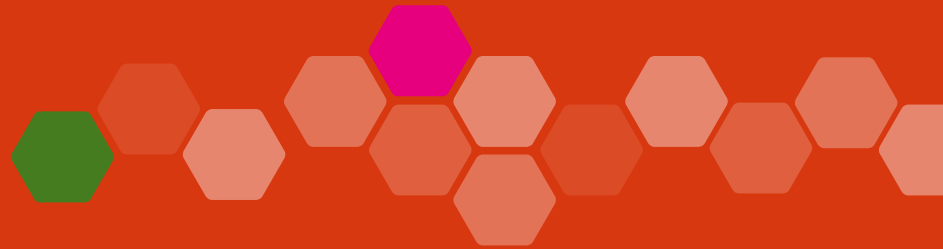


Learning from Person-Centred Approaches



PEOPLE, COMMUNITIES AND PLACES

Learning from Person-Centred Approaches

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Key Findings

- In recent years in Scotland, there has been an increase in the number of policies described as 'person-centred'. However, there is no common definition or shared understanding of what the term means.
- From the literature and case studies examined in this paper, four key attributes essential to person-centred approaches were identified. These attributes are:
 - **Holistic** – starting from an understanding of the person and their needs
 - **Ethical** – adhering to a set of strong ethical principles
 - **Assets based** – building on the strengths of the person and their informal networks
 - **Relational** – recognising the importance of building relationships and trust
- Within these four key attributes there are a number of additional attributes that were apparent in most, but not all, of the examples of person-centred approaches examined.
- There are several examples of how the Covid-19 pandemic served to temporarily remove some of the barriers to more person-centred approaches resulting in services taking a more holistic and joined up approach.
- Person-centred approaches have a number of strengths (in comparison to more traditional approaches to service delivery) in relation to the individual, families, communities, society, front-line staff, and public services.
- Person-centred approaches can be an important means of building trust and reaching people who have had little previous contact with services.
- There are a large number of administrative and cultural barriers to adopting a person-centred approach which need to be overcome. These include barriers relating to resourcing, funding, reporting, paternalism, risk adversity, inflexible services, and a lack of appropriately trained staff.
- Based on existing evidence, the barriers identified above are not insurmountable, and there are examples of how, with strong leadership, these barriers can be overcome.

Key Policy Implications

- It is important to avoid using the term 'person-centred' in a tokenistic way. Person-centred approaches require significant resources, commitment, and leadership. There is a risk of disengagement and cynicism if the term is used inappropriately or indiscriminately.
- Person-centred approaches may be a means through which outcomes can be improved for those groups who have not previously been well served by public services.
- Public services can help facilitate person-centred approaches through moving away from short-term restrictive funding, thinking more creatively about reporting requirements and giving front-line staff greater autonomy to act.
- Power imbalances (between services and people) should be recognised and appropriately addressed in the development, delivery, and evaluation of policies.
- Greater emphasis needs to be given to co-production and choice in order to empower citizens and strengthen community cohesion and resilience.
- Person-centred approaches may require greater up-front investment of resources but have the potential to use personal and community resources and result in longer term preventative savings.
- Further research and evaluation is required in order to fully understand how the key attributes of person-centred approaches can support and improve outcomes in different contexts.
- Person-centred approaches may require us to re-think our approach to risk taking and accountability.
- Person-centred approaches are a means to achieve the public service reform ambitions articulated within the Christie Report. However, further guidance and support is likely to be required to facilitate adoption.

Introduction

This paper is part of a series of 'Learning from the Pandemic' Evidence papers produced on behalf of the [Covid-19 Learning and Evaluation Oversight Group](#). These papers bring together evidence on Scotland's response to and learning from the pandemic to inform recovery from Covid-19. The focus of this paper is Person-centred approaches.

Person-centred approaches have been frequently referenced over the last 2 - 3 years in Scotland in relation to, for example, the development of new policies such as the Promise ¹, the National Care Service ², Fair Start Scotland ³, the Mental Health and Wellbeing Fund ⁴, Social Innovation Partnerships ⁵, the Whole Family Wellbeing Fund ⁶ and the Child Poverty Pathfinders in Dundee and Glasgow. ⁷

In October 2021 the Scottish Government published its Covid Recovery Strategy: For a Fairer Future. ⁸ A core overarching theme within the strategy is an ambition to 'accelerate inclusive person-centred public services'. Examples of person-centred approaches within the strategy include:

- The Parental Employability Support Fund
- The No One Left Behind Approach
- Actions to help homeless people during the pandemic, and
- The establishment of Social Security Scotland

While the term 'person-centred' has been used to describe a variety of policies and approaches there is no common shared definition as to what constitutes a 'person-centred' approach, what this looks like in practice, what enables and supports a person-centred approach, and what the benefits (and costs) might be of adopting a person-centred approach to the design and delivery of policies.

¹ [Home - The Promise](#)

² [National Care Service - Social care - gov.scot \(www.gov.scot\)](#)

³ [Fair Start Scotland | StartScotland](#)

⁴ [Communities Mental Health and Wellbeing Fund - year 1: projects awarded 2021 to 2022 - gov.scot \(www.gov.scot\)](#)

⁵ [Social Innovation Partnership Learning Programme – I-SPHERE \(hw.ac.uk\)](#)

⁶ [Holistic whole family support: routemap and national principles - gov.scot \(www.gov.scot\)](#)

⁷ [Scotland's offer to families - Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026 - gov.scot \(www.gov.scot\)](#)

⁸ [Covid Recovery Strategy: for a fairer future](#)

Aims and Objectives

Given the prominence of the term ‘person-centred approaches’ within recent policy documents, this paper builds on previous, complementary work^{9 10}, providing timely evidence to support a range of organisations to: (i) actively consider what they mean when using the term ‘person-centred’, and to (ii) use the term meaningfully and intentionally. The paper is structured around the following research questions:

- 1) How can we better define and articulate the key features of person-centred approaches?
- 2) What are the key features of the person-centred approaches that were used in Scotland during the Covid-19 pandemic?
- 3) What are the strengths of and barriers to adopting person-centred approaches?
- 4) What factors enable public services to adopt a stronger person-centred approach?

Methods and Approach

This paper primarily focuses on four case studies of person-centred approaches to public service delivery during and immediately after the Covid-19 pandemic. These case studies (that can be found in the Annexes) were selected in order to illustrate different aspects how the term ‘person-centred approaches’ is applied in practice. The four case studies are:

- The Promise
- The Dundee Child Poverty Pathfinder
- The Scottish Drug Deaths Taskforce
- The Expert Review of Mental Health Services at HMYOI Polmont

The case studies involved examining policy, evaluation and monitoring reports and undertaking discussions with officials working within each of these areas. These case studies provide in-depth examples of where person-centred approaches have been applied and have proved beneficial. Each case study also considers both the limitations and enabling factors that supported the approach in each case.

In addition to the case studies, the wider literature relating to person-centred approaches was reviewed, alongside a review of relevant evaluations of interventions put in place to mitigate the effects of the Covid-19 pandemic.

⁹ Such as Scottish Government internal guidance - [Creating person-centred services](#)

¹⁰ Covid Recovery Strategy Assurance Report (Unpublished, August 2022)

1. How can we better define Person-centred approaches?

The term ‘person-centred approaches’ was first coined by Carl Rogers in the 1960s. It initially referred to a therapeutic, highly individualised, and non-directive style of counselling.¹¹ However, over time the term has evolved and moved away from its original, more narrowly defined meaning.

From the case studies, policy documentation and broader literature, it is possible to distil a number of ‘core’ attributes that characterise current use of the term person-centred approaches within Scotland. These are set out in the table below.

