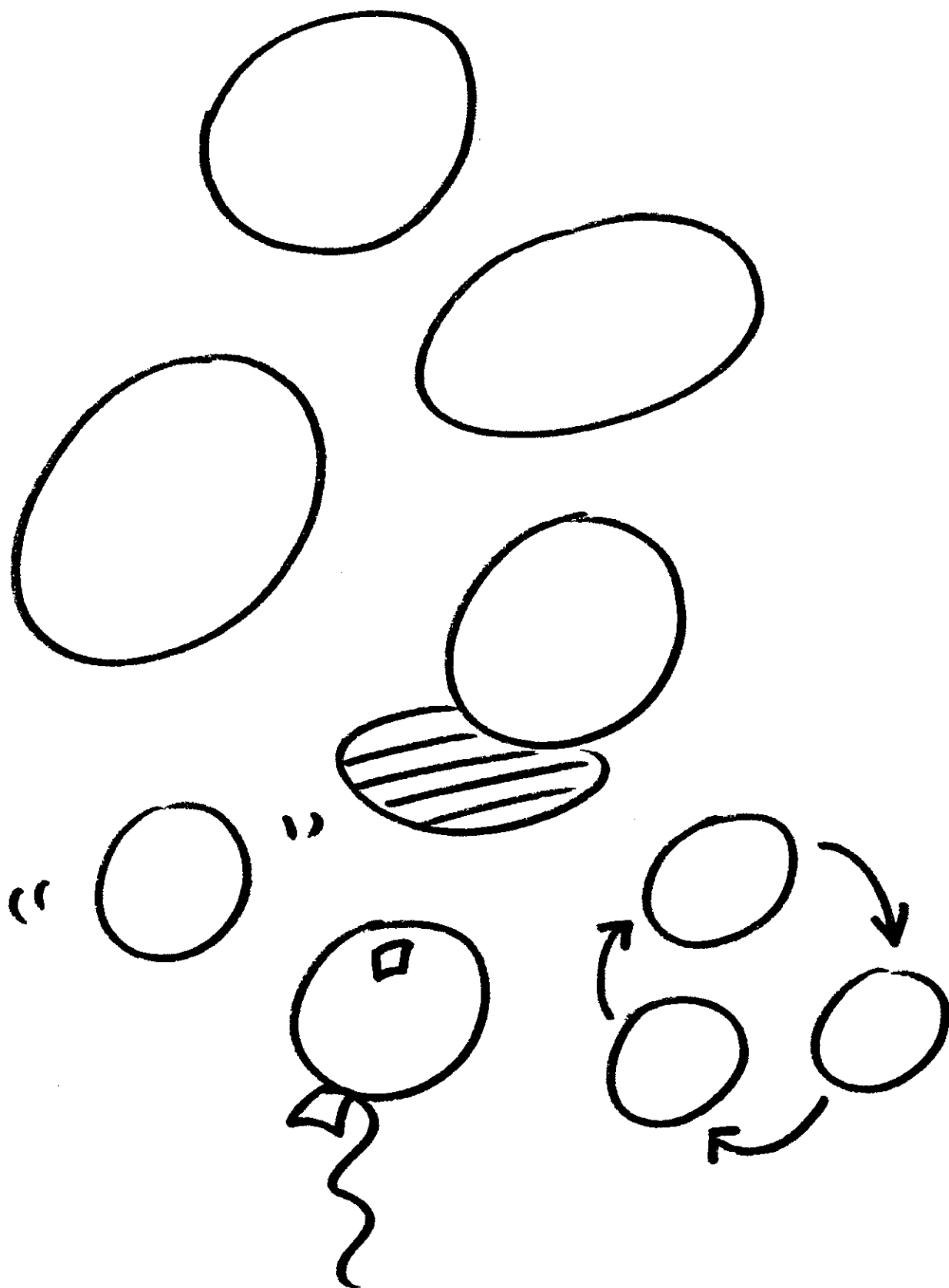
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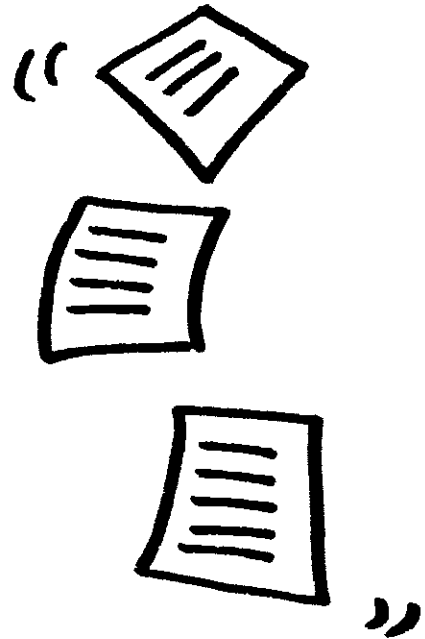
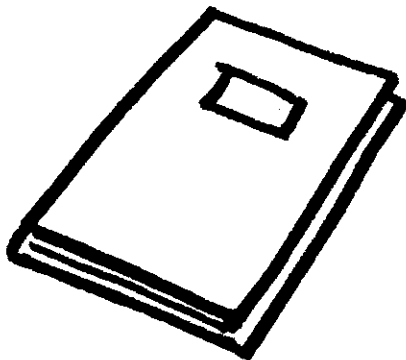
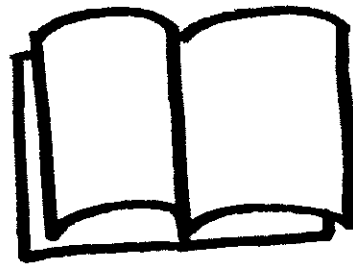
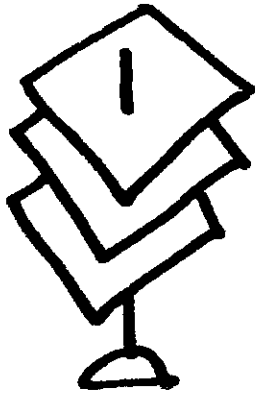
focus points



circles



papers

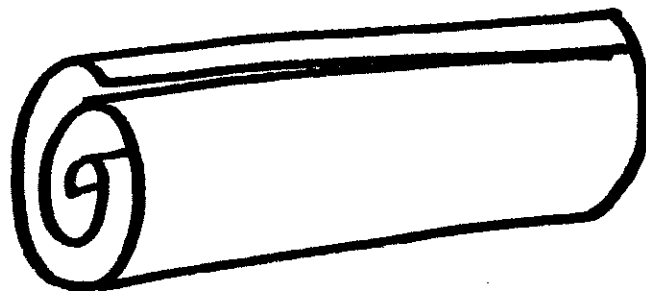
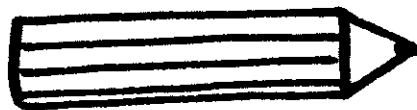
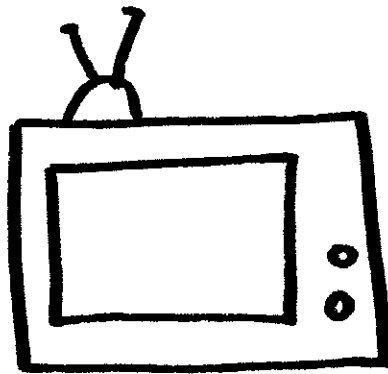
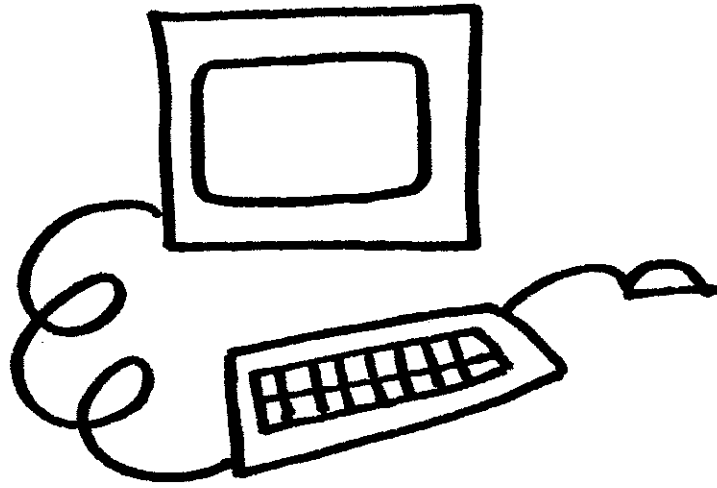


