



**NDIS Quality
and Safeguards
Commission**

Evidence Review

Person-Centred Practice



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Research and Evaluation

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Executive summary

This evidence review provides NDIS providers and worker, people with disability, their family, supporters, and health and allied health professionals and practitioners with a definition of person-centred practice and types of evidence-based person-centred practice in disability as reported in available literature.

This review seeks to address questions:

1. What is person-centred practice?
2. How can you be person-centred?
3. What types of person-centred practice are used in disability?

A non-systematic approach to searching for the best available evidence through open access libraries, grey literature and Google was used. The following sources in the public domain were searched: Google, Google Scholar and Analysis and Policy Observatory. This included peer-reviewed literature and grey literature.

The review is accompanied by a [Person-Centred Practice Resource Map](#)^{*} to support NDIS providers and workers to implement person-centred practice to enhance the safety and wellbeing of people with disability. NDIS participants, and their families and carers may also use this to find person-centred resources that work best for them.

A summary version of this review can be found in [Evidence Summary – Person-Centred Practice](#)[†].

Key findings

- ‘Person-centred’ puts the person at the centre of their own life focusing on their needs and circumstances, including making decisions in service planning and delivery.
- Person-centred practice can be understood through six core principles based on the values of equality and the self-determination of human beings. The six principles are:
 1. Promoting quality of life and personal goals.
 2. Recognising and facilitating what matters to that person.
 3. Addressing psychological, social, spiritual and cultural needs.
 4. The right to make independent and informed choices, free from paternalism, undue influence or discrimination.
 5. Enabling and supporting the person to participate in their care and life at the level they desire.
 6. Having the education, information and support to make decisions

^{*} <https://www.ndiscommission.gov.au/rules-and-standards/pcp-map>

[†] <https://www.ndiscommission.gov.au/rules-and-standards/pcp-summary>

- Person-centred practice can be implemented everyday by focusing on the person and interacting with them with dignity, compassion and respect. There are five ways to do this:
 1. Honouring the person
 2. Building relationships
 3. Being strengths-based and capacity focused
 4. Facilitating participation, engagement and social inclusion
 5. Being compassionate
- Organisations that are person-centred have strong values of being individualised and adaptive towards the person they support, and support their staff with leadership modelling, reflective practice and training to demonstrate everyday person-centred practice
- There are three person-centred practices that have been found to improve quality of life, health and wellbeing, decrease behaviours of concern and achieve other significant outcomes for people with disability. These practices are:
 1. Person-Centred Planning
 2. Active Support
 3. Behaviour Support

Please see [Person-Centred Practice Resource Map](#)* for a list of resources on the three person-centred practices.

Conclusion

This evidence review provides an examination of person-centred practice in disability services, outlining its key principles, implementation strategies and evidence-based benefits. Person centred practice prioritises the rights, preferences and well-being of with disability, ensuring they have autonomy and control over their lives and the services they receive. When person-centred practice such as Person-Centred Planning, Active Support and Behaviour Support are used, people with disability can experience increased engagement and wellbeing. This requires organisational commitment and a person-centred culture led by strong leadership to model the expectations of workers to work in a person-centred way.

* <https://www.ndiscommission.gov.au/rules-and-standards/pcp-map>

Person-Centred Practice Evidence Review

What is person-centred practice?

The term person-centred is often used interchangeably with other terms such as patient-centred care, people-centred, consumer-centred, and client-centred in health and human services such as ageing, disability, mental health and medicine.¹

What constitutes as person-centred practice can be understood and operationalised in every day practice across a variety of contexts, service settings, and across multiple levels (policy to practice).^{2,3,4} Person-centred practice can be a model, a process, an outcome, a value, a policy or a part of practice designed to focus on the individual persons needs and circumstances.^{2,3,5} Nonetheless, being person-centred can be seen as providing high quality care and services, and improve experiences, opportunities and outcomes for individuals and organisations, including workers.^{1,5,6,7,8,9}

While there is no single or globally accepted definition for person-centred practice, common themes emerge across models to describe several its elements and approaches. In Australia, there are a variety of person-centred strategies at the individual (e.g., frontline worker practice initiatives), organisational (e.g., organisational culture, practice, implementation) and system-wide (e.g., government policy) level.