Table 1: Attributes that are ‘always’ part of a person-centred approach and those which ‘often’ feature as part of a person-centred approach

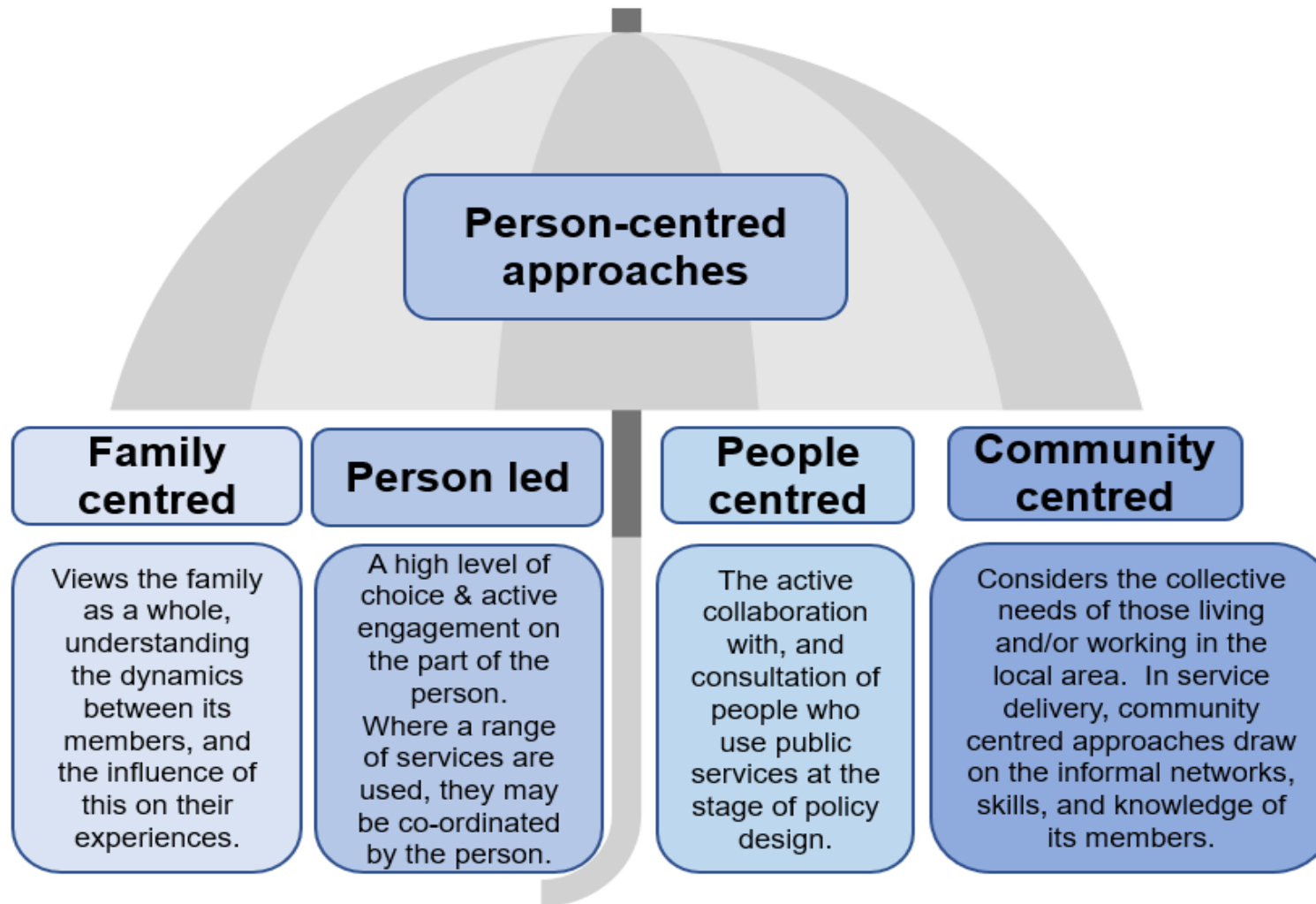
Attributes of Person-Centred Approaches	Frequency	
	Always	Often
Holistic: Starts from a holistic understanding of the person and their needs, acknowledging the complexity and individuality of people’s lives.	X	
Ethical: Adheres to a set of strong ethical principles such as dignity, respect, the avoidance of stigma, integrity, compassion, empathy and honesty.	X	
Relational: Places a strong emphasis on building relationships and trust. Recognises that this can take time and acknowledges the value of strong interpersonal skills within the workforce.	X	
Strengths/ assets based: Identifies and supports the strengths of the person and their informal networks laying the foundations for co-production and community based working.	X	
Intensive: Recognises that at times intensive, targeted and co-ordinated support may be required to support people with multiple needs.		X

¹¹ [Crisp, R. \(2010\) A Person-Centred Perspective to Counselling in Educational and Vocational Agencies Vol 20\(1\) pp22-30](#)

Attributes of Person-Centred Approaches	Frequency	
	Always	Often
On-going: Accepts that support may require ongoing involvement rather than a one-off intervention.		X
Preventative: Understands the importance of early intervention in relation to preventing a situation from deteriorating and new issues from arising.		X
Bespoke: Is flexible to the requirements of the person, providing support at times and locations which best meet the person's preferences.		X
Local: Understands the value of having a strong presence in communities in order to build familiarity and trust and build on local strengths.		X
Provides choice: Recognises the importance of choice, including the person choosing their priorities, the level of service provision, from whom support is received and when to end contact with service providers.		X
Addresses power imbalances: Acknowledges implicit power imbalances in the relationships between services and people and seeks to share power through co-production and the promotion of choice.		X
Takes risks: May involve taking risks in order to achieve positive outcomes. Person-centred approaches may 'feel' risky as they do not always fit with traditional accountability frameworks.		X

The term 'person-centred' is often used as an umbrella term to describe a range of approaches that share similar attributes to those outlined in the table above. Other related terms that are often used interchangeably with the term can be seen below in Figure 1 and include:

Figure 1: Person-centred Approaches as an umbrella term



The UN¹², WHO¹³ and OECD¹⁴ for example use ‘People centred’. Person-centred approaches are also closely related to policy concepts such as “nothing done to me without me,” “no wrong door” and “no-one left behind.” The key attributes of person-centred approaches are closely aligned with the four pillars of Christie Commission report and the objectives of public service reform.¹⁵

Contrasting Person-centred Services with ‘Task’ or ‘Service’ Centred Approaches

It is useful to contrast person-centred approaches with other more traditional styles of service provision. In **task centred approaches**, involvement from a service focusses on a single or limited range of issues and the interaction ends once this is addressed through providing information, or the resolution of straightforward problems. The focus is on the task, rather than the person; the solution is more important than the relationship.

Similarly, person-centred approaches can be contrasted with **service centred or service centric involvement**.¹⁶ Service centred practice is identified as a way of working which prioritises the needs of the service provider. Service centred approaches may fail to fully understand the needs of the person and often set the professional in a position of power, casting people into roles such as “service user”, “client” or “patient”^{16 17 18 19 7}.

Is Person-centred always the right approach to take?

Taking an intensive / holistic person-centred approach may not always be the ‘optimum’ approach, especially when service responses are required quickly, when resources are highly constrained or when a simple and standardised intervention is required. While the case studies highlighted in this paper relate to highly complex situations which benefitted from holistic person-centred approaches, in some instances less person-centred approaches may be more appropriate. This may be particularly true in circumstances relating to:

- **Standardised Interventions** – for example, where interventions relate to a single issue, are low risk, or are focused on straightforward procedure.

¹² [A People-Centered Approach to Security](#)

¹³ [WHO: What is people-centred care?](#)

¹⁴ [OECD Access to Justice - Organisation for Economic Co-operation and Development](#)

¹⁵ [Christie Commission on the future delivery of public services - gov.scot \(www.gov.scot\)](#)

¹⁶ [Final Report | Drug Deaths Taskforce](#)

¹⁷ [Report on Expert Review of Provision of Mental Health Services at HMP YOI Polmont](#)

¹⁸ [HMP YOI Polmont Monitoring Report January - March 2022](#)

¹⁹ [Child poverty pathfinders - early implementation process: evaluation - gov.scot \(www.gov.scot\)](#)

- **Crisis interventions** – when urgency requires professionals to make decisions not in partnership with the person, or where the person cannot manage using their own strengths.

However, even in these instances where a less person-centred approach is taken we should expect to see some elements of the ‘core’ attributes of a person-centred approach such as dignity, respect and the avoidance of stigma.

Furthermore, services, no matter how transactional, should always be designed around people’s needs, rather than being driven by what the system / organisation thinks it should offer as this can often lead to the wrong solution, costly repeat visits, poor experiences for staff, service users and those around them.

2. What are the key features of the Person-centred approaches that were used in Scotland during the Covid-19 pandemic?

During the Covid-19 pandemic the delivery of public services was significantly disrupted due to social distancing, staff absences (due to illness, shielding and self-isolation) and the re-deployment of some front-line staff. At the same time many people experienced an increase in 'demand' for support due to a deterioration in physical and mental health, a reduction in income and the loss of informal support.²⁰

Evaluations from interventions introduced during the pandemic are considered in this section.²¹ These indicate that some public and third sector services adopted more person-centred approaches in order to:

- Address the multiple and complex needs experienced by individuals, families, and communities, and
- Identify new and creative approaches to meet the needs of people and overcome the constraints associated with delivering more traditional face to face services.

There is also evaluation evidence that some of the organisational barriers to delivering person-centred services relating to restrictive and narrow funding and detailed reporting requirements were relaxed, giving organisations greater autonomy and flexibility to respond. However, there were also many examples of paternalistic, inflexible, and non-person-centred approaches primarily introduced to reduce infection rates and protect the public from Covid-19.

