Training costs of Person Centred Planning

Renée Romeo, Martin Knapp, Barbara McIntosh, Helen Sanderson, Paul Swift, Janet Robertson, Eric Emerson, Martin Routledge, Peter Oakes, Johan Elliott, Emma Krijenen-Kemp, Christine Towers, Chris Hatton and Theresa Joyce

Introduction

Person centred planning (PCP) has been topical, not least because it has been put on the policy agenda (Department of Health, 1999; Department of Health, 2001). It is a way of conceptualising and bringing into reality the aspirations of persons with a learning disability in a manner that may guide service responses. Similar to investing in education, costs are incurred in the short term in the expectation that there will be improvements in personal social and economic function in later life. Putting PCP into practise requires (among other things) running development and training sessions for various individuals on its principles and application. The training is designed to build capacity of self-advocates, families, friends and paid support and front line staff involved in the lives of the focus person in a person centred approach. One of the reasons for investing in training is that PCP is based on a completely different way of seeing and working with people with learning disabilities, focused on community inclusion and support. Such an approach will clearly have an impact on resources in order to implement it. Little is known about these costs.

A recently completed study, commissioned by the Department of Health under the Learning Disability Research Initiative with additional funding for the project provided by the Foundation for People with Learning Disabilities, evaluated the impact of PCP on the life experiences of people with learning disabilities and the nature and costs of supports provided to people with learning disabilities (Robertson et al., 2005). This study provides the data with which to estimate cost of training in PCP.

Costing methodology

The training cost estimation was based on established economic principles (Allen and Beecham, 1993) and followed four stages:

- Description of the training process
- Identification and measurement of each element associated with the training

- Valuation of the implications of each of these elements
- Calculation of the unit cost of training, deriving a cost per trainee

Before the cost estimation exercise was undertaken focused discussions were held between the consultant trainers and one of the researchers. Trainers at each of the sites described the training programme and the principles underlying the programme. A detailed interview was held with one of the trainers who gave details of the individuals involved at each of the sessions, including the time spent by the trainer and the participants at each of the sessions, location of the training (the training space used), training material used and refreshments provided. For participants in paid employment attending the sessions, the consultant gave details of their grade and roles.

The choice of a unit of measurement for each element of the training and the way in which it is calculated is integral to the overall costing exercise. For a paid facilitator, it was appropriate to use the cost per hour, which was then multiplied by the time spent in each training session, which was usually no less than one hour.

We then collected information on the cost implications of the elements (resources) associated with the training. These elements included salary and on-costs, clerical support, relevant share of the capital and maintenance of buildings and equipment and the management of the department and other training related expenses such as catering, stationery. The cost of training self-advocates, families, friends, paid support staff and front line managerial staff includes their salary as well as additional cost to the employer such as national insurance contributions.

Data were unavailable on the salaries and related cost for unpaid facilitators such as members of families and friends. We therefore estimated their costs based on the cost of paid facilitation (under opportunity cost assumptions). Training across the sites was undertaken in a variety of settings, in some cases a nominal rent was paid for the facility and in other areas use of the facility was provided 'free' of charge. To ensure that capital was consistently employed across all sites standard capital cost estimates were used. Capital costs were estimated using new build and land requirements for a local authority training room, annuitised at a rate of 3.5 percent over 60 years. Local authorities may consider using existing facilities.

To calculate the cost per trainee of attending a PCP training programme, the average costs of each of the elements were calculated and these cost summed to give an average cost for implementing PCP.

Training took place over a period of twenty days at each of the sites. Costs associated with these training days were estimated at 2003/2004 price levels.

Training in PCP

Training in PCP was phased in and based on a systems approach. This approach involved simultaneous training of facilitators and their managers, and work with a multi agency implementation group. Facilitators and managers were encouraged to discover what was working and not working and what issues were raised through plans, and to discuss these with a multi agency implementation group. The emphasis was on building local capacity and training facilitators who can work with a number of people over time.

At each of the phases, implementation sessions were held with the implementation steering group. This group consisted mainly of the PCP research team. Each facilitator was asked to provide a summary of what was working and not working in the person's life from the facilitator's perspective. The group then did a content analysis on a sample of the issues that arose. This provided a summary of the main themes that were working well and the areas that required organisational change. The group then developed an action plan from this.

Training costs: PCP

Training was provided to both the facilitators and managers. Facilitators consisted of paid outreach support staff, self advocates, unpaid volunteers such as friends and family members. In only two of the sites, self-advocates were present. In another two sites, all facilitators were paid members of staff and there were no family members or self-advocates involved in the training. On average, there were sixteen facilitators at each of the sites involved in the training. Support sessions were also provided to both facilitators and managers in two of the four sites. This enabled the facilitators and managers to meet with the trainer to review progress and plan next steps.

