Practicalities and Possibilities

Person centred planning with older people

Carol

Carol was born in Harrow in 1931 and married Ron in 1955. They moved to Amersham, Buckinghamshire, two years later where their daughter, Sue, was born. In 1963, Carol and Ron moved to Bournemouth where they had their second child, Craig.

In the early 1970s Carol began to help her husband with his magic shows, starting up her own magic show for young children in 1985. She prides herself on the fact that for some years she was one of only two lady magicians in Bournemouth. In 1999, Carol's eyesight began to deteriorate significantly and she decided to give up driving. She continued her magic shows until 2007 by which time her eyesight had deteriorated so much that sadly she felt unable to continue. Ron passed away in early 2008 and she is now registered as blind.

I work for Bournemouth Society for the Visually Impaired (BSVI) and Carol is the mother of one of my friends. Her son approached me because he felt that she would benefit greatly from the support of the BSVI. She explained to me when we first met that she felt very isolated after Ron's death, unable to make new friends because of her reduced mobility and low self-confidence. At that time Carol was not registered as blind with Social Services, which meant she was not able to get certain benefits and services. Although her children tried to support her as much as possible, everyone, including Carol, felt that something had to be done to improve her quality of life.

Getting to know Carol

To complete Carol's profile and help her make changes to her life, I spent an hour a week, for seven weeks, with her. As Carol and I were only just getting to know each other, we jointly decided to start with the Histories tool. If people had interesting information about her Carol felt that it would help them appreciate her as a whole person with a full life, not just an 'old lady' as she calls herself. As our relationship developed Carol reiterated how terribly lonely she felt and so we quickly moved onto the Relationship Circle tool.

Relationship Circle

Family

- Carol has two grown up children Craig and Sue and two grown up grandchildren who all live locally.
- Craig's partner Tereska is like a daughter to her.

Other relationships

- Gardener/hedge trimmer (every now and again when he is in Bournemouth, as he is not local).
- Cleaner once a week (not for much longer), as this is becoming very expensive for Carol.
- The Cinnamon Trust has provided a dog walker once a week to give Sasha, Carol's cross Labrador/German shepherd exercise.
- Carol has starting taking part in the Help and Care fortnightly walks, which she enjoys.
- Carol has started going to the Brandon Care Trust on some Mondays and she enjoys their talks and the people she meets there.

I used the Good Days and Bad Days person centred thinking tool to learn more about what mattered to Carol, and what is important to and for her.

Good Days/Bad Days

- A good day for Carol is when she has visitors, as she feels isolated at home. She especially enjoys visits from her family.
- A bad day for Carol is when she is on her own at home with no one coming to see her. This makes her feel worried and isolated.

Important To/Important For

- It is important to Carol that people take the time to talk to her and take a real interest in her.
- It is important for Carol that she wears her alert necklace as if she has a fall this will activate the BLEEP service, which has been installed for her safety.
- It is important for Carol to take her warfarin tablets - two tables once a day - for her Deep Vein Thrombosis (DVT).

I learned about Carol's history and what is important to her now, and what she wants for the future, what her wishes are; her deepest wish is that her husband was still alive. She also talked about other wishes for the future that we could help her with.

Wishes

- To have a cleaner every week, as she will have to stop her existing cleaner very soon because it's becoming too expensive.
- To have her nails done.

We explored the possibility, if she became registered, of her nail care and also the chiropody treatment she has, being done at the BSVI. As the BSVI is much closer to Carol's home she won't have to pay the steep taxi fare she currently pays to see her chiropodist.

After a hesitant start, Carol has become much more confident, sociable and outgoing, as she was when she was younger. She has started attending different clubs and taking part in activities so no longer complains about feeling lonely and not seeing anybody during the day.

Carol initially refused to become registered or to listen to any suggestions to try and help her. This reluctance came from the fact that she thought she would have to go into hospital in order to become registered and, as she suffers from panic attacks in hospital, she put up a huge barrier.

Carol said that because I talk to her differently to the way others do, taking her seriously and valuing her as a person, she felt more confident about getting in contact with her G.P. She found out that as she has been suffering from low vision for a long time she didn't need to go to hospital. Carol told me that the way I work with her, as part of the Practicalities and Possibilities Project, has made a positive impact on her life and feels that her quality of life has increased a great deal. Since starting this project, Carol has been formally registered as blind/severely sight impaired with Bournemouth Social Services. She now occasionally attends the BSVI day centre and appears much happier on the whole.

It struck me how simple things can make a huge impact on someone's quality of life. After participating in the Practicalities and Possibilities Project, it is the intention of BSVI, in order to promote well-being and increase the independence of more blind and partially sighted people, to introduce person centered thinking to all its older members wishing to participate.

Practicalities and Possibilities
Person centred planning with older people

Frank

Frank lives alone in his own flat within a sheltered housing scheme in Tameside. He says, "I'm ok here with the gang, I keep them on their toes you know". Frank enjoys company and has a wonderful gift for making people laugh. He's described as great company and because he's calm and laid back people find him relaxing to be around. He has a sharp sense of humour, is very witty and always has a joke to share. He receives support from home care services each day: morning, teatime and in the evening.