The section below discusses some of the key features of person-centred approaches used in Scotland during the Covid-19 pandemic, these include:

A more holistic and relational approach to addressing needs

Evaluations of interventions introduced during the pandemic identify a number of ways services sought to understand the needs of people by looking at the overall package of support that was available to them. This involved seeing

²⁰ [Predicted and observed impacts of COVID-19 lockdowns: two Health Impact Assessments in Scotland and Wales | Health Promotion International | Oxford Academic \(oup.com\)](#)

²¹ It should be noted that this section is based on the evaluation evidence available at the time of writing and that further relevant evaluation on person-centred approaches used in Scotland during the pandemic may be highlighted in future outputs of the Covid-19 Learning and Evaluation Oversight group.

people in the context of their informal networks (e.g, family and friends) and the resources that were available to them within the household and community. A study examining service provision for migrant and minority ethnic populations in Scotland during the Covid-19 pandemic, for example, concluded that a holistic approach addressing needs broadly was far more effective than a remit-based approach focusing on single needs.²²

Some areas of service provision such as youth work were able to address the needs of young people and their families. A good example of this is the work done by Food Punks – a social enterprise focused on teaching young people how to cook fresh local food. During the pandemic they moved their model online on a Friday afternoon. Young people were sent weighed and bagged ingredients with a recipe and any equipment and kit that they needed before the online session. This initiative not only helped young people learn cooking skills, but created fun activities that connected them with other young people. The food parcels also helped to address food poverty in a dignified way by providing enough ingredients to feed the young person and their family.²³

Another example of holistic working relates to efforts to address homelessness in the early stages of the pandemic. The Scottish Government provided £1.5m to local authorities and third sector partners to acquire emergency accommodation, provide daily hot meals and emergency food, give enhanced independent living support to young women who are homeless and have experienced sexual assault, and support the basic needs of people with No Recourse to Public Funds.²⁴ As a result of this co-ordinated response from local authorities and their third sector partners rough sleeping was almost eradicated as many ‘entrenched’ rough sleepers accepted the offer of temporary housing, showing what a more personalised approach with a clear message of care and dignity can achieve.

Building relationships and trust through improved communication

The review ‘Addressing the needs of Scotland’s migrant and minority ethnic populations under COVID-19’, found that voluntary organisations showed great creativity in tailoring public health messaging - simplifying, translating, and sharing it in an accessible way. Many communicated using videos in native languages (often subtitled) and others used visual symbols to support communication. Charities broadened their outreach as much as possible contacting people by text, email, video or voice messaging and social media. Organisations were also mindful of the digitally excluded, sharing key

²² [Addressing the needs of Scotland's migrant and minority ethnic populations under Covid-19: lessons for the future](#)

²³ [Youth work's role during and in recovery from Covid-19 | YouthLink Scotland](#)

²⁴ [Supporting documents - Ending homelessness together: updated action plan - October 2020 - gov.scot \(www.gov.scot\)](#)

information in written or visual form in public spaces such as community noticeboards and shop windows.²²

In phase 1 of the Connecting Scotland programme²⁵, digital devices were issued to people shielding during the COVID-19 outbreak or who were otherwise vulnerable, to alleviate the effects of social isolation brought about, or exacerbated, by the national lockdown. End users receiving devices were also offered support from a 'digital champion'; a nominated person who provided digital skills support and help with using devices. The evaluation demonstrated the positive impact of increased access to digital services, including increasing digital skills and confidence and the support (around social connection and with mental health) it gave those shielding to cope with the severe social restrictions resulting from COVID-19.²⁶

There is also some evidence that relationships between organisations were strengthened.²³ This is apparent in the report on youthwork during the pandemic which highlights how during Covid-19, youth workers developed new and deepened existing partnerships. As one youth worker shared: "There has been a fundamental shift towards collaborative work across services due to the pandemic". Local authority and third sector youth workers worked closely with social work, education, and other agencies and this led to an increased understanding of the value of youth work.²³

A recognition of the importance of choice

Assessing and weighing up different risks was a key feature of Scotland's response to the pandemic. The Scottish Government developed the 'Covid-19 framework for decision making – assessing the four harms'.²⁷ This involved assessing and weighing up different health, economic and social risks when making policy decisions. This challenge of weighing up and assessing different risks was also apparent at an individual level in relation to a number of policies implemented during the pandemic.

The Shielding Programme is a good example of how public services evolved over time, to take a less paternalistic and more person-centred approach to risk. The evaluation of the Shielding Programme²⁸ found that 'the shielding programme placed a stronger emphasis over time on enabling people to make an informed choice to shield as much as was optimal for them. In contrast, early shielding materials advised people on the list to stringently follow the

²⁵ The Connecting Scotland programme was set up to provide digital devices and support to people on low incomes who are digitally excluded.

²⁶ [Connecting Scotland: Phase 1 Evaluation \(www.gov.scot\)](http://www.gov.scot)

²⁷ [Coronavirus \(COVID-19\): framework for decision making - assessing the four harms - gov.scot \(www.gov.scot\)](http://www.gov.scot)

²⁸ [COVID-19 Shielding Programme \(Scotland\) rapid evaluation - full report \(publichealthscotland.scot\)](http://publichealthscotland.scot)

guidance' and this was found to be insufficiently person-centred and 'disempowering for some'.²⁹

As noted in section 1 'choice' is often an attribute of person-centred approaches. This includes the person choosing their priorities, the level of service provision, and from whom support is received. A significant feature of choice is positive risk taking. Understanding a person's values and their hierarchy of priorities (for example, anxiety about the risk to their physical health from Covid-19 being in tension with their desire to see their families) is crucial to engaging meaningfully with this aspect of person-centred approaches.

Greater flexibility and responsiveness

Evaluation evidence highlights a number of examples where organisations were able to act with greater flexibility and responsiveness during the pandemic. On occasion this may have been facilitated by a 'light touch approach to funding' to ensure that funding reached those most in need communities quickly²⁹ (e.g. the Supporting Communities Fund). As a review on learnings from the pandemic for supporting migrant and minority ethnic communities found, 'The emergency funding worked well because of its flexibility, which allowed both charities and third sector organisations to go beyond the usual constraints of funding streams and take a more holistic approach'.²²

There were also examples of greater risk taking and a loosening of accountability in the early phases of the pandemic where local authorities and community partnerships were given greater autonomy to take risks and do what they felt was best for individuals and communities. Some broader constraints were also loosened. For example, GDPR legislation was relaxed so that different organisations could share data between them more freely, allowing for more targeted and person-centred local interventions.

Partnership working and co-ordination at a local level

Interim findings from a study on Local Partnership Resilience in the Covid-19 Pandemic found that partnership working at the local level provides numerous examples of very fast and innovative adaptation to the challenges and demands of the Covid-19 pandemic. At the institutional level, 'silos' have been broken down and previously insurmountable hurdles have been overcome.³⁰ A review of innovation and creativity in the third sector also found that some pre Covid-19 cross-organisational barriers to service provision were overcome

²⁹ [Supporting Communities Fund: evaluation - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/covid-19-supporting-communities-fund-evaluation/)

³⁰ [Locked Down, Locked Out?: Local Partnership Resilience in the Covid-19 Pandemic - A Report on Interim Findings \(napier.ac.uk\)](https://www.napier.ac.uk/research/interim-findings/)

during this time. The study found that setting aside the usual procedural hurdles enabled service provision to be more adaptable, enabling aspects of person-centredness to emerge more clearly, effectively demonstrating how the concept of ‘no wrong door’ may work in practice.³¹

This study found that groups, described as ‘hyper-local’, were able to be responsive to needs within the community. During the pandemic, the crisis motivated members of the public to get involved; a sense of purpose and belonging helped to galvanise this response. Third sector mutual aid groups were set up very quickly, comprised of local volunteers. At this hyper-local level there was significant community solidarity, adaptive capacities, and cross sector collaboration which helped to facilitate a much stronger person-centred approach.³² Voluntary organisations working with migrant and minority ethnic groups were also found to have adapted to meet the needs of their service users, working flexibly, setting up mutual collaborations, and changing or expanding their remit.²²

The lasting legacy of Covid-19 in driving more Person-centred approaches

There is mixed evidence in relation to the extent to which the Covid-19 pandemic in Scotland actively supported a move towards more person-centred approaches.

There is some evidence that whilst the public and third sector experienced fewer procedural barriers to service provision during the pandemic, once restrictions were lifted these hurdles returned.³¹ Some cultural barriers between statutory and third sector organisations resumed, with the third sector reporting a reluctance from the public sector to continue collaborative working. It could also be argued that the risk taking adopted during the pandemic to keep people safe has been replaced by a return to risk aversion and concern about lines of accountability and reporting that lie with service providers. Furthermore, there is some evidence that the urgency of reacting to the pandemic detracted from efforts to embed and promote preventive approaches.³¹

There were, however, some examples of person-centred innovations which have continued beyond the pandemic. The Distress Brief Intervention, previously rolled out as a pilot, and positively evaluated³² was extended across Scotland, facilitated by the increased use of digital technology. Similarly, at HMYOI Polmont, the use of virtual visits and the introduction of in-cell phones brought in to mitigate the effect of a pause on in-person prison

³¹ [Innovation and Creativity in the Third Sector in response to COVID-19: A Rapid Realist Evidence Synthesis | Glasgow Caledonian University | Scotland, UK \(gcu.ac.uk\)](#)

³² [Extended Distress Brief Intervention Programme: evaluation - gov.scot \(www.gov.scot\)](#)

visits had the effect of facilitating increased contact with family and friends continued once restrictions were lifted. ^{17 18}

Finally, the pandemic resulted in a much stronger recognition of the importance of person-centred approaches in supporting Scotland's recovery from Covid-19 as evidenced within the Covid Recovery Strategy ⁸ and the emergence of new 'person-centred' policies that have been developed over the last 2 years.