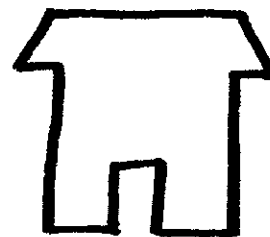
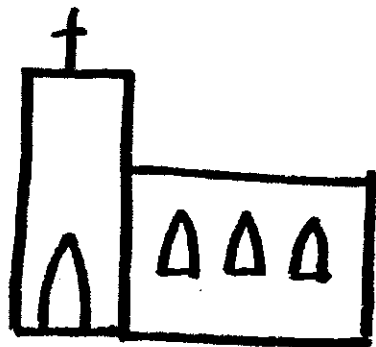
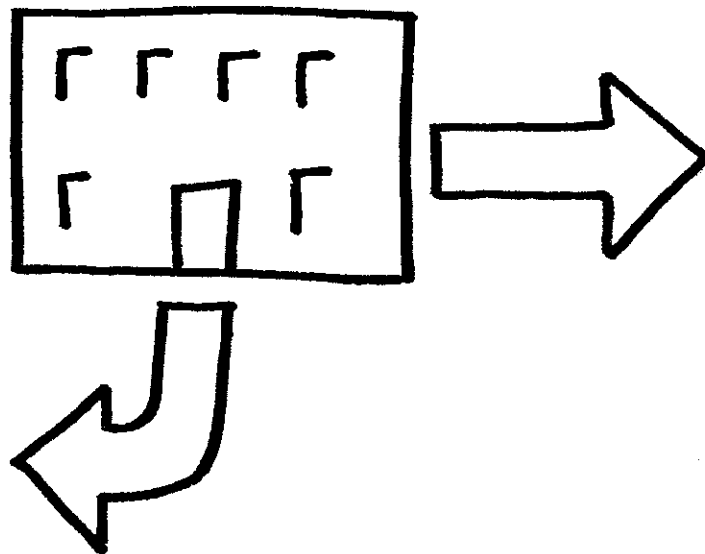
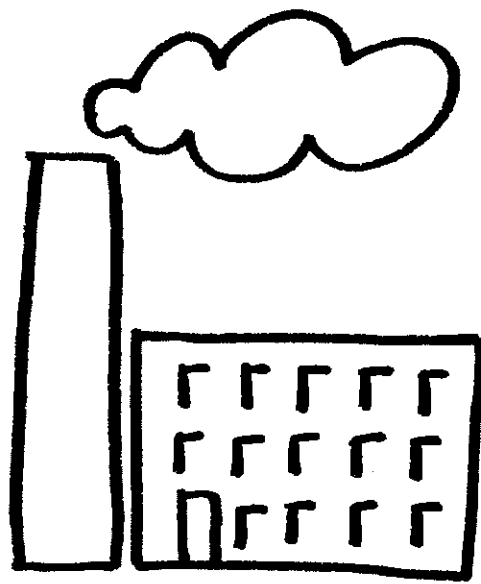
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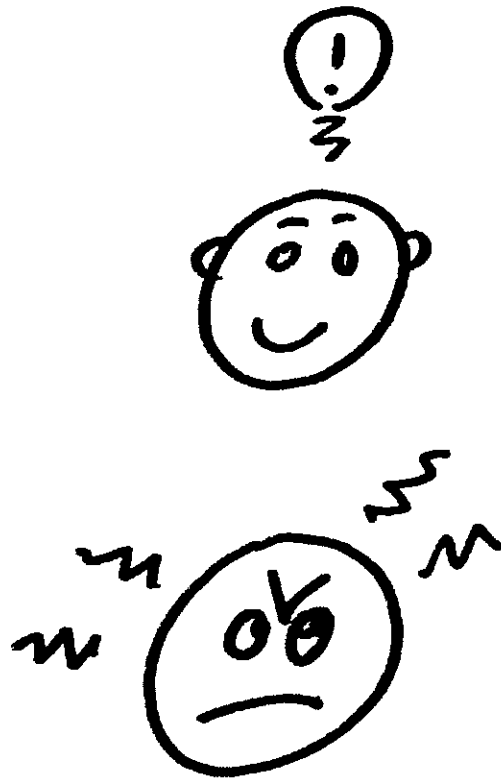
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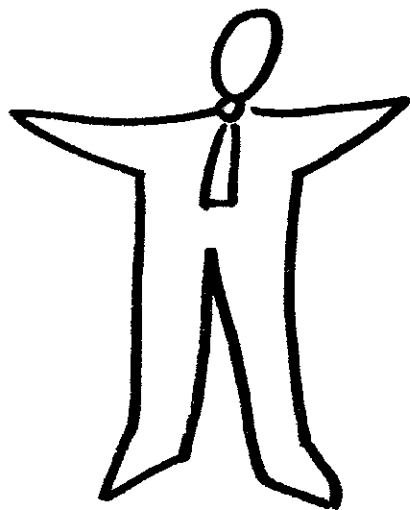
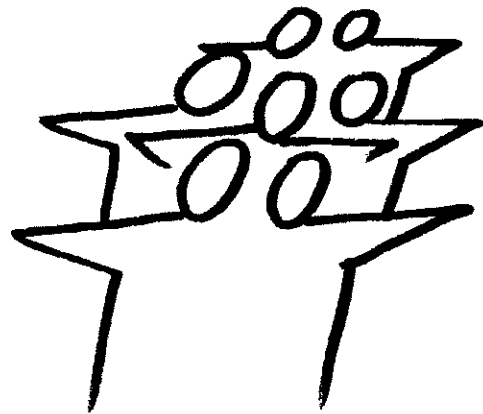
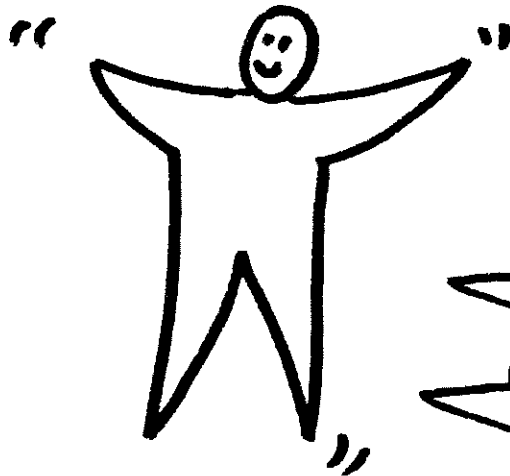
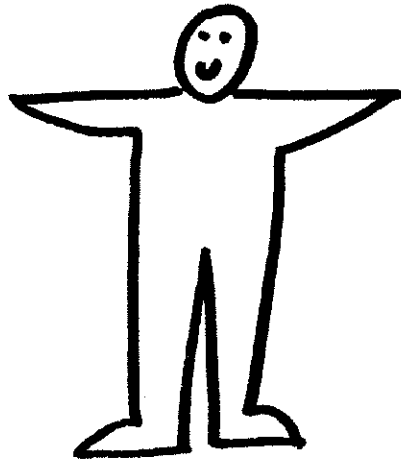
Letters











Working on change

Section 5

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Why change is difficult

*"Change is inevitable ~
growth is optional"*

This statement by Marsha Forest expresses neatly an every day fact of life. Those seeking to guide services to a more inclusive and person centred approach to their work are in the business of promoting change in a variety of great and small ways. The question then becomes, not whether change will happen - but rather, what influence you can have in shaping that change in a positive direction?

Being engaged in supporting individuals and families to have a better life in the community can be an exciting and rewarding undertaking - but it is seldom an easy one. A common experience we encounter is of people becoming very enthused with the ideas and frameworks of person centred planning but struggling to effect change when they return to the "real world" of the workplace. "The ideas are great in theory - but they won't work in practice" can often be the explanation for inaction.

However, person centred planning with no action is in fact a contradiction in terms. It is true that excellent theories inform person centred frameworks but unless these are put to use in helping people get better lives they are a hollow shell. To paraphrase one great activist and thinker: "Sociologists have hitherto only interpreted the world - the point however, is to change it!"

This section acknowledges that change is generally hard work and offers some insights to why this might be the case, as well as a few ideas for addressing the problems which might emerge.

Why change in services can be particularly hard

Service providing organisations often find it particularly difficult to find 'room to work' when they need to manage change. They work in a political, social and financial environment that is highly constrained:

MULTIPLE STAKEHOLDERS

There are many different stakeholders whose legitimate interests and concerns have to be taken into account when planning and managing change. These include people who rely on the services, their families and friends, elected members, members of the public, independent service providers, campaigning and lobbying groups, as well as employees.

ISOLATION

Residential and day services are often socially isolated, even when they are located in ordinary buildings and ordinary streets. They may have little exposure to new ideas, criticism, or competition. They may have few opportunities to collaborate on joint ventures with other organisations.

THE RISKS ARE MORE VISIBLE THAN THE BENEFITS

Residential and day services by definition support people who are vulnerable to abuse, neglect and injury. There is more at stake than the company losing or making money. If something does go wrong, it may well 'go public' and people may be called to account by the media and by elected members as well as by line managers.

If someone who relies on the service suffers loss or injury and this is perceived to be a result of the change programme, the change programme and its proponents will be blamed. But the situation is not symmetrical, in two ways.

Firstly, if someone benefits as a result of the change programme, this tends to be less newsworthy than if someone loses. Secondly, the status quo attracts less criticism than a change programme. Someone may have received a very poor service for many years previously without anyone identifying this as a problem or attaching blame to anyone.

In short, there is often no immediate pay-off - change may well increase risks and cost more money. People say 'why fix it when it ain't broke?'

PEOPLE ARE ATTACHED TO THE BUILDING

A special designated building is a concrete expression of commitment to providing resources for the people being supported. It is solid and tangible in a way that care packages and council policies are not.

People have all sorts of connections and memories invested in the building. Some of the staff and the families may have raised funds for it. The local councillor may have presided at the official opening. Often, the building has become a comfortable haven for staff as well as a familiar environment for service users.

NO CONSENSUS ON AN ALTERNATIVE MODEL

While there may be strong criticism of the quality of the existing service, there is often no clear-shared vision of how the service could be different.

