AN AUDIT APPROACH TO EVALUATING INDIVIDUAL PLANNING

Roberta Radcliffe and John R. Hegarty

Introduction

During the late 1960s the idea of an individual plan for individuals with learning disability in receipt of services began to emerge. This plan would be prepared by a multidisciplinary team, sometimes including the client and his or her relatives, and would specify individualised goals that might be achieved at future dates, with the aid of specific service input. Regular meetings would be held to discuss and review such plans. According to Cummins et al. (1996), early exponents included Crosby (1976) and Schachter et al. (1978) who used the term “individualized program plan” to refer to plans that contained information about which services the client would receive and which skill-building programmes would be used. Although such plans have had different names, such as individualised person plan, individualised service plan, or individual programme plan, they have many common features. In this article, the term “individual planning” (IP) will be used as a generic term, whilst the term “individual planning system” will be used to denote the particular implementation of individual planning in a service. The article takes the view that individual planning is an important component of services for people with learning disability and that it is possible to self-audit its implementation within a service.

Several official bodies in the United Kingdom, such as the Independent Development Council for People with a Mental Handicap (1982), and the Welsh Office (1983), have stressed the importance of individual planning for people with learning disabilities. The idea became central to the individualisation of services within the UK government’s All Wales Strategy, as a way to tailor a service to the individual needs and wishes of each person and his or her family (Felce et al.,

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Indeed, individual planning has become an important component of service provision for people with learning disabilities (Rose, 1990), and is now widespread (O’Brien and Lovett, 1992). It is associated with the formation of multi-disciplinary teams to plan and deliver services (Fleming, 1985). For Cummins et al. (1996), individual plans are an essential component of quality assurance in service delivery for people with an intellectual disability.

Kaplan and Kauffman (1990) reviewed individual programme planning (IPP) and summarised its purpose as follows:

“The IPP may be viewed as a road map for the individual’s future. In clearly stating who will do what and when, it establishes responsibility and accountability. It is the basis for reviewing progress and is a record of achievement. To be effective the IPP must be positively focused and have the maximum possible participation of the individual with developmental disabilities.” (page 145)

Formats for conducting individual planning meetings vary (Blunden, 1980; Jenkins et al., 1988; Chamberlain, 1990) but the intent is usually to review one person’s need to establish a clear statement of objectives to be achieved in the short to medium term (de Kock et al., 1988). Greasley (1995) describes a typical IP meeting thus:

1. It begins with a scheduled planning meeting involving key-people in the individual’s life (arranged by an IP chairperson).
2. A key-worker compiles information on the individual’s background, current situation, strengths and needs for discussion at the meeting.
3. The individual’s planning meeting is then held to discuss overall aims and to produce a written plan of action, recording long-term and short-term goals, the strategies for achieving these goals and the persons responsible for helping the individual to achieve these goals.
4. The activities specified in the plan are then implemented and later reviewed at the next planning meeting (often held at six-monthly to one-yearly intervals).

General components include a multi-disciplinary team approach, the involvement of the client and their family and/or an advocate in the planning process, the use of structured assessments, the adoption of a constructivist approach to goal planning, and a ‘normalisation based’ philosophy (Dagnan and Sturmey, 1993).

The question arises as to how effective individual planning is as a strategy for service delivery. The nature of individual plan construction and implementation in principle encourages evaluation. Kiresuk and Sherman (1968) were pioneers of “goal attainment scaling”. This was a forerunner of individual planning. It was advocated as a basic method for selecting individual patient goals within a mental health treatment facility and for working out the extent to which they had been achieved. Houts and Scott (1975) used Kiresuk and Sherman’s approach to evaluate the effectiveness of their “goal-planning” approach for people with learning disability in everyday use. Results showed an advantage for establishments where goal-planning procedures were introduced, although staff training and attitudes to the approach seemed to be an important factor in success. It should be noted that Kiresuk and Sherman’s
innovation was for the intervention programmes to set their own goals, which then could be used for evaluation of success. They were arguing against more traditional approaches to evaluation which were not framed according to the specific treatment aims set for an individual client.

