

Massachusetts Building Blocks for Person Centered Planning



MY PERSON CENTERED PLAN

A Person Centered Planning Tool

Name:

Plan Start Date:

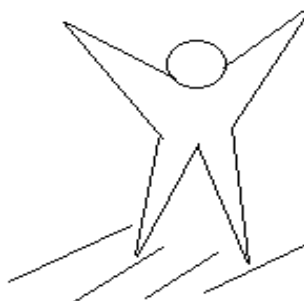
January 2011

Person Centered Planning

Person Centered Planning is a process for people in the role of providing supports and services for listening and learning from individuals about their lives and the goals and dreams that they would like to achieve.

When you are using this framework, it's important to know who is who. **The "individual"** is you - the person for whom the plan is being developed. The **"facilitator"** is the person identified to help you create **your** plan.

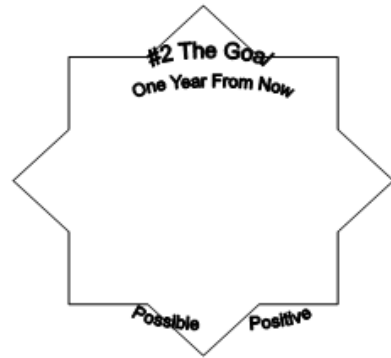
Many individuals have life goals and dreams they want to accomplish. Maybe they desire change their living environment or their daily activities. Maybe he or she wants more friends, a new job, a new apartment, or have an intimate relationship. Throughout the planning process it is most important for the facilitator to keep you, the individual, at the center of the planning process and remember that the facilitator is here to support you and your decisions about your own life.



The focus of our planning:

- #3 What can happen now?
- #4 What can make the process stronger?
- #5 Who can we involve?
- #6 What are the first steps?
- #7 What will happen next month?
- #8 What will happen 3-6 months from now?

#1 My Dream



Using The Person-Centered Planning Framework

This is a framework that should be used to guide the facilitator through the process of getting to know you. It does not have to be completed in any particular order or in its entirety.

Depending upon your wishes, the information can be obtained formally at the person centered planning meetings or can be completed informally outside of the meetings by the facilitator from the information discussed at the meetings.

The information will be gathered over time throughout individual and team meetings. Your Person Center Planning journey begins with a meeting or meetings with you, the facilitator, a peer support, family, friends, staff, and anyone else who you would like to invite.

My Person-Centered Planning Process Should Always Have:

-Adapted from the Program on Employment and Possibility,
Cornell University 2001

1. A Team of Active People
2. An Attitude of Respect
3. An Environment of Acceptance
4. A Willingness to Trust
5. An Opportunity to Discover Myself
6. A Commitment to Help Me Achieve My Dreams
7. An Environment Where People Feel Free to Express Themselves
8. An Open Communication
9. An Appreciation for the Unique Personal Contributions of Each Member
10. An Opportunity to Take Risk and to Make Mistakes
11. An Opportunity to Make Decisions

Circle of Support

A Circle of Support refers to a network, group, or "circle" of supportive people to help you reach daily and life goals. A Circle of Support is made up of people who care for you. Circles of Support can include advocates and any people who can offer assistance in achieving your goals. You should identify the people and peers who you want as active participants in the development and implementation of your plan.

A Circle of Support Should:

- Create an environment that is person directed
- Create a social network around you
- Improve and intensify relationships
- Supports a balance between safeguards and risk
- Ensures choice and fulfillment
- Encourages you to dream and reach your aspirations
- Encourages your individuality and self determination
- Increases motivation and support



Creating a Circle of Support

Fill in the names of the people that have been identified in the circles on the next page. Follow the guidelines below.

Circle One: The CIRCLE OF INTIMACY is made up of those who we are closest to, share great intimacy, our secrets, and heartfelt emotions. These are people that are so dear to us that their absence would impact us greatly. This may or may not include family members.