INCOME AND EXPENDITURE IS RELATIVELY FIXED

Health and social service organisations operate within strict resource constraints. Their budgets are set annually and nearly all the money is 'committed' from one year to the next - tied up in providing certain services, maintaining certain buildings and employing certain staff. There is little scope for generating more income by working harder or by working smarter and it is difficult to borrow money for development.

So even when faced with major external challenges to a service's whole way of working, these organisations often act as if the only resources that can be used to make changes are the marginal growth monies.

LIMITED CONTROL OVER RESOURCES AND PROCEDURES

Service managers may have limited control over people and resources, even within their official area of responsibility. They may notionally be the budget holders but they may still have to ask permission to spend more on one thing and less than another does. They may interview for staff and even write the advertisement but they may have no discretion over the amount the person gets paid, the hours they work or the qualifications required to do the job.

REDUCING RESISTANCE

Few people like change. Traditional approaches of telling and selling can quickly polarise people into 'for' and 'against'. It may be possible to change people's attitudes and understanding through an open process of dialogue and discussion.

Despite this, some people will feel that the losses to them outweigh the benefits and will keep resisting change. Some people will go along with the new way of working but will not put much energy into it. Making change happen doesn't mean everyone has to be enthusiastic: all that is needed is some people being committed to making it work and most people agreeing to let it happen. So change may be as much about getting the 'active resisters' to agree to let it happen as it is about getting people to put positive energy into it.

Resistance to change is a legitimate position, and people will resist change for many different reasons.

FEAR OF THE UNKNOWN

People may be afraid simply because it is unfamiliar and unknown - they don't know what it will mean for them. They may be anxious about having to learn new skills, or having to change the relationships they have with other people.

DEFENSIVENESS

People may simply not want to admit that there is a problem - particularly if they feel that they are in part responsible. They may become angry if someone from outside criticises any aspect of their service. Being told there is a problem is a very different experience from having the chance to discover and analyse the problem.

STUCK IN A RUT

People may be stuck in a comfortable routine and just not want to work in a different way. Some people are not so interested in flexibility and autonomy and place a high value on predictability. It will often be more productive to start with the people who do want to work differently.

PEOPLE CAN'T SEE IT DIFFERENTLY

Many people will resist change simply because 'they don't see it.' The change involves a shift of focus, from building-centred to person-centred, from people living in services to services supporting people in community. This is a profound shift in the way people think about what they are doing - a shift of mindset.

Changing mindsets is difficult because the old mindset makes sense in its own terms. It is a system of beliefs, which looks for evidence to confirm the beliefs. Astronomers who believed the sun went round the earth interpreted the available evidence in the light of this belief, and this system was stable for hundreds of years.

In human services, the beliefs we have about who people are and what they need shape the sorts of services we provide for them. These services then shape people's experience of the community and the community's experience of them and the professionals' experience both of communities and service users. These experiences tend to confirm the beliefs we started with.

*"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)

Strategies to support change

When thinking about this problem it can be helpful to consider Kurt Lewin's change equation:

$$D + V + S > R$$

D is the level of dissatisfaction that is around. V is the vision for how things could be better. S is the knowledge of some first steps that will take you in the direction of the change you want. R is the resistance to change which is around in any given situation. In order for successful change to occur $D + V + S$ must be greater than R. As we read in the previous section, many factors contribute to resistance to change in services. It is therefore worthwhile thinking of some strategies which can strengthen the left hand side of the change equation.

As person centred planning is designed to support people to make positive changes in their lives, it follows that we can apply many of the ideas and frameworks from it to the problem of overcoming the barriers which may be around in our work. Below we list just a few suggestions to think about.

Creating a vision

*"Maybe you should work on
the new soul vision."*

Dexy's Midnight Runners

Quite often people feel unhappy about the way things are but have little or no idea about how it might be different. In these circumstances positive change is highly unlikely. If families think "inclusion" means little more than shutting day centres in the name of a vague philosophy - then it is hardly surprising that they will be resistant to proposed changes in day services. If families can see it as a clear strategy designed to support their relatives to do specific enjoyable and respected things in their local communities - the odds of persuading them to give the change a chance, increase dramatically.

It is therefore worth investing energy in clarifying what your vision is. In effect - where you would like your change to get you and your service. It is often best if you can recruit a team of people to do this with you. The most effective teams will reach across traditional professional boundaries and beyond into the community. Involving people you work with, their families and other community people, increase the opportunities to think of ordinary valued solutions which make sense. If only staff in the agency try to dream, the danger is that they get stuck in service solutions. Rather than "more respite" or "more 1-to-1s" people would probably be more enthused by the vision of a good holiday or being able to do what they want on a Friday afternoon.

Try to imagine what the alternative vision would look like. What would the people you support be doing? Where would they be? Who else would be around? What would they be thinking and feeling? Where would you be in this picture and what would your role be? How would it feel? What would the service look like in this vision? The richer the picture can be and the more people who share it - the opportunity for change begins to increase. A good vision might initially raise dissatisfaction in situations where people have had low expectations and never imagined a better way of doing things. This may initially feel uncomfortable but may precipitate change which needs to happen. Using graphics and good group facilitation may help release the most creative ideas.

It may feel at the end of this process, when people think where they are now, that the change they want seems too far away. We suggest some strategies below for thinking of building your strength for the journey but it might also make sense to prioritise and focus on one aspect of the vision initially. Other targets could be broken down into 3 or 6 month timescales. Try imagining a positive and possible one year on which respects the overall vision but is completely concrete in the ideas it comes up with. Brainstorm as many suggestions as you can - then pick the best 2 or 3 to focus your initial energy on - then make an action plan.

Recognising your own strengths

As a worker in a large or small organisation - it is a common experience to feel that you have little or no power. In hierarchical organisations this can be true - but it is important that you recognise that you do have some power and almost certainly more than the people you support. A good starting point if you want to make changes, is to focus on your strengths rather than your limitations (Yes the gifts stuff applies at work not just with people who use services!) Try answering the following questions, or ask a friend or ally to coach you through them:

- What brings out the best in me?
- What am I good at?
- What's my reputation?
- What might I do more of?

- What have I influence over?
- What have I authority over?

Considering the answers to these and other questions can provide a solid foundation from which to address change. However, it will sometimes show limits to what you can do and in many cases it will feel like you need more strength to get going. But at least you have a corner to start working on.

Finding friends and allies

This may seem glaringly obvious - but the chances of succeeding on your own are slim. When considering making changes think carefully about who might be with or against you. If someone seems to be a potential barrier, ask if that really is the case, or can a strategy be worked out to win them to your side? The manager who has a stock negative response to requests for more staff - may see it differently if there is a proposal to let John get out to his bowling club once a week. On the other side of the coin, do your potential allies know that you think they are? Have you told them what it is you want to do? It is worth looking to widen the numbers of key people who might support what you are trying to do. Once again a diverse group might be most effective - families, colleagues, managers.

If you think some people might get in the way of the change you are proposing it might be worth considering questions such as:

- How do you know they are against you?
- How do they know you think that?
- When was the last time you put a spoke in their wheel?
- Were they always against you?
- What have you ever done to harm them?
- Where would you agree about the future?
- What attracts you to them?
- What scares you about them?

These questions might begin to suggest subtle ways to shift some of these relationships or to at least stop people from becoming obstacles to the changes you hope to make. Remember - not everyone has to be convinced of the change project - but most have to be at least OK to let you get on with it.

What is the other point of view

This can be particularly helpful when thinking of alliances and how to approach

problems. It helps to know that the bus drivers have resisted changes to the service because they believe their jobs are under threat - rather than because they think segregated services are necessarily a good thing. It might be worth thinking of questions such as:

- What is the other side of the argument?
- What if you just stopped pushing and/or did nothing?
- What would count as doing the opposite?
- What would count as being your anti-style of approach?
- What impact might your conduct have which might in effect be the opposite of your intentions?

Thinking about some, or all of these paradoxical questions, might suggest changes to any plan of action which you are working on.

Rechannelling your energy flows

It is quite common that on returning from a training course full of enthusiasm - workers get frustrated that they can not find the time or energy to begin the change they would like. It is a reasonable assumption to make, that most staff do not spend lots of time blethering or twiddling their thumbs - people have busy schedules. It is worth pausing however to take stock of which work activities give you energy and which take energy away from you.

One way of doing this, is to map out your energy flows. This can be achieved by listing your main weekly activities, then drawing lines around you to indicate the extent to which energy is gained or lost. A good idea is to use one colour for loss, one for gain, and draw the lines according to the amount of energy which goes in or out. If this exercise is done well it might suggest areas of work you could do less of - which might allow a little space for new ideas and practices. If done on a team basis, it might show that some people are better at certain things, or derive more energy from doing them, and work could be reorganised to leave everyone with a bit more energy. Maybe some administrative tasks could be reduced or meeting times rationalised. In most workplaces there will be some opportunities if people put their minds to it.

After this process, think of these questions:

- What would I like to do less of?
- What would I like to do more of?

Any or all of the previous activities might give a bit more energy for the change process but it is important not to forget the last part of Lewin's equation - S; knowledge of the steps required to get the process of change going.

Action planning

"Lets see action!"

The Who

There can be few more frustrating situations than where there is widespread dissatisfaction, a vision of where people want to go - but no idea of where to start in getting from A to B. Working out some initial action points and committing people to follow them through, may seem obvious but is often not the outcome of discussions on change.

