

OBILJEŽJA I UČINCI OSOBNO USMJERENOG PLANIRANJA PODRŠKE ZA OSOBE S INTELEKTUALNIM TEŠKOĆAMA

CHARACTERISTICS AND EFFECTS OF PERSON- CENTRED SUPPORT PLANNING FOR PEOPLE WITH INTELLECTUAL DISABILITIES

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Sažetak: *Osobno usmjereno planiranje razvilo se unatrag nekoliko desetljeća kao suvremeni pristup u pružanju podrške osobama s intelektualnim i drugim razvojnim teškoćama. Temelji se na konceptima socijalnog modela invaliditeta, modela ljudskih prava, emancipacije i neovisnog življenja, a implementira kao akcijsko planiranje poželjne budućnosti za pojedinca, uz njegovo aktivno sudjelovanje, uključenost neformalne i formalne mreže podrške. Njegova primjena još uvijek nije u dovoljnoj mjeri znanstveno evaluirana i elaborirana, iako je u novije vrijeme porast istraživanja na ovom području. Polazeći od navedenog, cilj ovoga preglednog rada je, objedinjavanjem aktualnih spoznaja iz relevantnih istraživanja, analizirati obilježja i učinke osobno usmjerelog planiranja podrške za osobe s intelektualnim teškoćama te identificirati čimbenike koji pridonose njegovom uspješnom provođenju i postizanju željenih ishoda. U tu svrhu, proveden je sustavan pregled literature pretraživanjem baza Scopus, Web of Science, Proquest Central, Social Science Premium Collection i Hrčak. U analizu je uključeno 17 izvornih znanstvenih radova objavljenih između 2005. i 2025. godine. Rezultati obuhvaćenih istraživanja upućuju na pozitivne utjecaje ovoga pristupa na osobe s intelektualnim teškoćama, njihove obitelji i stručnjake, ali i na određene izazove. Najviše je dobrobiti povezano sa samoodređenjem, društvenom uključenosti i subjektivnim osjećajem zadovoljstva životom osoba koje su u fokusu planiranja. Utvrđeni podržavajući i otežavajući čimbenici svrstavaju se u kategorije osobnih, okolinskih i onih vezanih uz proces planiranja. Za osiguravanje aktivne*

Abstract: *Person-centred planning has developed over the past few decades as a contemporary approach to supporting people with intellectual and other developmental disabilities. It is based on the concepts of the social model of disability, the human rights model, emancipation, and independent living, and is implemented as action planning for a desirable future for the individual, involving their active participation and the engagement of both informal and formal support networks. Its application has not yet been sufficiently scientifically evaluated or elaborated, although recent years have seen an increase in research in this area. Building on the above, this review paper aims to synthesise current insights from relevant research to analyse the characteristics and effects of person-centred support planning for individuals with intellectual disabilities, and to identify the factors that contribute to its effective implementation and the achievement of desired outcomes. To this end, a systematic literature review was conducted by searching the Scopus, Web of Science, ProQuest Central, Social Science Premium Collection, and Hrčak databases. The analysis included 17 original scientific papers published between 2005 and 2025. The findings of the reviewed studies indicate positive impacts of this approach on people with intellectual disabilities, their families, and professionals, as well as certain challenges. The greatest benefits are linked to the dimensions of self-determination, social inclusion, and the subjective life satisfaction of the individuals who are the focus of the planning process. The identified enabling and hindering factors fall into the categories of personal and environmental factors, as well as those related to the*

uključenosti osoba s intelektualnim teškoćama, kao temeljne značajke osobno usmjerenog pristupa, ključnim se smatra poticanje njihovih vještina samoodređenja i osiguravanje pristupačnosti procesa planiranja. S obzirom na ograničenja uključenih znanstvenih studija, uočena je potreba za daljnjim, sveobuhvatnijim i longitudinalnim istraživanjima, s naglaskom na kvalitativnom participativnom i inkluzivnom pristupu.

Ključne riječi: *osobno usmjereni pristup, osobno usmjeren planiranje, osobe s intelektualnim teškoćama*

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1. UVOD

Osobno usmjereni pristup suvremeni je koncept i model pružanja podrške osobama s invaliditetom, uključujući i osobe s intelektualnim teškoćama (IT), koji se implementira kao akcijsko planiranje poželjne budućnosti za pojedinca u fokusu, polazeći od njegovih vlastitih želja i životnih prioriteta (Gregory i Atkinson, 2023). Nastanak i razvoj osobno usmjerenog planiranja oblikovan je društvenim i političkim promjenama još tijekom druge polovice 20. stoljeća (Kilbane i McLean, 2008), u razdoblju obilježenom pojavom socijalnog modela invaliditeta, pristupa temeljenog na ljudskim pravima te pokreta za neovisno življenje. Ti su koncepti snažno izmijenili pristup prema osobama s invaliditetom te vrijednosti i sustave podrške (Beresford i sur., 2011). U tom kontekstu počeli su se uvažavati glasovi osoba s IT i razvijati prakse koje cijene njihova osobna iskustva i perspektive, pri čemu individualizacija te mogućnost izbora i kontrole postaju dva temeljna koncepta u razvoju usluga i programa podrške (Kilbane i McLean, 2008). Ovom je procesu dodatno doprinijelo i usvajanje Konvencije Ujedinjenih naroda o pravima osoba s invaliditetom koja, između ostaloga, priznaje osobe s invaliditetom kao nositelje prava i promovira njihovu uključenost u donošenje odluka (Zakon o potvrđivanju Konvencije o pravima osoba s invaliditetom i Fakultativnog protokola uz Konvenciju o pravima osoba s invaliditetom, NN, MU, 6/2007., 5/2008.). Osobno usmjeren planiranje na prvom

planning process itself, with particular emphasis on the characteristics of facilitators, environmental support, and the relationships among participants. To ensure the active involvement of people with intellectual disabilities, as a fundamental feature of the person-centred approach, encouraging their self-determination skills and ensuring the accessibility of the planning process are considered essential. In light of the limitations of the included scientific studies, the need for further, more comprehensive, and longitudinal research has been identified, with an emphasis on qualitative, participatory, and inclusive approaches.

Keywords: *person-centred approach, person-centred planning, people with intellectual disabilities*

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1. INTRODUCTION

The person-centred approach is a contemporary concept and model for supporting people with disabilities, including those with intellectual disabilities (ID). It is implemented as an action-oriented planning process aimed at shaping a desirable future for the individual, based on their own wishes and life priorities (Gregory & Atkinson, 2023). The emergence and development of person-centred planning were shaped by the social and political changes that began in the second half of the 20th century (Kilbane & McLean, 2008), a period characterised by the rise of the social model of disability, the human rights-based approach, and the independent living movement. These concepts fundamentally transformed approaches to disability and reshaped values and support systems (Beresford et al., 2011). In this context, the voices of people with ID began to be recognised, and practices emerged that emphasised their personal experiences and perspectives. Individualisation, as well as opportunities for choice and control became central principles in the development of support services and programmes (Kilbane & McLean, 2008). This process was further strengthened by the adoption of the United Nations Convention on the Rights of Persons with Disabilities, which, among other aspects, recognises people with disabilities as rights holders and promotes their active involvement in decision-making (Zakon o potvrđivanju Konvencije o pravima

mjestu podrazumijeva promjenu u načinu razmišljanja i odnosa prema osobama s IT (O'Brien i O'Brien, 2000; Sanderson i sur., 2008). Ono uvažava jedinstvenost svake osobe i temelji se na vrijednostima dostojanstva, poštovanja, personalizacije i podržavajućih odnosa (Jesus i sur., 2022). U središtu su ovog pristupa načela normalizacije i inkluzije, usmjerena na upotrebu svih resursa i usluga u zajednici, za razliku od prijašnje tendencije razvijanja posebnih i segregiranih programa za osobe s invaliditetom (Carvalhais i sur., 2023).