A definition of person-centred practice

Person-centred practice

Person-centred practice is based on the values of equality and the self-determination of human beings.¹² It is underpinned by:^{12,13,14}

- Promoting quality of life and personal goals.
- Recognising and facilitating what matters to that person.
- Addressing psychological, social, spiritual and cultural needs.
- The right to make independent and informed choices, free from paternalism, undue influence or discrimination.
- Enabling and supporting the person to participate in their care and life at the level they desire.
- Having the education, information and support to make decisions.

The word person-centred by its very nature suggests the person is at the centre of their own life, including having decisions in service planning and delivery.¹⁰ It is a contemporary approach and attitude towards working with people with disability based on the concept of the social model of disability, and the inclusion of the rights of people with disability.¹⁰

Person-centred practice is a holistic and humanistic approach that incorporates the various dimensions of wellbeing and quality of life. It is directed by the persons needs and preferences based on their world, individual expression, values and beliefs.^{1,11} It takes into consideration their given environment, relationships, strengths, future plans and their rights.⁴ This results in delivering respectful and responsive services, supports. and outcomes for the individual.⁴

Ways to be person-centred

Waters and Buchanan identified five core elements to be person-centred through a thematic analysis of 504 documents containing person-centred concepts in the ageing, mental health and disability literature.² The five core elements are:²



1. Honouring the person

Honouring the person places the person with disability central to being part of processes and decision-making to have self-determination and control over aspects of their life irrespective of their disability.² It acknowledges and respects that the person is an expert in their own life and can make choices allowing for dignity of risk.² This requires knowing and understanding the person well and having meaningful engagement based on their personalities, history, lived experience, and interests.^{15,16}

It is reflected as providing individualised supports based on interests, skills and needs by ensuring the person is involved in Person-Centred Planning.^{15,17}

How can you honour the person?

- Understand, respect and support the person as someone with their own unique perspective, history, needs, strengths and preferences;
- Get to know the person using a variety of methods and strategies;
- Assume the person has the capacity to self-determine, be involved and make decisions and choices such as in the design and provision of their services and supports;
- Acknowledge and advocate for the person as the expert in their life;
- Support and involve the person as much as possible to have control over their life in planning their services and supports.



2. Building relationships

Relationships between providers, workers, the person with disability and their families are an important means of being person-centred as the relationship facilitates the process of defining goals and tailoring supports that are right for the person.¹⁸ This can be especially true for people with intellectual disability or with limited verbal communication.^{2,4,17} Relationships are key to better understanding the physical and psychological needs of the person and helps to tailor individualised services and supports.¹⁸ Caring, empathic relationships between providers, workers and people with disability are crucial to quality of life as providing quality care.¹⁹ **Error! Bookmark not defined.**

Building relationships will require recognising a person's background, their wider familial and social context in which people live their lives and understands the person from their historical context.² Being person-centred supports the maintenance of existing relationships and fosters the development of new ones.¹⁹

It is reflected in the process of Person-Centred Planning, as a goal and outcome.

How can you build relationships?

- Understand the important role of relationships to humans and therefore for the person;
- Support the development of new and existing relationships between the person and their family and friends, the workers and other paid and unpaid supports in their lives;
- Engage in friendly conversation that support connection and sharing between providers, workers, the person with disability and their families;
- Provide services that actively engage with and welcomes the family perspective.



3. Being strengths-based and capacity focused

Person-centred practice that are strengths-based and capacity-focused has positive outcomes in self-development and motivation, and creating a supportive, confidence-building environment for people to move towards their goals.²¹ It requires workers to be positive in their outlook towards people irrespective of the level of support they require, having high expectations of people and committing to achieve positive outcomes without being limited by barriers.^{2,17}

Being strengths-based and capacity focused is about emphasising people's strengths, interests and abilities, focusing on capacity and choice even if it requires redesigning to better suit the needs and requirements of the person, and assuming that people have competence and control to make decisions about their services and supports.^{2,4,21}

It is reflected in the practice of Person-Centred Planning and participation in Active Support.

How can you be strengths-based and capacity focused?

