

Practice Guidance - Supporting the Social Care Workforce to Deliver Person Centred Care for People with Dementia



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Report Author:

Roger Rowett, Taith Ltd
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Care Council for Wales
South Gate House
Wood Street
Cardiff, CF10 1EW
Tel: 029 2022 6257
Fax: 029 2038 4764
Email: info@ccwales.org.uk
www.ccwales.org.uk

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Terminology in this guidance

This guidance is predominantly aimed at managers and supervisors of people working in the social care sector (e.g. care workers, social workers etc). It will also have relevance to those people who work indirectly within the social care sector (e.g. health workers, specialists). Within the guidance we have used the generic term '**staff**' to cover all these people. We have also made specific reference to '**managers**' as they have a specific role to play in developing, supporting and reviewing the person centred approach.

For relatives of the individual being supported, we have used the term '**family carer**'. These are the people who will generally have most input into the care of the individual, in

addition to paid staff. This does not preclude the possibility that other people such as close friends may have a supporting role and interest. This guidance will also have relevance to these people.

In relation to the people being supported – i.e. those people with dementia, we have used the term '**individual**' throughout the guidance. We recognise that this support may be taking place in a variety of settings, ranging from their own family home through to full time residential care or day services. The presumption in this guidance is that professional support services are being provided.

Much of the guidance relates to recording information about an individual from that individual's perspective, this has been referred to as '**person centred recording**'. The result of this person centred recording can then be used to develop a document that contains a range of information about the individual's past, present, and future; this has been referred to within the guidance as a '**person centred profile**'. All this information should then inform the required care plans from social services and the provider. In some services, particularly learning disability, these profiles develop into a '**person centred plan**' (note - person centred planning has not been covered to any great degree in this guidance and was not part of the original Study that informed it). This focuses on actions that are going to be carried out based on the wishes and aspirations of the individual. The overall way of working that supports all this has been referred to as a '**person centred approach**' or '**person centred working**'.

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Section one

Introduction

The care of older people who require some form of support has traditionally focused on tasks; doing things for the individual to assist them with their daily living. Although this is often necessary, there has been a steady shift over time to enabling the individual to do more things for themselves where possible. This now includes a focus on some individuals managing their own budgets through mechanisms such as direct payments.

In order to decide what care and support individuals need, social workers usually assess individuals in order to produce a care plan. Care providers (e.g. residential homes, domiciliary care) then produce their own plan (e.g. placement plan) to outline what support is going to be provided. In relation to all these documents there is an expectation (supported by legislation) that the individual receiving the support is consulted. Again, over recent years there has been a move to focus even more on the individual and their expressed preferences and wishes.

The result of all of the above is the expectation of a much more 'person centred approach'. A way of working that truly respects the individual and puts them at the centre of the assessment and care planning process. One of the ways of responding to this is to involve individuals and those who know them best in producing a 'person centred profile'. This information can then be used to inform various plans produced by social services and care providers. In some cases this can also be used to provide a framework for the expenditure of direct payments.

This guidance draws on a study carried out during 2009. This involved care providers from across Wales trying out various approaches to person centred working. These mainly focused on introducing ways of capturing information about the individual, from the individual's point of view. The guidance centres on the lessons from the Study; it is not intended as a comprehensive 'manual' on person centred working.

The guidance is mainly for managers and supervisors within social care but will be relevant to others such as health professionals, families, and others with an interest in the individual. It shares some of the lessons from the Study and builds on this to provide some practical guidance and advice. It can be used to inform a number of aspects of the work including assessment, care planning, induction, further training, staff meetings, supervision, and involvement of the individual and people who know them best.

What prompted this guidance

The Care Council for Wales commissioned a study at the end of 2008 in order to 'identify and promote good practice in relation to working with older people experiencing dementia' (the Study). An extensive report was produced which is available on the Care Council's website titled '*Good Practice in Relation to Working with Older People Experiencing Dementia*'.

The focus of the Study centred on tools and approaches that could best assist managers and other paid staff to carry out their work most effectively.

"You see the person not the dementia."

"The tool encouraged conversation about new ways of working and a positive strength based approach to engaging with people who have dementia."

"I feel so much closer to both the residents and their families and the team."

"Person Centred Profile is exactly what it says, 'person centred' - its warm, gentle, personal and very individual in comparison to the keyworker assessment which we now feel is very task focused."

How the Study was carried out

The Study involved a number of activities including:

- ▶ Identifying the principles and skills of good practice in relation to working with people experiencing dementia type illnesses;
- ▶ Locating and trying out existing tools available for use in work with people experiencing dementia;
- ▶ Using the evidence from the project to identify the need for the development of a new practice tool to fill any gaps identified;
- ▶ Ensuring that practice in relation to dementia care is improved through the work of the project.

The Study involved three phases:

1. Production of a directory of some of the resources and existing good practice including practice tools and approaches. This is now available at the Care Council for Wales website - <http://www.ccwales.org.uk>
2. Identifying a range of care providers from across Wales and agree a small selection of tools and approaches that could be used within each service. These varied from small independent providers through to local authorities (see the Study report for a list of participants). Asking people using the chosen tools and approaches to keep records and make judgements about what worked well.

3. Producing a report that summarised how the Study was conducted, what worked well, and recommendations. This report is also available on the Care Council's website and includes a number of direct quotes, mainly from managers, staff and family carers. Some of these quotes have been included in the margins of this guidance.

What we mean by person centred care and approaches

Participants in the Study all chose to use tools or approaches that attempted to see the world from the perspective of the person being supported (in this case the person with dementia). One commonly used definition of person centred care (in relation to dementia) has been developed by Professor Dawn Brooker, based on the work of Professor Tom Kitwood, and is called the **VIPS framework**¹; this is expressed as:

- V** **Valuing** – unconditional valuing of the person regardless of their illness
- I** **Individualised** - treating the person as an individual
- P** **Perspective** - looking at the world from the person's perspective
- S** **Supportive** - providing a positive social environment in which a person can experience well-being throughout life.

Note - The 'valuing' element of VIPS is often widened out to include reference to valuing all stakeholders – people with dementia, carers and staff. This relates to the concept of

interdependence and relationship centred care which implies that person centred care can only be achieved when everyone is valued and treated in a person centred manner.

Most of the approaches used during the Study centred on person centred recording – i.e. supporting the individual, and people who know them best (e.g. staff and family carers), to make a record of what is important to the individual. This typically included two main areas of information:

Life story work – information about the individual's history and life

Current 'profile' – e.g. information about likes, dislikes, preferences, wishes, strengths, gifts, etc.

In some cases person centred recording also included questions about the future – i.e. what are the individual's wishes and preferences for their future.

Most of the information in this guidance is based on person centred recording and how this can be used most effectively by the workforce (i.e. managers and staff) and others (family and those who know the person well).

There is also some reference to other 'tools' used to aid communication such as Talking Mats² and talking photo albums³. These types of tools aid the process of discovering information about the individual in order to support them in a more person centred way.