Circle Two: The CIRCLE OF FRIENDSHIP is made up of those people who are friends or relatives who we call upon to go out to dinner, see a movie, but are not those who we consider our most dear friends or those we must see regularly.

Circle Three: The CIRCLE OF PARTICIPATION is where you belong and includes the names of the people or organizations you participate with in life. This could contain spiritual groups, where you work, where you went or go to school, clubs, organizations, athletic teams, or where you participate and interact with people.

Circle Four: The CIRCLE OF EXCHANGE is usually made up of people who are paid provide services. Doctors, teachers, dentists, hairdressers, car mechanics, and the like make up the numbers here.

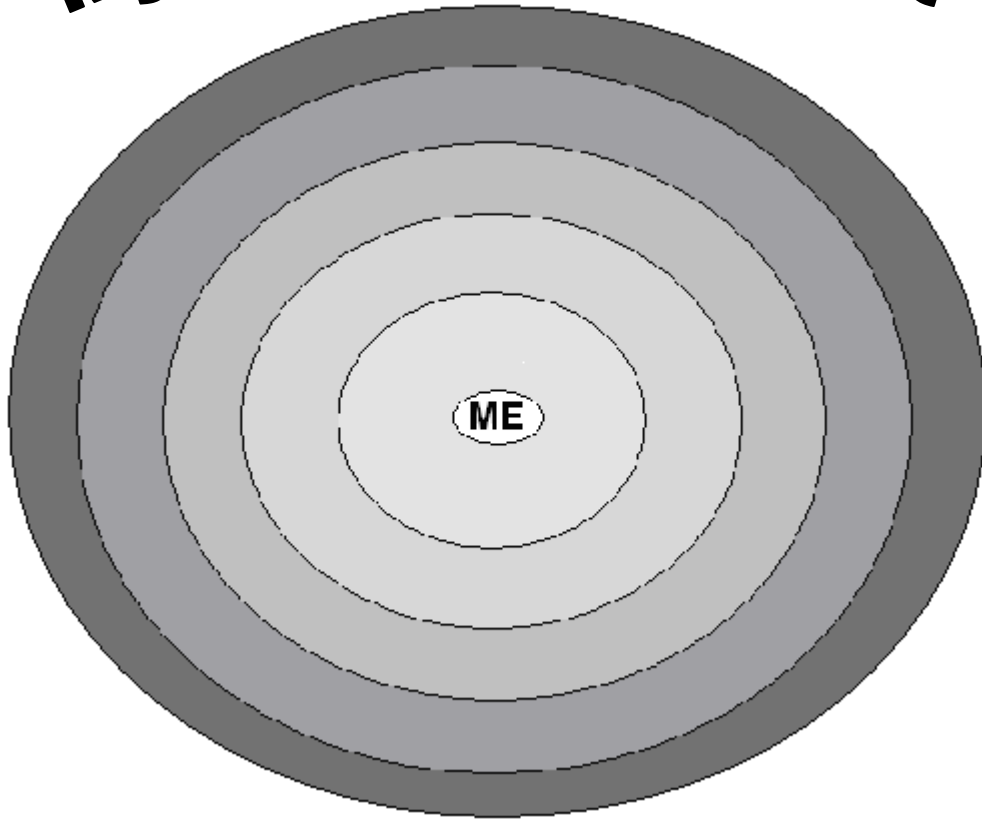
Circle Five: The CIRCLE OF Mentoring is made up of people for whom you consider to be mentors. This may be a professional mentor, spiritual mentor, or any other mentor in your life.

Circle Six: Re-connecting with people from your past. This is an opportunity for you to identify people who you were close to in the past that you might want to re-connect with.

The Circle of Support should change as the relationships in your life change. Your hairdresser may become your friend overtime and would change from Circle Three to Circle One or Two. A paid staff person may be very close and dear to you and may be included in Circle's One or Two.