- Understand and recognise that the person has unique capabilities, strengths and abilities, and is not someone who needs to be fixed or managed;
- Support and encourage opportunities to use and retain the person's skills, strength and abilities;
- Assume the person has capacity and can contribute regardless of their support requirements, reflecting what is possible, not just what is available now.



4. Facilitating participation, engagement and social inclusion

Being present and included in daily life within the community 'in a social world' can be understood as citizenship and one of the primary foundations of person-centred practice.² Participation refers to undertaking meaningful activities and occupation, whereas engagement refers to meaningful activities that people choose to do that are satisfying and part of their personalities and interests.^{2,15}

These foundations are underpinned by the principles of rights, independence, choice and inclusion to live full and independent lives. Facilitating participation, engagement and social inclusion is linked with positive outcomes and better quality of life.^{22,23} This requires knowing the person well to identify and understand personal preference and maximise that person's potential, while acknowledging that people have differing needs to be engaged.^{21,24}

This is best reflected in Active Support and in the Person-Centred Planning processes and procedures that promote their involvement.

How can you facilitate participation, engagement and social inclusion?

- Understand that participation and engagement in activities and social inclusion are important to health and wellbeing;
- Acknowledge and support the person's preferences to participate and to be engaged in activities of their interest, choice and strength;
- Encourage the person to be involved in their everyday community and using mainstream services;
- Provide opportunities for engaging in meaningful social activities and fulfilling relationships;
- Enable and support independence, choice and positive social networks.



5. *Being compassionate*

Irrespective of a person's disability and cognitive function lies the fundamental element of respecting humanity and enhancing personhood.^{2,25} It is providing care and support that is reflected through the person's intangible feelings of comfort, safety, reassurance, compassion, hope, freedom, belonging and empathy.^{2,24,25}

Being compassionate can be as simple as the person being listened to, informed, understood, respected, responded to, involved, inclusive of emotional needs and preferences and that wishes are honoured (but not mindlessly enacted).^{2,26} Through recognition, respect and trust, the personhood of a person will be enhanced as well as their wellbeing.²⁵

How can you be compassionate?

- Respect and value the person as a human being, equal to one another, with needs of comfort, empathy, hope, compassion, love, belonging and safety;
- Support access to people, objects, items and activities that provide comfort;
- Consider the person with unconditional positive regard by accepting the person as they are in a nonjudgmental, caring way;
- Support the person to experience a sense of hope and purpose in life;
- Respond and communicate in a compassionate manner through mutually respectful relationships, care, empathy, and sensitivity to needs and values;
- Support the person to establish and maintain positive and loving relationships;
- Support the person to experience a sense of belonging and togetherness with others.

Organisational factors of person-centred practice

Waters and Buchanan also identified organisational characteristics as a crucial overarching element for the way a service expresses person-centred practice.² Being person-centred calls for the management, organisation and delivery of services and support to ensure people with disability are at the heart of planning and policy. Love and Kelly consider the 'person-centred operational system' to be gold standard when there is a focus on both the person's wellbeing and maintenance of their personhood, as well as transforming the operational structure to support person-centred outcomes and practices.²⁷

Person-centred organisations can typically be characterised as having holistic practices and cultures that reflect the above five elements of being person-centred. Organisational culture is described as a key influence in the development and implementation of person-centred practice.²⁸ A culture of an organisations includes their perceptions, attitudes and beliefs about the person they support, their model of service provision, as well as their willingness to evolve and adapt services to optimise individualised service delivery.²⁸

Person-centred practice can only flourish if an organisation's culture enables staff to work in a person-centred way.²⁰ The daily practice of being person-centred with leadership modelling towards staff is deemed as essential to expect staff are also person-centred to others.² These organisations are grounded in strong values and principles that include being individualised, adaptive and responsive, solution-focused, and providing continuity of care.^{2,16,18,23,27} Establishing and sustaining person-centred culture requires commitment to practice development, service improvement and ways of working that embrace continuous feedback, reflection and engagement methods that enable all voices to be heard.²⁰

A person-centred approach also requires continuous critical self-reflection of those who try to work within its values.²⁹ This requires energy, motivation, sufficient resources and support for all staff, which includes training and reinforcement in person-centred practice.²⁹ Staff experience, ability and inclination to care effectively is compromised if they do not feel cared for themselves.²⁹ Where applying person-centredness to staff, there is evidence of positive outcomes in increased job satisfaction, job commitment, and in turn enhanced high-quality individualised supports.^{2,18}

