

# **Life Planning**

## **Practitioner Guidance**

### **Introduction**

- 1.1 The new Disability Service in the borough started in April 2017 and brought together the children and adult disability teams. A key part of the emergence of this service has been the co-production of a new model of practice – Life Planning.
- 1.2 Disabled children, young people and adults alongside family members and carers have been involved in supporting the emergence of the guidance and tools in workshops or in testing out the methods as part of their assessments, reviews or plans with their social worker. This development work is continuing as we expand the tools to better meet the needs of a wider group of people who can benefit from this new way of working.

### **What is Life Planning?**

- 1.3 Drawing on person-centred practice as a foundation, Life Planning aims to enable individuals and families to think ahead and make plans around their life goals not just their immediate needs and risks. It is based on a strength-based, outcome focussed approach that will help disabled people and carers identify their ambitions at every life stage and assist them through the inevitable transitions in life.
- 1.4 Life Planning can be used to support disabled children, young people and adults but also parents and carers including young carers.
- 1.5 Whilst Life Planning can be a separate process, the aim is to avoid duplication and where appropriate, it should be fully integrated with the statutory assessment and planning processes. This may mean that at times the Life Planning tools are used as part of constructing a statutory plan. What is significantly different is the Life Planning conversation should be less about services and more about outcomes.

### **What does Life Planning involve?**

- 1.6 Life Planning is an assisted conversation to try and support an individual or family to think ahead across key domains of their life such as health, relationships, accommodation, work, leisure and education. There may be other issues in a person's life which can also be included as the aim is not to be prescriptive, although most people appreciate having some suggestions to get them started.
- 1.7 Support for Life Planning will generally come from a professional but could also come from a trusted friend or family member. Social workers in the Life Planning teams have piloted the approach but the aim is to expand the scope to occupational therapists, sensory workers, advocates and others as appropriate.
- 1.8 Key questions that can be useful are:
  - What are your hopes and ambitions?
  - Are there aspects of your life that you would like to change?
  - If your life were to get better, what would be different?

- What realistic goals would you like to set yourself?
- Where would you like to see yourself in the future?
- What strengths will help you realise your hopes and ambitions for the future?
- What would need to happen for your life to improve?
- What aspects of your life would you like to keep the same in the future?

These are just some examples and shouldn't be seen as an exclusive list.

- 1.9 Recognising that thinking and planning for the future is a challenging task, the development of tools to assist with the process have been created with a strong visual element to help focus the conversation on key domains of life, with graphics and photographs for illustration. As the development work progresses, these will increase to include in the future, for example, actual photographs of local places, services and facilities in the borough. The possibility of developing an electronic application that can be used on a mobile device is being explored as a further stage in the implementation of the model.
- 1.10 Whether the life plan is a paper or electronic version, the aim will be for the disabled person or carer to be the owner of the document, with professionals having a copy for reference. This will assist the life plan being a 'live' record which can be added to or changed at any point.

### **Why is it needed?**

- 1.11 With increasingly limited resources, statutory services have significant challenges in responding to even immediate high needs and risks. This can lead to a narrow focus when assessing and providing services.
- 1.12 In a study published by Sense<sup>1</sup>, they estimated that-
- '1.7 million disabled people are supported by their friends and families yet 75% have no plan for the day that support is no longer available.'
  - '81 per cent of disabled adults said that they worried about how they would manage their day-to-day life without the support of family and friends.'
  - '67% of carers have profound fears about what will happen to their relative when they are no longer able to provide care.'
  - '95 per cent of family carers said they had little or no trust in councils and local services to provide suitable care options for their disabled relative.'
- 1.13 Additionally, there is growing awareness that disabled people are inherently marginalised in terms of education, social and employment opportunities and supporting them to realise their ambitions is key to addressing this. Families and carers also report the difficulties they have in gaining the support they need.
- 1.14 Commissioning issues will undoubtedly emerge as Life Planning becomes embedded in practice as more of a routine than an exception. As evidence is collated, gaps in local provision will be identified and a partnership approach will be needed across all stakeholders to attempt to address these shortfalls wherever possible. This might involve some refocussing of statutory services or supporting the development of new, informal, local resources.

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<sup>1</sup> Sense 'When I'm gone. Securing long-term care and support for disabled adults', February 2018  
<https://www.sense.org.uk/support-us/campaign/when-im-gone/>

## **Structure of the Life Planning Conversation**

- 1.15 One of the most important practice elements of Life Planning is the need for preparation. As for all types of intervention, the practitioner needs to consider the communication needs of the child, young person or adult, including what aids could be used and whether its would be appropriate for a family member or friend to be present. To yield the maximum benefits and support involvement, the disabled person or carer needs to understand, as fully as possible what the conversation will involve. It may also be useful to share some of the tools or questions with the individual and / or their representative in advance so they can be as prepared as possible. It's important to be aware that if any of us were asked to identify our hopes, goals or ambitions for our future, we would all struggle to answer the questions in a meaningful way without any warning.
- 1.16 To start the conversation, the practitioner needs to outline what is meant by Life Planning and how this fits with other planning processes (remembering that it may be part of a statutory process or separate). Some of visual aids may be useful such as the summary page of the different life domains to help the individual to start to think about the main aspects of their life that they would like to explore and discuss. In any one Life Planning conversation, its usually better to focus on a few domains rather than attempting a wider spread.
- 1.17 Use the suggested questions above or other outcome / solution-focussed questions, to support the individual to think ahead to a 'preferred future'. Where possible, explore with the person what difference / impact this would have in their life. Consider using a scaling question to rate their confidence in being able to achieve these positive changes in their life e.g. on a scale of 0-10, if 0 represents no confidence at all and 10 represents the best or most confidence you could have, where would you rate yourself. For people with less ability, a ladder or stepping stones image may be helpful in representing their starting point and envisaging what the rungs or steps ahead might be.
- 1.18 Once goals, hopes or ambitions are identified, support the person to think about what the next steps might be and what support they might need.
- 1.19 At the end of the conversation, summarise the key areas discussed and any decisions made. Record as much as is appropriate in the most accessible form for the person to recall the conversation. The practitioner may need to take the information away and either write or type up notes.

## **When is a Life Planning conversation not appropriate?**

- 1.20 For the majority of disabled people and carers, a Life Planning conversation will only be possible at a point in their lives when some stability and security has been achieved. That said, some very positive conversations have been held during the pilot in less than steady times and even at the point of crisis. Ultimately, professional judgement is required in consultation with the individual and / or their representative.
- 1.21 No guidance can replace the sensitivity and intuition needed when prompting or supporting someone to think ahead at times of stress, crisis or loss but it may be possible and even essential to support that person to identify shorter term outcomes and the tools being developed as part of this model, may assist.