My name is Joan Robinson and I'm a home care worker in Tameside. I really want to work in a way that helps the people I support get what they want out of life. For about three years I have been supporting Frank as his home care worker on the morning visit. I really enjoy going to see him and love his constant banter. Sandra is his other regular carer who supports him in the evening.

Although our managers do their best not to move us about it does happen sometimes. When either myself or Sandra are sent on other calls, Frank will complain and tell you:

"When my regular carers come it's great you can't beat it and life is good, but different staff forever turning up you get fed up of explaining what they have to do - they quiz me and quiz me about things they should know it floors me, so many questions."

"It drives me up the wall when workers turn up and I can't understand their accent, they seem very nice but it's no good to me if I don't understand what they are saying."

For Frank, another issue is:

"I think there is a general lack of information about what there is - I get bored stiff sometimes."

Developing a one-page profile with Frank

In June 2008 Frank, Gill, Sandra and I met up at Frank's house where he entertained us with his stand up comedian routine before we talked through the issues. Although clear that Sandra and I had days off and could not cover all of his visits, Frank felt that there were too many different carers calling and that he was not told if someone different would be coming but did say:

"At the end of the day I suppose I should be grateful someone turns up."

With much emphasis being placed on making sure people have choice and control it seems wrong that Frank feels he should be grateful that someone turns up to help him. We discussed this. Frank was pleased that he wasn't being perceived as difficult and was reassured that he did have a right to comment on those things that were not working for him.

Together, we decided to record what is important to Frank and how best to support him. By doing so other carers who may support him would have the information they needed and would not have to keep questioning Frank.

Frank's review – using What is Working and Not Working

In August 2008 Frank had a statutory review, and his one page profile was used as the basis for this. At the review, together with the reviewing officer, we looked at what was working and not working for Frank, and agreed actions to start changing what was not working for him.

Reviewing against the one-page profile meant that we were focusing on what was important to Frank and the ways in which he wanted his support to be delivered - Frank was 'self-directing' his service provision. This also helped to ensure that Frank was fully involved in deciding on those things he wanted to keep in his life and those he wanted to change.

One of the review outcomes was to think about relationships with Frank. We looked at his relationship circle to identify those relationships that could support him to do more in the community. We are also looking at doing some community mapping to help Frank think about where he might like to go out and about.

What has changed for Frank?

I think Frank's self-esteem has grown as others take a genuine interest in him. I know so much more about him now and so we have many things to chat about; this pleasantly distracts Frank when I am assisting him with something he may otherwise feel embarrassed about.

As we continue to gather information about the things that are important to Frank and what great support looks like, his one-page profile is becoming more detailed and is developing into a person centred description. Best support within the person centred description is shared with any workers covering his regular carers calls, prior to their visit, so Frank isn't "floored" by workers asking lots of questions about what needs to be done.

Frank has received the directory of information about social clubs and events available in the area and we have gone through it, looking also at the people in Frank's life who can help us with this; I learned so much about his life as we did this. He is using dial-a-ride regularly to get out and about more.

The managers are more aware of the impact of changing Frank's carers and, whenever possible, he will receive a telephone call if there is to be any change to the workers calling to support him.

Managers are also aware that Frank is having difficulty in understanding the accents of some workers and this is being flagged up as an issue. We will get feedback detailing what the service will endeavour to do to make this less of a problem.

Frank said "Eh, it's great this, I can say what I want without worrying about getting into bother."

I think Frank and I are more connected now because as I've learned more about the things that are important to him it's helped me get to know him much better. I have naturally shared things about myself too so we feel as though we know more about each other, which is good. We are focusing more on what matters to the people we support, learning what will bring a smile to their face. I have been amazed at just how much it's about the little things.

What those who know Frank say they like and admire about him

Great sense of humour, very laid back and calming to be around, great company

Important to Frank

- Frank's family are important to him, his brother Lesley who lives locally - Frank says they only see each other every Sheffield flood! and sister Freda who lives in Australia - Frank enjoys her occasional telephone calls.
- Loves going down to bingo each evening in the communal lounge.
- Must get up on time generally about 8:00am.
- That Jan and Alison are the home care staff who support him.
- Frank enjoys banter with the staff who call to provide his support.
- Doing the crosswords/puzzle books.
- Having a cooked sandwich for breakfast - bacon or sausage are favourite.
- Frank loves to watch anything Charlie Dimmock is in on the TV, he also enjoys watching Xena.
- Going to church each Sunday.
- His Sunday morning routine - putting his clean clothes, shirt and tie on, having his cooked sandwich with a cup of tea and being ready to go to the Church of the Nazarene in Ashton when his 'lift' arrives.
- Going to bible study class at the vicarage once a fortnight.
- Going to the club for people who are visually impaired each week.

Important to Frank in the future

- To have a mobility aid that he can sit on rather than his walking frame.
- To have a laptop computer.