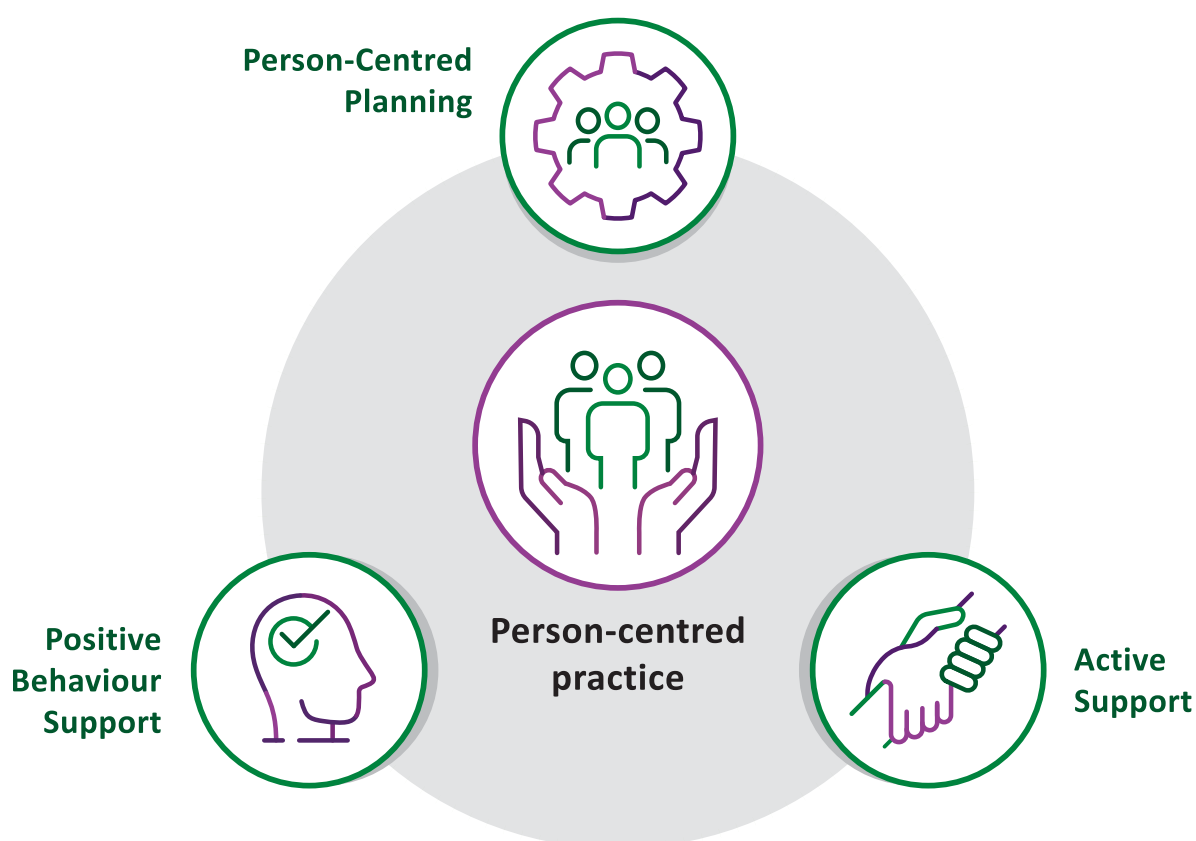
How can you create a person-centred culture?

- Encourage and support a person-centric focus with leadership modelling, continuous feedback and reflective practice;
- Establish and promote functional relationships with the person, their family, workers and community;
- Promote and encourage management and leadership to work collaboratively with people with disability;
- Provide resources and organise work to support and empower workers to respond to the person's needs and desires;
- Use feedback and data to monitor and improve the quality of services.