3. What are the strengths of and barriers to adopting Person-centred approaches?

Strengths of Person-centred approaches

This section of the report discusses the benefits of person-centred approaches with illustrative examples drawn from the evaluations and case studies mentioned above. It starts by considering the benefits for the individual but also looks at some of the wider benefits for families, communities, society, front-line staff, and public services.

For the Individual - people highly value the **relational** aspect of their interaction with services.

The process evaluation of the Dundee and Glasgow Pathfinder ¹⁹ found that building trust was crucial in reaching out to people with little previous contact with services. Qualities such as ‘humaneness’ and ‘friendliness’ were significant in helping individuals to overcome feelings of anxiety or shame around using services. Parents described feeling that they had felt like they had been ‘treated like a normal person’, that they ‘had been really listened to’ and experienced ‘empathy’ and ‘understanding’. Even when agreed outcomes, such as increasing benefit uptake had not yet been achieved, some individuals advised that their involvement with the service: ¹⁹

“made me feel better about the future. My position has not changed much but they helped it not get worse. They made me feel like people are out there that they will help me, like reaching out for help is normal.”

The quality of the relationship and the personal qualities of the workforce are crucial in gaining trust in settings such as at HMYOI Polmont, where young people may, otherwise, find it difficult to ask for support around risk of self-harm or suicide. Additionally, a study of the Housing First ³³ initiative to address homelessness, found that where an individual’s previous experience with services has been stigmatising, qualities such as “stickability” facilitated the forming of a trusting relationship.

The **holistic** nature of person-centredness seeks to understand not only the underlying factors which influence the presenting issue, but also the impact of multiple and complex needs and risks on one another. As the Pathfinder process evaluation indicates, working holistically enables the individual to prioritise the matters which they view as most urgent. ¹⁹ The Drug Deaths Taskforce highlights the importance of recognising that substance use may be

³³ [Scottish Government et al \(2022\) Branching Out 2021-2031 A National Framework to start-up and scale-up Housing First in Scotland](#)

a coping mechanism for trauma or stressors such as poverty.¹⁶ Addressing these issues first may facilitate other goals such as employability or a reduction in harmful substance use.

The **strength-based** aspect of person-centred approaches may enable a more equal partnership between individual and professional. As the House of Care evaluation demonstrated, drawing on the assets of the individual facilitates self-management and empowerment, enabling them to have more control over their care and treatment.³⁴

For Families - A family-centred approach recognises the significance of personal relationships in the lives of individuals. Impactful policies, such as The Promise¹, recognise and validate the importance of the family in the life of a child. Where a more individualised approach is taken (with a narrower focus on the needs of the child), intervention by services may be experienced as adversarial with the needs of family members set against each other. A whole family approach seeks to avoid this. Similarly, the Drugs Death Taskforce¹⁶ acknowledges that for a person with substance use issues, family and other close contacts are who they wish to receive support from, and they are more likely to be available in a crisis than service providers. Whole family approaches strengthen these relationships by understanding the needs and assets of all those involved and how these influence the family as a unit.

For Communities - The evaluation of innovation and creativity in the Third Sector in response to Covid-19 found significant benefits to communities where their assets are drawn on to support their members.³¹ Not only do community based and community run services have significant advantages around flexibility and accessibility, they also produce positive outcomes for those working within such initiatives and the communities they serve; a sense of mutual aid encourages a sense of belonging and community solidarity.³¹

Further, the evaluation of youth work during the covid pandemic relates the experiences of young people who took part in volunteering within their communities. Not only did people in the local area benefit from such activities, but the young people's participation had a positive impact on how they were viewed by community members.

Similarly, the Drug Deaths Taskforce recognises the positive contribution which people with lived experience of substance use can make around communicating a message of hope and recovery to communities.¹⁶

³⁴ [From Fixer to Facilitator: Evaluation of the House of Care Programme in Scotland](#)

For Society - Person-centred approaches can also have wider societal level benefits. Policies such as “Unlocking Potential, Transforming Lives”³⁵ seek to identify and develop the skills and abilities of people in prison. Addressing offending through a strength-based approach enables people to make a positive contribution, thereby benefiting wider society. The Drug Death Taskforce¹⁶ acknowledges the sympathy in society for people with substance use problems; in shifting substance use from justice to health, this holistic approach may further influence public opinion within wider society, encouraging empathy and understanding and a reduction in fear.

For Front-line staff - The strongly **relational** aspect of person-centred approaches and the ethical foundation on which this is built may appeal to the workforce in services and roles where there is an emphasis on personal qualities and values. Working holistically enables the workforce to better understand the person’s circumstances, facilitating mutual trust. Where person-centred approaches are used, this may lead to greater **job satisfaction and staff retention**.

For Public Services - Ultimately, person-centred approaches may reduce demand for public services. The evaluation of Housing First³³ asserts that working holistically within a relational service may prove cost effective. Meeting a wide range of needs beyond providing accommodation could have a positive impact on reducing offending and problematic substance use and better health outcomes.

By drawing on and supporting the strengths of individuals, families and communities, this empowering and resilience-building approach may similarly increase the use of informal networks in meeting needs. This may prevent people requiring intervention from public services and it could support their exit from such involvement.

Barriers to Person-centred approaches

The case studies and wider literature served to identify a number of barriers to adopting a person-centred approach. These barriers are summarised in the table below.

³⁵ [Scottish Prison Service Vision: Helping to Build a Safer Scotland, Unlocking Potential, Transforming Lives](#)

Table 2: Barriers to Person-centred Approaches - Administrative Barriers

Administrative Barriers	
Resource Constraints	Person-centred approaches can be resource intensive in terms of both design and delivery. Limited budgets may reduce the ability of services to be holistic and bespoke and can result in the use of strict eligibility criteria to target services to those most in need.
Competing Priorities ¹⁰	Competing priorities at a national and local level (e.g., multiple overlapping strategies and delivery plans) can restrict resources and act as a barrier to person-centred approaches. Crisis responses to events like the cost of living crisis or the Ukrainian resettlement scheme can detract (time and funding) from longer term strategic work to deliver person-centred approaches ¹⁰ .
Siloed Working	Siloed working can prevent holistic and person-centred policy development. Failure to understand and appreciate the roles and remits of other statutory and third sector services may result in opportunities being missed for joint working resulting in duplication and people being unable to access the services they need.
Restrictive/ Short-term Funding	A highly competitive funding environment may hinder inter-agency cooperation. Restrictive short-term funding may push services towards more task focused or service centred approaches.
Reporting Requirements ¹⁰	Reporting requirements can impede person-centred approaches when they become burdensome, especially when there are competing priorities and funding arrangements. This can be challenging for staff, especially when this is seen as disproportionate or duplicate information is required.
Defining and Measuring Success	It may be difficult to demonstrate a strong causal link between person-centred approaches and agreed outcomes leading to a perceived lack of accountability.
Data and Intelligence Sharing ¹⁰	The absence of a common platform for secure data sharing across organisations may hinder the legitimate exchange of intelligence and/or information and mitigates against more targeted and person-centred services.
Legal Barriers	Policy aims may be restricted by legislation, e.g., the impact of the Misuse of Drugs Act 1971 and the Equalities Act 2010 on situating substance use within a Health rather than a Justice context.

Table 3: Barriers to Person-centred Approaches - Cultural Barriers

Cultural Barriers	
Risk Adversity	A culture of blame within organisations, professions and wider society may result in risk averse practices. For example, risk aversion to sharing data can prevent holistic working inherent in person-centred approaches.
Paternalistic Attitudes	Paternalist attitudes whereby services providers automatically assume that they know best what individuals need and what is in their interest.
Ineffective Leadership	A lack of leadership / commitment to person-centred approaches from senior managers may enable other barriers listed here to take hold.
Incompatible Organisational Values	Where the workforce holds discriminatory views around certain groups of people, this may be manifested in punitive attitudes and a lack of ethical practice.
Lack of Appropriately Trained Staff	The interpersonal skills within the workforce may not exist to effectively build relationships and trust. There may also be a lack of trauma informed practice / understanding within some organisations.
Mistrust of Government Organisations	May result in persons avoiding contact with services or being cautious around information they choose to disclose.