How best to support Frank

- Frank has diabetes; he takes responsibility for taking his medication and requires no support around this. Frank checks his blood sugars are ok.
- Frank's tablets are delivered in dosette boxes each Thursday morning.
- Great support means keeping the space in front of Frank's chair clear as he is partially sighted and may trip over things which are lying on the floor or are out of place.
- Leave Frank a clean shirt and clothes each evening for him to put on when he gets up.
- Support Frank with humour, he enjoys this and it works really well in supporting him.
- Know that a friend from church picks Frank up and drops him home after church on Sundays.
- Frank doesn't like too many carers 'interfering'.
- Jan and Alison are Frank's regular carers.
- If Frank oversleeps he will be upset, help him to get back on track make him a drink and cooked sandwich whilst Frank sorts his medication out and reassure him we are getting back on track and that everything is running smoothly.
- Frank will be upset if his sky TV is not working but he will ring them himself to sort it out
- Know that Frank arranges ring and ride himself.
- Know that Frank will get his own lunch from the freezer and does not like people interfering, he needs support preparing his breakfast only.

Working/Not working

Perspective	Working	Not Working
Frank	When my regular carers come it's great you can't beat it and life is good. My bingo, crosswords and television keep me happy. Going to church and bible class. Going to club for people with visual impairment and chatting with friends there. Having his frozen meals delivered weekly.	I can't get out and about, nipping into Ashton like I used to - no one can support me to. I can't get the equipment I want like a new walker. Different staff forever turning up you get fed up of explaining what you have - "quiz me and quiz me about things they should know it floors me so many questions". Not being able to understand workers who have different accents. General lack of information about what there is - "I get bored stiff sometimes".

Action plan

Who	Will do what	By when
Jane	Put a referral in to the relevant team to asses Frank's equipment requirements around his mobility.	September 15th 2008
Sue	Share Frank's person centred description with any workers who are covering his regular carers calls, prior to their visit.	August 15th 2008
Gina	Will make Sue and the other managers aware of the impact of changing Frank's carers and ask if he could be made aware via a telephone call if there are to be changes whenever possible. Also that Frank is having difficulty in understanding the accents of some workers.	September 20th 2008
Joe	Arrange for the directory of information about social clubs and events available in the area to be delivered to Frank.	September 15th 2008
Alison	Will go through the directory of local activities with Frank.	When it is delivered

Practicalities and Possibilities

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George

George is a fun-loving, sociable, sixty-nine year old man who has a great sense of humour. He describes himself as being good looking, someone who boosts other people up and is too soft for his own good. He has worked in many different jobs and has plenty of interesting stories to tell about his life; he often talks of his time as a farm worker. He loves wildlife, especially birds.

George lives alone in a bungalow in Cheshire and doesn't have contact with his family members. He uses a wheelchair, often sleeping in it. George tends to stay in his bungalow; he has often given his friends money to purchase groceries for him, which never arrived.

George had difficulties in his home environment and had been unable to maintain his personal care, or the hygiene of his property. Even after his home was thorough cleaned, the situation continued. George had limited cooking facilities and no washing machine. These cleanliness issues had a detrimental impact on his health, his support networks, and his quality of life, and his well being deteriorated.

George and support services

George had a range of services involved in his life including: a social worker, housing officer, district nurse and home carers. Due to the condition of his property and the risk to their own health, the majority of these services were unable to go into George's home. Care staff visited him every day but were told to go away. George is diabetic, which is managed by insulin injections. District nurses visit him each day to provide this medication. George was often in a state of undress and agitation and aggressive towards those who were trying to help him.

Professionals reported these difficulties to the social worker managing George's care package. They expressed concern about the condition of George's property and his behaviour towards them. He had disengaged with services and was unhappy with his circumstances. Multidisciplinary meetings were arranged. George was also being threatened with eviction.

Using person centred thinking with George

The social work team manager attended a Person Centred Thinking and Planning workshop, and decided that a person centred approach might benefit George. She approached Liz to assist, a social worker with previous experience of person centred planning; Liz was introduced to George. As her first steps were to get to know him and start forming a relationship, and to work alongside his care staff, she began to visit him. His original social worker remained involved as George's care manager.

Liz used the person centred thinking tools Histories and Working/Not Working. She started talking to George about his life and history and George began to share his interests and thoughts/views about his situation. He wasn't happy living as he was.

Liz learned that:

- George's cigarettes are central to his life, and he often feels unable speak to people until he has had a cigarette.
- George did not want to live in a property with poor hygiene and in poor condition.
- George did not have any clothes, and therefore was not able to get dressed.
- George was not able to sleep in his bed as he couldn't get to it and did not have bed covers.
- George was frustrated by agencies promising things that never happened.
- George wanted the carers to come into his home.
- Many of George's difficulties arose from a lack of essential household appliances, items and equipment in his home.

Liz and George discussed why he felt angry toward the carers. He said that they never came into his home or did anything for him so Liz began to work with the carers. She met them at George's home but the two carers stood by the door and didn't enter. Liz encouraged one carer to come in and talk to George about his shopping list, which enabled the other carer to complete household tasks.

The team manager arranged for the care workers, social workers, and managers to attend person centred thinking and planning training. She had some concerns regarding how the carers felt about George and was expecting negative comments but this wasn't the case. She used the person centred thinking tool Appreciations with the carers. The carers identified George's positive attributes, and showed an appreciation and understanding of the situation from George's perspective. During the training session everyone completed a one page profile exercise of their own. They then did a draft one page profile of George, building on the appreciations work and including what people liked and admired about George, what was important to him, what was working and not working, and how best to support George.