Kada uže govorimo o osobno usmjerenom modelu planiranja, ono podrazumijeva oblikovanje podrške polazeći od osobe s IT koja je u fokusu, njezinih potreba, interesa i ciljeva za budućnost (Rozman, 2013). Glavna razlika u odnosu na prethodno uvriježenu primjenu tzv. individualnih rehabilitacijskih ili planova skrbi za pojedinca očituje se u davanju glasa prije svega samoj osobi s IT te uključivanju njene obitelji i šireg kruga podrške (Beadle-Brown, 2006). To je pristup temeljen na snagama i osobnim kapacitetima pojedinca (Reynolds i sur., 2025), u kojem je posebno naglašeno osnaživanje osobe za samozastupanje (Mazzotti i sur., 2013) te orijentiranost na primjenu koncepta kvalitete života, kako u planiranju tako i u evaluaciji kvalitete podrške (Gomez i sur., 2021). Samoodređenje, kao jedna od dimenzija kvalitete života, usko je povezano s osobno usmjerenim planiranjem, u kojem istodobno predstavlja njegovo polazište, ali i cilj koji se potiče i razvija tijekom procesa planiranja (Beadle-Brown, 2006). Osoba u tom procesu postaje subjekt u kreiranju vlastitog života, preuzima kontrolu nad njime i određuje smjer u kojem ga želi razvijati (Rozman, 2013). U planiranju se promatra i uzima u obzir cjelokupni kontekst osobe, njezina povijest, okolinski uvjeti, socijalna mreža i vizija budućnosti (Sanderson, 2000). Osim osobe s intelektualnim teškoćama (IT) koja je u centru planiranja, ključnu ulogu imaju članovi obitelji i druge joj bliske i važne osobe (Rozman, 2013). Aktivna uključenost osobe i njezine obitelji, međusobna komunikacija i timska suradnja temelji su kvalitetne provedbe osobno usmjerenog planiranja (Claes i sur., 2010). U odnosu na tradicionalne pristupe, u osobno usmjerenom

osoba s invaliditetom i Fakultativnog protokola uz Konvenciju o pravima osoba s invaliditetom, NN, MU, 6/2007, 5/2008; *Act on the Ratification of the Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention on the Rights of Persons with Disabilities (Official Gazette – International Treaties, Nos. 6/2007 and 5/2008)*.

First and foremost, person-centred planning requires a shift in thinking and attitudes towards people with ID (O'Brien & O'Brien, 2000; Sanderson et al., 2008). It recognises the uniqueness of each individual and is grounded in the values of dignity, respect, personalisation, and supportive relationships (Jesus et al., 2022). The principles of normalisation and inclusion are at the core of this approach, with a focus on utilising all community resources and services, in contrast to the previous tendency to develop specialised and segregated programmes for persons with disabilities (Carvalhais et al., 2023).

More narrowly defined, the person-centred planning model involves designing support based on the needs, interests, and future goals of an individual with ID, who remains the central focus of the process (Rozman, 2013). The key distinction from previous practices, such as individual rehabilitation or care plans, is the prioritisation of the voice of the person with ID, as well as the involvement of their family and wider support network (Beadle Brown, 2006). This is a capacity and strengths-based approach (Reynolds et al., 2025), with a strong emphasis on empowerment for self-advocacy (Mazzotti et al., 2013) and the use of the quality of life framework in planning and evaluating support quality (Gómez et al., 2021). Self-determination, as one of the dimensions of quality of life, is closely linked to person-centred planning: it is both a starting point and an outcome developed throughout the planning process (Beadle Brown, 2006). In this process, the person becomes an active agent in shaping their own life, as well as taking control and determining the direction in which they wish to grow (Rozman, 2013). The planning process considers the person's entire context, including their history, environmental conditions, social network, and vision for the future (Sanderson, 2000). Alongside the individual with ID at the centre of the planning process, family members and other sig-

planiranju procesa facilitira educirani stručnjak, u njega je uključena grupa podrške koju bira sama osoba i svakom se od sudionika planiranja dodjeljuju konkretni zadaci (Gosse i sur., 2017) u djelovanju ka realizaciji plana podrške (Mansell i Beadle-Brown, 2004).

Osobno usmjerenom planiranje je dinamično, promjenjivo i fleksibilno, zbog čega podrazumijeva promjenu načina rada, stavova i vještina stručnjaka i drugog osoblja u podršci (Vareta i sur., 2022). Sanderson (2000) ističe da su njegovi temelji aktivno slušanje, kontinuiranost procesa te potpuno drukčiji pogled i način rada s osobama s invaliditetom, koji se u literaturi pronalazi pod pojmom osobno usmjerenom razmišljanje. Srž osobno usmjerenog razmišljanja ogleda se u prijenosu moći s pružatelja usluga na osobu s IT i njezinu prirodnu podršku (Reynolds i sur., 2025). Značajan pomak ogleda se u traženju podrške i izvan formalnih sustava podrške i usluga razvijenih za osobe s invaliditetom. Umjesto toga, naglasak je na upotrebi resursa prirodne mreže podrške i lokalne zajednice te njihovom kombiniranju s formalnim uslugama (Reynolds i sur., 2025).

U osobno usmjerenom planiranju primjenjuju se različite metode, tj. tehnike i alati. Iako postoje specifičnosti u načinu i svrsi njihove primjene, svima su zajedničke spomenute temeljne odrednice osobno usmjerenog pristupa. Fokus svake tehnike i alata može biti različit, no oni su uglavnom usmjereni na razumijevanje onoga što je osobi važno, njezine ciljeve i definiranje koraka potrebnih za njihovo ostvarivanje. U procesu planiranja upotrebljavaju se vizualni prikazi i grafička facilitacija kako bi se sadržaj jasnije predstavio i osigurala ravnopravna uključenost svih sudionika (Gregory i Atkinson, 2023). Najčešći i u literaturi spominjani modeli osobno usmjerenog planiranja su MAPA (*Making Action Plans / McGill Action Planning System - MAPS*), PUT (*Planning Alternative Tomorrows With Hope - PATH*), Planiranje osnovnog životnog stila (*Essential Lifestyle Planning - ELP*) i Osobno planiranje budućnosti (*Personal Futures Planning - PFP*) (prema Claes i sur., 2010; Ratti i sur., 2016; Rozman, 2013; Sanderson, 2000), no u novijoj literaturi mogu se pronaći razne druge tehnike i alati (Bartle i sur.,

nificant people play a crucial role (Rozman, 2013). The foundation of high-quality person-centred planning is based on the active participation of the person and their family, as well as communication and teamwork (Claes et al., 2010). Compared to traditional approaches, person-centred planning is facilitated by a trained professional, involves a support group chosen by the person themselves, and assigns specific tasks to each participant (Gosse et al., 2017) working towards the implementation of the support plan (Mansell & Beadle Brown, 2004).

Person-centred planning is dynamic, continuously evolving, and flexible, and therefore requires changes in working practices, attitudes, and skills among professionals and other support staff (Vareta et al., 2022). Sanderson (2000) highlighted that the foundation of person-centred planning lies in active listening, process continuity, and a fundamentally different way of thinking about and working with people with disabilities, which is commonly referred to in the literature as person-centred thinking. The core of person-centred thinking lies in the shift of power from service providers to the person with ID and their natural support network (Reynolds et al., 2025). A significant shift from previous practices is seeking support beyond formal disability service systems. Instead, the emphasis is placed on using resources from natural support networks and the local community, in combination with formal services (Reynolds et al., 2025).

