Person Centred Approaches

**What is Person-centred Care?**

The traditional model of care provision was institutional and regimented; the old approach has its admirers and worked well for a lot of people, but it also failed to address the individuality of people who were often on the margins of society.

People with poor mental and / or physical health were expected to fit in with services offered and it was often assumed that everyone with a particular condition required the same treatment.

A person-centred approach to care looks at what the individual needs and plans care provision to suit them. The individual is not just another body to be treated but is a human being who carers must work with to identify ways of meeting physical, emotional, spiritual and social needs.

Services that do not provide person-centred care are like conveyor belts in factories; they cannot cope with anything that doesn’t fit the mould. People are all different and care provision must reflect that. A 50 year old with early-onset Alzheimer’s will have very different needs to a 90 year old with the same disease; why should they both be treated the same way?

**Framework for change**

Person-centred practices have been developed over the last quarter of a century or so in both the learning disability and dementia care fields. In the last decade government initiatives and policy have put person-centred approaches at the top of the agenda. Documents such as ‘Valuing People Now: a new three-year strategy for people with 4 learning disabilities’; ‘Living Well with Dementia: A National Dementia Strategy’ and ‘New Horizons: Towards a shared vision for mental health’ have all been issued by the Department of Health to provide guidance on caring for people with diverse needs in a person-centred way.

It is no longer acceptable for care providers to develop services for one particular ‘type’ of person; they must be flexible to respond to the needs of individuals. This does not mean that care services have to meet all needs of all people, but they do have to be able to adapt to the different needs of the individuals to whom they provide a service.

**Person-centred values**

To appropriately meet people’s care needs you must know and understand them as individuals and adapt care provision accordingly. The individual becomes the most important part of a care partnership, working to find creative ways of maintaining their physical and mental wellbeing and improve quality of life.

Person-centred approaches to care are based on several core values which include:

* **Independence** – people must be encouraged to do as much as possible for themselves, carers must not ‘deskill’ them by doing too much for them. The care premises should be designed to encourage independent movement
* **Dignity** – all people are to be treated as competent adults and cared for in a way that maintains their self-respect
* **Privacy** – service users must have space to spend time alone with loved ones; their personal information should be protected and their dignity maintained when bathing or toileting
* **Rights** – as discussed above the human rights of service users are to be respected and protected
* **Choice** – the right to choose is not removed when someone is admitted to care; care providers must support service users to make decisions or to participate in decision making
* **Respect** – all service users are to be treated as competent adults; they are to be treated with respect regardless of physical frailty, mental capacity or behaviour. Respect does not have to be ‘earned’.
* **Partnership** – by viewing the provision of care as a partnership between the person who needs it and the person who provides it the relationship is made more equal and mutual respect is encouraged.
* **Individuality** – each person is different and their sense of self is to be supported

**Protecting Choice and Rights**

Adults in need of care have the same rights and power of choice as the rest of the population; they may, however, face daily challenges as people make assumptions about their physical and mental capacity based on their age, appearance or medical conditions.

It’s important that you empower your service users to be in control of their own lives by understanding their individual abilities and how they are best able to make, or participate in making, decisions about their life and issues which affect them.

Take some time to think about the table below, make some of your own suggestions on a note pad and then consider the issues raised after you’ve done it.

We all have conditions placed on the choices we make, very few are truly free; for example what you can have for breakfast may be affected by availability, price and time; whether you have a holiday will depend on affordability and work. However, imagine how you would feel if choices were made for you.

Sometimes it can be a relief to have decisions taken for us; some people enjoy wearing a uniform because it saves them from having to think about what they are going to wear; but if you have strong opinions about your appearance you may not like having to wear clothes chosen by someone else.

Think about what your life might be like if you had to live it according to someone else’s rules. How do you think you would feel if your ability to choose was taken from you? What if the people who were making choices had very little understanding of you as an individual and were making decisions based on their own beliefs and values?

**Conclusion**

To provide person-centred care organisations must put service users first and design services that can be responsive to diverse needs. Service users must be treated as people not problems and carers should develop professional relationships based on trust and respect. To provide appropriate care workers must have a good understanding of equality and diversity and how they may affect issues such as the provision of personal care, dietary needs and communication.