Table 4: Barriers to Person-centred Approaches - Built Environment Barriers

Built Environment Barriers	
Limitations of the Built Environment	Where the physical setting is at odds with the ethical principles of person-centred approaches this could restrict the type of support which may be given or impact on how support is received. Examples include settings which are not therapeutic or locations where privacy is compromised.

4. What factors enable public services to adopt a stronger Person-centred approach?

Although the above barriers represent multiple potential challenges, the case studies and evaluations highlighted in this paper provide examples of how different types of barriers might be overcome in order to develop and strengthen person-centred approaches.

However, some of the challenges to person-centred approaches described within the previous section are deeply entrenched and will be harder to overcome and may require legislative change.³⁶

In order to realise person-centred approaches, strong leadership is required across policy design and delivery. The figure below highlights some of the key ways through which barriers to person-centred approaches can be overcome.

Figure 2: Ways to overcome barriers to person-centred approaches



³⁶ For example, in the Drugs field, there are limits to what can be achieved within the existing legislative framework, e.g. The Misuse of Drugs Act 1971 (criminalising possession of drugs) and the Equality Act 2010 (excludes substance use from the definition of disability).

Potential Solutions to Administrative Barriers

It is important for agencies to work more collaboratively with one another. The Pathfinder process evaluation identifies the benefits of services being co-located, encouraging a move away from a competitive environment towards a more cooperative one.¹⁹ Promoting flexible person-centred approaches provides an opportunity for agencies to identify gaps in local service provision and to find creative ways of meeting complex needs, continuing the positive work undertaken during the pandemic, as described in the review of innovation and creativity in the third sector in response to COVID-19.³¹ Drawing on strengths within informal networks and communities, may reduce demands on public services.

Limited funding raises a significant challenge to providing bespoke, holistic, and continued long term involvement from services. A move away from precarious short-term to more stable longer term funding is necessary.

Recognising active engagement as a significant achievement, as in the process evaluation of the Dundee and Glasgow Pathfinders, is important in measuring progress.¹⁹ Conversely, where the lack of an exit strategy is problematic, knowledge of other, more appropriate, services may facilitate a smooth transfer for the person. Additionally, a strength-based approach will assist in identifying a point where the person no longer requires the service. The strong relational aspect of person-centred approaches may make endings more difficult, and The Promise suggests that the workforce may need to be afforded permission to maintain contact once a person or family has moved on, if appropriate.¹

Tackling Cultural Barriers

Some barriers exist within the workplace and the community, and it is important that the attitudes, anxieties, and concerns which may underpin these are identified and addressed.

Public awareness and community engagement may facilitate a positive change in perceptions of stigmatised and marginalised people. For example, where people know someone with a substance use issue, they are more likely to hold less punitive views.¹⁶ Further, people with lived experience may engage effectively in raising awareness and promoting inclusivity through relating their strength-based experiences of recovery and hope.

Additionally, workforce training is acknowledged as necessary in promoting holistic practices. In particular training around trauma and the effect of Adverse Childhood Experiences is advocated across various service areas, such as stated in The Promise¹, Changing Lives¹⁶, and the Expert Review of Mental Health Services in HMYOI Polmont¹⁷. Further, The Promise

recognises that the workforce require to be supported in their own experiences of working with trauma. ¹

In order to move away from overly risk averse practices, policy should prescribe assessment tools and interventions which support this. As described by the Dundee Fairness Commission ³⁷, individuals hold a complex range of values, some in conflict, often requiring a trade-off between risks and needs. The Promise argues that it is necessary for the workforce to have an understanding of the importance of positive risk taking. ¹ A supportive organisational culture that supports and enables this approach (dedicating time, reflective practice to support staff etc.) - and supervision is central to this shift.

In order to overcome the imbalance of power in favour of professionals, some behavioural changes are required. The Promise ¹ advocates the use of everyday language and the absence of professional identifiers such as lanyards, which may narrow the gap between workforce and families. Similarly, the House of Care evaluation ³⁴ reported how practices, such as providing test results in advance of appointments to people using health care services, create a more equal partnership. Workforce respondents reported positive experiences around this shift in dynamic, leading to greater job satisfaction; this could be used at training events to engage professionals with the benefits of partnership working and co-production.

Where there may be feelings of mistrust towards organisations, the use of people who are well known and respected within groups to make contact can be effective. This was found across settings such as in the Pathfinders process evaluation ¹⁹, at HMYOI Polmont ¹⁷ and within migrant communities ²². Further, active outreach, drop-in sessions and telephone contact enabled people to choose a way of engaging which suited them and promoted trust.

Tackling Barriers presented by the Built Environment

The Promise ¹, the Pathfinder process evaluation ¹⁹, and the Expert Review of Mental Health Services at HMYOI Polmont ¹⁷ all relate the influence of the built environment on how services are received. New or refurbished premises should take into account trauma-informed practices. Where services are working in existing facilities, people using the facility should be consulted, to understand the impact of the physical surroundings on experiences of accessing and receiving support. Consideration should be given to the messages communicated to people by the environment, its layout, décor, and furnishings. Care should also be taken around how the built environment supports ethical principles such as privacy and confidentiality.

³⁷ [Dundee Fairness Commission: Investigating the Effects of the Covid 19 Pandemic and Lockdown](#)

Conclusions

This project has identified a number of core attributes which are present in person-centred approaches. Greater precision around the use of the term 'person-centred' is required and at the policy design stage, policy documents need to be clear about what is meant by 'person-centred'. Clearly defining what is meant by the term will help services identify and overcome and address some of the barriers identified within this report.

Whilst person-centred approaches may require greater up-front investment of resources, they also have the potential to result in longer term preventative savings through addressing enduring issues such as homelessness, substance use and offending.³³ The investment in person-centred approaches should be set against the costs (in financial and interpersonal terms) of not getting it right first time.

We need to ask: 'How much time would be saved, how much money, how much better an experience would people have, if services were more effective at understanding people's needs and more often meeting them than happens at present?'

The Covid-19 pandemic helped to facilitate person-centred approaches through allowing services to take 'risks'. In order to maintain these benefits, good risk management frameworks are required, which identify risk/opportunity trade-offs and include the risks of maintaining the status quo and the opportunity costs of not pursuing alternative approaches.

Further research and evaluation is required in order to fully understand how the key attributes of person-centred approaches can support and improve outcomes in different contexts. There is a tension between the need for this further evidence on the effectiveness - including cost effectiveness - of person-centred approaches in different contexts, and seeking to keep reporting requirements manageable, so as not to become burdensome and impede efforts at person-centred approaches. Targeted and focused monitoring and evaluation may be the best way to resolve this tension.

This report has examined a range of promising examples of person-centred approaches across a diverse range of policy areas. It will be important to continue to learn from these policy innovations in order to move towards the vision articulated within the 2011 Christie Commission report of 'a sustainable, person-centred system, achieving outcomes for every citizen and every community'.¹⁵

Annex 1: Case Study – The Promise

1. Why was this case study selected as an interesting example of a person-centred approach?

This case study, the report of the Independent Care Review ¹, contains several themes which are highly relevant to the concept of a person-centred approach. The title of the document, The Promise, is itself significant in that, unlike previous care reviews, it promises to effect into practice its recommendations. This strong assertion establishes a relationship between policy makers and people at the centre of the care system; other aspects of person-centredness stem from this basis.

Consistently throughout The Promise ¹, the voices of people with care experience are represented, including the use of case studies. The large number of participants consulted for the review, over 5000, represents significant engagement with the policy making process, and these narratives are effective in maintaining the focus on persons; their direct influence on the recommendations is manifest. The policy's receptiveness to bearing witness to these perspectives facilitates an in depth and open account of what is important to persons at the centre.

Building on GIRFEC ³⁸, this is an impactful and influential document which seeks to reframe not only how the workforce views and interacts with persons with whom they engage, but also how communities and wider society in Scotland share in this responsibility.

2. What elements of this policy are of particular interest in relation to learning about person-centred approaches?

Although not defining the term, several aspects of The Promise offer insight into the concept of person-centredness. The principles of intensive family support stated in the document although relating to a specific approach, set out some interesting themes which may offer insight into what is meant by person-centred (page 58).

- Community based
- Responsive and timely
- Work with family assets
- Empowerment and agency
- Flexible
- Holistic and relational
- Therapeutic
- Non-stigmatising
- Patient and persistent
- Underpinned by children's rights

These principles can also be identified, in varying forms, in the other case studies and may be useful in constructing a definition of person-centred approaches.

The significant focus on relationships at the core of The Promise reflects what is of importance to the children, young people, their families and carers who shared their stories. The deeply relational nature of what is valued by the participants merits exploring in a project involving person-centredness. This strong emphasis, particularly on the family, is consistent, again indicating a direct link between narratives and the recommendations made.