Individual planning has been evaluated by a number of researchers, although Wright and Moffatt (1992) reported that they have found no agreed formal process for evaluation. Some evaluations have considered components of individual planning (for example, Gilliam and Coleman, 1981; Pfeiffer and Naglieri, 1983; Alexander and Hegarty, 2001) and others, the effectiveness of IP systems as a whole (for example, Stephens and Yu, 1985; Fleming, 1985, 1988; Humphreys and Blunden, 1987; Wright and Moffatt, 1992; Cummins et al., 1996). Related research, such as that of Goldstein et al. (1980) and Bailey et al. (1985), has evaluated the participation of members in interdisciplinary team meetings. Other evaluations of individual planning include those of Throne et al. (1977); Schachter et al. (1978); Page et al. (1981); Stephens and Yu (1985); Jacobson (1987) and Read (1990).

Evaluations have led to a number of criticisms and dis satisfactions of individual planning. These include concern over the level of commitment and support from professionals, over complicated documentation, problems with goal setting and inadequate training of staff (Greasley, 1995). Wilcox and Bellamy (1987) reported too much emphasis on personal inadequacies relating to educational and social competencies with too little attention to personal strengths and capabilities. Croker (1990) and Chamberlain (1992) believed that there was insufficient involvement of client and carers in the assessment and planning process.

Dissatisfaction with some approaches to individual planning has led to alternatives being suggested as superior. For example, Shared Action Planning (Brechin and Swain, 1987), and Personal Futures Planning have been put forward as more “person-centred” alternatives (O’Brien and O’Brien, 1998). However, such dissatisfaction may be based on impressions of current systems, or on ideological grounds, rather than on objective evidence that traditional individual planning approaches are not working well. The introduction to the book by Sanderson et al. (1997) on person-centred planning, for example, states,

This book started as a search for a better way of planning with people: a way of planning that actually results in changes in people’s lives rather than plans which lie in drawers [but] it soon became clear that looking for better styles of planning was only a small part of helping people make changes. Searching for the ‘best’ planning style missed the essence of person centred planning. (p.9).

There is probably no one best way to deliver individual planning. Rather, progress to improve the quality of services may be best made through improving and refining what is already being done. This is supported by the fact that the various evaluations that have been published have not only considered different approaches, have not only varied in their focus on components or whole planning approaches, but have also used different evaluation methods and measurement tools. In fact, it is difficult to see how one might decide which single method for the evaluation of individual planning would be the best one to follow, since there are procedural and ideological differences between the different approaches to it.
Therefore, it could be more valuable to services for people with learning disability, and their users and clients, if methods were available for a service to evaluate its own particular version of individual planning. This might allow the progressive development of the service, through the feedback such an audit would produce. We might call this a “self-audit” of a service’s IP system.

The study reported here was designed with this in mind. It takes a “goal-oriented” evaluation approach (Stecher and Davis, 1987) to the evaluations of components of a service. This involves using service-specific goals and objectives as criteria for determining success. The extent to which goals are attained is measured by methods which are consistent with, and often specific to, the service in question, such as purpose-made questionnaires, interviews and checklists. The strengths of using this approach are its concern with the clear delineation of logical relationships between objectives and activities and its emphasis on elements that are important to the service (Stecher and Davis, 1987). These elements might, for example, be the way in which health and safety regulations are implemented, how clients participate in decision making, or, as here, how individual planning operates. It also allows the progressive improvement of a service by identifying which goals are not being met. Further, repeated testing can show improvements made over time. This approach has many similarities to the principles of service audit in which service delivery is measured against objectively defined standards.

The aims of this evaluation study are, therefore:
(a) to use Stecher and Davis’ (1987) method for identifying the objectives of one particular individual planning system;
(b) to develop a procedure for assessing whether or not these objectives were being achieved;
(c) to check that this procedure was perceived as a valid means of evaluating individual planning.

It was hoped that the outcome would be a simple procedure for self-auditing individual planning, which might be easily implemented by other services.