Why this guidance centres on the use of person centred approaches

All participants chose to use tools and/or approaches that aided the person centred way of working. This guidance draws on what was learned during this time. This focus on person centred approaches is also supported by a range of strategy documents, guidance and legislation. These are summarised in Appendix 4 with a few relevant references. Full documents are available from a range of sources and can be found on the Internet via an appropriate search engine.

"Use of the tool sowed the seeds of a consistent 'model of care' across the different agencies.

Its use prompted discussion, relationship building and a sense of shared responsibility between the senior practitioner 'champion' and provider agency staff."

1: VIPS framework developed by Dawn Brooker, as outlined in her book, Person Centred Dementia Care: Making Services Better.

2: Talking Mats is a low tech communication framework involving sets of symbols. See www.talkingmats.com for more information.

3: Talking photo albums are available from a number of distributors and enable users to record short verbal commentaries against photographs

Section two

How to use this guidance

"Staff have gained knowledge of the individual's life history and character that they feel they might never have known."

This guidance is primarily for use by managers and supervisors within settings that support people with dementia. It may also be of relevance to other service areas and client groups. It will assist them to put into place training and support for staff. It may also be useful as a direct reference document for staff, family carers and others, although this should generally be as part of a coordinated management strategy.

For managers, it is recommended that they read the full Study report. This provides much more information about how providers introduced and used the various approaches during the Study in 2009.

The primary purpose of the guidance is to assist the workforce to improve their skills, knowledge and practice in relation to person centred working. In particular, to use person centred recording processes that will assist them when supporting individuals.

Managers can use this guidance to learn from the experiences of other providers who have introduced and used person centred approaches. This includes instances where good practice has been developed and where lessons have been learned. The guidance will help managers to:

- ▶ Improve their own understanding of how person centred working can help the workforce to support individuals;
- ▶ Plan effectively for the introduction of person centred recording tools and approaches;
- ▶ Introduce the concept of person centred recording to the workforce and others within the context of wider person centred approaches;

- ▶ Review and monitor the approach;
- ▶ Ensure that relevant information from the recording process feeds into and informs other plans (e.g. care plans).

This guidance will also help staff, and others with a direct supporting role, to:

- ▶ Improve their understanding of how person centred working can help them to support individuals more effectively and in a way that values the person;
- ▶ Contribute to the planning process – i.e. how person centred recording tools and approaches can inform the care and support that is provided;
- ▶ Contribute to developing a person centred life history and profile for individuals;
- ▶ Provide feedback to others about how things are working and how they can be improved;
- ▶ Work together with families and other people who know the individual well.

The guidance can be used in a number of ways including:

- a) To prompt people to read the full Study of 2009. The quotes in the margins have been taken from the Study and should prove meaningful to people working in the care sector;
- b) To inform elements of induction and ongoing training. Reference could also be made to the Care Council's Induction Framework at this time (see Appendix 4). Whilst there are specific courses that are already available, this guidance can be used to enhance and add to these. Some

"It was a great way to start conversations with the service user and talk about a great range of topics. I can better tailor activities for them."

- providers may want to develop their own programmes of training and the information in this guidance, together with the references to other documents, will provide useful material for programme content;
- c) As an information source for managers and staff to introduce the idea of using person centred approaches and how they can be introduced. On this basis people should be encouraged to read the guidance in the hope that it will stimulate their interest to learn more;
- d) As a reference point for discussion within team meetings and/or supervision. For example some of the quotes from participants (in the margins) could be used to stimulate debate. For example, in the Study the comment was made by a member of care staff – “You see the person not the dementia”. This could form the basis of a conversation about why this is a more positive perspective and why we often tend to see the illness rather than the person? Why does this matter etc? Reference could also be made of the Care Council’s *Code of Practice for Social Care Workers* (see appendix 4) – e.g. ‘respecting and, where appropriate, promoting individual views and wishes of both service users and carers’

“On using the tool I discovered the resident spent approximately half an hour on her profile despite her short-term memory and gave in-depth answers.”

Section three

Key messages from the Study

“The tool helped me explain and identify the small but very significant things that must be present in my husband’s life and the need to record this to inform others.”

The full Study report provides detailed and comprehensive feedback from participating organisations and agencies; this includes observations and views from managers, care workers, social workers, family carers, and individuals. This feedback was analysed in order to identify trends and patterns – i.e. examples where people observed the same things occurring as a result of using particular tools or approaches. In addition, 12 months after the original Study, participants were re-contacted to identify additional learning.

All the learning from the Study and the 12 month review has been incorporated into this guidance. The following is a list of summarised messages, grouped in terms of introduction and planning, training and support, and review. The following section then provides more detailed guidance in relation to each of these areas and more.

Introduction and Planning

- ▶ The approach is most effective the earlier it is introduced. In many of these cases it will be highly beneficial to involve family members and others who know the individual well;
- ▶ Managers and leaders need to understand and recognise the value of person centred working before actual introduction;
- ▶ Managers and leaders should engage with, and consult, as wide a range of stakeholders (people with an ‘interest’ in the individual being supported) as possible at the point of introduction;

“Wish we had more time to do this. Realised my job is more than cooking.”

- ▶ Some individuals and/or their families may not want to be involved in this way of working but these are generally the exceptions and this should not preclude asking if they wish to be involved at later stages;
- ▶ The person centred approach can be developed across whole teams, or used first with staff, individuals and families who have the highest levels of personal interest, commitment, and (ideally) passion for the concept of person centred working. This will depend on individual circumstances and resources;
- ▶ Consider identifying ‘champions’ amongst the staff teams (this could involve different staff at different times);
- ▶ Explain and promote the approach to as many people as possible so that everyone knows why you are doing it, what and who it involves, and how it will benefit individuals;
- ▶ Some professionals can see the person centred profiles as an extra responsibility and an additional burden. The approach needs to be introduced as something that can (and will) enhance processes like Unified Assessment and care plans. This will usually require a different way of thinking by staff carrying out these assessment and planning processes;
- ▶ Factor in specific time for staff to commit to the use of person centred recording tools (although much of the ‘work’ will become integrated into all day to day activities);

- ▶ The format of any person centred recording tool is less important than the way it is used and the conversations / relationships it enhances;
- ▶ Person centred recording tools need to be flexible enough to allow members of staff, the individual, and others who know the individual best, to focus on what is important to the individual;
- ▶ Linking the initiative to overarching organisational goals on one level, and staff supervision and professional development review on the other, can put the work in context and provide focus and 'drive';
- ▶ Consider starting off in a small way for a 'quick win'.
- ▶ Staff training can usefully link this approach to a range of legislation and guidance. Examples of some of this are contained in Appendix 4;
- ▶ The use of workforce log sheets (i.e. some form of record that staff complete about the activity and the learning from it) can assist staff in a number of ways in terms of their learning and engagement;
- ▶ Ensure staff understand the importance of natural and meaningful conversations rather than 'interviewing' people;
- ▶ Where staff are working alone (e.g. domiciliary care) ensure that support and mentoring is put into place as necessary;
- ▶ Consider supporting staff to develop a short profile for themselves as a training exercise.