A range of methods – techniques and tools – are used in person-centred planning. Although each has its own specificities in terms of purpose and application, they all share the fundamental principles of the person-centred approach. Their focus may vary, but they are generally aimed at understanding what matters to the person, identifying their goals, and defining the steps needed to achieve them. Visual representations and graphic facilitation are employed in the planning process to present information more clearly and to ensure equal participation among all participants (Gregory & Atkinson, 2023). The most commonly mentioned person-centred planning models in the literature are MAPS (Making Action Plans / McGill Action Planning System), PATH (Planning Alternative Tomorrows with Hope), Essential Lifestyle Planning (ELP), and Personal Futures Planning (PFP) (as cited in Claes et al., 2010; Ratti et al., 2016; Rozman, 2013; Sanderson, 2000).

2016; Brendli Brown i sur., 2025; Ellem i sur., 2019; Thalen i sur., 2021), kao i u priručnicima te na mrežnim stranicama različitih organizacija koje ih razvijaju (National Development Team for Inclusion, n.d.; The Council on Quality and Leadership, n.d.).

U odnosu na sustavno usmjeren pristup individualnom planiranju skrbi ili podrške, osobno usmjeren planiranje pokazuje bolje ishode, pogotovo u kontekstu procesa deinstitucionalizacije, tj. prijelaza iz institucionalnih uvjeta života u stanovanje u zajednici (Holburn i sur., 2004). Različiti autori pritom navode pozitivan utjecaj na uključivanje u zajednicu (Brendli Brown i sur., 2025; McCausland i sur., 2022; Wigham i sur., 2008), ostvarivanje međuljudskih odnosa (Gosse i sur., 2017; Robertson i sur., 2006), smanjenje izazovnih ponašanja (Brendli Brown i sur., 2025) te vršenje izbora i donošenje odluka (Espiner i Hartnett, 2011; Gosse i sur., 2017; Wigham i sur., 2008) kod osoba s intelektualnim i drugim razvojnim teškoćama.

No činjenica je da su postojeća istraživanja uglavnom vrlo raznolika, što otežava formiranje jednoznačnih zaključaka, a nedostatan je broj sveobuhvatnih studija usmjerenih na ispitivanje i praćenje učinaka na kvalitetu podrške i kvalitetu života osoba s IT. Dio tih razlika odnosi se na provedbu osobno usmjerenog planiranja opisanu u istraživanjima, odnosno izbor metoda i kontekst u kojem se ono primjenjuje (Ratti i sur., 2016), pri čemu u nekim istraživanjima obilježja njegove implementacije uopće nisu jasno navedena (Claes i sur., 2010). Drugi aspekt tiče se samih istraživanja, odnosno razlika u njihovim ciljevima i metodoloških ograničenja (Ratti i sur., 2016), poput malog broja sudionika te nedostatka detaljnih opisa prikupljanja i analize podataka, što značajno otežava generalizaciju zaključaka (Claes i sur., 2010). Osim toga, evaluaciju osobno usmjerenog planiranja dodatno otežavaju mnogi čimbenici koji mogu utjecati na njegove ishode (Robertson i sur., 2007).

Kao glavni izazov u ispitivanju učinkovitosti osobno usmjerenog planiranja navodi se nedostatak njegove jasne definicije, odnosno mogućnosti operacionalizacije (Claes i sur., 2010; Gregory i

However, more recent literature includes a wide range of additional techniques and tools (Bartle et al., 2016; Brendli Brown et al., 2025; Ellem et al., 2019; Thalen et al., 2021), as well as materials found in manuals and on the websites of organisations that develop such approaches (National Development Team for Inclusion, n.d.; The Council on Quality and Leadership, n.d.).

Compared to the system-oriented approach to individual care or support planning, person-centred planning demonstrates more favourable outcomes, particularly in the context of deinstitutionalisation and transitions from institutional living to community-based housing (Holburn et al., 2004). Various authors report positive effects on community participation (Brendli Brown et al., 2025; McCausland et al., 2022; Wigham et al., 2008), interpersonal relationships (Gosse et al., 2017; Robertson et al., 2006), reductions in challenging behaviour (Brendli Brown et al., 2025), and enhanced opportunities for choice-making and decision-making (Espiner & Hartnett, 2011; Gosse et al., 2017; Wigham et al., 2008) among people with intellectual and developmental disabilities.

However, existing research is highly heterogeneous, which complicates the formation of clear and generalisable conclusions. Moreover, there is a lack of comprehensive studies examining the effects of person-centred planning on the quality of support and quality of life for people with ID. Part of this variability relates to how person-centred planning is described and implemented in research – specifically, the choice of methods used and the contexts in which they are applied (Ratti et al., 2016). In some studies, implementation characteristics are not described clearly (Claes et al., 2010). Another source of variation stems from differences in research aims and methodological limitations (Ratti et al., 2016), such as small participant samples and inadequate descriptions of data collection and analysis procedures, all of which restrict the generalisability of findings (Claes et al., 2010). Additionally, outcome evaluation is complicated by numerous factors that may influence the effects of person-centred planning (Robertson et al., 2007).

A major challenge in assessing the effectiveness of person-centred planning is that it is not clearly defined and has limited operationalisation

Atkinson, 2023). Ono ne propisuje fiksne korake ili standardizirane postupke, već se usmjerava na temeljna načela i vrijednosti, omogućujući fleksibilnu i individualiziranu primjenu u skladu s potrebama i kontekstom svake osobe (Jesus i sur., 2022), zbog čega je repliciranje osobno usmjerenog planiranja kao intervencije u znatnoj mjeri ograničeno (Ratti i sur., 2016). Povezano s time, budući da ishodi proizlaze iz osobnih očekivanja, oni se često ne mogu unaprijed odrediti, već postaju vidljivi tek tijekom samog procesa planiranja (Holburn, 2002). Stoga je važno da i instrumenti procjene ishoda budu osobno usmjereni kreirani, odnosno da ne procjenjuju samo je li osoba ostvarila određeni ishod koji se smatra društveno poželjnim, već da utvrde koliko je on značajan osobi i u kojoj mjeri odgovara postavljenim ciljevima. Tako ključni standard procjene postaje stupanj ostvarenja osobnih potreba i ciljeva, pri čemu oni imaju prednost nad kriterijima koje postavlja sustav (Roberts i Abery, 2023).

2. PROBLEM I CILJ RADA

Unatoč tome što se osobno usmjereni planiranje u svijetu provodi još od 1980-ih godina (O'Brien i O'Brien, 2000), nedostatan su istraženi njegovi učinci, dobrobiti i izazovi u primjeni, osobito utjecaj na kvalitetu života osoba s IT i njihovih bližnjih. Također, različiti autori neujednačeno definiraju osobno usmjeren pristup i planiranje podrške, što posljedično utječe na veliki varijabilitet u primjeni tj. provedbi programa koji se opisuju u radovima, kao i u načinima njihove evaluacije. Osim toga, konkretni se planovi realiziraju u raznolikim uvjetima i kontekstima, s različitim populacijama i od različitih stručnjaka. Sve to dovodi do teškoća u sistematiziranju rezultata i donošenju općih zaključaka o djelovanju osobno usmjerenog planiranja na život osoba s IT, kao i ostalih koji sudjeluju u tom procesu.