Method

Study design

The study is a goal-based evaluation of individual planning in one service for people with a learning disability, “Heath Farm”. An evaluation is defined as a form of “disciplined inquiry” (Lincoln and Guba, 1986) that applies scientific procedures to the “collection and analysis of information about the content, structure and outcomes of programmes, projects and planned interventions” (Clarke, 1999). The study followed the recommendations of Stecher and Davis (1987) by interviewing staff about service objectives, and collecting relevant data on the extent to which they were achieved in practice by analysing documents. A check on the extent to which the documentary evidence was valid was made by interviewing staff, and by personal observation.

The Service setting - Heath Farm

Heath Farm is a specialist residential and day care service provider for adults and adolescents with Autism and
Asperger’s Syndrome. The service consists of four units and has a total of thirty-nine residential places (thirty-one adult and eight adolescents). This study evaluates only the adult individual planning procedures.

Heath Farm has devised its own system for individual planning. It was developed by members of the professional multidisciplinary team and has been in place since the service opened in 1995. Although Heath Farm has continued to examine and modify its practice as necessary, no structured evaluation of the IP system has taken place. It was, however, reviewing the system - which made the current evaluation timely.

Sample of participants

A sample of eight service-users (25% of the service users) was chosen to reflect the residential setting, age, sex, degree of dependency and the extent of available IP records. The individuals whose individual planning records were studied included 7 males and 1 female. Of these, 2 individuals had Classical Autism, 3 people were diagnosed with Autism and Challenging Behaviour and 3 with Asperger’s Syndrome.

Procedure

Following the recommendations of Stecher and Davis (1987) to obtain full information about the objectives of the service, the Registered Manager of the Service was interviewed first. This session allowed the evaluator to discover broad areas of information before developing an evaluation method, and to listen to the person most familiar with the overall operation of the programme. The questions aimed to gather as much general information about the IP system as possible, to identify specific objectives of the system and to note any constraints. Available documents about the service were also studied.

From this initial data gathering process it appeared that individual planning at Heath Farm had the following specific objectives:

1. Every individual should have an IP meeting three months after admission and annually thereafter.
2. The client’s key-worker should write a report for the meeting.
3. A multi-disciplinary team should attend each meeting.
4. The key-worker report should be circulated by the chairperson to all attendees at least 1 week in advance of the IP meeting.
5. Aims and objectives of the previous IP meeting should be reviewed in the meeting.
6. Current issues should be discussed in the meeting.
7. The meeting should agree on a set of objectives for the future.
8. The chairperson and the key-worker should ensure that the IP meeting’s aims and objectives were incorporated into the day-to-day programmes of the service user.

These objectives for individual planning at this particular service are close to the typical aspects of individual planning described by Greasley (1995) and outlined earlier in this article.

“There are no rigid rules that can be provided for making data collection and method decisions in evaluation. The art of evaluation involves creating a design and gathering information that is appropriate for a specific situation and particular policy making context” (Patton, 1987).
With this quotation in mind, it was decided that documentary information from past IP meetings, such as reports, records and minutes would be used to assess whether the IP objectives were achieved or not. A sample of 25% of the service users was chosen, as described above. For each individual, two IP meetings were assessed (1998 and 1999).

In evaluation research, a problem can arise about defining whether a particular service objective (such as, “every individual should have an IP meeting three months after admission”) has been met or not. Clearly, 100% achievement of that aim is unambiguous. But things rarely happen all the time. It might be that, if they happen ‘most of the time’, then that is considered good enough. It is, therefore, necessary to set a “quality standard”, or “benchmark”, which is an agreed statement of the minimum acceptable level of achievement of a programme’s objectives. The manager was therefore asked to decide what percentage of the sample data would demonstrate whether the IP meetings had met an acceptable standard. He suggested that, if 75% of the IP meetings could be shown to have met a particular objective, then it could be considered that they had reached an acceptable quality standard.