As mentioned above, it might be a good idea to prioritise and focus on a few of the best ideas. It can make sense to work out 3 and 6 month targets for action but it is crucial that at least some steps happen almost immediately. If the meeting decides to reconvene in 3 months time to discuss the change problem with no first step - nothing will happen in the meantime. There is great danger that a lot of impetus and enthusiasm may have been lost and be difficult to recover. Some change literature talks about "SFS", or small first steps, and any planning worth its salt will have a few of these. Small might be the operative word - "John agrees to raise the question of transport at his next supervision session on Friday."

If people feel a bit stuck ask for help to brainstorm possible actions. In this kind of exercise people who know little of the exact problem can be the biggest help because they are not weighed down with previous attempts to sort the problem and might come up with ordinary and extraordinary solutions you would not have dreamed of. Then sort through the ideas. Think of one or two credible ones and break them down into clear first steps:

- What needs to happen?
- How will it happen?
- Who is going to do it?
- When will they do it?

WHAT, HOW, WHO, WHEN - four simple but vital questions.

Action planning works best when it is a group exercise. This encourages greater creativity, shares the tasks more easily and engenders a genuine feeling of accountability to follow things through. It can help to have facilitation of such a session from outside the group itself and graphics can be used to widen the potential for people to think out of the box.

Always ensure there is an action plan and make it as specific as possible with at least one concrete first step which will happen within a few days (at most) of the meeting. It can sometimes help to answer this question:

What will I do tomorrow to make this happen?

This seems an appropriate point to quote Nick Marsh, author of "The All Star Company"

*"If not you ~ who?
If not now ~ when?"*

and don't forget....don't mistake the edge of the rut for the horizon!

Your learning

Section 6

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Using feedback to help learning

Effective use of feedback can be an invaluable aid to learning and self development. In person centred planning, where communicating with people as individuals and in groups is crucial, good quality feedback is essential.

Everyday experience, however, is often very different. Some people are afraid to offer constructive criticism in case they upset or offend someone, whilst others are so good at finding fault that they neglect to acknowledge the positives in what they see. In reality both of these familiar approaches fail to deal with the truth of our experience and can be potentially destructive.

To be of use, feedback needs to steer a middle course. Useful feedback offers both positive and constructively critical information in a way that promotes increased self-knowledge and personal growth.

The following are some straightforward guidelines that may help:

- In general, give the positive feedback first and last, reserving the more critical comments for the middle part of your feedback.

- Wherever possible give actual examples of what you observe to illustrate the point you make. This goes for positive and negative observations.

- Concentrate on what you observe rather than your interpretation of it.

- Be clear and "own" any perceptions that are yours.

- Be specific and avoid generalising.

- Focus on behaviour/practice which can be changed.

- Focus on giving the feedback rather than any discussion which may arise out of it.

Personal development plan

What am I going to keep the same?

What am I going to change?

What challenges will I face in making these changes?

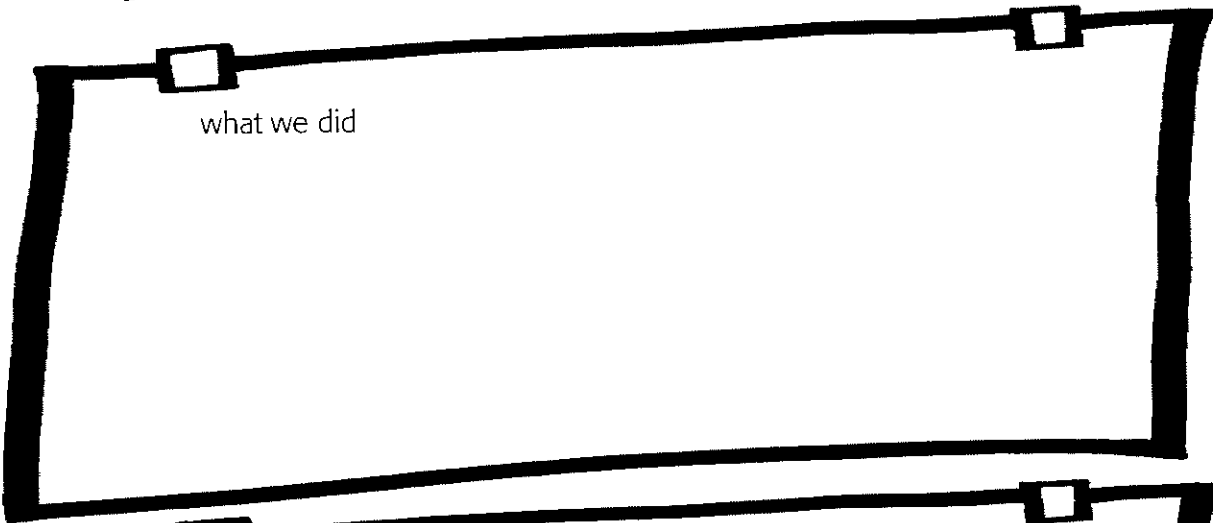
How am I going to get support to overcome these challenges?

Action plan for the next three months?

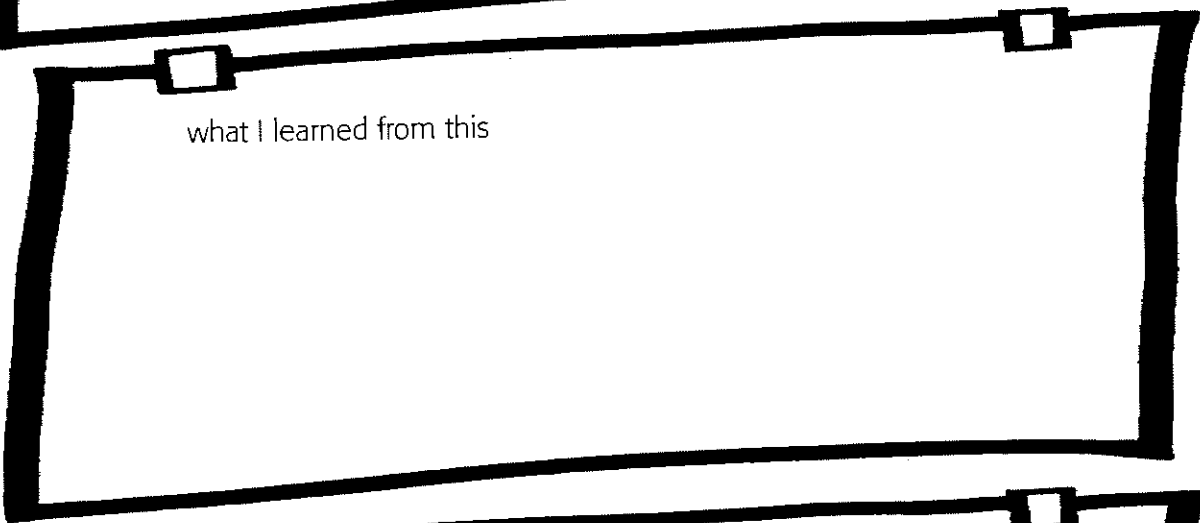
The Learning Log and Ideas pages

On the next few pages you will find pages designed for you to fill in. On one side is a 'learning log' and on the other side an 'Ideas page'. The learning log is designed to help you reflect on what you have learned and to think about how you might apply this learning to your work. You can use the ideas page to record any thoughts and ideas you have during the course that you want to have a note of for future reference.