Polazeći od navedenog, cilj ovoga preglednog rada je, objedinjavanjem spoznaja iz obuhvaćenih relevantnih istraživanja, analizirati obilježja i učinke implementacije osobno usmjerenog planiranja te identificirati čimbenike koji pridonose njegovom uspješnom provođenju i postizanju željenih ishoda.

(Claes et al., 2010; Gregory & Atkinson, 2023). It does not prescribe fixed steps or standardised procedures; instead, it is guided by overarching principles and values, allowing for flexible and individualised application depending on each person's needs and context (Jesus et al., 2022). Consequently, the replication of person-centred planning as an intervention is significantly constrained (Ratti et al., 2016). Related to this is the fact that outcomes stem from individual expectations, and therefore cannot always be predefined; they often become apparent only during the planning process itself (Holburn, 2002). This underscores the importance of person-centred outcome measures – tools that do not merely assess whether a socially desirable outcome has been achieved, but rather determine how meaningful that outcome is for the person involved and how well it aligns with their goals. In this sense, the key standard of evaluation becomes the extent to which personal needs and goals are met, which takes precedence over system-driven criteria (Roberts & Abery, 2023).

2. PROBLEM AND AIM

Although person-centred planning has been implemented globally since the 1980s (O'Brien & O'Brien, 2000), its effects, benefits, and implementation challenges remain insufficiently researched, particularly regarding its influence on the quality of life of people with ID and their families. Additionally, authors define the person-centred approach and support planning inconsistently, resulting in significant variability in how such programmes are applied and evaluated in research. Moreover, individual person-centred plans are carried out in diverse contexts, with different populations, and by professionals from various backgrounds. This diversity complicates the systematisation of findings and the formulation of general conclusions about the impact of person-centred planning on the lives of people with ID, as well as others involved in the process.

Building on the above, this review paper aims to synthesise current insights from relevant research to analyse the characteristics and effects of person-centred support planning for individuals with ID, as well as to identify the factors that contribute to its effective implementation and the achievement of desired outcomes.

3. METODE

U svrhu prikupljanja relevantne znanstvene literature pretražene su sljedeće baze: Scopus, Web of Science, Proquest Central, Social Science Premium Collection i Hrčak. Pretraga je učinjena prema ključnim riječima: person centred approach OR person centred planning OR person centered approach OR person centered planning AND intellectual disabilit* OR learning disabilit* OR developmental disabilit*. U obzir su uzeti svi znanstveni, stručno recenzirani radovi objavljeni između 2005. i 2025. godine na engleskom ili hrvatskom jeziku. Ovim kriterijima odgovaralo je 89 radova. Čitanjem naslova i sažetaka isključeno je 60 radova u kojima sudionici nisu bile odrasle osobe s intelektualnim teškoćama ili čija tema nije bila vezana za temu ovog rada te su isključena tri pregledna rada.

Preostali radovi, ukupno njih 26, pročitani su u cijelosti kako bi se procijenila njihova relevantnost za analizu, što je utvrđeno prema sljedećim kriterijima:

1. u radu su opisana iskustva kreiranja i/ili provedbe intervencija i programa temeljenih na osobno usmjerenom pristupu u planiranju podrške; i/ili

2. u radu su ispitani učinci, ishodi ili rezultati evaluacije intervencija i programa podrške temeljenih na osobno usmjerenom pristupu.

Tako je identificirano 17 radova kojima je, iako obuhvaćaju različite inačice osobno usmjerenog planiranja podrške, odnosno tehnike i alate različitih naziva i načina primjene, zajedničko što opisuju intervencije i programe bazirane na temeljnim odrednicama ovoga pristupa te njihovu evaluaciju.

4. REZULTATI

4.1. Opis obuhvaćenih istraživanja

U analizu je uključeno 17 izvornih znanstvenih radova, od čega deset kvalitativnog tipa, četiri kvantitativnog i tri s miješanim istraživačkim metodama.

Prema vremenskom slijedu njihova objavljivanja: po jedan rad je iz 2007., 2008., 2010, 2011.,

3. METHODS

To collect relevant scientific literature, the following databases were searched: Scopus, Web of Science, ProQuest Central, Social Science Premium Collection, and Hrčak. The search was conducted using the following keywords: 'person centred approach' OR 'person centred planning' OR 'person centred approach' OR 'person centred planning' AND 'intellectual disabilit*' OR 'learning disabilit*' OR 'developmental disabilit*'. All peer-reviewed scientific papers published between 2005 and 2025 in English or Croatian were considered. Eighty-nine papers met these initial criteria. After screening titles and abstracts, 60 papers were excluded because they did not involve adult participants with ID or were unrelated to the focus of this review, and an additional three were excluded since they were review papers.

The remaining 26 papers were read in detail to assess their relevance, based on the following inclusion criteria:

1. The study describes experiences of designing and/or implementing interventions and programmes based on a person-centred approach to support planning; and/or

2. The study examines the effects, outcomes, or evaluation results of interventions and support programmes based on a person-centred approach.

Based on these criteria, 17 studies were identified. Although these studies described different variants of person-centred support planning and employed techniques and tools with varying names and modes of application, they share the common characteristic of describing interventions and programmes grounded in the core principles of this approach and their evaluation.

4. RESULTS

4.1. Description of the included studies

A total of 17 original scientific papers were included in the analysis: 10 qualitative studies, 4 quantitative studies, and 3 studies employing mixed methods designs.

According to the data on year of publication, one paper was published in each of the following

2014. i 2016. godine; dva su iz 2017. godine; po jedan iz 2018., 2019., 2021. i 2022. godine; po dva iz 2023. i 2024. te jedan iz 2025. godine.

Ciljevi provedenih istraživanja mogu se podijeliti u sljedeće okvirne kategorije:

- dobivanje uvida u iskustva primjene i različite aspekte provedbe osobno usmjerenog planiranja (N=7);
- ispitivanje učinka ili ishoda osobno usmjerenog planiranja (N=9);
- identificiranje čimbenika povezanih s uspješnosti provedbe i ishodima osobno usmjerenog planiranja (N=5).

Geografska raspoređenost provedbe istraživanja je sljedeća: Ujedinjeno Kraljevstvo (N=5), Kanada (N=3), Nizozemska (N=2), Sjedinjene Američke Države (N=2), Australija (N=2), Irska (N=1), Portugal (N=1) i Novi Zeland (N=1).

Što se tiče sudionika, u najvećem broju istraživanja podaci su se prikupljali od pružatelja informacija (članovi obitelji, stručnjaci, osoblje ili drugi djelatnici organizacija) (N=8); u manji broj njih bile su uključene isključivo osobe s IT (N=3); a u preostalim istraživanjima sudjelovale su obje skupine (N=6). U većini je radova navedena dob osoba s IT o kojima su se prikupljali podaci, a ne samih sudionika, tj. pružatelja informacija. Dob osoba s IT u većini je istraživanja (N=12) širokog raspona, od mlađe do starije odrasle dobi, pri čemu su dva od tih istraživanja uključivala i maloljetne osobe. Jedno istraživanje bavilo se isključivo mladima u periodu tranzicije u odraslu dob i jedno isključivo osobama s IT starije životne dobi. U ostalim radovima (N=3) nije navedena točna dob sudionika, no iz konteksta se može zaključiti kako se radi o širem rasponu odrasle dobi. Veličina uzorka varirala je od N=11 (Dong i sur., 2024) do N=22009 (Isvan i sur., 2023).