The Promise, in actively listening to children, young people, their families and carers, seeks to recognise the strengths within persons and those with whom they have significant relationships. This case study moves beyond the individual at the centre to persons within the context of their social networks.

Additionally, this case study also explores how services engage with children, young people, families and their carers. From the perspective of the person or persons at the centre, an interesting insight into these interactions reveals practices, organisational and structural factors which may act as barriers to a person-centred approach.

3. Does this case study relate to the period during which Covid restrictions were in place? If so how?

Although The Promise predates the Covid-19 pandemic, it nonetheless provides many interesting themes to examine around person-centredness, and evaluations and reflections on the provision of related services during restrictions may be viewed through the lens of this policy.

4. What were the enabling factors that supported a person-centred approach?

The large number of participants consulted for The Promise affords credibility to an assertion that person's voices and experiences are at the centre of the making of this policy. The depth and breadth of its findings, the willingness to represent the

voices of participants and for policy to be influenced by this, provide a strong basis for person-centredness.

In actively listening to what is important to children, young people and families with experience of the care system, this policy demonstrates willingness to engage with concepts not easily defined, such as love; it is possible that this could provide an antidote to the over-professionalisation described below.

The policy's openness around some of the barriers to person-centredness is very useful; without this discussion, there is a risk that the approach could remain or become an abstract and idealistic phrase. As such The Promise offers dialogue for moving person-centredness into reality.

5. How does this case study help us to understand the strengths of person-centred approaches?

Significantly, in The Promise, persons, and those important to them, are viewed as having strengths to be utilised. Additionally, and crucially, this has the potential to shift the balance of power from the workforce to persons, identifying and addressing some of the limitations below. Consequently, person-centredness may challenge and overcome experiences of stigma and marginalisation related by participants experienced in their contact with the care system. While some of these negative impacts may have come from communities, they may also have been created or exacerbated by workforce practices, as described below.

Further, by recognising the value placed on informal and social networks, supporting and sustaining these reduces over-reliance on services. This document acknowledges the impact of limited resources on the realisation of previous policies around the review of care.

Due to the centrality of the relationship, person-centred approaches maximise the personal qualities of the workforce which can be drawn on as resources. By engaging with a strongly relational approach, it is possible that the workforce, in services which purport to value personal qualities, may feel a greater sense of satisfaction. Where persons are viewed and engaged with on a strengths basis, and where the workforce are enabled to use their "whole selves", this may create an environment to support positive relationships. The insight provided by participants into what is important to them, may provide a mutual understanding and shared value base for meaningful, person-centred, partnership working.

6. What does this case study suggest might be some of the limitations of a person-centred approach?

Limited resources, in terms of workforce, may place pressure on the amount of time, depth and length of relationships; this is a significant challenge to the provision of longer-term support which this policy recommends may, at times, be

required. Additionally, the limitations of the built environment, around accessibility and comfort may impact on the realisation of person-centred approaches.

It is, however, possibly organisational structures and workforce culture that have a more significant influence on limiting person-centredness. The narratives of children, young people and their families provide some insight into factors which may act as barriers to how this approach is used and received.

The Promise identifies the over-professionalisation of the workforce as, not only impeding the strengths identified above, but also creating and maintaining stigma and marginalisation. Examples of this, found in workforce practice, include the use of professionalised terms not in everyday use, and the wearing of lanyards and badges, all of which can create distance between persons and the workforce, setting them apart.

Multiple and complex issues may require a multiple and complex service provision; however, again the perspective of persons at the centre should be understood. Increasing specialisation results in not only confusion around roles, but also persons having to repeatedly tell their story, which can often be retraumatising.

A risk averse work culture within services may be a very real barrier to the collaborative approach in person-centredness. In identifying the notion of risk aversion, and recognising that this requires to be addressed, The Promise sets out a significant concern of the workforce and acknowledges that this should not only be addressed, but also reframed around the definition and assessment of risk, taking into account the perspective of the person or persons at the centre.

This policy recognises that the workforce itself requires nurturing and it may be useful to explore whether some of the aspects of person-centred approaches identified above, if effected, bring about a shift in attitudes and a closing of this gap. It would be interesting to explore why such practices persist, and what purpose or meaning the workforce attach to them.

7. What is the key learning from this case study relating to person-centred approaches?

- The necessity of actively seeking the views of persons at the centre and openly engaging with this from policy making to front-line practice.
- The centrality of the relationship, both the relationship between the person and the workforce, and between the person and those who are important to them.
- The value of understanding persons and those important to them, not only around the challenges they face, but also in the context of their strengths.
- Acknowledgement of workforce and organisational culture and practices which may act as barriers to person-centred approaches.

Annex 2: Case Study – Child Poverty Pathfinder Dundee (Best Start Bright Futures)

1. Why was this case study selected as an interesting example of a person-centred approach?

This case study offers insight into effective practice around engaging with people who have previously had little contact with services. The use of place-based working provides understanding around the person within their community and assets which can be drawn on to meet agreed aims.

This case study explores a strategy to reduce child poverty, a significant policy priority. Additionally, the interaction with other policies such as The Promise¹ and GIRFEC⁴³ is interesting as Best Start, Bright Futures⁷ moves beyond service provision for children and young people and into the wider context of family and community.

2. What elements of this policy are of particular interest in relation to learning about person-centred approaches?

The nuances around person-centred approaches provide insight into the importance of where and by whom services are provided. This case study explores ways of working ethically, “with dignity, respect and kindness” and without stigma or discrimination.

3. Does this case study relate to the period during which Covid restrictions were in place? If so, how?

Yes. The policy acknowledges the disproportionate impact of the pandemic and restrictions had on people already experiencing poverty. Although the evaluation does not directly discuss the pandemic, some themes from this case study are explored in other documents and as such it is possible to make links, particularly around the economic impact of Covid-19.

4. What were the enabling factors that supported a person-centred approach?

In recognising and seeking to address the issue of mistrust towards government agencies, this policy uses local, familiar people to engage with those who have no or limited prior involvement with services. Having a presence in the community, being known and being visible, is identified as enabling the relational aspect of person-centred approaches. Significantly, staff were known positively by reputation and word of mouth endorsement very much supported the making of connections in the local area.

The relational aspect of person-centred approaches is strongly evidenced in the evaluation, with participants describing staff as “lovely” and “easy to talk to”. Staff coming from the local community was seen as a way to overcome barriers to accessing support as participants valued the sense of being in the same situation, and not “being looked down on”.

In acknowledging the need to build trust, this case study recognises that the workforce is required to be dependable. A holistic approach where priorities are set by the person and some goals quickly achieved demonstrates not only understanding but dependability.

By working holistically, and recognising the interaction between complex variables and employability, goals can be realistic and move towards lifting a family out of poverty. Acknowledging the needs of the family as a whole appreciates the caring responsibilities of people, and identifies which professionals may be best placed to provide support, such as health visitors. This links to wider policy aims such as “no wrong door” and involves widening the knowledge base of professionals beyond their traditional remit.

5. How does this case study help us to understand the strengths of person-centred approaches?

Working holistically and ethically can enable co-production towards shared aims. Working to shared aims can prevent people becoming overwhelmed by the multiple and complex issues they face. Goals and methods can be changed to suit the needs of the family, providing choice and flexibility, important aspects of person-centred approaches.

While the focus of this policy is on families, it is also acknowledged the positive impact on the wider community by utilising and developing strengths within the local area.

6. What does this case study suggest might be some of the limitations of a person-centred approach?

Although the evaluation commends the holistic qualities of the project, it also highlights the lack of clarity which this can bring, reporting that there is often some vagueness around what its aims are. Connected to this lack of clarity are problems around measuring success. A related point was made by a respondent who advised that they believed that they were already providing a holistic service. The need for triage and the avoidance of duplication raised by respondents suggests potential unintended consequences to the “no wrong door approach”.

Although qualitatively there is evidence that people value the relational aspect of the strategy, it is more difficult to determine a link between this and outcomes.

The lack of an exit strategy was also noted; this is particularly important where relationships are very important to the person. Managing expectations around a holistic and bespoke service, which is resource intense, was also noted by stakeholders.

The evaluation indicates the importance of understanding nuanced perspectives around the experiences of person-centredness. Although workers being known and trusted in the community was mostly regarded as positive, the lack of anonymity was an issue for some. Similarly, although the use of publicly available spaces for meetings may make services more accessible and less stigmatising, a respondent felt this diminished privacy and confidentiality.

7. What is the key learning from this case study relating to person-centred approaches?

The relational and holistic aspects of person-centred approaches can be effective in engaging people with limited experience of service provision. The importance of trust, dependability, and a sense of being understood is significant. In working with people with multiple and complex needs, co-production is effective for setting achievable goals.

Engaging with people in their communities can be instrumental in making public services more accessible. The use of people who are known within the local area can foster confidence and strengthen the wider community as a resource to be drawn on. At the same time, care should be taken to ensure privacy, confidentiality and dignity are not compromised.