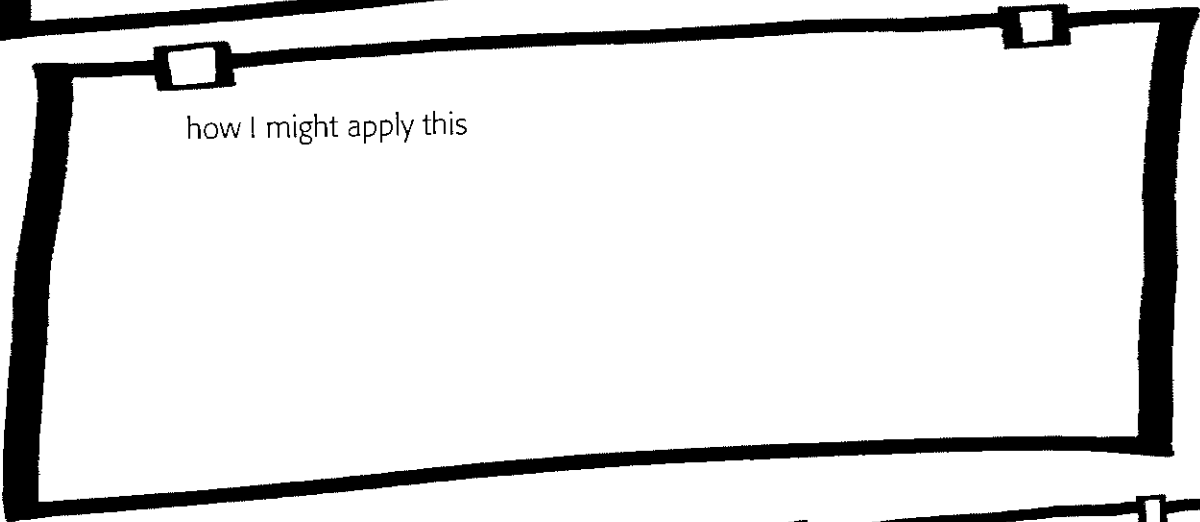
My learning log



what we did



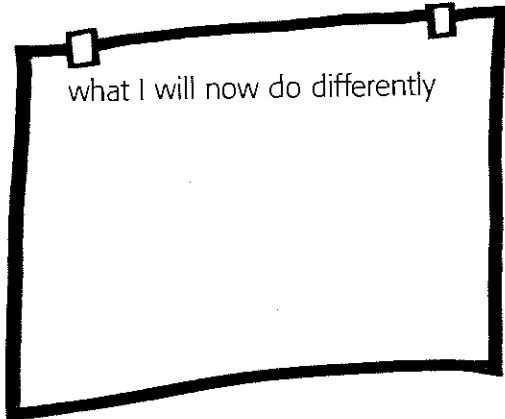
what I learned from this



how I might apply this



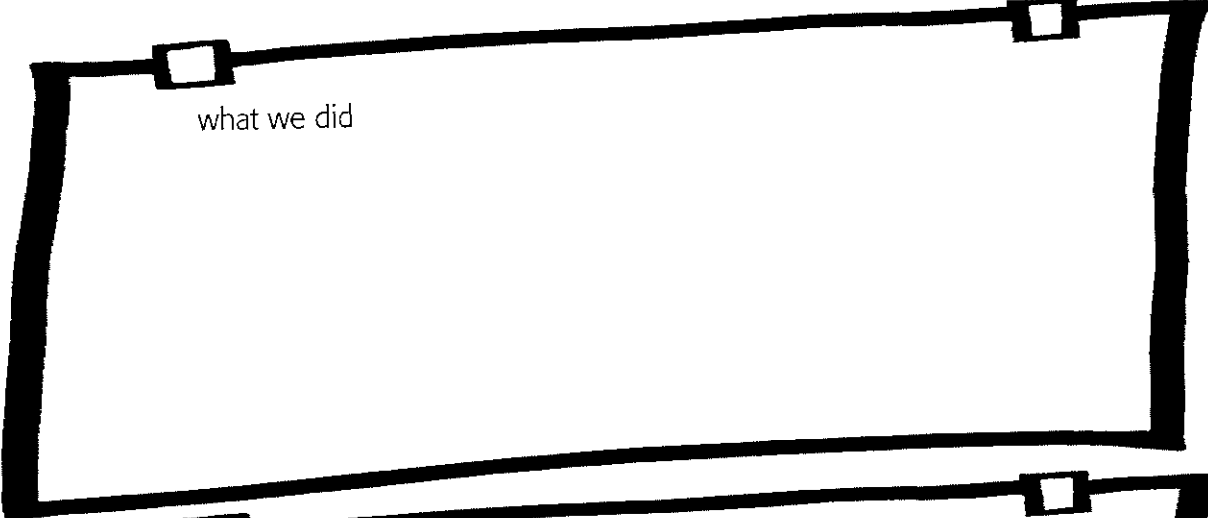
how I applied this



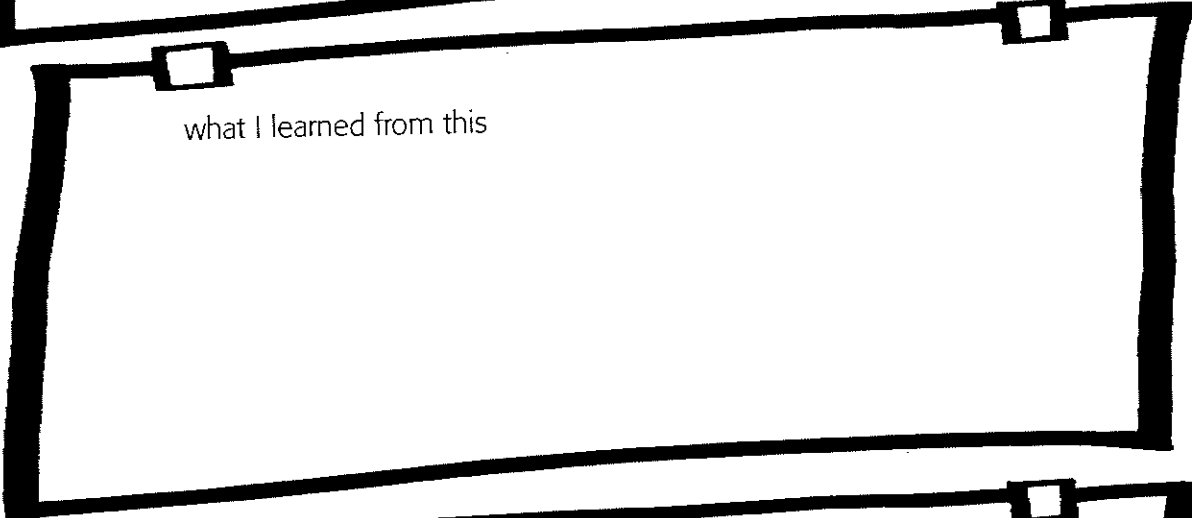
what I will now do differently

Ideas, thoughts, notes...

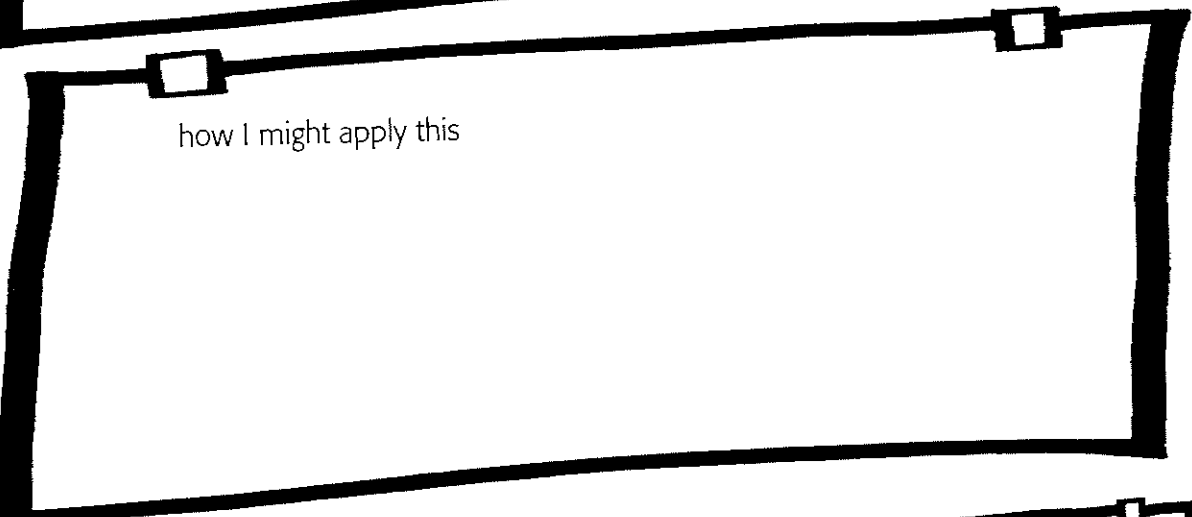
My learning log



what we did



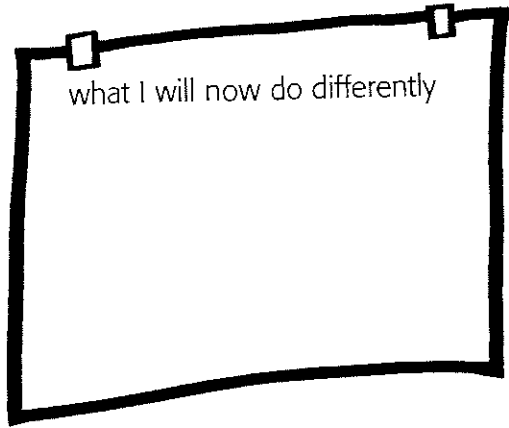
what I learned from this



how I might apply this



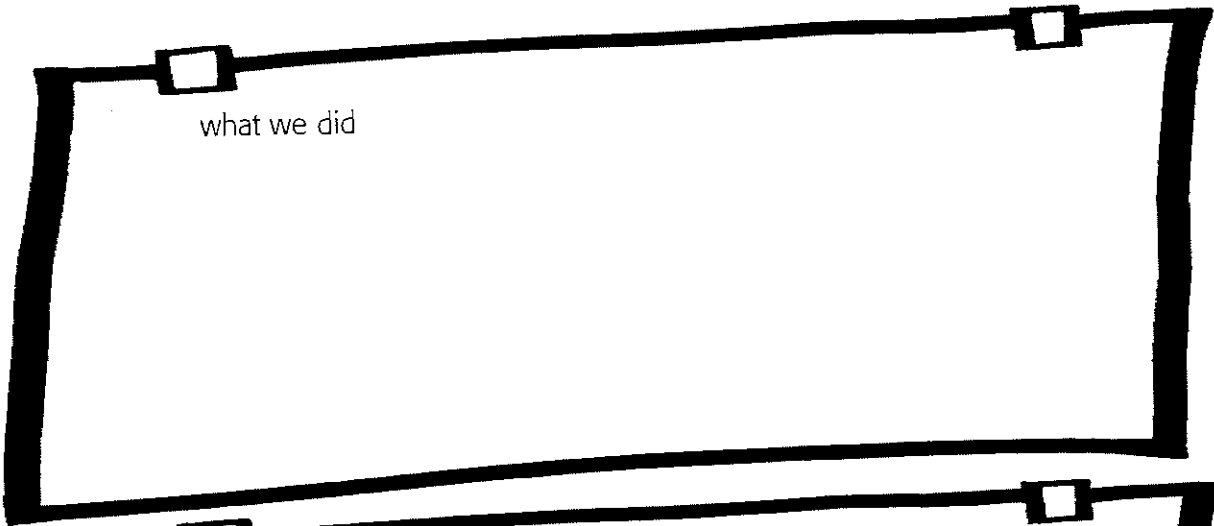
how I applied this



what I will now do differently

Ideas, thoughts, notes...