Two of the sites held implementation sessions with the steering group, which initially involved the PCP research steering team and subsequently merged with the local implementation group. Salary-related costs for the research steering team and the implementation group were excluded from the calculations to estimate the costs associated with training. More generally, the costs associated with implementation and research-related costs are not included in the overall cost estimation.

The financial arrangements surrounding funding for PCP activities and training, changes in accounting and budgetary procedures are strategic to the implementation process. This was not included in the scope of the costing exercise.

As seen in Table 1, the average cost of training families, friends, paid support and front line staff was £15,297 per site with a range of £13,996 to £16,500. Costs varied depending on the time spent by facilitators and managers in the sessions. The cost of the trainer contributes 75 per cent of the overall costs for each site. The use of facilities or office space to hold the training sessions represents a small proportion of the overall costs. Training materials were not used consistently over all sites. The estimated cost of a training pack for facilitators used at two of the sites was given at £19.99. Insufficient information on the consultants' expenses was held and was not included in the cost estimation. However these costs are expected to be small.

These training and implementation costs translate into a cost per participant of £658 if calculated across all 93 participants in the study or £941 if calculated across the 65 participants for whom PCPs were developed.

	Total direct input	No in receipt of training	Unit cost £	Minimum cost per site £	Maximum cost per site £	Average cost per site £
Consultation costs:						
Trainer (days)	20	22	575 ¹	11,000	12,000	11,500
Staff costs						
Facilitators ³ (hours)	92 ²	16	19	1,605	1,900	11,748
Managers (hours)	774	6	26	1,391	2,600	2,002
Total staff cost				2,996	4,500	3,750
Other costs						
Capital				-	-	47
Total cost				13,996	16,500	15,297

Table 1 Training and support cost

Notes

1. Trainee cost range from $\pounds 550 - \pounds 600$ per day. Each session consists of between 5–8 hours direct input.

2. Facilitators spent 84.5 - 100 hours in training

3. Facilitators consisted of paid staff, self-advocates and unpaid volunteers such as friends and family members. There were few self-advocates in the sessions, and the cost of time spent in the training sessions by self-advocates was not measured. The cost of volunteer time provided by friends and family members was estimated using the cost of paid facilitator.

4. Managers spent 53.5 – 100 hours in training. This includes individual support and group training sessions.

Conclusion

Person Centred Planning is being implemented across the UK but little in known about the training cost. This is the first study looking into the cost of PCP in the UK. Average cost of training in PCP was $\pounds 658$ per person in 2003/2004. By far the largest contributor to training costs is the costs of the trainer(s); however this cost element is likely to fall over time as local capacity is developed in PCP techniques and where there is greater collaboration in training across boroughs.

Costs also include paid facilitation and indicate higher training costs person than would obtain if unpaid facilitators were involved. If unpaid facilitators such as family or friends support the focus person there are likely to be additional costs to families for their time and to cover travel.

Some local authorities are likely to incur additional costs where support is required to assist unpaid facilitators in problem solving. Where existing support already exists, resources could be used to support paid facilitators. These costs have not been included in the estimation, but it is useful for agencies to bear these in mind for the future. At one site there had been intensive efforts in supporting families to plan. There was a weekly drop-in facility for families and carers who were developing a plan. This took place at the carers centre, where there was an experienced facilitator to help problem solve. There was an IT suite at a carers' centre, and a volunteer IT tutor to help families.

From these data, there is scope for expansion in training in PCP at a modest cost of approximately £658 per person. These costs should therefore be evaluated in relation to the short and longer-term benefits to be gained from such an investment in training.

Acknowledgements

We are grateful to the Department of Health for funding the wider evaluation of PCP, of which the costing activity was a small part.

References

- Allen, C. and Beecham, J. (1993) Costing services: ideals and reality, in A. Netten and J. Beecham (eds) *Costing Community Care: Theory and Practice*, Aldershot, Avebury.
- Department of Health (1999) Facing the Facts: Services for People with Learning Disabilities A Policy Impact Study of Social Care and Health Services, Department of Health, London.
- Department of Health (2001) Valuing People: A New Strategy for Learning Disability in the 21st Century, Department of Health, London.
- Robertson, J., Emerson, E., Hatton, C., Elliott, J., McIntosh, B., Swift, P., Krijnen-Kemp, E., Towers, C., Romeo, R., Knapp, M.R.J., Sanderson, H., Routledge, M., Oakes, P. and Joyce, T. (2005) *The Impact of Person Centred Planning*, Department of Health, London.