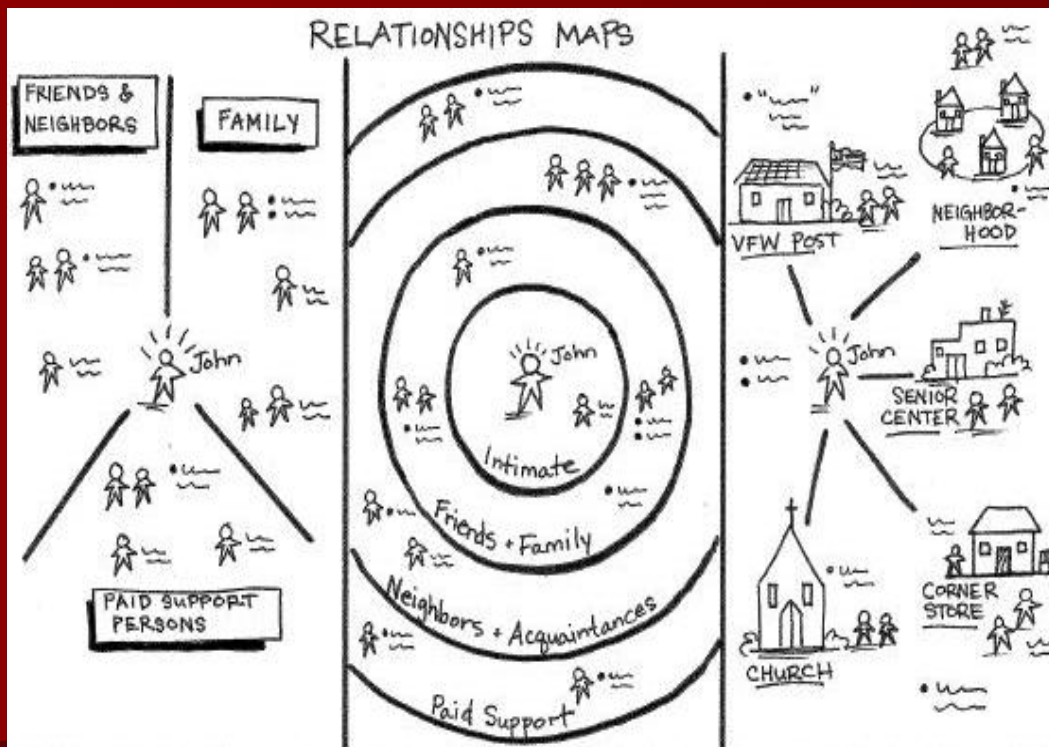
Creating a Circle of Support cont.

My Circle of Support



Please include the names and contact information if available in the space below.

Circle One	Circle Two	Circle Three	Circle Four	Circle Five	Circle Six



My Support Team Meeting

Who will be at my meeting?

Now it's time for me to decide who I would like to invite from my Circle of Support to be part of my Person Centered Plan. Not everyone identified in the Support Team needs to attend the first team meeting, but they should attend any meeting that they may have something to offer. This should include any Communication Access accommodations that may be needed such as interpreter.

Circle of Support Contact Information			
Name	Relationship	Address/Phone	Will they attend the first meeting?
			Y/N
			Y/N
			Y/N
			Y/N
			Y/N
			Y/N
			Y/N
			Y/N

*If needed an Action Plan can be created to address relationship building concerns.

Notes:

My Self-Reflection

What are my accomplishments to date?

What am I most proud of?

What do I do independently?

Are you learning to do things independently?

What activities have I enjoyed throughout my life?

What are my strengths and skills?

What do I like about myself?

What about my culture or beliefs is important to me?

What do you most value?

About Me

Staff can communicate with me best by:

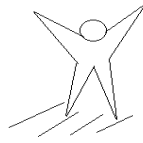
I don't like when people communicate with me by:

Assistive Devices that I use:

Health Information that is important to my life:

Things I need to feel and/or stay safe: Please include any safety considerations or risk issues (eg. Accessibility or Crisis Plan)

Things I need support with:



Personal Preferences

What WORKS?

