

FACT SHEET: PERSON-CENTERED PLANNING

Q. What is Person-Centered Planning?

This phrase refers to an entire family of approaches to organizing and guiding individual and community change in collaboration with individuals with disabilities, their families, and their friends. PCP requires important investments in order to build both personal and community support.

Q. What Are Some of the Approaches That Use Person-Centered Planning?

- Whole Life Planning;
- Personal Futures Planning;
- Making Action Plans (MAPS);
- Planning Alternative Tomorrows with Hope (PATH); and
- Essential Lifestyles Planning.

Q. What is Family-Centered Planning(FCP)?

This phrase refers to principles which if followed lead to partnership and collaboration between parents and professionals to ensure the best possible supports and services for a child with a disability and for the child's entire family.

Q. What Are The Key Characteristics of Person-Centered Planning?

1. The person who is at the focus of the planning, and those who love the person, are the primary authorities on the person's life direction.
2. The primary purpose of PCP is to learn through shared action (i.e., the process is more than producing paperwork, it is about taking action to reach goals) and reflection/evaluation of that action.
3. PCP aims to change common patterns of community life (e.g., segregation and congregation of people with disabilities, devaluing stereotypes, inappropriately low expectations, denial of opportunity).
4. PCP requires collaborative action and fundamentally challenges practices that separate people and perpetuate controlling relationships.
5. Respect for the dignity and completeness of the focus person.
6. PCP calls for sustained search for the effective ways to deal with difficult barriers and conflicting demands.
7. Promotes and values accurate individual services and supports, and clarifies individual interests and needs.

8. Shaping services to support a person's vision of a valued lifestyle.
9. Facilitates change in services to be more responsive to, the interests of people.
10. Search for capacities.
11. Organize efforts in the community to include person, family, and direct support professionals.
12. Focus on quality of life and emphasize dreams, desired outcomes, and meaningful experiences.

Q. What Are The Key Characteristics of Family-Centered Planning?

1. Incorporate into policy and practice the recognition that the family is the constant in a child's life, while the service system and support persons fluctuate.
2. Strive for family and professional collaboration in all settings (home, community, hospital, school), especially in the areas of care giving, program development, program implementation, program evaluation, program evolution, and policy formulation.
3. Exchange complete and unbiased information between families and professionals in supportive manner at all times.
4. Incorporate into policy and practice the recognition and honoring of cultural diversity, strengths, and individuality within and across all families: including, ethnic, racial, spiritual, social, economic, educational, and geographic diversity.
5. Recognize and respect different methods of coping.
6. Implement comprehensive policies and programs that provide developmental, educational, emotional, environmental, and financial supports which meet the diverse needs of families.
7. Encourage family-to-family support and networking.
8. Ensure that all service and support systems for children with disabilities and their families are flexible, accessible, and comprehensive in responding to diverse family identified needs.
9. Appreciate families as families and children as children, recognizing that they possess a wide range of strengths, concerns, emotions, and aspirations beyond their need for specialized services and supports.

Q. What Are the Limitations of Person & Family-Centered Planning?

- Belief that only certain families or individuals can use or will benefit from PCP/FCP,
- Lack of training in understanding and honoring cultural diversity,
- Tendency for professionals to be seen in the role of expert,
- Lack of open and effective communication,
- Traditional model of service delivery is entrenched,
- Moves slowly if the focus person's vision is not clear,
- Requires a lot of learning to develop the supports and create the opportunities the person needs,

- Family members and professionals can define people in clinical terms,
- Often done in isolation from other complementary systems change efforts,
- Requires a large expenditure of time, and
- Not a quick fix or a cure all for people's difficulties.

AAMR's Policy

The AAMR has no official position on person or family centered planning.

References

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O'Brien, J., & Lovett, H. (1992). Finding a way toward everyday lives: The contribution of person centered planning. Harrisburg, PA: Pennsylvania Office of Mental Retardation.

Shelton, T.L., & Stepanek, J.S. (1994). Family centered care for children needing specialized health and developmental services. Bethesda, MD: Association for the Care of Children's Health.

Smull, M. (1991). Supporting people with severe reputations in the community: A handbook for trainers. Baltimore, MD: University of Maryland.

Resources

Virginia Institute for Developmental Disabilities, Virginia Commonwealth University, 301 West Franklin Street, #1514, P.O. Box 843020, Richmond, VA, 23284-3020. Point of contact: Anne Malatchi, (804) 828-8593, (804) 828-0042.

Inclusion Press, 24 Thome Cresant, Toronto, Ontario, Canada, M6H 2S5, 416-658-5363 (T& F). Points of contact: Jack Pearpoint & Dr. Marsha Forest, creators of PATH and MAPS. Inclusion Press publishes a great deal of material on PATH, MAPS, and Circles of Friends.

Dr. Beth Mount, Graphic Futures, Inc., 25 West 81st Street, 16-B, New York, NY 10024, (212) 362-9492.

Rehabilitation Research and Training Center on Supported Employment, Virginia Commonwealth University, 1314 West Main Street, Richmond, VA, 23220. (804) 828-1851. Fax: (804) 828-2193.

Communitas, Inc., P.O. Box 374, Manchester, CT, 06040. (202) 645-6976.