Ecological validity

It was necessary to check how far this method would indeed indicate whether or not the IP process was successful or not. One can invent an evaluation method that looks appropriate but then find that those involved closely with the service do not accept that the method chosen accurately reflects its success or failure.

Two methods were used to check the accuracy of the documentary record analysis:

1. **Interviews with Team Leaders** (the team leader was usually the IP meeting Chairperson). The three Team Leaders for Heath Farm were asked if the results of the documentary analysis were a true reflection of what really had happened.
2. **Participant observation.** The first author attended many of the IP meetings and was therefore able to comment on the accuracy of the documentary records.

To summarise, the method followed entailed:

1. An interview with the manager, to ascertain the aims/objectives, context and constraints of individual planning and to set a quality standard.
2. Documentary analysis of IP meeting records for eight clients to find how far the IP objectives had been met.
3. Interviews with staff members, and participant observation by the first author in IP meetings, to determine how far the documentary evidence, in their experience, reflected what had actually happened.

### Results

TABLE I shows how many IP objectives were set and achieved (according to the Manager’s criterion of 75% achieved) in 1998 and 1999, and how many were set but not achieved.

TABLE I shows that, in 1998 and 1999, in at least 75% of meetings, the following objectives were set and achieved:

- The IP meetings were held annually.
- A key-worker report was written.
• During the IP meetings current issues were discussed.
• During the IP meeting future objectives were set.
• A multi-disciplinary team attended.

TABLE I also shows the objectives that were set but not achieved:
• Reports should be circulated by chairperson, to all attendees at least 1 week in advance of the IP meeting.
• Aims and objectives of the previous IP meeting should be reviewed in the meeting.
• The chairperson and the key-worker should ensure that the IP’s aims and objectives are incorporated into the day-to-day programmes of the service user.

TABLE II compares these findings with the recollections of staff members, including the first author. It shows that their only disagreement with the documentary evidence was for Item 3, “a multidisciplinary team should attend each meeting”. In a number of meetings, members of some important professional groups had not been present.

Discussion

The aim of the study was to evaluate one component of a learning disability service, based on the approach of Stecher and Davis (1987). With assistance from the service manager, objectives for the individual planning component of a

<table>
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<tr>
<th>Objectives</th>
<th>Set objectives achieved in 1998 (n = 8)</th>
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<tbody>
<tr>
<td>1. Every individual should have an IP meeting three months after admission and annually thereafter.</td>
<td>8 (100%)</td>
<td>8 (100%)</td>
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<tr>
<td>2. A key-worker report should be written.</td>
<td>8 (100%)</td>
<td>8 (100%)</td>
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<tr>
<td>3. A multi-disciplinary team should attend each meeting.</td>
<td>6 (75%)</td>
<td>8 (100%)</td>
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<tr>
<td>6. Current issues should be discussed at the meeting.</td>
<td>8 (100%)</td>
<td>8 (100%)</td>
</tr>
<tr>
<td>7. A set of objectives for the future should be agreed.</td>
<td>8 (100%)</td>
<td>8 (100%)</td>
</tr>
<tr>
<td>4. Reports should be circulated by chairperson, to all attendees at least 1 week in advance of the meeting.</td>
<td>0 (0%)</td>
<td>1 (12%)</td>
</tr>
<tr>
<td>5. Aims and objectives of the previous IP meeting should be reviewed in the meeting.</td>
<td>2 (25%)</td>
<td>3 (38%)</td>
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<tr>
<td>8. The chairperson and the key worker should ensure that the IP aims and objectives are incorporated into the day-to-day programmes of the service user.</td>
<td>2 (25%)</td>
<td>3 (38%)</td>
</tr>
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learning-disability service was produced. Documents, interviews with staff, and observations of meetings provided evidence of the extent to which these objectives were met in practice. Five objectives, namely: annual IP meetings, a key-worker report, presence of a multi-disciplinary team, a discussion of current issues, and an agreed set of objectives for the future, had been achieved in both 1998 and 1999. However, three objectives were achieved in very few meetings: a circulation of reports one week prior to the meetings, aims and objectives from previous meetings reviewed, and future objectives incorporated in day-to-day programmes. The objectives achieved appeared to improve slightly from 1998 to 1999.

