

Person-centred planning (PCP) which is identified as the development for individuals with learning difficulties, emerged as a policy goal for England, which refers to the provision of a framework identified through definitive methods, for individuals within social services, to create a service which identifies and contributes toward achieving their aims and goals (Stalker & Campbell, 1998). This differs from the medical model of disability over sixty years ago, where professionals, together with families, made the decisions on behalf of the individuals with disabilities, such as minor choices of what food they eat to major choices relating to medical treatments, which makes the individual feel de-humanised, creating social exclusion (Mercer, 2003). This model links to Arnstein's ladder of participation, which begins with nonparticipation at the bottom, and identifies manipulation and therapy by the people in power (Arnstein, 1969).

The Additional learning needs (ALN) transformation programme (2017) identifies the importance of development in Wales and the creation of one system for children and young people with additional needs. The Welsh Government (2006) identify their support for children and young people with ALN through the Inclusion and Pupil Support document, for the provision of suitable support relating to inclusion for all children within the education system and local authorities, tailored to suit the needs of the child through specific programmes. The programme being developed by the Welsh Government is to ensure all experiences, expectations and outcomes are the same for individuals, through a unified system (Welsh Government, 2006).

Furthermore, the Inclusion and Pupil Support guidance adopts key principles which identifies the provision of an inclusive education service, by ensuring all children and young people are included, providing them with opportunities to develop their individual potential, through access to a suitable education by providing an inclusive curriculum through support, strategies and training for staff, through the development of policies and practices (Welsh Government, 2006).

Mercer (2003) identified the development of self-advocacy in the 1960's where the professionals' role changed from being the decision maker to, being the advisor for individuals with disabilities through encouraging them to make decisions. In the

same way, Henderson & Pochin (2001) state how advocacy 'creates a relationship with a person who is at risk of social exclusion and chooses one or several of many ways to understand, respond to, and represent that person's interest as if they were the advocate's own'. According to Mercer, (2003) the standard provision for service in the 1980's became self-determination, which is identified as the ability for a person to control their own life, achieve goals which are self-defined, and make their own decisions.

More importantly, Alison John Associates (2007) discuss the social model of disability and identifies the significance on provision and improved services for individuals with learning difficulties and allowing them to have the same opportunities as everyone else which promotes empowerment and inclusion (Alison John Associates, 2007). As identified by O'Brien & O'Brien (2000) PCP does not ignore vulnerability, the emphasis has been moved to identify the person's ability, through the person, their family and friends and professionals. In addition, Holburn & Vietze (2002) identify that PCP has developed through the discovery and contribution of gifts of people with developmental disabilities, through enthusiasm and support. Similarly, O'Brien & O'Brien (2002) suggest new concepts for people with developmental difficulties to understand their experiences and work together as a group to create better experiences. The social model is identified in the higher stages of Arnstein's ladder with citizen power where the individual finally has a voice and control over their own destiny (Arnstein, 1969).

According to Sanderson (2000) the principles of PCP cover a range of qualities which include: the person being at the centre, which allows them to have a voice, to be heard, which empowers them to make changes in relation to their life experiences, through involvement in decision making; the plan should reflect what is important to the person, their qualities, and support provided in order to achieve their goals; the roles between the professional and the person should maintain a shared understanding together with identifying what is important to the person with support from family and friends; results from the plan must have a connection to actions in relation to possibilities, to assist in the facilitation of a better quality of life; provision of unique support for a person with an individual perspective; to provide continual support to identify changes in requirements; to diminish segregation and isolation and to provide social inclusion for all children and young people (Sanderson, 2000).

To support this, the UK Government (2001) identify the provision for social inclusion through providing opportunities, for people who are socially excluded to overcome disadvantage from their circumstances, removing themselves from isolation and engaging with the community, by creating a service from identification of their needs, providing new opportunities within the community, and providing equal opportunities with other young carers in a safe environment (UK Government, 2001). Articles 15, 28 and 31 in the United Nations Conventions on the Rights of the Child (UNCRC) support the above principles of PCP and that children have the right to join groups and meet others, the right to an education, and the right to relax and play through a variety of activities (Unicef, no date).