A one page profile for George

Following the staff training, and via an informal chat, Liz completed the same tools with George; what people admired about him, what was important to him, what was working and not working, and how best to support him. This built on the draft profile that they had started in the training. Based on George's views and those of the carers, Liz then developed the final version of George's one page profile.

Liz found that George felt more in control of his own life when his perceptions and views were listened to and acted upon. Prior to person centred planning, George's circumstances were a cycle of events in which carers did not access his home, and the condition of his property and health deteriorated. Liz continued to work alongside the carers to encourage them to engage with George and reported to the social worker if George identified a new area that he needed support with. When she realised that the carers and George were becoming dependent on her visits, Liz began to take a step back, encouraging the carers to take a lead role alongside George. She began to visit George less often with the carers and withdrew after two months.

Changes in George's life

George, Liz and the people in his life reviewed what was working and not working for him now, and used this as the basis to make further changes in his life.

As Liz used person centred thinking with George and his team, the following changes took place. Based on George's wants and needs, the Working and Not Working tool helped to provide responsive and personalised support for George.

- George's property was professionally cleaned.
- George got new clothes, towels, bedding, bins, washing machine, cooker.
- George has a new wheelchair and the paths were widened so that he can get out of his home.
- Now that George has a new cooker, he is able to cook meals.
- George has new clothes, so he is dressed most of the time.
- As he has a new washing machine he also has clean clothes, towels and bedding.
- George now uses continence aids.
- His personal hygiene has improved as home care staff assist him with showers.
- George uses the bins and allows carers to clean his home, so his environment feels much better and is being maintained to an adequate standard.
- George's landlord is pleased with the condition of property and the threat of eviction has been reduced.

Changes to George's support

As well as making physical changes to his home environment, one of the major changes was to the support George received. Specific support planning enables carers to work more consistently with George, providing the support he wants, when he wants it. With the endorsement of the care manager, George's support was changed to a block of twenty hours per week given to home care, rather than specific times of the day. This enabled his carers to be more creative in how they met George's needs. His cigarettes are managed, which helps to maintain a good relationship with his carers. George now lets the carers in, and other agencies are able to access George's property when needed.

Changes to George's quality of life

George feels less agitated and aggressive and feels happier in himself. He now sleeps much better in his own bed, instead of his wheelchair. His house and hygiene have been transformed. He has also achieved something he wanted for a long time – he has a new dog.

By using person centred thinking to get to know George differently, and using the Working/ Not Working tools to identify the changes that needed to be made, George now gets the support that is right for him and his health and quality of life have significantly improved.

What people like and admire about George

Charming

Good looking

Sociable

Generous

Too soft for own good

Tells various stories

Fun

Boosts people up

Sense of humour

What is important to George

- Seeing his family.
- Good health.
- Going outside, gardening and bird watching.
- Cigarettes, cigars and cans of lager.
- Listening to music on the radio, singing and watching TV.
- Having his belongings.
- To be dressed.
- Seeing nice ladies.
- George likes company but feels shy with new people.
- Collecting stamps.
- Looking after animals.
- Wildlife.

How best to support George

- That people listen to George and reassure him when he finds it difficult to talk.
- To understand when George is not receptive and not to take offence; give George some space and come back later, remain calm.
- To listen to George's requests first and offer support for the things he is asking for.
- To work with George and come to an agreement about support.
- To acknowledge George's thoughts and opinions if he is angry.
- That people talk to George when doing things.
- To support George's health through District Nurse input.
- Do not promise George things that won't happen.
- To support George with shopping.

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Gladys

Gladys has lived in her small cottage in Tameside, of which she is very proud, for the past twenty years. She's described as a huge character, salt of the earth and the life and soul of the party. Gladys often tells her support workers, "It's okay being the life and soul of the party...if you can get to a party!"

Jayne is the worker who supports Gladys in her own home; she receives help with her meals, laundry and shopping. To learn more about Gladys and think of ways for her to get out more, Jayne decided to develop a one page profile with her. For the one page profile, Emily, Gladys's friend, met with her and Jayne to share what she knows about Gladys.

Developing a one page profile and learning what matters to Gladys

Together, Gladys, Jayne and Emily worked on developing Gladys's one page profile. As they chatted the things that really mattered to Gladys (Important to her) became clear. She talked about what the people who support her need to know if they are to support her well, things like: do not rush me; if I receive an appointment letter remind me daily when you call to support me. Emily and Jayne said what they liked and admired most about Gladys.

Gladys talked to Emily and Jayne about how important it was for her to go out and natter to people, but as she was unsteady on her feet she was not comfortable going out on her own. She talked about how for many years she was a regular at the Labour club, but since her husband had passed away she no longer went. She said it was because "I'm more a morning person now, I will nod off if I go out at night and that's no good in the club, folk would laugh at me!"

Helping Gladys to make changes

Whilst developing her one page profile, Gladys and Emily thought about and discussed the situation. Gladys was clear that what she would really like was "a good social get together at lunch, so I can enjoy myself and talk to other people without nodding off." Jayne spoke to one of the review and monitoring officers in the assessment and care management team, and asked them to send Gladys information about available luncheon clubs. Gladys was concerned about the cost of getting to and from a luncheon club, but as Emily was keen to go too they worked out that sharing a taxi would not be too expensive. Also, on the two days Gladys would go to a luncheon club, she would not need to pay for her lunchtime home care call.