Sva istraživanja provodila su se u suradnji s organizacijama koje su u određenom razdoblju primjenjivale ili još primjenjuju osobno usmjereni planiranje. Tako ih je većina provedena kod pružatelja različitih socijalnih usluga (npr. stanovanje uz podršku, dnevni programi, itd.) za osobe s IT ili druge osobe s invaliditetom, dok su dva

years: 2007, 2008, 2010, 2011, 2014, and 2016; while two papers were published in 2017; one paper each in 2018, 2019, 2021, and 2022; two papers in both 2023 and 2024; and one paper in 2025.

The aims of the included studies can be grouped into the following general categories:

- gaining insight into experiences of implementation and various aspects of person-centred planning practice (n = 7);
- examining the effects or outcomes of person-centred planning (n = 9);
- identifying factors associated with successful implementation and outcomes of person-centred planning (n = 5).

The geographical distribution of the studies is as follows: United Kingdom (n = 5), Canada (n = 3), the Netherlands (n = 2), United States (n = 2), Australia (n = 2), Ireland (n = 1), Portugal (n = 1), and New Zealand (n = 1).

Regarding participants, most studies (n = 8) collected data from informants (family members, professionals, staff, or organisation employees); three studies included only people with ID; and the remaining six studies involved both people with ID and other informants.

Most papers reported the age of the individuals with ID being discussed, rather than the age of the informants. In most studies (n = 12), the age of people with ID ranged from younger adulthood to older age; two of these studies also included minors. One study focused exclusively on young people transitioning to adulthood, and one on older adults with ID. In three studies, age was not explicitly stated, but the context of the study suggested a broad adult age range. Sample sizes varied greatly across studies, from 11 participants (Dong et al., 2024) to 22,009 participants (Isvan et al., 2023).

All studies were conducted in collaboration with organisations that had implemented or were implementing person-centred planning. Most studies were carried out within the framework of social care services (e.g., supported living, day programme providers) for people with ID or other disabilities, while two were conducted in health-

istraživanja provedena u zdravstvenim ustanovama, jedno u školi i jedno u okviru radionica za roditelje u lokalnoj zajednici.

Neka su istraživanja provedena u jednoj vremenskoj točki (N=11), a neka longitudinalno (N=6). Trajanje provedbe evaluiranog osobno usmjerenog planiranja također varira među analiziranim studijama, od jednokratnih intervencija do višegodišnjih programa implementiranih u spomenutim organizacijama.

4.2. Obilježja provedbe osobno usmjerenog planiranja

Unatoč istim temeljnim polazištima i načelima, osobno usmjereni planiranje provodi se na različite načine, u različitim kontekstima i s osobama različitih dobnih skupina. Iako se primjenjuje u pružanju podrške različitim populacijama, na primjer osobama s autizmom (Friedman, 2025; Lee i Kim, 2021) i osobama s problemima mentalnog zdravlja (Davidson i Tondora, 2022; Quinn i sur., 2023), u ovom se radu opisuje njegova primjena isključivo kod osoba s IT.

Osobno usmjereni planiranje podrazumijeva holistički pristup i uvažavanje perspektiva svih dionika (Bartle i sur., 2016), a fokus je na perspektivi osobe s IT kako bi se bolje razumjele njezne želje, potrebe i ponašanja (Thalen i sur., 2021). Članovi obitelji ključni su dionici, zbog čega je važno da je planiranje usklađeno sa životnim stilom obitelji, pogotovo ako osoba živi u obitelji i ako joj ona pruža intenzivniju podršku (Ellem i sur., 2019).

Osobno usmjereni planiranje u nekim se slučajevima primjenjuje na osobe različitih dobnih skupina, a u nekim se slučajevima fokusira na određenu životnu dob, s obzirom na to da ona nosi i specifične izazove i potrebe. Tako je u istraživanju Kaehne i Beyera (2014) provedeno osobno usmjereni planiranje za mlade osobe s IT u razdoblju tranzicije u odraslu dob, tj. pri završetku školovanja, a Thalen i sur. (2021) opisuju provedbu kod osoba s IT starije životne dobi.

care settings - one in a school and one as part of parent workshops in the local community.

Some studies were cross-sectional (n = 11), while others employed longitudinal designs (n = 6). The duration of the evaluated person-centred planning interventions also varied considerably, ranging from single-session interventions to multi-year programmes implemented within organisations.

4.2. Characteristics of person-centred planning implementation

Despite shared core principles and values, person-centred planning can be implemented in diverse ways, across various contexts, and with individuals of different age groups. Although it is used in various populations, including autistic individuals (Friedman, 2025; Lee & Kim, 2021) and people with mental health problems (Davidson & Tondora, 2022; Quinn et al., 2023), this review focuses exclusively on its application in the context of people with ID.

Person-centred planning takes a holistic approach that considers the perspectives of all stakeholders (Bartle et al., 2016), while placing primary emphasis on the viewpoint of the person with ID in order to understand their wishes, needs, and behaviours (Thalen et al., 2021). Family members are key stakeholders, particularly when the person lives with their family or relies on them for more intensive support, making it essential that support planning aligns with family life and routines (Ellem et al., 2019). In some studies, person-centred planning was implemented with individuals across age groups, whereas others focused on specific life stages associated with particular challenges and needs. For example, Kaehne and Beyer (2014) implemented person-centred planning with young people with ID at the end of their schooling who were in the transition phase to adulthood, while Thalen et al. (2021) described implementation with older adults with ID.

4.2.1. *Sudionici osobno usmjerenog planiranja*

Osobno usmjereni proces je koji uključuje različite dionike, među kojima središnje mjesto zauzima osoba s intelektualnim teškoćama. Uz nju, u planiranje su uglavnom uključeni članovi obitelji i druge bliske osobe te stručnjaci koji pružaju podršku. Za ostvarivanje pojedinih ciljeva potrebno je i sudjelovanje različitih službi i pružatelja usluga u zajednici. Aktivno sudjelovanje osobe temelj je osobno usmjerenog planiranja, no rezultati istraživanja pokazuju da se ono ne ostvaruje u svim slučajevima. U istraživanju Kaehne i Beyera (2014) osobe s IT bile su prisutne na 83 % sastanaka vezanih za tranzicijsko planiranje, roditelji u tek 63 % slučajeva, a savjetnici iz službe za profesionalno usmjeravanje u 82 % njih. Iako prisustvovanje na sastancima osobno usmjerenog planiranja ne garantira zajedničko donošenje odluka, svakako je njegov preduvjet. U istraživanju Bartle i sur. (2016) osobe s IT nisu bile uključene u sastanke osobno usmjerenog planiranja kada se procijenilo da to nije moguće ili da bi ih dolazak na sastanak uznemirio s obzirom na aktualne probleme mentalnog zdravlja s kojima se suočavaju.

Sudjelovanje obitelji pokazalo se osobito važnim (McCausland i sur., 2021), budući da ona ima neizostavnu ulogu u osobno usmjerenom planiranju i njegovoj implementaciji u svrhu unaprjeđenja kvalitete života osobe s IT. Stoga stručnjaci imaju odgovornost stvarati prostor za sudjelovanje i podjelu perspektiva osoba iz kruga neformalne podrške (Thalen i sur., 2021). Ipak, sustav i zajednica moraju preuzeti svoje odgovornosti i ne smiju se oslanjati samo na angažman obitelji (Ellem i sur., 2019).