However, Carers Trust (2015) identify that caring for someone can create barriers to learning from absenteeism from school or lateness to school due to their caring schedules together with bullying at school as a result of their caring role, both create a negative impact on their educational and friendship opportunities, and in turn, creating social exclusion for these young carers (Carers Trust, 2015). Barriers to vulnerable groups are not caused by the individual, it is the barriers in society that cause the issues, which include barriers through attitudes of perception that vulnerable people do not have anything to offer to situations, environmental barriers such as restrictive access to buildings, institutional barriers identified through poor anti-discriminatory legislation; the exclusion of vulnerable groups within policies, practices and procedures; suitable provision for people with impairments within education, transport and housing systems (Alison John Associates, 2007). Patterns of isolation can be created from high dependency and if most of their time is spent in the home, which affects friendships and losing friends, and difficulties in developing new friends. This could filter into their social life through not being involved in social events or interests and impact their self-confidence as a result (Carers trust, 2015). Identification of physical exhaustion from the role of caring for a family member, day and night, and emotional exhaustion from observing discomfort, pain and distress of a loved one can affect the health and wellbeing of a young carer (Carers trust, 2015).

As identified in Thompson's 1992 Model of Inequalities and Discrimination: PCS (2006) which is analysed through 3 levels: P – personal, psychological links to

thoughts or feelings such as fear, and attitudes linked to direct discrimination or abuse; C – cultural commonalities linking to conforming and unwritten rules; S – structural, social divisions linked to policies, for example: salaries of men being higher than women who do the same job. All three levels are interlinked and constantly interacting through prejudice, oppression or discrimination, however, is not determined from individual actions, however, the impact is personal (Thompson, 2006).

Booth (2014) identifies empowerment as a process for individuals, who do not have power, to become more powerful and policy makers appeared to embrace this theory through advocacy initiatives in the 1980's. Empowerment suggests having more control as an individual, meeting individual needs through the use of your own resources, meeting your own needs and wants by overcoming obstacles, and making sure you have a voice when decisions are being made (Dalrymple & Burke, 2001, cited in Booth, 2014). Within the services system of disabilities, choice is deemed to be a word which is powerful and abused, which provides the illusion of choice, however, the choices provided are restrictive (O'Brien & O'Brien, 2002). Choices should relate to what the individual likes, their aspirations, and opportunities available to them to help with their aspirations, and the control to enable the individual to get what they aspire.

A childhood is something all children deserve, however, some children do not have the luxury of enjoying the simple things in life, such as playing and learning (Barnado's, 2019). These children are young carers who take on the role of caring for a family member, through adult responsibilities which include domestic chores, ensuring the home is clean, preparing meals, and household shopping, plus ensure that the person they are caring for is washed and dressed (Barnado's, 2019).

Becker, Deardon & Aldridge (2001) explain that learning to, showing and providing care is part of the development of social skills for children which should be encouraged to establish value to care-giving. However, there is a difference between natural care-giving and a child becoming the sole carer responsible for significant tasks, which could create a negative impact on their wellbeing and development of their psycho-social skills (Becker, Deardon & Aldridge, 2001).

As a result of taking on the role of a young carer, their education may suffer and they become a target for bullying because they appear different to their peers, which can result in them feeling isolated together with constant pressure in school and at home (Barnado's, 2019). These young carers are providing a service, which trained adults, such as Community Care Assistants, are paid to do. These young carers do not receive any training opportunities, supervision, contracted hours of employment, or alternatives to their situation (Becker, Deardon & Aldridge, 2001).

Becker, Deardon & Aldridge (2001) identify findings in relation to the impact on children who are caregivers suggest similar outcomes in relation to their wellbeing and development of psycho-social skills. The findings identify the development of building a social network and peer friendships have restricted opportunities (Bilsborrow, 1992); social exclusion through links to poverty and being unable to afford organised trips with their peers (Dearden & Becker, 2000); opportunities to be involved in leisure and extra-curricular activities were limited as a result of time restrictions and having to be at home (Aldridge & Becker, 1993a); educational issues linked to timekeeping, being late for class and poor attainment from the effects of lack of studying due to their caring circumstances (Marsden, 1995); future aspirations are limited due to not knowing any better, not being identified as requiring help to achieve aspirations, not shown that they deserve a positive future (Aldridge & Becker, 1994).

The Children and Families Act and Care Act (2014) identifies changes in the law for young carers in relation to an assessment of their needs which states that any child, up to the age of 18, classed as a young carer has a right to an assessment, irrespective of circumstances such as, the type of care they provide, who they care for, and how often that care is provided (Carers Trust, 2015). The Care Act (2014) identifies that local authorities must assess and support adults through a whole family approach, in order to identify the needs of the young carer too. They should also ensure multi-agency collaboration through social services for the child and the adult, and work together to ensure effective assessments, by identifying why the child is caring for an adult, what changes need to be made, and what social services can do to support the family as a whole so that the child does not need to take on the responsibility of the role of a carer (Carers Trust, 2015).