What situations or factors create happiness, motivation, excitement, and well-being? For me, what encourages learning, communication and relationship building?

Passions, Likes, Interests, Hobbies

- How do I like to spend my spare time?

- What kind of music, tv shows, movies, or food I like?

- My interests in learning or doing new things:

- My hobbies or collections:

- My pets:

Routine / Schedule

- What my typical day is like:

People -Type of people I like to spend time with:

Where I feel most comfortable meeting new people:

Places - Where I like to go:

Things in the past I miss doing:



Personal Preferences

What DOESN'T WORK?

What factors or situations tend to lead to sadness or discomfort?

What gets in the way of my motivation, learning, communication, connections and/or relationships?

My Dislikes, Fears, Frustrations-

Routine / Schedule- Things I don't like about my routine:

People - The type of people I don't like to be around:

Places -Places where I don't like to go:

Learning - What hinders learning/ is not supportive in my learning?

Communication - How I don't like to be spoken to:

Relationship building / connection - what hinders or makes relationship building difficult?

What makes me feel like I am not independent?

Quality Factors and Values to Uphold

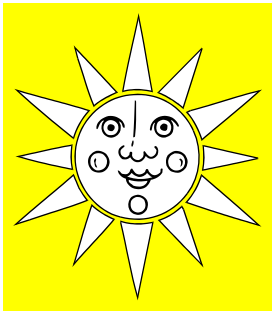
Beliefs & Traditions that must be honored:

What are the non-negotiables in my life? What things must I have? What must continue in my life? What cannot change in my life? What Cultural traditions do I value? What routines or items do I value in my life?

The Future

Now its time to start thinking about goals and dreams!
What I want to see in my life tomorrow, 6 months, or 3 years.
What are my goals and dreams!
This sheet will help generate the action plans.

Would like to see



Concerns in achieving my dreams



My Caregiver Assessment

***Optional Sheet

***Record who is speaking

The Caregiver Assessment section was developed to identify times in someone's life when they are receiving informal or natural supports (non paid) from someone who is important in their life. This may be a family member, friend or neighbor who assists with care giving activities, such a banking, cooking or personal care.

Caregivers are often in need of support themselves. The facilitator may be able to create action plans to address bringing in additional supports to the individual that provides a break to the caregiver or bring supports that the caregiver might need (such as a caregiver support group). Without being sensitive to the needs of the caregiver, they may no longer be able to provide the supports to their son, daughter, or friend.

Below is a guide to help do an initial screening of the caregiver(s). This is to assist the facilitator (and the team) in determining what the needs of the caregiver are. If through the initial screening it is determined that more focus on the caregiver is needed, there are more in-depth caregiver assessment tools that will be made available to the facilitator.

If it is determined that more support is needed, the

facilitator, with the focus person and the team will develop an action plan and identify who will be responsible for implementing the plan.

To be completed by focus person:

Caregivers are people who provide informal supports to me. This can include family or friends who are not paid, but help me in my life.

Who are my Caregivers?

My Caregiver helps me with:

Does my Caregiver need more supports?

To Be Completed by Facilitator with Each Caregiver

1. Caregiver Name:
Caregiver Address:
Caregiver Phone/E-mail:
2. Does the caregiver live with the consumer?
3. If no, how far away does the caregiver live?
Within a $\frac{1}{2}$ hour____, $\frac{1}{2}$ hour to hour____, Over an hour____
4. What is the relationship to the consumer?
5. How long has the caregiver provided assistance?
6. What other responsibilities does the caregiver have?
Child(ren)____, Grandchild(ren)____, Spouse____, Other family members____,
Work (full time____ or part time____) and
Other_____.
- Do these responsibilities include anyone with a special needs, such as medical?
7. What are the caregiver's current needs/concerns?
8. How many hours per week on average does the caregiver spend assisting?
9. What type of support is the caregiver providing?