Workforce training and support

- ▶ Training should be developed in-house or commissioned to ensure all staff understand the concept of person centred working and its potential for positive outcomes and benefits;
- ▶ Use staff who are more 'comfortable' with the approach to work alongside staff who are less confident;
- ▶ Meet regularly with staff teams to motivate and support them with any areas where they might need help and support. Use this as an opportunity for continual improvement;
- ▶ Take a relaxed approach with implementation and portray it as something that can (and will be) interesting and fun;

Working with individuals, their families and others

- ▶ The information gathered about an individual can involve everyone who knows the individual and be recorded in all the settings that the individual lives/attends (e.g. own home, residential home or day centre);
- ▶ Always be highly aware of issues of confidentiality.
- ▶ Be aware of the potential of the information gathered to inform new staff when an individual moves service or new staff are employed within an existing service;
- ▶ The importance of enhanced relationships coming from this approach cannot be underestimated;

"Reinforced for me that my mother needs more stimulation.

This is the first time we have sat down for a couple of hours to talk about my mother's life.

The album helped me to focus more on getting mum to talk about the past in a more positive way."

“Mother was initially reluctant to participate in putting together the album but then ‘warmed’ to the idea!

Photos of people she sees frequently had a much more positive impact on her than those of people she only sees occasionally.

It helped me to realise that it is more beneficial for mum to focus on what is still familiar – i.e. everyday people and places.”

- ▶ The profile can be used successfully as part of the introduction and admission process involving the wider family;
- ▶ Keep things as simple as possible and if a structured approach is used ensure the questions are as straightforward and clear as possible. Use of photographs / graphics enhances the process in most cases;
- ▶ Explore the use of a wide range of recording methods – e.g. video and voice recordings;
- ▶ If set questions are used as part of the profile, be sensitive to the fact that some people might find some questions intrusive or inappropriate;
- ▶ Separate out the individual’s life story from their current preferences, needs and wishes;
- ▶ It is worth considering offering an option for the life story section to be produced more professionally when completed;
- ▶ Ensure that any information gathered through the process is considered for more formal assessments and care plans (e.g. by social services) with the appropriate permissions of those involved;
- ▶ Collaborative working is important – this includes staff, teams, and services.

Reviewing the work

- ▶ Encourage staff and others to feedback about the approach on a regular basis, what has worked and what can be developed and changed;
- ▶ Be aware of how the approach can benefit other service users (e.g. other older people without dementia);
- ▶ Review, adapt and change the approach as you are working through it;
- ▶ Encourage staff and others to use different approaches, be responsive and inventive. This encourages ownership and makes staff feel as though their views and ideas are important.

Section four

Guidance for managers and staff

This section builds on the key messages from the Study (many of which have been summarised in the last section) and provides suggestions for managers and staff on how to introduce, implement, and review the approach.

a) Introduction and planning

Timing

The earlier some form of person centred recording is introduced the better. This is because:

- ▶ The individual is usually able to contribute most effectively at an earlier stage in their illness;
- ▶ There is a greater likelihood that the information can contribute to formal assessments at this early stage;
- ▶ Individuals may still be living with family members who are able to support them with this approach before (and if) they move into residential care.

On this basis, social workers and others who have contact with individuals and their family at the diagnosis or assessment stage should be aware of the impact and benefits that person centred recording can have. Even in cases where it has not been possible to introduce the approach at this early stage, opportunities to capture information from the perspective of the individual should be taken as early as possible. This should be part of an ongoing process – i.e. it should not be seen as a one-off event.

Commitment of leaders and managers

Building on the points opposite, it is critical that leaders and managers (in the first instance) understand the potential benefits of a person centred approach and have a commitment to its use. This commitment should also be reflected in high level policy documents such as business plans. This can then be 'cascaded' down to individual care workers' appraisals, supervisions, and continuing professional development. One of the reasons for this is to ensure that there is consistency in the strategy even when senior managers change.

Commitment of care workers and others

Building on the commitment of leaders and managers, care workers and others should also have an interest in, understanding of, and commitment to the person centred way of working. This will be expanded upon in the next Section.

This interest and commitment from members of the workforce might be apparent before any awareness raising or training has taken place – i.e. some staff may just show a natural tendency to working in a person centred way. However, in other cases it may be apparent during, or after, training has been provided on person centred working and the resultant approaches.

Managers should recognise that some of the workforce may not grasp the concept initially, or indeed have enthusiasm for it. Experience has shown, however, that this view often

"More staff now recognise how important their approach to residents is – i.e. how they do things rather than what they do."

"Made me realise you don't need extra time to spend time chatting to residents, its what we talk about that matters."

"The nurse training department of the local university requested albums with a view to introducing the concept in the work the students undertake with dementia patients."

"I feel (residents) value my time and opinion and appreciate me. Residents' families are different with us now."

"The impact the album had, not just in the relationship between the main carer and their dependent, but for the broader family – e.g. daughter-in-law, grandchildren."

changes when they see how other staff respond and the outcomes of this (i.e. the reaction of other staff and the benefits to individuals).

Consultation with staff and others

Managers should consult as widely as possible on this way of working. However, initially, discussions should take place with staff and other professionals who are going to take a lead on implementation.

Where staff already have an understanding of person centred working, it will be possible to start to talk about options for introduction. This will include how it is introduced and what format any recording of information will take. Where staff do not have an understanding, some form of awareness raising / training will be required.

During the planning phase, managers should identify individual staff and teams that have the necessary understanding and commitment to the approach. A perceived lack of time should not be a key factor in staff not becoming involved; this is on the basis that a lot of the 'work' can be incorporated into other activities. For example, staff can talk to service users when doing other care related tasks and this information can be added to the profiles. Ideally of course, staff will also have some time to actually sit down and have focused discussions.

Part of the above process can be identifying people who might become 'champions' and drive the approach forwards. This could happen where there are individual staff who have a particular passion and skill for the person centred way of working.

However, this should not stop the process being totally inclusive for everyone involved and no one member of staff should be seen as more important than another. Note – these are the same sort of issues that can occur when staff become key workers and other staff feel excluded from the support of a particular individual.

Experience from the Study has also shown that other non care staff (e.g. domestic, catering) have much to offer in terms of being able to spend quality time with individuals. In some cases it was these people who had the greatest level of knowledge about the person because they had spent time in general conversation with individuals.

Consultation with service users, family, and others who know the person

Once managers and staff have an understanding of, and commitment to, the person centred approach and person centred recording, awareness raising and consultation with other stakeholders should be undertaken. This includes individuals, their relatives, and others who know them well.

These other people do not necessarily need formal training, but do need to know what is being proposed, why it is being proposed, and the benefits. Again, it is often preferable to initially focus on those people who have a natural interest in the this way of working. However, it should be noted that it is rare that people do not want to provide information about their personal preferences (or those of their relative). It is more likely that people will want to be involved, but may decline to explore certain areas; generally these might relate to their past, or highly personal issues.