Furthermore, the ALN programme aims to provide effective interventions through early identification of needs, in order to address the needs of the individual (Welsh Government (2019) which will be regularly monitored to allow changes to be made where necessary to ensure delivery of the desired outcomes. The ALN Code is being supported by the Welsh Government (2019) with the provision of guidance for learners with ALN, through programmes and effective interventions to develop the skills and knowledge of practitioners who support learners with ALN. In addition, with a focus of the introduction of PCP through the new ALN system, school staff have been provided with required support and training by the local authorities (Welsh Government, 2019).

There are a range of approaches which can be used in person-centred planning which includes Personal Futures Planning which is a process involving a meeting with the child to get to know them and what their life is like currently, and developing ideas about future aspirations by creating a list on a flip chart of their wants, needs, dreams and aspirations. The next step would be to act on findings from the discussion and identification of wants and needs, through determining available resources within the community to enable change for the individual (Sanderson, 2015). The opportunities linked to Personal Futures Planning and One-page profiles include a chance to form new relationships, by getting to know the child, allowing the child the opportunity to have a voice. The visual charts used in Personal Futures Planning provides instant clarification for the child to look at every day and be reminded of their agreed plan (Sanderson, 2015). Subsequently, barriers linked to Personal Futures Planning could suggest that the meeting process is intimidating for the individual, with many new faces being involved in the process, the child could face communication problems unless they have prepared beforehand, they could also be unrealistic about their dreams and aspirations (Sanderson, 2015).

Another approach used is the One-page Profile, the foundation of which is an essential lifestyle plan, which records what is important to the individual and the best way to support them, the foundation of personalisation, which can result in changes that are positive for many individuals and is not restricted by age or circumstance. They provide a summary of what is important to individuals, which can be used to progress through services (Helen Sanderson Associates, 2015).

The approach being used for the Young Carers Social Group will be the One-page Profile. The Initial assessment will be processed where each child will have a one-page profile to identify what is important to the individual and the best way to support them (Sanderson, 2015) which is used as part of our service to support our approach of Person-Centred planning, the tool used to achieve change (Gray & Jackson, 2002). This approach allows vulnerable groups to identify their qualities and potential and what is required to support them. It also identifies their dreams and visions and the guidance available to support them (O'Brien & O'Brien, 2002, p.20).

'Our Warriors' Young Carers Social Group is a free service created by trained staff to provide an outlet with social activities for young carers, to free them from their regular responsibilities. The social group is run by a lead professional / play worker who co-ordinates with the child and family to build a relationship and organize a smooth transition into the group and during visits. The social group runs every Monday, Tuesday, Thursday and Friday from 15:30 to 18:30 with a variety of activities suited to children of all ages. Activities for children aged between 5 and 11 years, run on Monday and Thursday and activities for children aged between 12 and 18 years, run on Tuesday and Friday. All activities are organised and supervised by trained staff to provide an outlet for young carers to allow them to have a break from their everyday responsibilities, by having fun, making friends within the community with other like-minded children. Transport is arranged for children, through communication with the school and the social group, for the children who require the service. Snacks and soft drinks are provided at the social group for all children who attend.

Activities within the social group include:

- Access to technology through games and social media (monitored and age appropriate)
- Arts and crafts through drawing, colouring and painting
- Face painting provided by trained staff
- Library corner to provide time to read or quiet time to think or relax
- Football / netball providing health benefits and make friends
- Pool / snooker to enhance engagement
- Basic cooking to develop cooking skills
- Musical activities through singing and playing instruments

One-page profiles can help to support individuals through learning and understanding what matters to the individual to build stronger relationships; provide a record of key information which can be taken with the individual and shared with multi-agency workforce; reflect everchanging circumstances and aspirations through regular updates; provision for a more personal feel for the individual (Sanderson, 2015).

Suggested barriers linked to One-Page Profiles identify a brief overview of the individual but possibly insufficient information for future planning. The facilitator's behaviour could reflect behaviour relating to previous training and roles, making the process constrained (Hagner, Helm & Butterworth, 1996). However, as a result of the focus on PCP, through the new ALN system, this approach has already been introduced in some schools and acceptance of these changes have demonstrated positive outcomes, illustrating trust, confidence and independence. PCP has demonstrated a stronger bond of contact and communication with parents which has resulted in more commitment and increased involvement in their child's developmental needs (Estyn, 2018).

Young carers require security during their childhood, living their life the best they can in this modern society, through education and opportunities made available. Policies should be providing solutions for young carers and preventative, initiatives so they do not become young carers to begin with. If the government fail these young carers then they should ensure to provide opportunities which enable them to be healthy and happy, not compromised by caring for their family (Becker, Deardon, & Aldridge, 2001). Evidence suggests that the new ALN and the adoption of the PCP approach identifies that the government are moving forward with support to provide an improved system for learners (Welsh Government, 2019).