10. Does the caregiver wish to continue in his/her caregiver role?

11. Does the caregiver feel he/she has the necessary ability and knowledge to care for the care recipient?

12. Does the caregiver have a back-up plan in place in the case that they are unable to assist the care recipient?

13. How would the caregiver rate his/her physical health at the present time on a scale of 1-5 with a 1 rating as excellent and a 5 rating as very poor?

14. How would the caregiver rate his/her emotional health at the present time on the same? 1 to 5 scale?

15. Does the caregiver have specific strategies to reduce his/her stress?

16. Does the caregiver feel their individual needs are being met?

17. What areas of support does the caregiver need in order to continue with his/her role?

If more support is needed what is the action plan?
Who will be responsible for implementing the plan?

Action Plan

*One sheet should be used per goal.

What do I want to accomplish?

Why is this important to me?

What steps need to happen for this to be accomplished?

Who will help me accomplish this?

Name	What they'll do or I'll do to accomplish this step:	It will be done by:

What can be done now?

What I would like done now	What will I do for myself or who will help me	Date started	Date to be completed	Date completed

Action Plan

*This sheet should be used to capture long term or complex goals. One sheet should be used per goal.

What do I want to accomplish?

Why is this important to me?

What steps need to happen for this to be accomplished?

Who will help me accomplish this?

Name	What they'll do or I'll do to accomplish this step:	It will be done by:

What can be done now?

What I would like done now	What will I do for myself or who will help me	Date started	Date to be completed	Date completed

Success Capture Sheet

Optional Sheet

These are the things that I can see immediate change or success on.

They might not require a complete Action Plan sheet but, it is important to capture all success or positive changes made throughout the process.

What I would like done now	What will I do for myself or who will help me	Date started	Date to be completed	Date completed

Community Inclusion Action Planning Work Sheet

***Optional Page

Goal:

Priorities/support needs:

- | | |
|---|---|
| <input type="checkbox"/> Cultural/ethnic traditions
<input type="checkbox"/> Future events to plan for: _____
<input type="checkbox"/> Holidays/birthday traditions
<input type="checkbox"/> Join community groups
<input type="checkbox"/> Meet neighbors
<input type="checkbox"/> Peer support | <input type="checkbox"/> Phone calls

<input type="checkbox"/> Religious affiliation
<input type="checkbox"/> Visits from friends/family
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|---|---|

Resources:

- | | |
|---|---|
| <input type="checkbox"/> Peer support
<input type="checkbox"/> Family
<input type="checkbox"/> Friends
<input type="checkbox"/> Place of worship | <input type="checkbox"/> Volunteer agencies
<input type="checkbox"/> Volunteer opportunities
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|---|---|

Plan:

What needs to be done?	When?	Who Short-Term?	Who On-Going?

Notes:

Community Inclusion Action Planning Work

Sheet cont...

***Optional Page

Social and Recreation Resources

Source	Contact Person	Telephone/Address
Peer support		
Family		
Friends		
Neighborhood group		
Place of worship		

Notes:

Looking Back...Moving Forward

Looking Back and Moving Forward

What has happened since the last meeting?

What were some of the obstacles or challenges that were overcome? What challenges still need to be worked through?

What would I like to see happen by the next meeting?

What I would like to see for myself?

*****REMEMBER TO INDICATE WHO IS SPEAKING*****

ADDITIONAL FORMS APPENDIX

The Person Center Planning Toolkit was developed by Advocates Inc., Baypath Elder Services, Self Advocates, Department of Mental Health deaf case managers, Department of Developmental Services training department, the Executive Office of Health and Human Services Executive Office on Elders Affairs, Massachusetts Rehabilitation Commission and, with input from many others. The Toolkit was developed to aid facilitators in the development of Person-Centered Plans that work towards Self-Direction and improving people's quality of life.

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