Design of a person centred recording tool

Part of the planning and consultation process will include deciding what format any person centred recording tool will take. Experience has shown that the format of the tool is less important than the way it is used. However, consultation on the approach is important in order that staff and others feel a genuine part of the design and development.

Formats can range from a virtually blank folder, through to pre-formatted sheets with prompts for questions. Both have their own value and there is no reason why a mixture could not be used dependant on peoples' preferences. An example of each is given in Appendix 3 but this should not prevent staff suggesting their own formats. This is what occurred during the Study – i.e. staff were provided with a range of pre-designed formats but adapted these to suit their preferences and the preferences of others.

One important practical consideration in relation to the recording tool is that it can have information added and changed as easily as possible. This usually results in the use of some form of ring binder.

Below are some key points in relation to both the 'blank sheet' approach and a pre-formatted profile.

Blank sheet approach

If staff and others have a good understanding of person centred recording this can work. It allows the individual and the people supporting them to focus on what they want in a natural way. All that is required is a loose leaf folder (A5 or A4), an introduction page at the front, and blank sheets to start. Some people may prefer this and others will not. The disadvantage is that some important areas may get missed because of the lack of prompts. Also some staff may find that defined sections and prompts for questions are easier and quicker to follow. Whichever process is used, staff should always be encouraged to collect information in creative ways and take 'advantage' of spontaneous opportunities.

Set template approach

In most cases people tend to use an agreed template, or an adaption of a template. This should ideally cover information about the individual's past, present, and future.

The section about the past is often called 'life story work' or 'reminiscence' and involves sharing and recording important (to the individual) memories. These will often be in the form of photographs and may include pictures of relatives, friends, and places. Not only are these important for the individual to remember as their memory declines, but they will provide important clues for staff about a person's current

"The tools were more user friendly, felt comfortable using them, families very much more involved with this."

"People were keen to complete the Life Story Book. Both paid staff and informal carers thought that it had potential for being a good tool for using to obtain relevant information about people with dementia."

"A social worker commented that using the tool as a set of prompt questions allowed her to build information about a particular service user, but also helped her to think about the kinds of things that drew people out and got them talking. She had used this knowledge to complete other assessments more successfully."

needs, preferences, behaviours, and wishes. Innovative, and relatively inexpensive, technology can be used to enhance this such as 'talking photo albums'. A number of staff used talking photo albums during the Study and said that they were an excellent way to enhance photographs. Voice recordings alongside photographs proved to be very effective in aiding the individual's memory and interest. Graphic based communication tools such as Talking Mats can also aid communication with people who have limited speech.

The section about the present 'captures' the individual's preferences. This is often the main section that has the potential to inform assessments and care plans. It can include areas such as likes, dislikes and other preferences. This should be a 'live' document that is kept up to date by staff on an ongoing basis. See **Appendix 3** for an example.

The final section looks at the future and is traditionally used more in younger adult services than services for older people. However, there should not be a presumption that older people, and people with dementia, do not want to express wishes and preferences about their future. This section can include whatever the individual wants and may include reference to trips out and activities, through to end of life wishes.

The final comment to make about the format of person centred profiles is that something is better than nothing. As an example, when staff initiate what is often called a 'one page profile', this

can be the catalyst for further development later. The individual benefits because they are able to share what is important to them. Staff benefit because they have a greater understanding of the person and can respond more appropriately and effectively. Relatives and others who know the person well feel (and are) included and can contribute to the gathering of information. If it has not become clear elsewhere in this guidance, the key point is that the very activity of sitting down and having these types of conversations is beneficial in itself. What might be perceived (by staff) as minor pieces of information can have important significance to the care and support of the individual.

b) Workforce training and support

Awareness raising and training

The issue of awareness raising and training has been identified earlier in this guidance. This should be introduced in parallel with the introduction and consultation process (as above) – i.e. staff cannot provide informed comment on options if they do not understand the concept of person centred working.

Although some staff will have a natural 'tendency' towards person centred working, there is nearly always a need to raise the general awareness of staff in this area. This relates both to person centred thinking and person centred working (in this case focusing on assisting individuals to record important information about themselves).

The concept of person centred thinking is not difficult or complex, however, putting it into practice often is. This may be because it requires a

fundamentally different way of 'looking' at things, or because people do not perceive they have the time to do it. We do this naturally in our own lives and in relation to people we care about. Those staff who see the person they support as an individual, just like themselves, will usually work in a person centred way quite naturally.

Care work has traditionally focused on care 'tasks', i.e. supporting the individual with their personal care. Over recent years much more emphasis is now put on enabling individuals to do things for themselves where possible, and involving them much more in all areas of their support. There has also been a similar increase in emphasis on person centred thinking, planning and working. This focuses on finding out the views, preferences, needs, and wishes of the individual rather than just relying on professional assessments of need.

For staff to understand this way of thinking they need training and support. For people who are qualified and have undertaken their training recently, they should already be aware of the concept of person centred working (although this is not always the case). For people who are unqualified, or qualified a long time ago, they may need further training.

Some organisations will have expertise in-house to deliver person centred training, others will need to access this externally. However it is delivered it should ideally take place before any work on person centred recording is developed. Having said this, there are strong indications from the Study that the very act of assisting an individual to explore their preferences and wishes actually starts to change the thinking and behaviour of staff.

Part of any training should emphasise that much of this approach can be integrated into what staff normally do, rather than being additional to their normal duties. The message that the approach can be very rewarding and enjoyable is also important; although staff will soon appreciate this when they start working in this way.

Guidance documents such as the Care Council for Wales' Induction Framework and the Code of Practice (see Appendix 4) can usefully be used during training. Appendix 4 also includes a wealth of other references that underpin the importance of this approach.

A useful exercise is for staff to develop profiles for themselves; even if this is just a one page profile - see Appendix 3, Sample 3. A one page profile might just include a photograph, a little bit about the person's past (maybe where they were born), and current likes, dislikes, aspirations etc. This focuses their minds on having to express what is most important to them within a very small 'space'. Once they have done it for themselves, they will start to understand how empowering and enjoyable the approach can be. This could be integrated into current workforce processes such as recruitment, supervision, training and continuous professional development (CPD). It might also be an option to share this with the individuals who the staff member supports, as a way of building relationships and helping both parties understand how similar our preferences and wishes often are.

There are many references in legislation, standards, and guidance to the importance of person centred working. Much of this is referenced in Appendix 4.

"It is another aid for communicating, get an insight into what they like and dislike and get to know them better - with a particular lady who doesn't usually communicate it got her really interested."

"It takes time to gather all the required information and it should be taken at the person's pace."

“Got to see the lady in a different view. She is very family orientated which we probably wouldn't have got from the other key worker assessments.”

“The whole process has enabled staff to discover more about the person. Staff have seen it as an extremely useful learning opportunity which can directly influence service delivery.”