Types of person-centred practice in disability

Person-centred practice shifts power back to the person with disability through choice and control to tailor their service delivery. Every person has their own unique needs, and person-centred practice aims to personalise their support to meet these needs. People with disability and their families are in the best position to determine their needs, goals and plans which has been shown to increase wellbeing and prevent illness when used in health settings.³⁰

In disability, Person-Centred Planning, Active Support and Behaviour Support are examples of rights-based, individualised person-centred practice in action. Research has found that these complementary practices have positive outcomes for people with disability including increased social engagement, community participation, participation in activities of daily living, empowerment, decision making, skill development, greater satisfaction with their inclusion in the community and improvements in decreasing behaviours of concern.^{12,23,31,32,33,34,35,36} These in turn contribute to better quality of life, health and wellbeing.^{12,22,30,31,32}





Person-Centred Planning

Person-Centred Planning was developed to improve service quality for people with intellectual disability. It is not a prescriptive technique but a term used to describe a range of approaches to supporting people with disability to plan their future and organise their support structures.^{32,37} The focus must therefore be on understanding and implementing principles, rather than focusing only on particular tools.

Person-Centred Planning aims to empower people with disability by including them in discussions and decision-making about their care, with the main goal to 'aid an individual in developing meaningful life goals based on his or her strengths and talents, utilizing individual, natural, and creative supports and services.'³⁷

Inherently the process of developing a person-centred plan involves evaluating a person's current quality of life by giving them the opportunity to identify and address their unmet needs. The common factor between different person-centred planning tools is to support the person to build their quality of life based on choices, preferences, shared power, rights and inclusion.³²



Active Support

Active Support helps people with intellectual disability, particularly in supported accommodation services settings, to participate in meaningful activities and social relationships.^{40,41}

It is defined and practiced as 'an enabling relationship by which staff and other carers provide graded assistance to ensure success'⁴² This means assistance is tailored to the needs, pace and preferences of the person, and delivered in a person-centred and respectful way.⁴² Workers use everyday opportunities to empower people to make choices, have control over their lives and develop the skills and opportunities for more independence and inclusion. The underlying principle of Active Support is that everyone can be supported to participate and have more control over their lives even if they don't have all the skills needed.



Behaviour Support

Behaviour Support, also referred to as Positive Behaviour Support, is a human rights and values led approach. Behaviour Support relies on person-centred, proactive and evidence informed strategies that are respectful of a person's dignity and aim to enhance the person's quality of life.^{34,36,43,44} It includes an ongoing process of assessment, intervention, and data-based decision making.⁴⁵ Behaviour Support focuses on skill building, creating supportive contexts through ecological and systemic change and reducing the likelihood and impact of behaviours of concern.⁴⁵

Behaviour Support seeks to develop an understanding of the reasons why a person may display behaviours of concern, understanding that the behaviour is functional to the person and often a means of communication or exerting control in their life.⁴⁴ Behaviour Support draws primarily from behavioural, educational, and social sciences, although other evidence-based strategies may be incorporated.⁴⁵ It can be applied within a multi-tiered framework at the level of the individual and at the level of larger systems.⁴⁵

When Active Support is used in daily practice in conjunction with Behaviour Support it can achieve therapeutic effect.⁴²

Conclusion

This evidence review highlights the critical importance of person-centred practice in disability services, emphasising a foundation in equality, self-determination and holistic support. It identifies six core principles and practical approaches of person-centred practice that promote quality of life, recognises individual needs and goals holistically, supports informed decision-making, enables participation and ensuring access to information and resources.

Embedding person-centred practice can be embedded at the individual worker level and organisation level in everyday interactions. Key person-centred practices such as Person-Centred Planning, Active Support and Behaviour Support have demonstrated positive impacts on participation, engagement and wellbeing. At the organisational level, effective implementation of person-centred practice requires strong leadership, a supportive culture, reflective practice, workforce development and upholding person-centred values to sustain person-centred approaches. Fundamentally these are driven by five core elements: honouring the person, fostering relationships, adopting strengths-based approaches, enabling social inclusion and demonstrating compassion.

By reinforcing person-centred practice in disability services, providers can create a more responsive, empowering and effective delivery of supports. The accompanying [Person-Centred Practice Resource Map](#)^{*} offers practical tools and resources to guide NDIS providers, workers, and people with disability in utilising person-centred practice.

^{*} <https://www.ndiscommission.gov.au/rules-and-standards/pcp-map>

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