4.2.2. *Ciljevi u osobno usmjerenim planovima*

Ciljevi u osobno usmjerenim planovima često su vezani za društvenu uključenost. U istraživanju McConkeyja i Collins (2010), osobe s IT najčešće su postavljale ciljeve vezane za društvene aktivnosti, a McCausland i sur. (2022) izvještavaju da je 66.9 % planova imalo barem jedan cilj povezan sa sudjelovanjem u zajednici. Prema Wigham i sur. (2008) najčešće kategorije postavljenih ciljeva bile su slobodno vrijeme, društvene veze,

4.2.1. *Participants in person-centred planning*

Person-centred planning is a process involving multiple stakeholders, where the person with ID remains at the centre. Alongside them, family members, close supporters, and professionals are typically involved. Achieving specific goals often requires collaboration with community services and various support providers.

Active participation of the person is fundamental, though research indicates that this is not achieved consistently. In Kaehne and Beyer's (2014) study, people with ID were present at 83% of the transition planning meetings, while parents were present only at 63% of the meetings, and vocational guidance counsellors at 82% of the meetings. While attendance alone does not ensure shared decision-making, it is a necessary precondition. In Bartle et al. (2016), individuals with ID did not attend planning meetings when it was considered unfeasible or potentially distressing due to mental health-related difficulties.

Family involvement has been shown to be particularly important (McCausland et al., 2021), given the family's essential role in person-centred planning and its implementation to enhance the quality of life of the person with ID. Professionals, therefore, have a responsibility to create opportunities for participation and to include the perspectives of the individual's informal support network (Thalen et al., 2021). Nevertheless, systems and communities must also fulfil their responsibilities and should not rely solely on family members (Ellem et al., 2019).

4.2.2. *Goals in person-centred plans*

Goals in person-centred plans are frequently related to social inclusion. In the study by McConkey and Collins (2010), people with ID most often set goals related to social activities, while McCausland et al. (2022) reported that 66.9% of plans contained at least one goal connected to community participation. According to Wigham et al. (2008), the most common categories of goals included leisure, social relationships, events and one-off activities, independence and skills, and living arrangements. However, goal patterns vary

dogadaji i jednokratne aktivnosti, samostalnost i vještine te mjesto stanovanja. Ipak, razlike u ciljevima primjetne su ovisno o dobi, vrsti stanovanja i stupnju IT (McCausland i sur., 2022). Tako su, na primjer, u istom istraživanju stariji sudionici češće imali cilj povezan s društvenom uključenosti / sudjelovanjem u zajednici nego mlađi sudionici (McCausland i sur., 2022). Članovi osoblja u istraživanju Dong i sur. (2024) također smatraju da aktivnosti uvrštene u osobno usmjereni plan, kao i njihova implementacija, ovise o dobi i spolu osoba s IT, ali i o općim vrijednostima cijele organizacije. Članovi obitelji često za cilj imaju zapošljavanje osobe s IT (Ellem i sur., 2019). Istraživanje Kaehnea i Beyera (2014) specifično je po tome što je obuhvaćalo mlade osobe s IT u završnoj godini školovanja, stoga su i teme na tranzicijskim sastancima bile vezane za to životno razdoblje, obuhvaćajući dosadašnje i daljnje obrazovanje te radno iskustvo i vještine.

4.2.3. Prilagodba procesa planiranja

Osim usklađivanja ciljeva s potrebama i interesima osobe s IT, pri osobno usmjerenom planiranju nužno je da i sam proces planiranja i izrađeni planovi budu prilagođeni osobi. Dong i sur. (2024) naglašavaju važnost prilagodbe izgleda i strukture sastanka osobi u fokusu te potrebu za kontinuiranim ažuriranjem planova, a Espiner i Hartnett (2011) ističu da izrađeni plan mora biti dostupan i pristupačan osobi s IT kako bi se u bilo kojem trenutku mogla podsjetiti na postavljene ciljeve i kako će se oni realizirati. U istraživanju Kaehnea i Beyera (2014) tek se 39 % analiziranih planova u potpunosti koristilo lako razumljivim jezikom. U prikupljanju podataka mogu se primjenjivati različite kreativne tehnike i alati, čija se izvedba može dodatno prilagoditi osobama s različitim stupnjem potreba za podrškom (Dew i sur., 2018). Važno je imati na umu da su potrebe i ciljevi osobe u fokusu podložni promjenama, zbog čega je tijekom cijelog procesa potrebna kontinuirana prilagodba trenutačnoj situaciji (Thalen i sur., 2021). Više autora ističe presudnu ulogu adekvatne pripreme prije početka osobno usmjerenog planiranja, kako bi osoba s IT mogla zaista aktivno sudjelovati u tom procesu (Bartle i sur., 2016; Ellem i sur., 2019; Espiner i Hartnett, 2011).

with age, living arrangements, and level of ID (McCausland et al., 2022). For example, in the same study, older adults were more likely than younger participants to have goals related to social inclusion and community participation (McCausland et al., 2022). Staff members in the study by Dong et al. (2024) also noted that the activities included in a person-centred plan, as well as their implementation, were dependent on age and gender of the focus person, as well as on the overarching values of the organisation. Family members frequently identified employment as a key goal for the person with ID (Ellem et al., 2019). The study by Kaehne and Beyer (2014) is distinctive in that it involved young people with ID in their final year of school, meaning that the topics addressed during transition planning meetings reflected developmental priorities of that particular life stage, including past and future education, work experience, and skills.

4.2.3. Adaptation of the planning process

Beyond aligning goals with the needs and interests of the person with ID, the planning process itself – and the plans produced – must be adapted to the individual. Dong et al. (2024) emphasised the importance of tailoring the format and structure of meetings to the focus person, as well as the need for continuous updates regarding planning. Espiner and Hartnett (2011) highlighted that a completed plan must be accessible and understandable to the person with ID so that they can revisit it at any time and recall their goals and the steps towards achieving them. In Kaehne and Beyer's (2014) study, only 39% of analysed plans used easy-to-understand language. Various creative techniques and tools can be used in data collection, and their delivery can be adapted to individuals with differing support needs (Dew et al., 2018). It is important to remember that the needs and goals of the focus person are dynamic, and therefore, continuous adjustment throughout the planning process is essential (Thalen et al., 2021). Several authors highlight the critical importance of adequate preparation before person-centred planning begins, to ensure that people with ID can genuinely participate actively (Bartle et al., 2016; Ellem et al., 2019; Espiner & Hartnett, 2011).

4.2.4. Izazovi u provedbi

Brojni su izazovi u planiranju i implementaciji osobno usmjerenih planova. U istraživanju McCauslanda i sur. (2022) ispitana je perspektiva samih osoba s IT o preprekama koje ometaju proces planiranja, a koje su autori svrstali u tri kategorije: njihove osobne karakteristike, karakteristike osoblja i karakteristike organizacije čije usluge primaju. Konkretno, nabrajaju nedostatne kadrovske resurse, nedovoljno im poznato osoblje, problem pristupa javnom prijevozu i promjenjiv zdravstveni status. Slično tome, Ellem i sur. (2019) također spominju ograničene resurse i pristup uslugama te dodatno naglašavaju komplicirane birokratske procese i nefleksibilnost sustava.

Osim strukturalnih prepreka, izazovi su prisutni i u samom procesu planiranja. Primjerice, iako se u planovima definiraju opći ciljevi, nerijetko izostaje razrada konkretnih koraka potrebnih za njihovo ostvarivanje, kao i jasna podjela odgovornosti među sudionicima (Kaehne i Beyer, 2014). Dodatno, roditelji osoba s IT izvještavaju da se osjećaju usamljeno i prepušteno sebi samima jer mnogo emocionalne energije troše na zastupanje svoje djece, pokušaj ostvarivanja njihovih želja i suočavanje s neprihvatanjem u društvu, što doводи do zamora i frustracija (Ellem i sur., 2019).