Clarity is required around roles and remits of staff from different agencies where a “no wrong door” approach forms the basis of service provision. Similarly, where resources are under pressure, an exit strategy should be understood by those involved in offering and receiving support. Openness around mutual expectations is required to maintain trust.

Annex 3: Case Study – Drug Deaths

Taskforce Response

1. Why was this case study ¹⁶ selected as an interesting example of a person-centred approach?

This case study offers an opportunity to answer the question: what is the person at the centre of? Substance use is an interesting area of policy to examine as the person at the centre may be at the intersection of health, social care and justice systems. Conversely, the person may be on the margins of society and excluded from participating in the community.

In seeking to respond to the high number of drug deaths in Scotland, the report in this case study situates problematic substance use within a health framework, moving the issue away from the justice system. ¹⁶ Although the person is at the centre of justice processes, their experience may be at odds with the concept of person-centredness; when the focus is on the person's behaviour, and who has been harmed by it, a punitive and stigmatising message is communicated by the justice system. While this shift is significant, some legislative barriers remain and the interaction of different ecologies and systems on the person at the centre is an important aspect to explore.

Interestingly, the move towards a health focus avoids situating the person within a purely medical framework; instead, in placing the person in their social context, they can be understood with reference to circles of informal networks, from family, peers and to the wider community.

The term person-centred support appears in the document as a core value. Although it is not itself defined, the paragraph it heads contains some themes which appear to be connected to the concept and are not only expanded on in the document but are also present in the other case studies. This case study therefore provides an opportunity to seek commonalities with other policies and to identify where there is divergence of meaning around person-centred approaches.

“Every person with a substance use issue is entitled to holistic, person-centred, co-designed care and support that is focused on their needs and is respectful and responsive to them.” ¹⁶

2. What elements of this policy are of particular interest in relation to learning about person-centred approaches?

This strategy provides an example of the complex and multiple issues experienced by the person at the centre and how policy seeks to address these through service provision, in particular drawing on themes such as “no wrong door”. In recognising the need to move away from “service-centric” approaches ¹⁶ there is some

interesting discussion around interagency and interprofessional dynamics, and the acknowledgement that these require to be addressed if person-centredness is to be meaningfully experienced.

Further, the policy moves beyond the professional and identifies assets within a person's informal supports and the community, and seeks to actively engage with a strength-based approach. In order to understand the importance of the social context, and the relationships within this, it may be useful to explore the concept of persons at the centre, as a unit, as opposed to solely the individual.

3. Does this case study relate to the period during which Covid restrictions were in place? If so, how?

Yes, this policy was published in 2022. However, there is only limited reference to the pandemic, examples being the rise in remand prisoners during that time and the increase in digital technologies. Nonetheless, evaluations from the period of Covid restrictions, particularly around the role of the third sector, may be drawn on to explore some of the themes in this case study.

4. What were the enabling factors that supported a person-centred approach?

In identifying the need to draw on ethical principles the policy recognises the normative base required to effect change.

“Respect, choice and dignity are central to supporting people who may feel they have lost all three because of multiple complex health and social issues”¹⁶

Additionally, the case study asserts that these positive values are also shared by wider society, stating that the public are largely sympathetic in relation to reducing drug deaths. By moving substance use into the field of public health, this strategy seeks to address the negative impact of stigma which may prevent people from seeking help. The willingness to shift away from a justice system approach, where the person may be viewed as in conflict with society, may support a more inclusive and person-centred approach.

An openness around the needs of the workforce and families in supporting the individual with problematic substance use can provide a more realistic and effective practice of person-centredness. By using peer support from people with lived experience this may facilitate the articulation and understanding of the person's perspective. This move beyond the professional as the expert may further support the placing of the person at the centre.

5. How does this case study help us to understand the strengths of person-centred approaches?

Where person-centredness involves viewing an individual holistically, that is recognising and validating their strengths as well as the multiple and complex

challenges they experience, this approach can provide not only hope but also empowerment.

Understanding the different roles a person has, such as parent, son, daughter, or friend can provide insight into what and who is important to the person. In this way, person-centredness acknowledges the relational aspect of the approach, and support may be offered to relevant individuals in order to maintain this informal network.

Policies, such as The Promise ¹ and The Whole Family Approach ³⁸ which recognise the importance of relationships between children, young people, parents, carers and the extended family, compliment this case study and further strengthen person-centredness.

In working within a normative framework which seeks to promote respect, dignity and choice, person-centredness enables individuals and their support networks to openly express their circumstances. Facilitating honesty and insight enables organisations and persons to work with a mutual understanding of what is realistic at that time; an example of shared expectations is Housing First not requiring a person to be abstinent from drug use as a condition of tenancy. ³³

Further, an ethical foundation of respect and dignity can draw on strengths within the person, utilising their stories of lived experience to communicate a positive message of hope to the community. Such stories can bring persons into the centre of communities, overcome stigma and marginalisation, and effect a shift of power away from “service-centric” approaches.

6. What does this case study suggest might be some of the limitations of a person-centred approach?

The case study highlights some of the structural barriers which potentially inhibit person-centredness. Although approaches such as no wrong door have the capacity to provide holistic services for persons with multiple and complex issues, the dynamics between agencies may present barriers to person-centredness.

The strategy understands the challenges faced by people seeking support and acknowledges the difficulties experienced when not eligible for a service. The case study highlights the hierarchy of service provision which exists between statutory and third sector organisations and the lack of joined up working which may result from a lack of cooperation between agencies. Practical issues such as the pressure of short-term funding can significantly impact on the aspiration that person-centredness be holistic. Without positive and enabling relationships between agencies, the coordination of services will not provide comprehensive support for the person.

³⁸ [Drug and alcohol services - improving holistic family support - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Stigma and a culture of failing to understand the trauma experienced by the person at the centre can give rise to individuals not seeking appropriate help and support; stigma may be exacerbated by service providers. Additionally, the stigma which may be experienced by service providers working with person with substance use issues is acknowledged. Further, the report understands that the workforce, in dealing with the trauma of the person, may themselves experience trauma and this requires to be addressed.

The report recognises wider societal factors and the role the media have in significantly influencing how substance use is portrayed and how this impacts on public opinion and, in turn, on the experience of the person at the centre.

Although policy can support positive change towards person-centredness, the case study acknowledges the limits of working within a legislative framework which militates against the desire to take substance use out of the justice system and into the field of health. This current position is illustrated by the exclusion of addiction from the definition of “disability” in the Equalities Act 2010 and the criminalisation of possession of the substances included under the Misuse of Drugs Act 1971. Restrictions around the relevant legislation being UK rather than Scottish statute would suggest systemic limitations to the person-centredness being facilitated by this policy.

However, within these limitations, it is possible to work around this challenge; suggestions in the document include making more use of diversion from prosecution and arrest referral schemes which would steer person towards health and social care services.

7. What is the key learning from this case study relating to person-centred approaches?

- The importance of understanding the systems and networks impacting, influencing and supporting the person at the centre.
- The value of a strength-based approach in engaging the community in reducing stigma and marginalisation.
- The necessity of a relational, value-based foundation in person-centred approaches.

Annex 4: Case Study - Expert Review of Mental Health Services at HMYOI Polmont

1. Why was this case study selected as an interesting example of a Person-centred approach?

The Expert Review¹⁷ offers an opportunity to explore the reality of what person-centred means within an environment which might, prima facie, present multiple barriers to seeking and providing such an approach. Although the setting is unique, many of the issues, in different manifestations, are present within the other case studies. In practice, person-centred approaches raise various ethical issues, such as the tensions between care and control; between autonomy and protection; between the individual and the group; and between the personal and the professional. All these challenges, and attempts to reconcile competing factors, are identified within the Expert Review and the Monitoring Reports.

The review was commissioned following an inspection by HM Inspectorate of Prisons for Scotland (HMIPS) at HMPYOI Polmont, including an inspection by Health Improvement Scotland (HIS) into the health and wellbeing of prisoners at that establishment.³⁹ Although the inspection was positive around the opportunities available to support young people with health and wellbeing issues, it noted the poor take up rates by prisoners of these services. The inspection also noted a high level of prisoners placed on Talk to Me (TTM)⁴⁰, the Scottish Prison Service (SPS) risk management strategy for prisoners at risk of self-harm or suicide. The review sought to explore factors influencing the low levels of prisoner engagement with health and wellbeing services, and, in this, the experiences of staff, prisoners and their families were central.

The review identified factors which may increase mental health problems in custody and inhibit prisoners approaching and engaging with professionals. It was recognised that many people come into custody with pre-existing mental health issues and adverse childhood experiences (ACEs), factors which both make custody more likely and more challenging. The range of challenges faced by the young people provides an opportunity to test the holistic quality often attributed to person-centredness.