Staff support

In addition to training, staff should be offered ongoing support. This includes discussion between managers and staff during:

- ▶ **supervision** - to discuss how they are implementing the approach in their work, what is working well (i.e. in terms of outcomes for individuals), what needs developing, and what further training / support might be required;
- ▶ **appraisal** - to review how they are meeting their goals and targets and in particular how the person centred work has enhanced their learning and practice. This should be linked in many cases to outcomes for the individual;
- ▶ **staff meetings** - to share progress and good practice, and discuss how this can be developed and provided to more individuals within the service;
- ▶ **other training** - to emphasise that this is not a 'stand alone' process. Person centred approaches should be integrated into all aspects of work and the 'gathering' of information to inform the profiles can be done at any time.

Support can also be provided in creative ways such as mentoring by somebody more experienced. As the skills of the staff team increases this mentoring type approach becomes much more practical and 'attractive'.

c) Working with individuals, their families and others

In most cases the main responsibility for driving the process forwards will be with managers. However, generally the

more people who are involved in person centred recording the better. This will include close family, friends and other professionals who have known them in other service settings.

In most cases information is obtained on a one-to-one basis – i.e. a member of staff sitting down with an individual and/or a person who knows them well and having a conversation. This might happen just naturally whilst the member of staff is supporting the individual with other things. It is also possible to organise aspects of person centred recording with groups of individuals. This could take place in a care home, day centre, or the individual's own home for example. In these cases a member of staff who is experienced and confident might lead a group reminiscence session. This could also involve family members and others who know the individuals. The advantage of this type of approach is that memories from one individual will spark memories in another individual. Generally, however, these group sessions might not be suitable or appropriate for discussing personal preferences.

Consistent messages from the Study made it clear that the earlier this approach is started the better. If the social worker (or other person carrying out an assessment) is able to initiate this at the point of assessment this would be ideal. In some cases it might be possible to suggest this at earlier stages. Obviously there is rarely time to start producing a full profile at this stage, but many of the questions that are on the unified assessment process begin to explore areas that could be extended and developed within a person centred profile.

Case example A

by care home manager of residential home specialising in the support of individuals with dementia (Swansea Social Services)

A gentleman who used our service was often extremely distressed and anxious, tapping his stick on the floor trying to be attentive and polite to us. However, his face displayed ill-being and unhappiness, his only thought was to go home. When we began to work with him on the person centred profile and talking photograph album, we began to get to know him. We found out that he was a chauffeur, he drove a Rolls Royce for many famous people all over Europe, and that he was an extremely sociable person who would dress up for his local British Legion club. The family dog was most important to him and he loved to sit and relax in his conservatory.

Through lots of small five minute meetings with him and his wife we developed a detailed profile and a beautiful talking photograph album which was a journey of his day at the day service. The gentleman began to relax; rather than tapping his stick in a distressed manner would smile and raise his hand to wave and quietly say what time? I would say 4 o'clock; he would smile and relax. From our meetings we also made up flash cards to help him remember where he was, where his wife was, when he would see her, and the time he was due to go home.

Where the person is living in their own home and receiving domiciliary support there are still opportunities to start, or contribute to, person centred recording. Unless the support is provided on a 24/7 basis this can be more difficult, especially where the care worker is only visiting for a short period of time.

In these situations the approach will have ideally been initiated by the commissioners of the service (e.g. social services) as part of the assessment process. However, this may not be the case and the care provider themselves may need to be the 'driver' to take this forward. In these situations, relatives and friends should be supported and encouraged to

provide as much information as possible. The direct care workers should also be encouraged to capture any 'bits' of information they hear or observe, regardless of how small it is. It is often the smallest piece of information, shared casually, that proves to have most significance. This can be captured on a running log (essentially a blank sheet of paper specifically for this purpose) which can then be collected later into a more suitable format. The key message here is that managers and staff should not give up based on restricted time. This will just be a case of the process taking longer, but the benefits are just the same in the end!

"The support worker had the motivation, but not the formal skills of using the tools as she had not attended any formal training.

Her good, sound value base was evident from the start, and coaching and mentoring her to use the planning tools enhanced her thinking and practice."

Case example B

by a daughter supporting her mother with dementia being cared for in the family home (Crossroads Care)

Eighty-seven year old Joan (not her real name) was diagnosed with dementia ten years ago. Since then she has been cared for by her elderly husband, and daughter who gave up work to help with the day-to-day care of Joan. One of the key challenges was how to deal with the constant repetition and questions which can be so stressful for both the carers, and the cared for person.

Joan was a keen ballet dancer as a child so as part of a trial by Crossroads Care in the Vale, a life book was compiled including pictures of Joan dancing, a photo of her on her wedding day and family pictures.

Initially the story of her life was read to Joan but she soon became very attached to the book - reading it each time as if it was for the very first occasion. She was fascinated to know who had written the information and would read sections aloud. It provided a valuable distraction as well as providing enjoyment for Joan.

One of Joan's main worries was where her long since deceased parents were.

The life book provided a means of demonstrating she still had a husband, daughters, brother, and a grand-daughter which she found reassuring. As she was able to read the book herself it also meant her husband and daughter could have a break of up to half an hour or so from having to provide one to one attention.

The reminder that she had been a good dancer led to the idea of purchasing ballet DVDs, and Joan would copy the ballet steps whilst remaining riveted to the screen - good for her both psychologically and physically.

In recent years Joan has been attending a day centre three mornings a week. Care workers have been shown the information in the life book which has enabled them to quickly engage with Joan and talk to her about the subjects she finds interesting. As with so many people the family dog has played a major role - she features in the life book and reminds Joan of the dogs she had as a child.

The benefits of gathering this type of information cannot be overstated in situations where staff change or the individual moves to another service. This type of forward thinking can be invaluable in the longer term in relation to informing new members of the workforce. Experience has shown that these new staff often find this type of information far more accessible

(than formal assessments), particularly as an initial 'picture' of the person.

Although there has been much talk in the past about 'boundaries' in terms of the worker / client relationship, this can result in a 'sterile' and/or 'cold' relationship between workers and the individuals they are supporting. Engagement and discussion between

staff, individuals and their relatives based on good communication results in moving forward at the pace and 'depth' that feels comfortable for the individual. Obviously there are important issues about confidentiality that staff must be fully aware of. There are also other common sense steps that need to be taken as a safeguard against certain types of abuse (e.g. financial). These safeguards are normally covered in the standard policies and procedures that services will have in place. These boundaries are important but should not prevent appropriate (to all concerned) levels of

human interaction (i.e. communication that is founded on listening, mutual respect, and empathy).

In terms of the structure of any pre-worded template it should include clear and simple language. That language should reflect the individual's language need (i.e. where they are unable to articulate their preference) or choice. In Wales, particular attention should be paid to ensuring that individuals who have a need (or indicate a preference) to speak Welsh are provided with staff who are able to speak Welsh wherever possible.