Interviews with the Team Leaders and participant observation indicated that the results were mostly a true reflection of what actually happened. However, the Team Leaders did remark that, at times, a full multi-disciplinary team was not present. On a positive note, they stated that IP meetings were improving and achieving more of the stated objectives.

Cummins et al. (1996) offer a “model system” for the evaluation of individual programme plans (IPPs) which they used to evaluate plans prepared by Australian agencies for 163 people. They conclude that the IPPs had been “poorly prepared”. Wright and Moffatt (1992) found, in their study of the use of individual programme plans in 14 locally-based hospitals units, that there was no system for evaluating individual planning, but that almost all respondents in their survey said that such a system would be useful. Opinions were divided on how to do this. The examples

<table>
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<th>Objective</th>
<th>Records</th>
<th>Team Leaders</th>
<th>Personal Experience</th>
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<tbody>
<tr>
<td>1. Every individual should have an IP meeting three months after admission and annually thereafter.</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>2. A key-worker report should be written.</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>3. A multi-disciplinary team should attend each meeting.</td>
<td>Achieved</td>
<td>Not always</td>
<td>Not always</td>
</tr>
<tr>
<td>4. Reports should be circulated by chairperson, to all attendees at least 1 week in advance of the IP meeting.</td>
<td>Not Achieved</td>
<td>Not Achieved</td>
<td>Not Achieved</td>
</tr>
<tr>
<td>5. Aims and objectives of the previous IP meeting should be reviewed in the meeting.</td>
<td>Not Achieved</td>
<td>Not Achieved</td>
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<td>6. Current issues should be discussed.</td>
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<td>Achieved</td>
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<tr>
<td>8. The chairperson and key-worker should ensure that the IP aims and objectives are incorporated into the day-to-day programmes of the service user.</td>
<td>Not Achieved</td>
<td>Not Achieved</td>
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given included suggestions about assessing the number of successful goals, holding regular meetings, and implementing a quality assurance scheme. The authors concluded that, “As IPP systems are now establishing themselves, methods of evaluation will increasingly be called upon to measure their effectiveness in terms of client-outcome and as an administrative framework.” (p.92).

The present study argues against trying to adopt a way of evaluating individuals planning which would be used uniformly across establishments, and over time, for example, of the sort described by Cummin et al. (1996). Rather, it suggests using the principles of a “quality audit”, by making explicit the components of the IP system in operation in a service, setting a minimum acceptable standard for their implementation, and constructing simple procedures for checking whether they take place or not. This procedure was followed in the present study and it gave a clear evaluation of the success of individual planning in the “Heath Farm” service. Service managers might easily use this approach for evaluating their own system of individual planning.

**Summary**

**Background:** Individual planning (IP) is an essential component of service-delivery for people with learning disabilities. The literature contains many discussions and evaluations of individual planning, but there is no agreement on the best method of evaluating it. This article proposes that service-providers should routinely audit their individual planning system against their own objectives for it - by conducting a self-audit.

**Aim:** The purpose of this study was to produce and test procedures for the self-audit of the IP component of a learning disability service.

**Method:** The manager of a service for adolescents and adults was interviewed, and documents were analysed, in order to produce a set of objectives for the IP component of the service. Records of IP meetings were then examined to assess whether the objectives had been achieved. Staff interviews and personal observation were used to check the validity of these documents as a measure of how IP meetings had been conducted.

**Results:** The self-audit procedure showed what the service’s IP objectives were, which of them were being achieved in practice, and which were not. Cross-checking the results obtained from documentary analyses with staff interviews and personal observation showed that the documentary data were a valid indicator of what had taken place in IP meetings.

**Conclusions:** The study illustrates the effectiveness of a simple audit procedure for clarifying the objectives of individual planning and for showing whether or not they are achieved in practice. The procedure could easily be followed by other service providers. Using such a self-audit procedure could enhance the effectiveness of the IP component of a learning disability service.

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