Review article

The effectiveness of person-centred planning for people with intellectual disabilities: A systematic review

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ABSTRACT

Objectives: To evaluate the effectiveness of Person-Centred Planning (PCP) on outcomes for individuals with intellectual disabilities (ID) across the age range.
Method: The electronic databases PsycInfo, Embase, CINHAL, PubMed, Web of Science, Scopus and Medline were searched for studies evaluating the impact of PCP on people with ID, published between 1990 and 2014; these were supplemented by manual searches of reference lists. Studies were considered irrespective of methodology, sample size and publication source, if outcomes reflected the impact of PCP on individuals with ID.
Results: Seven quantitative, five qualitative and four mixed methods studies were included in the review. The overall quality of the evidence was low but suggestive that PCP may have a positive, yet moderate, impact on some outcomes for individuals with ID, particularly community-participation, participation in activities and daily choice-making. For other outcomes such as employment the findings were inconsistent.
Conclusion: The evidence supporting the effectiveness of PCP is limited and does not demonstrate that PCP can achieve radical transformations in the lives of people with ID. Clearer descriptions of PCP and its components are needed. Small-scale successful demonstrations of effectiveness exist, but its clinical, cost-effectiveness and wider implementation must be investigated in large scale studies.

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1. Introduction

In the last few decades there has been an ongoing transformation of services for people with intellectual disabilities (ID), with service delivery progressively shifting from a system-centred approach to a person-centred approach tailoring services around the individual, rather than enforcing *one size fits all* structures (Kaehne & Beyer, 2014). Individualised support has been widely acclaimed and has become common parlance in services for people with ID. Person-Centred Planning (PCP) is the latest approach aimed at achieving individualised support for people with ID and improving their quality of life; it has often been associated with the inclusion agenda which strives to achieve the same opportunities for people with ID as the rest of the population and underlines the importance of equality and empowerment (Bollard, 2009). The principles of PCP are now embedded within agency policy and government regulations in countries such as the UK (DOH, 2009), US and Australia (Holburn, Jacobson, Schwartz, Flory, & Vietze, 2004).

PCP is a multi-component complex intervention which has the potential to impact on a range of different outcomes relevant to an individual's quality of life. However, it is not a standardised intervention, but an umbrella term which is often used to describe approaches and techniques that share common characteristics. Although these approaches may differ in their practical application, according to the context and purpose for which they are adopted, their underlying aim is the same, and it is generally agreed that the common denominator between the variations of PCP is to support people with ID to build a lifestyle based on choices, preferences, shared power, rights and inclusion (Klatt et al., 2002). Sanderson (2000) described five key features of PCP: (a) the person is at the centre, (b) family members and friends are partners in planning, (c) the plan reflects what is important to the person, his/her capacities and what support he/she requires, (d) the plan results in actions that are about life, not just services and reflect what is possible and not what is available, (e) the plan results in ongoing listening, learning and further action.

In PCP power is shifted from staff and stakeholders to individuals and their families, setting it apart from traditional approaches such as Individual Personal Planning and Individual Habilitation where individuals are passive recipients of care and professionals make decisions and plans *for* them. In PCP decision making is driven by the individuals themselves and by those who care about them, with particular emphasis on self-determination, choice and autonomy. It is a crucial aspect of PCP that the person with an ID and his/her support network play a primary role in the planning process which is driven by the person's skills and abilities rather than their deficits and impairments (Sanderson, 2000). Examples of formalised PCP approaches include Essential Lifestyle Planning (Smull & Harrison, 1992), Personal Futures Planning (Mount, 1987), Planning Alternative Tomorrows with Hope (PATH) (Pearpoint, O'Brien, & Forest, 1991) and the McGill Action Planning System (MAPS) (Vandercook & York, 1989); see Sanderson (2000) for a summary of the applications and differences between the approaches.

Despite the emphasis on PCP as the cornerstone of care, there is scarce research that has formally evaluated its effectiveness on the quality of life of people with ID. Research appears to mainly consist of anecdotal reports, descriptive case studies or studies subject to significant bias, making it difficult to draw conclusions regarding its impact.

In an initial systematic review of evidence for Essential Lifestyle Planning, Rudkin and Rowe (1999) only found five studies with a total of 108 participants which reported data on outcomes of PCP. The authors concluded that "there is no