Case example C

Gentleman (Mr. A) living at home, with dementia care worker support and respite support (Gwynedd Social Services)

Mr. A was being supported at home by his wife. A dementia care worker would visit once a week for three hours and Mr. A would also attend a residential respite unit for one week in every six. Staying at the respite unit was proving to be an anxious time for Mr. A. His anxiety was displayed through pacing and looking for his wife and family and asking when he was going home. As a keen rambler in the past he was eager to get out and about, but there was not always sufficient support available to do this, creating additional worries for his wife.

We began developing a one page profile with Mr. A and his support network, identifying and recording what was important to him and what good support looked like. All through this time we tried to appreciate him as

an individual. The profile allowed us to explore and capture his passion for walking and for football, as well as the fact that he had travelled the length and breadth of the country working on construction sites. Not only did this allow us to identify what needed to be present in his life, but it also explored what good support looked like in order to have more of what was important to him.

During this exercise we explored opportunities to lessen the anxieties Mr. A was experiencing. We used photos of family and old photos of landscape and work sites to build a photo album so that the staff at the respite unit could engage with Mr. A in conversations about the family and his past interests.

Mr. A described himself as the 'head of the house' and that he liked to keep busy and feel useful, this was detailed in his profile under the 'important to' section of the plan. One of the ways his wife would promote this at home was to involve Mr. A in household chores, capturing this in his profile. A copy was given to the staff of the respite unit so that they could enhance their support in a way that made sense to Mr. A. Further to this, the support

worker offered to use the support hours to take Mr. A out once a week whilst at the respite unit, and the family worked together to create a schedule of visits that would support Mr. A to go out more often. Gathering this qualitative information and communicating it through a one page profile not only helped reduce Mr. A's anxieties, but it also made his wife feel more at ease and that her contribution was appreciated and purposeful.

"The tool was considered by many to be an excellent way of transferring life history information and current care needs information between different settings - e.g. day care/domiciliary care/respite care. It allowed people to get an insight as to the person with dementia in different settings and allowed them to try different ways of working with the person."

Mention has already been made of the 'power' of visual and audio media. Photographs, pictures, videos, and voice recordings should all be used to enhance any profile. If they are not contained within the actual profile, they can be kept in some sort of memory box (any appropriate box to store papers and small items of importance). If staff know about this they can place items in these boxes in order to safeguard the information for later use.

Again, it is important for staff to understand the difference between past, current, and future information. These could be entered into different sections of a profile or in completely different folders. Life history work can be completed and then often only needs minor updates when new information comes to light (and it will). Information about individual's current preferences and wishes should not be presumed to stay static and should be reviewed on a more frequent basis. This is the same for future wishes.

In terms of the actual recording of information care must be taken that the language used is person centred and appropriate. This is particularly the case if a person centred plan is developed from the profile. Language needs to be sensitive, constructive and positive. For example, words such as awkward or challenging can have very negative connotations and should be avoided.

Once the life story work has been completed to everyone's satisfaction some individuals and/or their family choose to get this 'enshrined' in a more professional document. This is in cases where the information mostly contains photographs and captions. This can be done relatively cheaply with modern technology.

d) Reviewing the work

As stated previously, person centred recording should never be seen as a one-off process. The needs and preferences of individuals are always changing, as are the professional development needs of care workers and other professional staff.

Managers should encourage staff to feedback about the approach on a regular basis. This feedback can be formal (e.g. supervision, meetings) or informal (showing interest on a regular basis about progress). This not only safeguards the interests of the individuals being supported, it also demonstrates to staff that management have a continued interest in them and their work.

During supervision the completion of agreed person centred recording documentation and other processes can be linked to staff work objectives. It can also feed into discussion about individuals who the member of staff has specific responsibility for (e.g. a key worker role). Ideally this should link to agreed outcomes for the individual in terms of their care plan and any other agreed plans.

During staff meetings, the subject of person centred approaches and recording should ideally be a standard agenda item. This can either be as part of discussion about individuals, or as a general discussion about person centred working. This again demonstrates to staff that this is a management priority and allows for the cross fertilisation of ideas between staff. Enthusiasm can be contagious

and discussion about successes is beneficial for everybody. Where problems or issues have been encountered, these should be seen as an opportunity for learning. In these cases the focus should be on solutions rather than the problem. In cases where the individual or their family do not want to be involved, their views should be respected. However, this does not preclude reviewing the way this was introduced, leading to different approaches in the future. It is very unusual for individuals and/or their family not to want to express their preferences.

Even in cases where an agreed format is introduced, staff and others should be encouraged to be creative in their approach to person centred recording – i.e. the very process of person centred recording should be person centred.

The CPD of staff can also be linked to this approach. Staff who show a particular enthusiasm and/or skill for doing this type of work should be nurtured and developed. Part of this can include additional training for these people and the opportunity to train others within the organisation.

“The use of the portfolios has been regularly discussed in team meetings and supervision and has been an excellent catalyst for debate and self reflection.”

“The tool was found to bring people together in working to produce it - something that has benefited many families and strengthened their relationships.”

Appendix 1

Person Centred Recording Checklist

Introduction and planning	✓ + sig
1. There has been a stated commitment from the top of the organisation to person centred approaches and this way of working.	
2. The commitment to person centred working is enshrined in mission statements and statements of purpose. This process should ideally involve staff and others in order that they feel ownership of the statement.	
3. Managers of the service understand person centred working and have a commitment to its introduction.	
4. All staff have received training about person centred working and understand its relevance to their work.	
5. There have been discussions with staff about the proposals/options to introduce person centred recording and their views have been factored into agreed responses.	
6. There have been discussions with individuals and those who know them well about proposals/options to introduce person centred recording and their views have been factored into agreed responses.	
7. A strategy for the introduction of person centred recording has been agreed and this has been shared with all the people in 5 and 6 above.	
8. Training has been provided to staff in relation to the agreed strategy in 7 above including specific training on the agreed template / format of recording.	
9. Particular staff who can act as champions or mentors to others have been identified. These people might be apparent at the beginning of the process or emerge later on.	
10. Specific individuals have been identified who wish to be part of the process, together with supporting staff and family. Any issues regarding confidentiality have been discussed, agreed and resolved.	
11. Materials for the profiles have been purchased including loose leaf folders. Folders have been prepared for use.	
12. The language need / choice of individuals has been identified (Welsh, English, other) and appropriate staff designated to support this.	
13. Where individuals do not communicate verbally staff have explored and identified each individual's unique form of communication.	