4.3. Utjecaj osobno usmjerenog planiranja na ključne sudionike

4.3.1. Dobrobiti za osobe s intelektualnim teškoćama

Više autora kao pozitivan ishod osobno usmjerenog planiranja navodi povećan broj novih aktivnosti i prilika u koje se osoba u fokusu uključuje (Brendli Brown i sur., 2025; Dong i sur., 2024; Wigham i sur., 2008), pogotovo onih u zajednici. Ipak, Brendli Brown i sur. (2025) napominju da se ove aktivnosti često svode na jednokratne posjete, a ne na ponavljajuće i održive oblike sudjelovanja u zajednici. U istom istraživanju nije uočeno značajno širenje socijalne mreže osoba s IT, no zabilježeno je poboljšanje odnosa i zbližavanje s osobljem koje im pruža podršku. Kako ističu Thalen i sur. (2021), povezivanje stručnjaka s osobom s IT s ciljem izgradnje odnosa ključna je komponenta u

4.2.4. Challenges in implementation

There are numerous challenges in the planning and implementation of person-centred plans. In the study by McCausland et al. (2022), people with ID shared their perspectives on the barriers affecting the planning process. The authors categorised these barriers into three groups: personal characteristics, staff-related factors, and organisational characteristics. Specific barriers included insufficient staffing resources, unfamiliar staff, limited access to public transport, and fluctuating health conditions. Similarly, Ellem et al. (2019) also identified limited resources and restricted access to services as barriers, and additionally emphasised that complex bureaucratic procedures and systemic inflexibility can pose challenges to person-centred planning.

Beyond structural barriers, challenges also arise within the planning process itself. For example, although plans often outline general goals, they frequently lack detailed steps for implementation and a clear distribution of responsibilities among participants (Kaehne & Beyer, 2014). Moreover, parents of people with ID report feeling isolated and left to manage on their own, investing substantial emotional energy in advocating for their children, while attempting to fulfil their wishes and coping with societal non-acceptance – additional factors that contribute to exhaustion and frustration (Ellem et al., 2019).

4.3. Impact of Person-Centred Planning on Key Stakeholders

4.3.1. Benefits for people with intellectual disabilities

Several authors have identified an increased participation in new activities and opportunities for engagement for a focus person – particularly within the community – as a positive outcome of person-centred planning (Brendli Brown et al., 2025; Dong et al., 2024; Wigham et al., 2008). However, Brendli Brown et al. (2025) cautioned that these activities often remain one-off events, rather than sustained forms of participation. Their study did not find substantial expansion in the

osobno usmjerenom pristupu. Brendli Brown i sur. (2025) navode i smanjenje izazovnih ponašanja kod osoba s IT koje su sudjelovale u osobno usmjerenom planiranju. Istraživanje Bartle i sur. (2016) potvrđuje da je osobno usmjerenom planiranje pozitivno utjecalo na osobe s intelektualnim teškoćama hospitalizirane zbog izazovnih ponašanja ili problema mentalnog zdravlja, potičući bolje razumijevanje njihovih potreba te dovodeći do proširenja socijalnih usluga i prilagodbi dnevnih programa i mjesta stanovanja. Sljedeća dobrobit odnosi se na bolji subjektivni doživljaj samog sebe i vlastite vrijednosti (Dew i sur., 2018; Wigham i sur., 2008). Pružatelji informacija (osobe koje dobro poznaju osobu s IT) koji su sudjelovali u istraživanju Wigham i sur. (2008) među dobrobitima osobno usmjerenog planiranja ističu povećanje samopouzdanja i zadovoljstva osoba s IT, a novija studija Dong i sur. (2024) dodatno naglašava povećanje motivacije, mogućnost izražavanja želja te ispunjavanje potencijala osobe.

Više studija navodi povećanje autonomije, mogućnost izbora i kontrole (Dew i sur., 2018; Dong i sur., 2024; Wigham i sur., 2008). Gosse i sur. (2017) opisuju ishode procesa primjene „individualnog planiranja“, koji u kontekstu svog rada navode kao sinonim za osobno usmjerenom planiranje te zaključuju da je do najvećih razlika u pozitivnom smjeru prije i poslije uvođenja takvog planiranja došlo u mogućnosti izbora radnog mjesta, donošenja odluka s kim dijeliti osobne informacije, ostvarivanja intimnih i prijateljskih veza te osjećaju poštovanja od drugih. S druge strane, Brendli Brown i sur. (2025) ističu da, iako se mogućnosti samoodređenja povećavaju, one i dalje ostaju vrlo ograničene i uglavnom se odnose na svakodnevne, manje izbore, a veće životne odluke i dalje su više pod utjecajem okoline.

Dew i sur. (2018) povezuju pozitivne ishode smatrajući kako se povećan osjećaj vlastite vrijednosti i uzbuđenje javljaju upravo kao posljedica mogućnosti isprobavanja nečeg novog, mogućnosti izbora i predomišljanja u vezi svojih odluka. Pozitivne promjene uočavaju se i u formiranju godišnjih ciljeva za osobe u fokusu, koji su prije implementacije osobno usmjerenih planova godinama bili isti, nejasni i vrlo slični za sve korisnike istih usluga (Brendli Brown i sur., 2025).

individuals' social networks, but it did identify improved relationships and strengthened connections with support staff. As noted by Thalen et al. (2021), building meaningful relationships between professionals and the person with ID is a key component of the person-centred approach. Brendli Brown et al. (2025) also reported reductions in challenging behaviour among individuals participating in person-centred planning. Likewise, Bartle et al. (2016) found that person-centred planning had several positive effects on people with ID who were hospitalised due to challenging behaviours or mental health concerns, including an enhanced understanding of their needs, thus leading to expanded service provision and adaptations to day programmes and living arrangements.

Another frequently reported benefit concerns improvements in self-perception and feelings of self-worth (Dew et al., 2018; Wigham et al., 2008). Informants in Wigham et al. (2008) described enhanced confidence and satisfaction among individuals with ID, while the more recent study by Dong et al. (2024) highlighted increased motivation, opportunities for expressing preferences, and realisation of personal potential.

Multiple studies also report increased autonomy, choice-making, and control (Dew et al., 2018; Dong et al., 2024; Wigham et al., 2008). Gosse et al. (2017), who use the term “individual planning” synonymously with person-centred planning, found strong improvements following implementation in areas such as choosing a workplace, deciding with whom to share personal information, forming intimate and friendship relationships, and feeling respected by others. Conversely, Brendli Brown et al. (2025) noted that, despite an increase in self-determination, opportunities remained limited and primarily related to everyday choices; major life decisions continued to be strongly influenced by the environment.

Dew et al. (2018) linked the positive outcomes, suggesting that enhanced feelings of personal worth and excitement can stem from opportunities to try new experiences, exercise choice, and change one's mind. Improvements were also observed in the formulation of annual goals for the focus person: prior to person-centred planning,

Neka istraživanja kvantitativno su ispitala učinke osobno usmjerenog planiranja mjerenjem postotka ostvarenih ciljeva. McConkey i Collins (2010) proveli su istraživanje sa 130 osoba s IT u tri vremenske točke. Sudionici su u prvoj i drugoj točki mjerenja postavljali ciljeve vezane za socijalnu inkluziju, a rezultati su pokazali da je nakon devet mjeseci (druga točka mjerenja) 57 % ciljeva bilo ostvareno, dok se nakon sljedećih devet mjeseci (treća točka mjerenja) taj udio smanjio na 47 % za novopostavljene ciljeve ili one koji nisu bili postignuti u drugoj točki mjerenja. Na drugom susretu smanjio se broj osoba koje su htjele postaviti nove ciljeve, navodeći najčešće kao razlog zadovoljstvo trenutačnom životnom situacijom ili nemogućnost prepoznavanja novih želja ili potreba. Drugo istraživanje (McCausland i sur., 2022) evaluiralo je uspješnost provedbe planova za 168 osoba s IT i pokazalo visoki postotak ostvarenih ciljeva: od prosječno 8.55 postavljenih, prosječno 6.32 ih je bilo postignuto, odnosno otprilike dva nisu bila ostvarena.