Pertinent features of person-centred approaches are touched on, and, while not defining the term, the review highlights some of the advantages of and barriers to professionals working in a framework of PCAs. Further, the experiences of prisoners, their families and staff can be drawn on to explore the concept of person-centred approaches beyond the individual.

³⁹ [Report on Full Inspection of HMP YOI Polmont - 29 October to 2 November 2018](#)

⁴⁰ [Scottish Prison Service News - 'Talk to me' Strategy](#)

The Expert Review is also interesting as it situates prisoners at HMPYOI Polmont within a policy context which recognises the complex and multiple issues experienced by prisoners at the establishment. Factors such as numbers of young people coming into custody is addressed under the presumption against short sentences in the Criminal Justice and Licensing (Scotland) Act 2010, although concern has been expressed that remand numbers remain high.⁴¹

Policies, national and organisational, around reducing risk of suicide and self-harm, such as Scotland's Suicide Prevention Action Plan: Every Life Matters⁴² and the SPS Talk to Me strategies⁴⁵ are central to this review.

The liminal space between childhood and adulthood, occupied by young people in custody at Polmont, makes policies such as GIRFEC³⁹ (and now The Promise¹) highly relevant. Similarly, the Whole System Approach to Youth Justice recognises the importance of understanding the holistic needs of the young person within their social context and seeks alternatives to prosecution and custody.⁴⁵

2. What elements of this policy are of particular interest in relation to learning about person-centred approaches?

The issues presented in this case study, as related elsewhere in this document, are useful for testing various terms, which may be assumed to be synonymous but whose use requires analysis; these include concepts such as person-centred, person-led, and people-centred.

3. Does this case study relate to the period during which Covid restrictions were in place? If so, how?

While the Expert Review was conducted in 2019, and therefore predates the pandemic, monitoring reports cover the timeframe of lockdown, restrictions and emerging from that period.

This case study can be used to reflect on how the pandemic sped up the actioning of recommendations made by the Expert Review. Maintaining contact with people in the community was identified as an area where progress had been made, and staff were building relationships with the families of prisoners.⁴³ Virtual visits had been used during lockdown and restrictions, and it was hoped that this would continue.⁴⁴ The report also noted the positive development of in-cell phones being rolled out.¹⁷

4. What were the enabling factors that supported a person-centred approach?

⁴¹ [HMP YOI Polmont Quarterly Monitoring Report - April to June 2021](#)

⁴² [Suicide prevention action plan: every life matters](#)

⁴³ [HMP YOI Polmont Monitoring Report April - June 2022](#)

⁴⁴ [Prison Monitoring Summary - HMP Polmont - July to September 2020](#)

Staff/prisoner relationships were viewed as positive, and, in particular, health care staff as compassionate and caring; the quality of staff/prisoner relationships was recognised as being crucial to prisoners seeking support with emotional and mental health problems.

Staff acknowledged the importance of building therapeutic relationships with prisoners but that the time available to them was limited. Retention and recruitment of healthcare staff was recognised as a significant issue.

However, it should be noted that these relationships were often viewed as most positive when there appears to have been a trade off with other outcomes. In particular, the low numbers attending classes facilitated a high level of prisoner engagement. Similarly, while the need to minimise use of the Separation and Integration Unit (SRU) is understood, it was acknowledged that staff in the unit had excellent knowledge of the prisoners in their care and that relationships were positive^{49 45}. In both these examples, the staff/prisoner ratio was conducive to the relational aspect of person-centredness.

5. How does this case study help us to understand the strengths of person-centred approaches?

This example demonstrates the resilience of person-centred approaches in the face of the limitations identified below; the relational quality of person-centred approaches is an aspect which staff have agency over. Further, supporting relationships can help to identify and address some of the ethical issues raised below.

Various monitoring reports indicate that progress has been made in some areas identified in the review. Staff/prisoner relationships are described as being mainly positive and this has been a consistent feature of the reports^{46 46 18 47}, although it was reported that, at times, there should have been more interaction with prisoners during recreation⁴⁷. While concern was raised about the numbers of prisoners in the SRU¹⁸ it was acknowledged that efforts had been made to reduce this and to support prisoners to move back to the mainstream halls within an appropriate timescale.⁴⁷

The value of relationships in reducing distress, and consequently risk of self-harm and suicide, was recognised. Positive relationships can be further sustained through supporting staff and the review recommended training, for all professionals, around trauma informed practice and, in particular, around the developmental stage of adolescence. For this to be put into practice, it was recommended that personal officers spend dedicated time with prisoners to build nurturing relationships and for health professionals to be freed up from other tasks in order to develop therapeutic interactions.

⁴⁵ [HMP & YOI Polmont Monitoring Report July-September 2021](#)

⁴⁶ [HMP YOI Polmont Monitoring Report October - December 2021](#)

⁴⁷ [HMP YOI Polmont Monitoring Reporting July - September 2022](#)

Better communication with the community, both professional and personal contacts of the young person, was recommended. This included providing families with information about the prison system and to encourage and facilitate the passing on of concerns about a prisoner's wellbeing to staff. Understanding the importance of informal support networks is a central feature of person-centred approaches, and there is evidence that this has been developing.⁴⁷

All the above suggest that some aspects of person-centredness can be developed by practitioners in their day-to-day roles, notwithstanding the more structural constraints.

6. What does this case study suggest might be some of the limitations of a person-centred approach?

This case study finds layers of potential limitations to person-centredness, some are outside the control of the prisoner and staff, but others are indicative of ethical issues, tensions and conflicts.

It is necessary to acknowledge the seeming contradiction inherent in person-centredness in a setting where the person is not only involuntarily placed, but also where they are sent for reasons which are the very antithesis of such an approach. Consequently, there may be limitations on the extent to which a prisoner experiences person-centredness and recognises the term as meaningful.

The lack of choice extends further to the limits around how person-centred care is provided where a prisoner is assessed as being at risk of suicide or self-harm. Although not all such incidences require the prisoner to be placed in the safer cells, they were viewed as punitive and sterile by prisoners.

The limits of confidentiality, through information sharing, may also inhibit the experience of person-centredness. In this respect, the sharing of information between professionals, viewed as central to supporting a vulnerable prisoner and keeping them safe, could be a concern for a young person.

The review acknowledges the impact which a completed suicide has, not only on families, but also on staff. The understandable desire to keep a prisoner safe, may result in risk averse practices, including inappropriate use of the safer cells. The review recommended research be undertaken in relation to the impact on staff, prisoners and families of a death by suicide.

Additionally, the Talk to Me (TTM) procedures were regarded as impersonal tick box exercises. Other organisational features, from limited access to phones, often at times not conducive to the person being called, to the provision of ill-fitting clothes, were seen as impacting negatively on wellbeing.

Deeper layers identified in the review include some aspects of prison culture which make prisoners reluctant to seek help. Prisoners identified attitudinal barriers; some

of the terms they use to describe how others may view them are emotive and stigmatising and could be experienced as depersonalising. Examples of this include a participant who stated they didn't seek support because "I felt like I was treated like a junkie, staff really judge you" ¹⁷ (page 27), not accessing prisoner listeners (prisoners trained to provide emotional support) due to not wanting to be thought of as a "grass" ¹⁷ (page 26). Another barrier within the prison culture is the perception that vulnerability can lead to bullying.

7. What is the key learning from this case study relating to person-centred approaches?

- This case study offers an opportunity to explore how different organisations and professions understand and practice person-centred approaches.
- The case study identifies some ethical challenges which require to be reconciled around person-centred approaches. In particular, the tensions between care and control, and between choice and compulsion which exist within the justice system, and within a prison setting in particular, can provide useful insight into the nuances and complexities of how person-centredness is experienced.
- Additionally, this case study demonstrates the resilience of person-centredness within the restraints of systems and frameworks which may present challenges to such an approach. Notwithstanding the limitations identified above, the review highlighted examples of positive staff/prisoner relationships and compassionate interventions which are crucial in person-centred approaches.

How to access background or source data

The data collected for this social research publication:

- are available in more detail through Scottish Neighbourhood Statistics
- may be made available on request, subject to consideration of legal and ethical factors. Please contact frances.warren@gov.scot for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.



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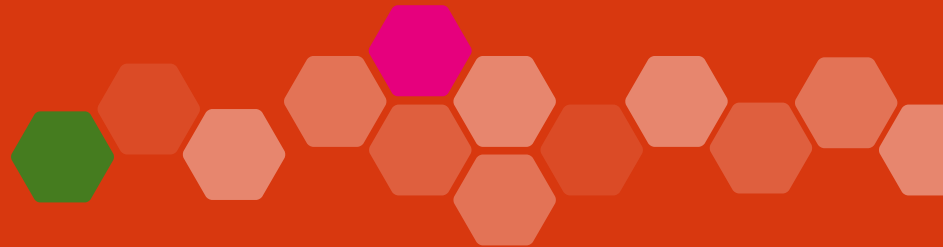
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