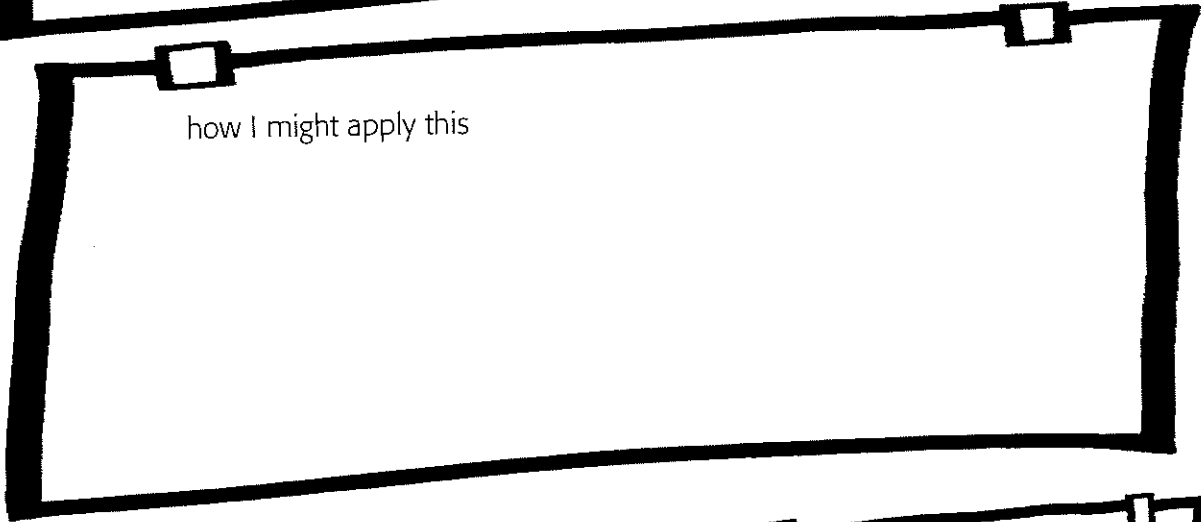
My learning log



what we did



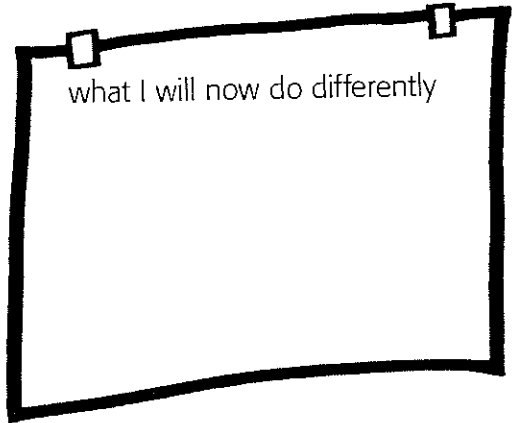
what I learned from this



how I might apply this



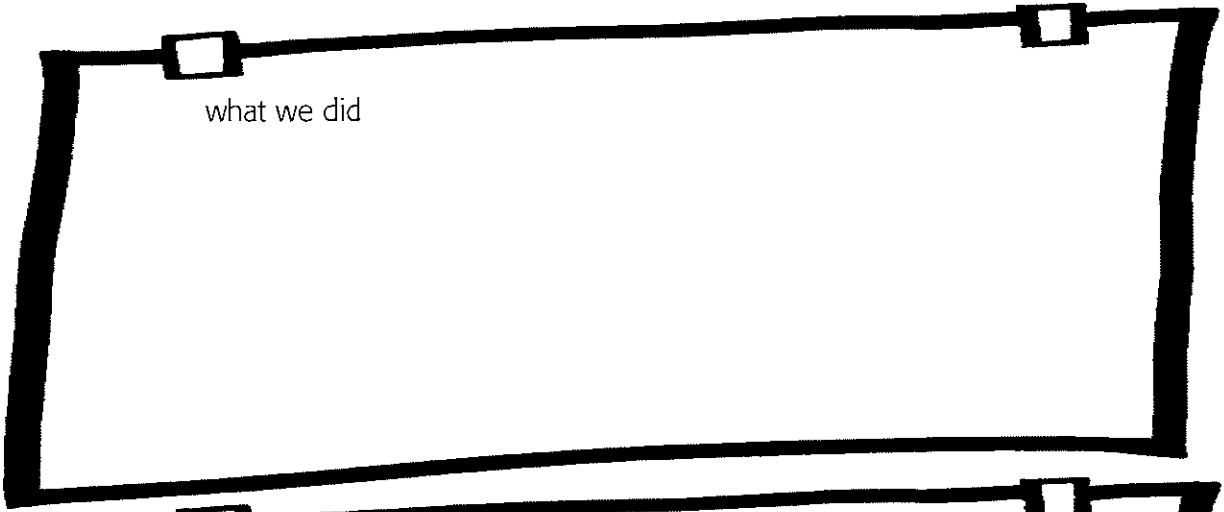
how I applied this



what I will now do differently

Ideas, thoughts, notes...

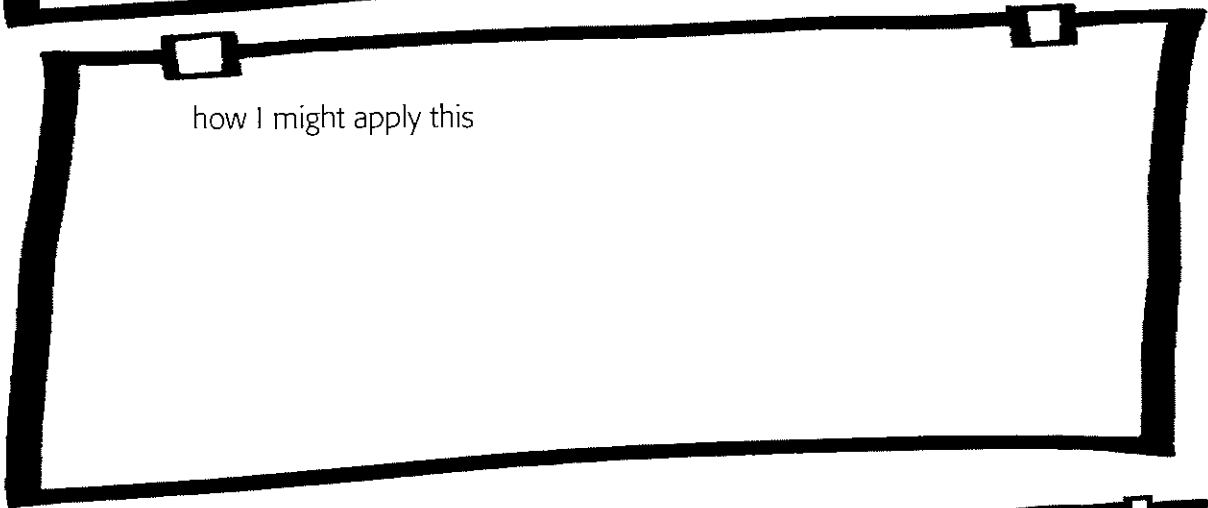
My learning log



what we did



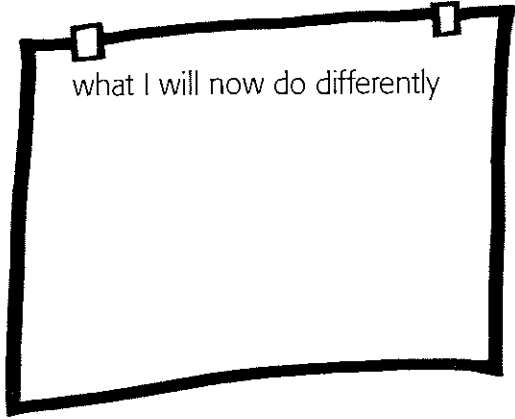
what I learned from this



how I might apply this



how I applied this



what I will now do differently

Ideas, thoughts, notes...