Gladys and Emily also discussed going to tea dances on Tuesday and Thursday afternoons at the Trafford Centre and are currently working out how they can afford to get there twice a week. Jayne is helping Gladys work out the cost saving of going to the Trafford Centre and having her lunch there instead of having a lunchtime home care call.

Together, Gladys and Emily developed a one page profile for Emily and they decided to introduce themselves to the staff at the luncheon club by sharing their one page profiles with them. Gladys has a great time at luncheon club. She said, "It's wonderful being the life and soul of the party again!" This has empowered Gladys to reduce her reliance on services

by cutting out two home care visits and replacing them with the luncheon club where she can meet up with others and continue to be the life and soul of the party. She relishes this new opportunity and, as a result of meeting up with so many other people, hopes to do more new things. “I’m keeping my ears open for more fun,” she says, “going dancing twice a week, whatever next! I’ll be like a youngster again, won’t I?”

Staff and one page profiles

Jayne said, “Before I heard about the one page profiles my visits were much more task orientated. I would never have seen this as being part of my job before. I really enjoyed it and Gladys loved it, especially when her nephew called and she asked him to add on to the Like and Admire; he said she is the best hugger in the world! It did mean spending an extra hour with Gladys to develop her one page profile with her but that’s well worth it when I see how happy going to luncheon club makes her. I learned that listening and finding out what makes people’s lives better by developing their one page profile is much more important than worrying about tasks alone. The impact it has on a person’s life, when we learn about their interests and preferences and share that information with others. Also how important it is to build relationships and truly know the people we support especially when we are the only people in their lives.”

What is important to Gladys

Chatting with other people.

Having something to look forward to - favourites are meeting up with other people socially, watching a good DVD or video.

I love William Holden and Audrey Hepburn movies - my favorite gifts are DVD box sets.

I love to watch telly, Emmerdale, Eggheads, Coronation St, Strictly are best at the minute.

Living in my own place.

To decide myself what I want for my meals.

To bake cakes every week.

Seeing my nephew Charlie the last Sunday every month - I love a good natter more than anything.

Getting my nightie 7 dressing gown on before 7pm - I settle down for my telly or a DVD then.

Gladys

What those who know Gladys best say they like and admire about her

The life and soul of the party
Salt of the earth
A huge character
The kindest woman I know
Fantastic knowledge of the movies

How we can best support Gladys

I struggle to get out on my own I like to have someone with me.

Help me have company - that's the main thing.

My DVD and video play up something awful and I need somebody to sort them out for me -if I press the wrong button & it all goes pear shaped then.

I don't put the central heating on in the evening it's a waste so don't myther me to put it on - the gas fire is enough at night time.

Check I always have what I need in the cupboard to bake - I forget to keep a check on my stock.

Apart from checking on my baking items only buy what I have written on the weekly shop list.

I don't like fabric conditioner in my washer - just powder will do.

Never rush me.

Remind me daily for a week prior to any appointments I have.

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Jack

Jack, described as a kind, humble gentleman who is generous and a wonderful storyteller, lives in Tameside where he is supported in his own home.

He receives support with the preparation of his meals from Tameside Home Care Service and really wants to be involved in this. However, not all his support staff realised just how important this was to Jack. Clearly his care plan didn't tell staff what really mattered to him so his support worker decided to develop a one page profile with him.

Learning about Jack and recording this in a one page profile.

Jack's support worker, who had recently completed person centred thinking skills training, developed his one page profile with him; Sue and Gill helped her write it up. As it wasn't covered in his care plan, not all of Jack's support staff were aware of his interest in cooking, and that he was keen to go to college to learn more.

Jack shared so much about his past and how he wanted to live that all the staff supporting him now know a lot more about him. They know what is important to him in everyday life, and what skills he needs to maintain and build on if he is to have those things; helping and learning more about cooking is massively important to him.

The support staff also learned about the small things which matter so much to Jack, such as having a glass of water by his bed at night and when he wakes up in the morning; he doesn't like 'old' water so it must be fresh each evening even if he didn't drink it the night before. They learned that Jack gets really upset if things, such as cups and pans, are not put away in the right place. Ensuring that they are put away correctly means Jack is so much happier and content. Knowing which things cause Jack to become anxious means that they can offer our support in ways that help him.

They are still looking at health and safety issues with Jack but in the context of what is important to him.

Together with Jack, the support staff used the one page profile to look at what was working and not working in his life, from his perspective, and used it to make changes; they are looking into how to make it possible for Jack to take a cookery course.

Jack's care plan did not describe what really mattered to him, or what he wanted to do in the future. Drawing up the one page profile, and using this to develop actions, really made a difference to both Jack and the staff who support him.