Reviewing the work	✓ + sig
14. Managers and staff who are involved in the person centred working discuss progress and lessons learned during every supervision meeting. This is recorded.	
15. All staff meetings include discussion about the approach and shared learning and ideas. This is recorded and where appropriate changes made.	
16. Managers have processes in place to ensure that staff are applying the principles set out in this guidance (e.g. environment, communication styles, manner, involvement of others).	
17. Where gaps in the skills and/or knowledge of staff are identified training and/or support is provided.	
18. Any review meetings for the individual discuss outcomes from the person centred approach and the perspectives of the individual are identified and recorded.	
19. Service user plans/care plans are updated based on the information gathered and this is reviewed on an ongoing basis.	
20. New ideas regarding individualised and creative ways of recording are being constantly explored and reviewed.	
21. Ways of transferring learning across service settings are being discussed and reviewed.	
22. The involvement of family carers and their perspectives is constantly being considered and reviewed in order to inform the development of the process.	
23. Any mission statement and/or statements of purpose are reviewed and updated at least annually to reflect any changes in focus.	
24. Any other relevant documentation (e.g. confidentiality) is reviewed and updated at least annually.	
25. Training strategies and plans are reviewed on a regular basis to ensure that learning is being applied in practice.	
26. The roles of champions / mentors are reviewed. This includes other staff who demonstrate the desired qualities, extended roles of staff who are involved, and additional support requirements.	
27. Identified communication preferences (e.g. language, non verbal communication) and needs are constantly reviewed to ensure that the individual can participate as fully as possible in the process.	

Appendix 2

Supporting an individual, some DOs and DON'Ts

DO

- ▶ Make sure you check that individuals and their families have been fully consulted before you start to discuss areas of their life with them;
- ▶ Make sure you are aware of confidentiality issues, this includes local policies and procedures and any agreements with individuals and/or their family. This should include how the information recorded is shared and used;
- ▶ Find somewhere to talk that is familiar to the individual. Where they can be comfortable and relaxed, where you will ideally not get interrupted;
- ▶ Try different ways of asking questions and fully respect individual's preferences in relation to what areas of their life they wish (or don't wish) to discuss;
- ▶ Remember to think about people who know the individual best (e.g. family and friends) and take any opportunity to involve them in finding out information;
- ▶ Remember that generally it is best to have a one to one conversation with individuals but sometimes reminiscence sessions can work well in groups;
- ▶ Take advantage of any opportunities to have conversations while you are supporting an individual and make sure any new information is recorded so that it can be transferred into a profile later;
- ▶ Remember to take full account of an individual's language preferences/needs and/or other methods of communication (e.g. non verbal);
- ▶ Use language in recording that is person centred and appropriate;
- ▶ Take advantage of any opportunities to use visual and audio resources such as photos and audio recordings (e.g. talking photo albums);
- ▶ Make sure any information you discover about the individual is recorded in some way and shared with others (e.g. at handover).

DON'T

- ▶ Treat this like an interview. Just have a normal conversation and introduce the areas you want to discuss in a natural way at the individual's pace;
- ▶ Dismiss information just because it does not seem to make sense. Sometimes the individual may be talking about the past as though this is occurring in the present time;
- ▶ Interrupt individuals while they are talking or trying to communicate something, sometimes they may need time to express their views;
- ▶ Dismiss difficult (challenging) behaviour or jump to conclusions about the cause of this. Very often this is a form of communication (e.g. the person not being happy about something, a negative memory, pain/illness etc.);
- ▶ Overload the person. Generally keep the sessions informal and short – e.g. lots of 5 minute sessions often result in best information

Appendix 3

Sample person centred profiles and guidance

These two sample profiles are intended to act as a starting point for discussion with staff, individuals and the people who know them. You may use them as you wish (i.e. there is no copyright). There is also a third sample ('one page profile for staff') that can be used during staff training (see page 17).

The first sample provides some structure and set questions, the second is based on a blank page approach with introductory text. Both these approaches were used during the Study by different organisations. Many different questions were used during the Study but these include the main areas covered.

Sample 1 - structured

The layout of this profile has been kept as simple as possible so that it can be used as the basis of your design and layout. You can either print out the sample and use it as it is, or you can replicate it with your own design and allow for more space and information (which will probably be needed). Obviously you can add your own graphics, if you wish, to make the layout more interesting (although photographs will do this), and wording can be modified to suit your preference. Even the title (Me and My Life) can be changed.

It is recommended that once the pages of the profile have been agreed, they are printed out and put in a loose leaf folder (or possibly two – one for each section). This will allow for additional information to be easily added on an ongoing basis.

Section One captures the information about the life history of the individual's you support. All the areas covered are potentially important but some individuals may choose not to include them – that is their choice.

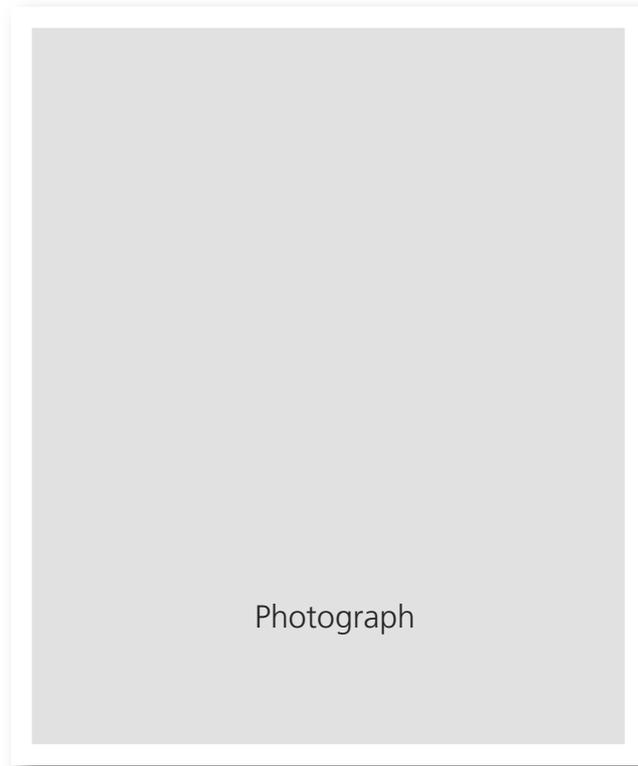
Section two explores what is important to the person in terms of their likes, dislikes, preferences, interests, strengths, etc. It also includes information about the individual's future wishes. It is important to keep this up to date as these may change over time (or you may discover new things).

Sample 2 - blank

This method of gathering and recording information allows everyone to use a creative approach. This means that written information and photographs can be added however people want. The advantage is that staff and others can design something that is highly individual. The disadvantage is that although there is some guidance at the beginning of the profile, sometimes key topics can be missed.

Sample 1: structured profile

Me and My Life



NAME

My life . . .

Important people in my life:

School and education:

Work:

Places I have lived:

Other important places:

Pets:

Important possessions:

Achievements:

Skills and talents

Other things I am proud of:

Other important memories:

This is me . . .

How I like to communicate:

People who know me well and can help express what I want and need:

What I like to do:

What I don't like to do:

What makes me happy:

Things I am good at (e.g. activities, interests, hobbies, work related):

Things I like to do to help others (i.e. what I can give):

My favourite food and meals:

This is me . . . continued

Routines that are important to me (things I do on a regular basis re time / place etc):

Important events (e.g. birthdays, related to memories and people):

What I do to help me feel healthy and well:

What people who are supporting me with my personal health need to know:

What people are supporting me to dress need to know:

What people are supporting me with my mobility need to know:

Other important things that people who are supporting me need to know:

My future . . .