My learning log

what we did

what I learned from this

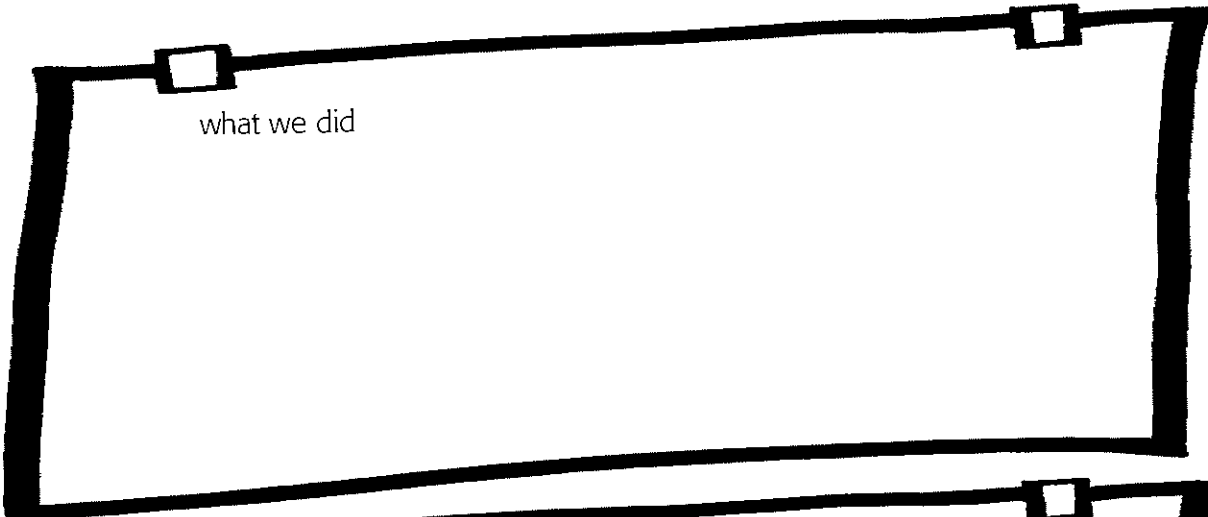
how I might apply this

how I applied this

what I will now do differently

Ideas, thoughts, notes...

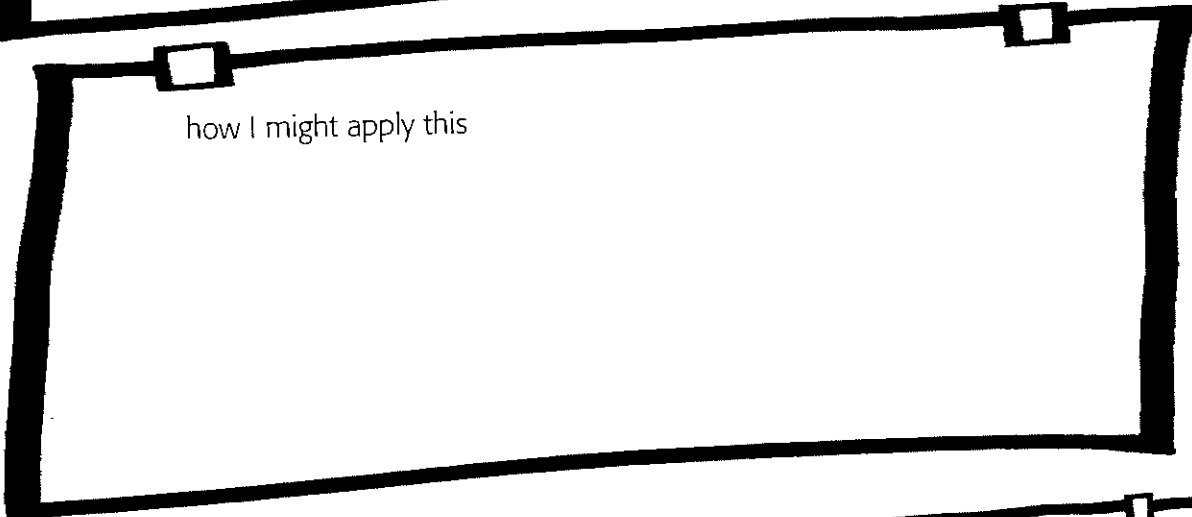
My learning log



what we did



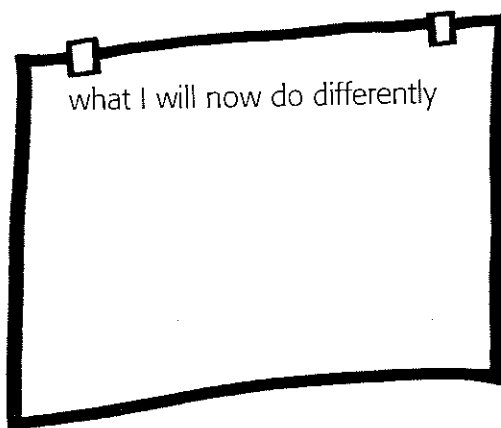
what I learned from this



how I might apply this



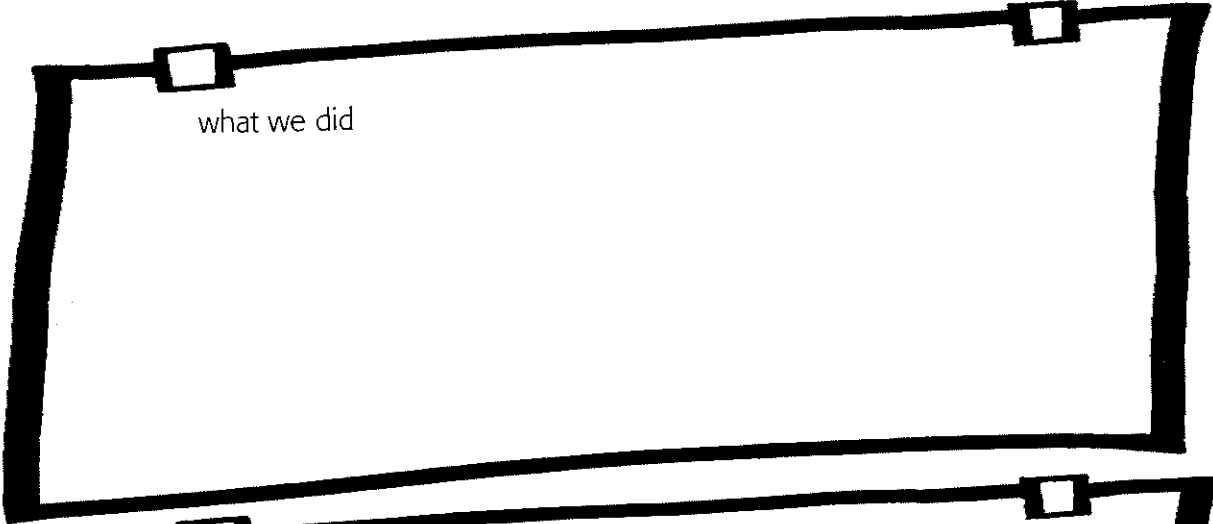
how I applied this



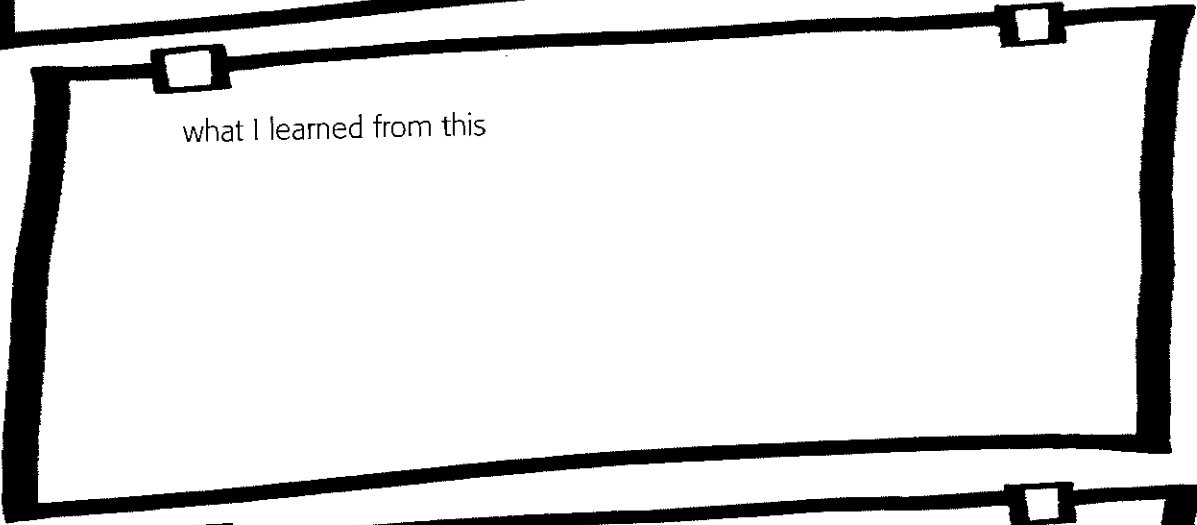
what I will now do differently

Ideas, thoughts, notes...