What those who know Jack say they like and admire about him

Tells wonderful stories

Kind humble gentleman

Generous

Important to Jack

- His late wife Eileen.
- Tony his son, his grandchildren and Phyllis his sister and Elaine his neighbour.
- Enjoys having people round to his house. Jack loves telling people about the years he spent living in New Zealand, especially the house he built over there.
- He enjoys telling of his experiences in the army.
- Loves to show and talk about the photos he took whilst serving in the army and living in New Zealand. Generally Jack loves company and talking to people.
- Enjoys TV; especially the old comedies such as Porridge and Dads Army.
- Going to Asda daily to get his shopping.
- Loves being involved in preparing and cooking his meals with the carers who support him.
- Being able to warm things in the microwave. The microwave is marked for Jack, to guide him, when using it.
- Loves eating porridge; fig biscuits are another favourite.
- Going to Frederick Street club in Denton, meeting his friends and having a pint then catching 6.10pm bus each Saturday.
- Sticking to his routines; getting the vegetables out ready for his meal, gathering his washing and putting it in the wash basket, then placing it ready to go in the washer in front of the machine. This sense of being in control really matters to Jack.
- To continue to make choices about his lifestyle and wellbeing.
- Having everything in the right place - especially his cups, glasses and dishes. He will tell you he wants to “keep a nice tidy home”.
- There must always be water in the kettle.
- Being on time.
- Loves sharing fish and chips with Sue who is one of the support staff.

Important to Jack in the future

- Jack wants to learn how to use his cooker.

How best to Support Jack

- Do not go past the black tape when pulling down Jack’s roller blinds - this really matters to him.
- Know that if Jack thinks his late wife Eileen is sitting in the armchair or is in the bedroom he may be feeling troubled or unwell. Great support to Jack means sitting down with him and he will tell you what he is worrying about.
- Never sit in ‘Eileen’s chair’ - the floral one on the left of Jack’s chair.
- Great support is helping Jack to continue to “do for myself as much as I can” and spotting if he is anxious and talking it through with him, giving him lots of reassurance.
- Know that if Jack receives bills or questionnaires from the GP about his meds he will become anxious and feel a sense of panic, this may lead to him misplacing things. If Jack appears anxious ask what is the matter and he will show you the post which has unsettled him or tell you what’s wrong.
- Be aware that Jack will worry if he is running late.
- Know that Jack hates loud noises, especially the kitchen cupboard doors being banged closed.

Working/Not working

Perspective	Working	Not Working
Jack	Seeing his family. Visitors to his home and opportunities to chat. Shopping at Asda alone. Going to the club for a pint. "Still doing lots of things for myself and my carers helping me to do that - they're lovely most of them!" "Staff helping me when I get worked up about things, I'd be lost without them."	Not all Jack's carers know how much he enjoys being involved in preparing his meals and Jack is encouraged to sit down. Things not always being put away in the right place - such as cups and pans. Not being able to use the cooker on his own.

Action plan

Who	Will do what	By when
Joan	Will talk with Jack's carer's around: 1. How important it is to know what is on his one page profile and to act on it. 2. Involving Jack in preparing his meals. 3. Discussing the possible courses at the college he may wish to attend for cooking. Will ask Vera to send Jack information about cookery courses at the college.	1/09/08 1/09/08 15/08/08

Practicalities and Possibilities

Person centred planning with older people

Karl

This is the story of Karl from Leicester. Karl lives in a one bedroom flat on a Leicester council estate. He is 68 years old. Karl has some short term memory problems which, by his own admission are partly related to alcohol use.

Karl understands that his memory is poor which he says “annoys and frustrates him as it means he is not as capable as he used to be.”

When asked about what is important in life, Karl says that “love and caring” are the most important things. He loves talking about the past, especially of the time in the late 60s and early 70s, when he was working as a club singer around the pubs and clubs of Leicester. He says proudly that at this time, he was “the highest paid club singer in Leicester.”

Karl describes himself as a “Scottish Cockney from Norway”. His father was Norwegian and mother Scottish. Karl has been married twice and has five children. He spent much of his working life travelling around the country as a carpenter as well as singing. He regrets not seeing his children now due to his drinking but blames himself for this. He feels that working as a club singer led to him drinking a lot as he would “never go on stage unless a glass of sherry was provided”.

The Day Centre

Karl began attending Martin House Day Centre in early 2007. He was referred by his social worker who was concerned that Karl was getting lonely and was not eating properly.

Karl was keen to meet other people, have a decent meal and enjoy a conversation with others. When he first started attending the centre, he was sometimes quite outspoken and this posed a challenge to staff. He also tried to help others with the best of intentions but did not always recognise that this was not always appropriate.

Starting with Appreciations

To help to address this we decided to use the Appreciations tool by working alongside Karl and focusing on his positive qualities, sharing this with other staff.

The interesting thing that came up in using the Appreciations tool was that Karl’s honesty; saying what he thinks, being a good talker and not suffering fools gladly, ended up being seen as positive qualities by staff spending time with him and trying to understand why he thought like he did. Previously, these aspects of his personality were seen as challenging to the service by some staff. Karl’s gifts; singing, quizzes and being kind and helpful to other service users were also identified by staff working alongside Karl. Ron, one member of staff initially did this work and shared it with other staff who then began to see him in a much more positive light. This way of working was quite different in that we managed to get away from seeing a service user as a mass of symptomatic problems and challenges, which can happen when the person is just seen as how they initially present, and staff got to know the real person behind all this.

We also used the Good Days and Bad Days tool in order to understand how we could make Karl's day better and empathise with his situation.

What changed?

As a result of this work, Karl began to settle in at the centre much better. He could see that staff were taking the time to try to understand him and what motivated him. As a result, a day care placement, that was at risk of breaking down, has now led to increased days of attendance for Karl.