People I would like to see

(e.g. those I want to renew contact with or people I have not had the chance to meet):

Places I would like to go or revisit:

Other things I would like to do in the future:

Things I would like to stop doing:

Important things you need to know about my hopes and wishes:

Plans I would like put in place for the future:

Sample 2: Blank Person Centred Profile

The text below is an example of what could be added to the inside cover of a blank folder. This type of approach allows the individual, supported by staff and others who know them well, to create their own record in their own way. This can take more time and needs more

imagination from staff but the outcomes are often highly individual. It is written in the first person in order that it is less formal and more 'person centred'. The only other addition would be a photograph on the front cover, together with the individual's name.

Sample introductory text

'This is my record of what it is important to me. It includes information about my past life, what matters to me now, and what I want and wish for the future. It includes words and images (such as photographs) and can be added to all the time.

I have put this together with the help of the people who know me best and the people who are supporting me now.

The information about my past includes important people, places and experiences. It tells you about my most important memories including what I am proud of, my skills and interests, and possessions that are meaningful to me. Apart from helping you to support me, it may also help you to know what I can share and give to others.

The information about now includes how I like people to communicate with me, what I like and dislike, and other important preferences. It will help people who are supporting me to assist me with my care and what I do with my time. It might include information about what I like to eat, who I like to see, how I like to dress, things I like doing, and generally what me happy and secure.

The information about my future might include other people I might like to see, places I would like to go to, or how I want things doing if my health gets worse.

All this information should help people to know me better and understand what is important to me.'

Sample 3: One Page Profile for staff

What people like and admire about me

- ▶ What do people say about me
- ▶ What they say that I do well
- ▶ When people have chosen to spend quality time with me on a regular basis

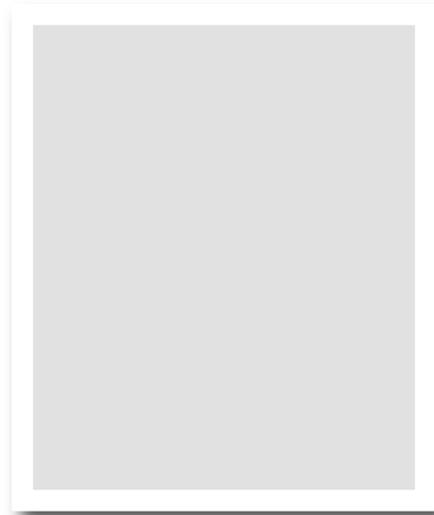
Important things about my life

- ▶ Where I was born
- ▶ Where I went to school
- ▶ Exciting experiences I have had
- ▶ Important people in my life
- ▶ What has made me who I am
- ▶ What I believe

My perfect day

- ▶ People I would like to be with
- ▶ Places I would like to go to
- ▶ Things I would like to do
- ▶ How I like to be treated

This is me



name

What I want for my future

- ▶ In the short term
- ▶ In the long term
- ▶ In relation to my work, home life, leisure
- ▶ Places I want to go to
- ▶ People I want to be with
- ▶ Dreams and aspirations

Appendix 4

Related Strategies, Guidance, Legislation and Standards

The following is a list of a few of the most relevant documents that refer to person centred working and approaches. They include short extracts and the full documents are available from a range of sources including the Internet.

Fulfilled Lives, Supportive Communities: A Strategy for Social Service Over The Next Decade - 2007

– The Welsh Assembly Government's vision in order to provide more accessible, personalised care for people. This makes reference to the need to:

- ▶ 'put the citizen at the centre'.
- ▶ ensure that people who need services 'will have a far greater say over what they need and how it is provided'.
- ▶ 'whatever their difficulty or impairment', support people 'to have control over the life they wish to live'.
- ▶ ensure those who use services, and their carers, are 'engaged and listened to as a continuous process'.

Designed for Life (Welsh Assembly Government 2005) is a ten year strategy that aims to 'create world class healthcare and social services in a healthy, dynamic country by 2015'. The document says that it will focus on three basic principles, the first of which is 'user-centred services'. It then goes on to state that:

'We can only achieve a wholesale transformation of our services if those who use services and deliver them at the sharp end are put in the driving seat of redesign. It is the service users and staff who know best the reality of what it feels like to be cared for in Wales'.

National Service Framework (NSF) for Older People in Wales. The NSF for Older People in Wales sets national standards designed to ensure that as we grow older we are enabled to maintain our health, wellbeing and independence for as long as possible, and receive prompt, seamless, quality treatment and support when required.

The framework defines 'person centred care' as a central standard and says that providers should ensure that the care 'centres around them and their needs, rather than the needs of service providers and planners'. It goes on to say that care should reflect 'their views, choices, and individual needs'.

Code of Practice for Social Care Workers and Employers of Social Care Workers – produced by the Care Council for Wales. Includes a code for employers and a code for social care workers (this includes social workers). These describe standards of conduct and practice within which workers should operate including Standard 1 'As a social care worker, you must protect the rights and promote the interests of service users and carers' and this includes:

- ▶ Treating each person as an individual;
- ▶ Respecting and, where appropriate, promoting individual views and wishes of both service users and carers;
- ▶ Supporting service users' rights to control their lives and make informed choices about the services they receive;
- ▶ Respecting and maintaining the dignity and privacy of service users;
- ▶ Promoting equal opportunities for service users and carers; and
- ▶ Respecting diversity and different cultures and values.

Social Care Induction Framework – produced by the Care Council for Wales and provides a framework for the delivery of induction to new social care workers. Includes reference to:

- ▶ the importance of finding out the history, preferences, wishes and needs of the people you are supporting;
- ▶ the need to make sure that everything you do is based around the individual(s) you are supporting;
- ▶ the value and importance of working in partnership with unpaid carers / advocates / significant others;

National Minimum Standards for Care Homes for Older People – these are the standards that the Care and Social Services Inspectorate Wales (CSSIW) take account of when inspecting care providers. They build on the Regulations that are required by law. These are extensive but include reference to:

- ▶ A service user plan of care is generated from a comprehensive assessment and drawn up with each service user; this provides the basis for the care to be delivered;
- ▶ The registered person conducting the home so as to maximise service users' capacity to exercise personal autonomy and choice;
- ▶ The home's staff training and development programme ensures staff fulfil the aims of the home and meet the changing needs of service users and takes account of any relevant guidance of the Care Council for Wales.

Knowledge set and progress log for dementia care – produced specifically by the Care Council for Wales at the request of practitioners working directly with older people in residential and nursing care. Practitioners wanted to build on their basic knowledge and skills so that they felt confident they were delivering the best-possible service to older people with dementia. This includes reference to:

- ▶ models of person centred care;
- ▶ how to create an environment in which relationships can develop;
- ▶ understand the importance of fully involving the individual with dementia in planning and implementing their own care;
- ▶ the importance of language choice for individuals;
- ▶ the importance of consulting with carers, family and friends of the individual;
- ▶ how a person's history shapes their current care;
- ▶ increasing carers' understanding of the person-centred approach to the support and care of people with dementia.