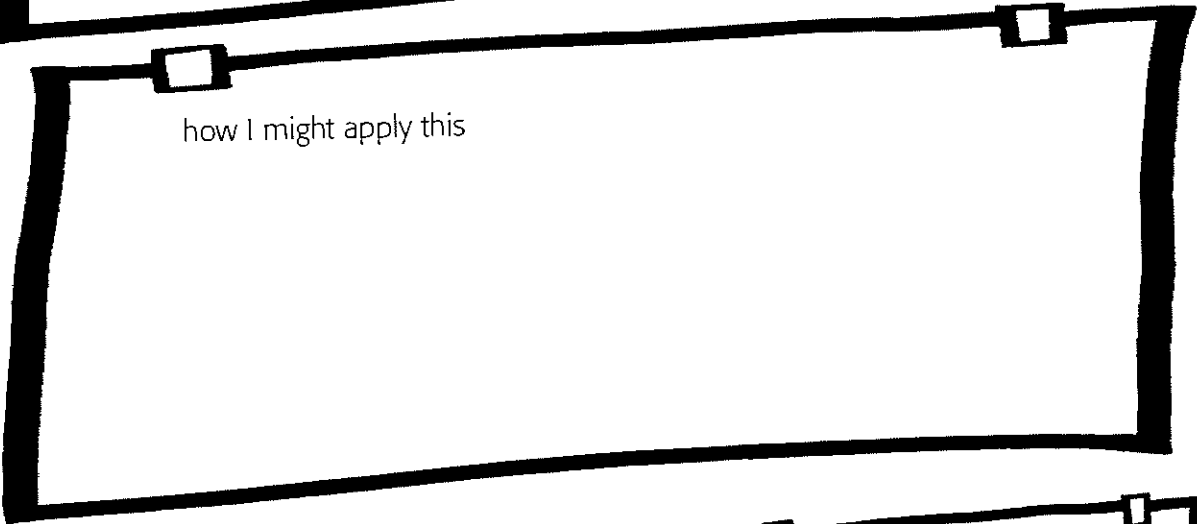
My learning log



what we did



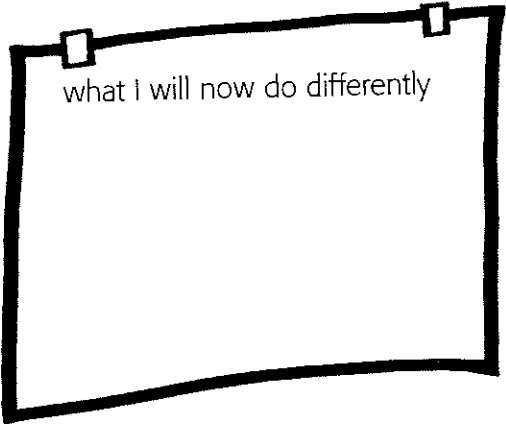
what I learned from this



how I might apply this



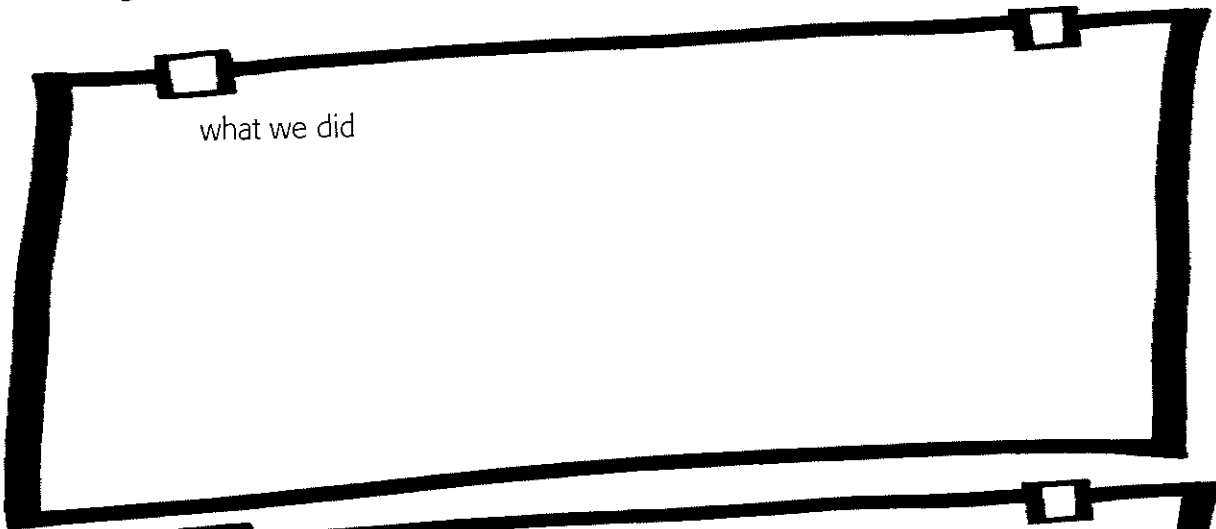
how I applied this



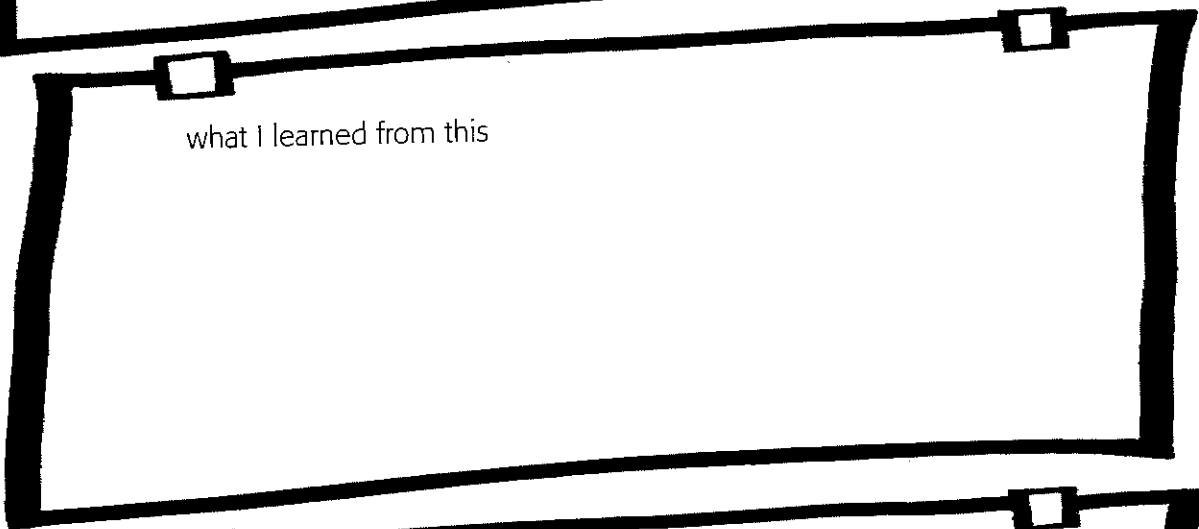
what I will now do differently

Ideas, thoughts, notes...

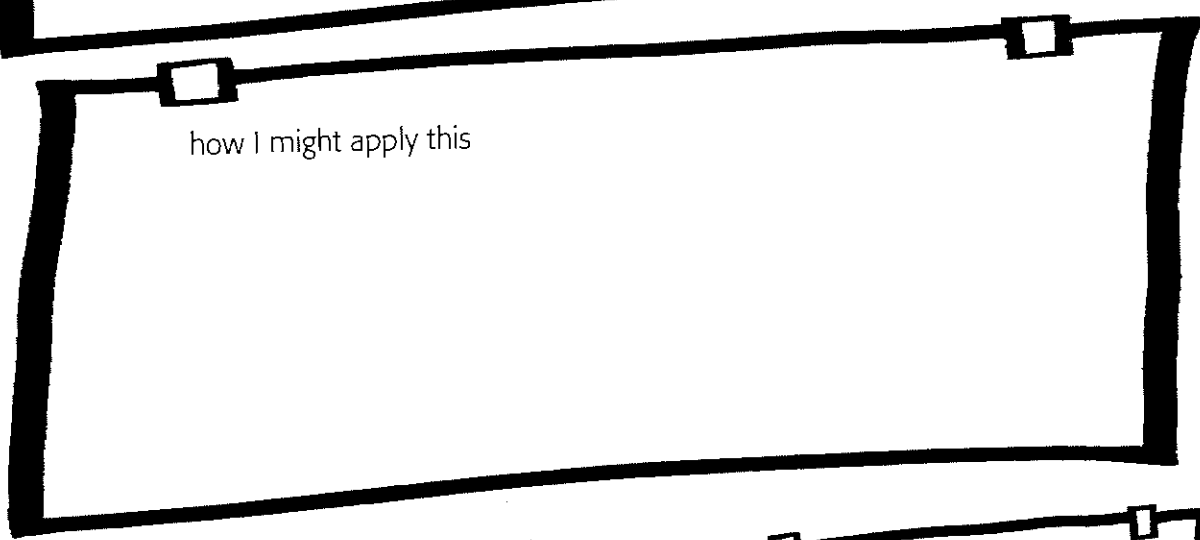
My learning log



what we did



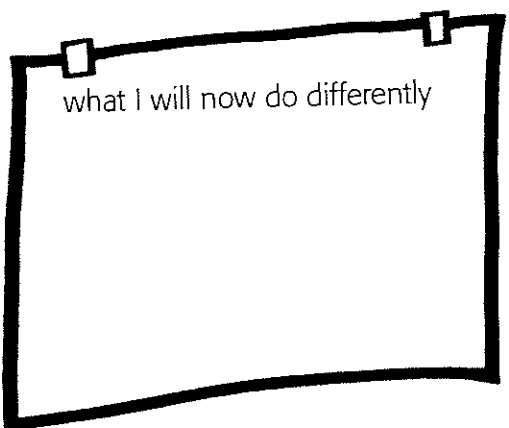
what I learned from this



how I might apply this



how I applied this



what I will now do differently

Ideas, thoughts, notes...