Karl says he feels appreciated at Martin House. He says he "loves it". He says he finds it "very helpful" when staff spend the time chatting to him about his life and how they can support him. He particularly appreciates having a hot meal freshly prepared at the day care as he does not get this at home. He also says he thrives on the company. He now understands there are rules at the centre and he has met staff half way in terms of how he and staff understand each other.

He is now settled at day care, staff are accepting of his right to be there, and staff have gained a greater appreciation of the need not to make assumptions about service users due to how they may initially seem, and the importance of finding out what makes someone tick. This then has led to greater empathy of the people who use the service; not just Karl. It has led to a revision of our standard day service care plan to make it far more person centred, less jargonistic and more focused on what service users can do than what they cannot.

What we like and admire about Karl

- Honesty.
- Doesn't suffer fools lightly.
- Says what he thinks.
- Gets involved.
- Good talker.
- Works hard to fit in and be part of the centre.

Karl's gifts

Good singer.
Good at quizzes.
Kind.
Helpful.

What makes a good day for Karl?

- Meeting genuine people.
- Reading, Karl uses the library at Beaumont Leys.
- Doing crosswords.
- When the sun shines.
- Coming to Martin House where people are friendly and Karl can enjoy a good meal.
- Having clean clothes to wear, as physically and mentally he feels much better in himself.

What makes a bad day for Karl

- Not having a cigarette.
- If the weather is cold and damp.
- If someone picks on him for how he looks.
- If someone lies to him.

Marion

Marion lives alone in a bungalow next to a school, on a medium-sized estate in Leicester. She is eighty years old. Marion's appearance is very important to her. She has told us that she was once a beauty queen, and with her still-slim figure, high cheekbones and thick wavy hair, it is easy to imagine how she won her crown. Marion likes to dress well; she is always beautifully co-ordinated and often wears lilac floral outfits. It is important to Marion that she looks nice for her visits to the Day Centre, where we first met her several years ago and where she continues to attend three days a week. Marion also likes her home to be kept clean and tidy 'as you never know who might call in.' A home carer visits her several times a week.

Marion began coming to the Day Centre after a short period at a Day Hospital. Living on her own, she was becoming increasingly overwhelmed by feelings of anxiety, especially about her finances, and she was becoming more and more worried about her inability to remember things. These issues continue on occasion to trouble Marion. Although she does have supportive family members living in and around Leicester who regularly visit her, Marion says that she knows they also have their own lives to lead. She would like people who visit her at home to have more time to spend just chatting with her but she feels that as she has 'got better' then they do not spend so much time with her!

One of the most striking things that comes over when listening to Marion is that although she often comes to the Day Centre not feeling good about herself or her life, she quickly becomes much more positive when someone just gives her a little bit of their time to listen and chat with her. This suggested to us that with the right approach at the right time, workers could help Marion more to counteract her negative feelings about herself and her situation. We could then tap into Marion's optimistic, outgoing side. Person centred thinking and planning offered pointers as to what would help Marion make the most out of her time at the Day Centre and generally improve her self-esteem.

Marion says "Life is not as good as it used to be but I live in the hope that it will get better."

Learning about Good Days and Bad Days for Marion

We started by using the person centred thinking tool Good Days and Bad Days with Marion. Ron, one of the Day Centre workers who is especially well liked by Marion, introduced this to her and she very readily came up with some ideas.

Not surprisingly, all the things that make a good day for Marion involve being in the company of other people. When we look at what Marion has listed, we see the everyday contacts, such as having a meal with others, or getting a hug from friends, which many of us take for granted. However, for an older person living on their own and feeling isolated and sometimes even unwanted, this contact can mean a great deal. On a bad day, all Marion's worries about her money, her memory and her loneliness overwhelm her.

What makes a good day for Marion

- Having someone to talk to first thing in the morning when she is having breakfast.
- Meeting friends at the Day Centre and getting a gentle hug.
- Having a meal with other people.
- Having a singsong after lunch.
- If her friends are in a positive mood, then Marion feels cheerful.

What makes a bad day for Marion

- If she feels confused when she gets up in the morning.
- If she feels someone has taken her money.
- If she wants a cigarette and cannot have one.

We learned from this that Marion often feels that her day has got off to a bad start, but it can often be 'saved' if we respond quickly and sensitively to her.

As well as using person centred thinking with Marion, Ron was able to talk to the rest of the team about how Person centred thinking could help Marion make the most of the time she spent at the Day Centre. She is now less likely to get overwhelmed by her worries and more able to enjoy her day out in the company of others. Prior to thinking in a more Person centred way, workers often felt helpless in the face of Marion's low moods and tended to see these as inevitable and difficult to respond to.

Appreciating Marion

The second person centred thinking tool that we used with Marion was 'Appreciations', to enable Marion to see that she is noticed, valued and liked for who she is. Marion laughed and looked rather shy when reading this list over again but she did say: "It is lovely to have those nice things said about me."

What we like and admire about Marion

- Enjoys a conversation.
- Usually speaks to everyone.
- Has a good sense of humour.
- Enjoys a laugh.
- Enjoys a practical joke.
- Thoughtful.
- Beautiful.
- Watches out and lets us know if someone is struggling to get around.