References:

- Action for Family Carers (2019) *Young Carers*. Available at: <https://affc.org.uk/services/young-carers> (Accessed: 29 April 2019).
- Aldridge, J., & Becker, S. (1993a) *Children Who Care: Inside the World of Young Carers*. Loughborough: Young Carers Research Group, Loughborough University.
- Aldridge, J., & Becker, S. (1994) *My Child, My Carer: The Parents' Perspective*. Loughborough: Young Carers Research Group, Loughborough University.
- Alison John & Associates (2007) *The Social Model of Disability*. Available at: www.alisonjohn.com/ (Accessed: 30 April 2019).
- Arnstein, S. R. (1969) 'A Ladder of Citizen Participation', *Journal of the American Planning Association*, 35: (4) pp.216-224.
- Barnardos (2019) *Young Carers: All Children Deserve a Childhood*. Available at: <https://www.barnardos.org.uk/what-we-do/helping-families/young-carers> (Accessed: 25 April 2019).
- Becker, S., Deardon, C., & Aldridge, J. (2001) 'Children's labour of Love? Young Carers and Care Work' in Mitzen, P., Pole, C., & Bolton, A. (eds) *Hidden Hands: International Perspectives on Children's Work and Labour*. Falmer Press: Brighton. pp.70.87.
- Bilsborrow, S. (1992) 'You grow up Fast as Well' *Young Carers on Merseyside*. Liverpool: Carers National Association, Personal Services Society and Barnado's.
- Carers Trust (2015) *About Young Carers*. Available at: <https://carers.org/about-us/about-young-carers> (Accessed: 28 April 2019).
- Carers Trust (2015) *New Rights for Young Carers in England*. Available at: <https://professionals.carers.org/new-rights-young-carers-england> (Accessed: 4 May 2019).
- Deardon, C., & Becker, S. (2000) *Growing up Caring: Vulnerability and Transition to Adulthood – Young Carers' Experiences*. York: Joseph Rowntree Foundation.
- Gray, B. & Jackson, R. (2002) *Advocacy and Learning Disability*. London: Jessica Kinsley Publishers.
- Hagner, D., Helm, D., & Butterworth, J. (1996) 'This is your meeting' A qualitative study of person-centred planning. *Mental Retardation*. 34 (3) pp.159-171.
- Henderson, R. & Pochin, M. (2001) *A Right Result? Advocacy, Justice and Empowerment*. Bristol: Polity Press.
- Holburn, S. & Vietze, P. (Eds.) (2002) *Person-Centred Planning: Research, Practice and Future Directions*. Baltimore: Paul Brooks Publishing.

Marsden, R. (1995) *Young Carers and Education*. London: Borough of Enfield Education Department.

Mercer, M. (2003) *Person Centred Planning. Helping People with Disabilities to Achieve Person Outcomes*. Illinois: High Tide Press.

O'Brien, J. & O'Brien, C. L. (2000) *A Little Book About Person Centred Planning*. Ontario: Inclusion Press.

O'Brien, J. & O'Brien, C. L. (2002) *Person Centred Planning*. Ontario: Inclusion Press.

Sanderson, H. (2000) *Person Centred Planning: Key Features and Approaches*. Available at:

www.familiesleadingplanning.co.uk/Documents/PCP%20Key%20Features%20and%20Styles.pdf (Accessed: 29 April 2019).

Sanderson, H (2015) *Helen Sanderson Associates*. Available at:

<http://www.helensandersonassociates.co.uk/> (Accessed: 25 April 2019).

Stalker, K. & Campbell, V. (1998) 'Person-Centred Planning: An Evaluation of a Training Programme', *Health and Social Care in the Community*. 6 (2) pp.130-142.

Thompson, N. (2006) *Anti-discriminatory Practice*. (4th edn.) Basingstoke: Palgrave Macmillan.

UK Government (2001) *The Promotion of Social Inclusion*. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/359358/socinc.pdf (Accessed: 1 May 2019).

UNICEF (no date) *The United Nations Convention on the Rights of the Child*.

Available at: <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/> (Accessed: 5 May 2019).

Welsh Government (2017) *Additional Learning Needs Transformation Programme*.

Cardiff: Welsh Government. [Online] Available at: <https://gov.wales/additional-learning-needs-transformation-programme> (Accessed: 5 May 2019).

Welsh Government (2019) *Overview of the draft Additional learning Needs Code Consultation*. Cardiff: Welsh Government. [Online] Available at:

<https://gov.wales/overview-draft-additional-learning-needs-code-consultation> (Accessed: 5 May 2019).