Marion's gifts

Very kind.
Helpful.
Says what she thinks or feels.
Sings very well.

We are now better at giving Marion the kind of attention and compliments that makes her feel good about herself, some of which were identified in Appreciations. This means she gets more enjoyment from her days out and feels more involved in what is going on around her.

A better understanding of their role in providing the kind of responses Marion herself has told us she needs has had a 'knock-on' effect on the team.

As Ron says: "When I'm getting a good response from Marion it makes me feel as if I'm achieving in my role as a carer."

And as for Marion: "I'm just an ordinary person who wants to share things about my everyday life and plans and have a laugh and a joke."

Practicalities and Possibilities

Person centred planning with older people

Mr Jones

Mr Jones is a music loving eighty-six year old who enjoys reminiscing about his friends and family, although his only relative is a cousin with whom he doesn't have much contact. He is a great practical joker and tells many funny stories about his life. He loves talking about his holidays and where he was born, too.

As Mr Jones has a learning disability and a visual impairment he has had social work support and care services throughout his life. Until 1990 he lived in a long stay hospital and subsequently moved into the community to supported accommodation with his friends. After a serious fall he found it difficult to manage independently at home and as his health changed he moved into a residential home, with carers available day and night.

Mr Jones continued to live in the residential home for a further five years until he began experiencing memory difficulties which distressed him. He began shouting out and became upset with changes to his routine or loud noises. His health also changed; he lost lots of weight, didn't eat or drink properly and developed pressure sores. His carers were very worried and felt they could no longer provide the right care for him.

As Mr Jones did not have the capacity to make a decision about an accommodation change, an Independent Mental Capacity Advocate (IMCA) gathered information from various professionals (nurses, doctors and social workers) who had known him previously. It was agreed that it was in his best interest to move to accommodation that could meet his complex needs with nursing support to assist him each day.

Developing a person centred plan

The IMCA report recommended a person centred plan for Mr Jones. This would make sure that the support he needed, and what was important to him, were central to the decision about his new home.

Mr Jones, his advocate, social worker and carers from the residential home met together to share information and begin to create his person centred plan. The person centred planning coordinator facilitated this.

Mr Jones's person centred plan describes:

- What people like about him.
- What is important to him.
- Best support for him.
- How he communicates.
- The characteristics of the best people to support him.
- What is working and not working in his life.

Mr Jones's person centred plan gave important information that helped both him and his advocate decide on his future home and support. Extracts from Mr Jones's person centred plan follow.

Important to Mr Jones

- To live in a quiet environment and not to hear loud noises, for example doors banging.
- To see Jack Edwards, his advocate.
- To make his own choices and decisions.
- To be told what is happening when he is being supported.
- Not to be rushed.
- For his possessions to stay in the same place where he can find them.
- To be called Mr Jones, not John, by people who do not know him.
- For staff to listen to his memories about the past, for example he still has fond memories of peeling potatoes with Sydney Lowe from the Mary Dendy Unit, many years ago.
- To listen to music through his headphones - his favourites are Val Doonican and Johnny Cash, he also enjoys panpipes and country music.
- To sing, and have staff sing along with him.
- To go to Church on a Sunday.
- To watch Emmerdale, Coronation Street, Casualty and Who wants to be a Millionaire.

How best to support Mr Jones

- Always knock on Mr Jones's bedroom door and identify yourself before entering, and tell him what you are doing/going to do all the time when you support him.
- Offer Mr Jones choices whenever possible – always the choice between tea and coffee.
- Give John time to eat and drink, and ask him if he needs any assistance. Make sure the spout on the feeder cup is angled to the left, near the left handle as John holds the cup at an angle and this makes it easier for John to drink from the cup unaided.

This detailed information about Mr Jones and how best to support him enabled them to find him the right support. It clearly demonstrates the importance to him of living in a quite environment near to his Church, close enough for his advocate to still visit, with respectful staff that take time to listen (and are prepared to sing along to Val Doonican).

Finding a new place to live

The social worker provided a list of accommodation to Mr Jones's advocate, who discussed this with Mr Jones and began to view different homes in the area. Mr Jones visited some of the homes, and with the support of his advocate and carers made the decision to move. The person centred plan was crucial for getting both the best match between Mr Jones, a new home and support, and for his new carers to quickly learn how best to support him, and what matters to him.

Part of Mr Jones's person centred plan described what was working and not working for him. This information helped to check out possible new places to live. Would the new place keep what was working for Mr Jones? Would it be able to change what was not working for him? One of the key things that didn't work for Mr Jones was being in a loud, noisy environment. Without person centred planning decisions would have been made in Mr Jones's life that were outside his control and he would have had limited opportunity to contribute to major decisions about his life.

Life for Mr Jones now

Mr Jones is now settled in his new accommodation and has 24 hour nursing care. His new carers are getting to know him, and his person centred plan has been helpful in developing new relationships. He has stopped taking many of the medications that made him feel sedated. He is now eating and drinking with the carers support, his weight is stabilizing and he does not have any sores. He has new furniture in his bedroom and has headphones, which he uses to listen to his music in the afternoons. He has new glasses and dentures and has planned to visit his cousin with support from the carers.