U području tranzicijskog planiranja, Kaehne i Beyer (2014) zaključuju da sama organizacija osobno usmjerenih tranzicijskih sastanaka ne dovodi nužno do boljih ishoda nakon završetka školovanja, no daje priliku osobama s IT, roditeljima i drugim važnim dionicima da izraze svoje potrebe i doprinesu boljoj tranziciji.

4.3.2. Dobrobiti za osobe koje pružaju podršku

Korist od osobno usmjerenog planiranja nemaju samo osobe s IT, već i drugi dionici koji sudjeluju u tom procesu. Osobe koje pružaju podršku dobivaju novi pogled na osobu i njezin život (Wigham i sur., 2008), što im daje putokaz kako najbolje podržati osobu s IT i priliku da bolje razumiju njene želje i potrebe (Dong i sur., 2024). U procesu planiranja, osobe iz kruga podrške ponekad ostaju iznenađene novim informacijama i željama osobe s IT s kojima prije toga nisu bili upoznati. Aktivna uključenost osoba s IT u planiranje pomaže identificiranju njenih interesa, karakternih osobina i preferiranih načina komunikacije (Brendli Brown i sur., 2025). Zajedničko planiranje omogućuje susret i razmjenu informacija s drugim ljudima koji pružaju podršku osobi s IT (Bartle i sur., 2016). Osim toga, pažljivo planiranje daje mogućnost raspodjele članova oso-

goals had often remained unchanged, vague, or overly similar for many years (Brendli Brown et al., 2025).

Quantitative studies have also assessed effectiveness by measuring goal achievement. McConkey and Collins (2010) conducted research with 130 individuals with ID across three time points. After nine months (the second point of measurement), 57% of goals were achieved; after a further nine months (the third point), this lowered to 47% of new or previously unmet goals. Fewer individuals wished to set new goals over time, often citing satisfaction with their current circumstances or difficulties identifying new desires. Another study (McCausland et al., 2022) evaluated plans for 168 individuals with ID and found high success rates: out of an average of 8.55 goals set, an average of 6.32 were achieved, meaning that only two were not realised.

In the context of transition planning, Kaehne and Beyer (2014) concluded that organising person-centred transition meetings does not automatically lead to improved outcomes after leaving school, but it does provide meaningful opportunities for young people, parents, and key stakeholders to express their needs and shape the transition process.

4.3.2. Benefits for support providers

Person-centred planning provides benefits not only for the individuals with ID, but also the other stakeholders involved. Support providers gain a deeper understanding of the person and their life (Wigham et al., 2008), enabling them to tailor support more effectively and better understand the person's preferences and needs (Dong et al., 2024). Through planning, members of the support network are sometimes surprised by new information or preferences expressed by the person with ID. Their active involvement helps identify the person's interests, personality traits, and communication preferences (Brendli Brown et al., 2025). Joint planning facilitates information exchange among supporters (Bartle et al., 2016) and allows staff to be matched according to shared interests with the individuals they support (Dong et al., 2024).

blja prema zajedničkim interesima s osobama s IT kojima pružaju podršku (Dong i sur., 2024).

Planiranje i postavljanje konkretnih ciljeva daje stručnjacima mogućnost praćenja napretka i na njih djeluje nagrađujuće kada se pojedini cilj ostvari (Dong i sur., 2024). Osim toga, istraživanje van der Meer i sur. (2017) pokazuje da kvalitetna osobno usmjerena skrb i sukreiranje programa i usluga s osobama s IT rezultiraju i poboljšanjem dobrobiti stručnjaka i njihova zadovoljstva poslom.

Sudjelovanje u osobno usmjerenom planiranju daje važnu ulogu članovima obitelji te na njih djeluje uzbudljivo i motivirajuće (Dong i sur., 2024). Kako bi planiranje bilo efikasno, važna je i njihova priprema. U radu Ellem i sur. (2019) opisuje se ciklus radionica koje su za cilj imale prvenstveno osnaživanje i izgradnju vještina članova obitelji kako bi mogli podržati osobu o kojoj skrbe u razvitku bolje kvalitete života. Iskustvo sudjelovanja na radionicama bilo je inspirativno i podržavajuće za članove obitelji te ih je potaknulo da razmišljaju izvan okvira formalne podrške i prebace fokus s invaliditeta na pitanje tko je osoba i što želi. Ipak, iako su čuli nove ideje i saznali za usluge dostupne u zajednici, ističu da problem nastaje kad kreirani plan treba implementirati.

U istraživanju Dong i sur. (2024) ispitani stručnjaci istaknuli su pozitivne utjecaje i na širu okolinu kroz povećanje socijalnih interakcija i društvenih veza između osoba s IT i drugih članova zajednice.

4.4. Čimbenici uspješnosti provedbe

Robertson i sur. (2007) htjeli su utvrditi čimbenike povezane s vjerojatnošću uspješne izrade osobno usmjerenog plana i poboljšanjem ishoda za osobe s IT. Prikupljanjem kvantitativnih podataka od osoba za podršku identificirali su ih kroz tri kategorije: osobni, okolinski i čimbenici povezani s procesom osobno usmjerenog planiranja. Slično ih definiraju i Carvalhais i sur. (2023), s jednom razlikom što okolinske čimbenike dijele u dvije kategorije: vanjsko i unutarnje okruženje, pri čemu se prvo odnosi na karakteristike zajednice, a drugo na karakteristike organizacije koja pruža podršku osobi s IT. U ove kategorije mogu se svrstati i nalazi ostalih istraživanja.

Clear goal setting enables professionals to monitor progress, and achieving goals is often experienced as rewarding (Dong et al., 2024). Van der Meer et al. (2017) similarly found that high-quality person-centred care and co-creation of programmes with people with ID can contribute to improved staff wellbeing and job satisfaction.

Participation in planning is also engaging and motivating for family members (Dong et al., 2024). Their preparation is crucial: Ellem et al. (2019) described a series of workshops aimed at empowering families and strengthening their skills to better support the focus person and improve their quality of life. Families found the workshops inspirational and supportive, encouraging them to think beyond formal services and focus on the person, rather than the disability. Nevertheless, although they have been exposed to new ideas and informed about the services available in the community, they emphasised that difficulties arise when the developed plan needs to be put into practice.

In Dong et al. (2024), professionals also reported wider community benefits, including increased social interactions and connections between people with ID and other community members.

4.4. Factors influencing successful implementation

Robertson et al. (2007) examined factors associated with the likelihood of successfully developing a person-centred plan and improving outcomes for people with ID. Based on quantitative data from support staff, they classified these factors into personal, environmental, and process-related categories. Carvalhais et al. (2023) proposed a similar categorisation, classifying environmental factors into external and internal environments – the former relating to community characteristics, and the latter to organisational characteristics. Findings from other studies can be grouped accordingly.

4.4.1. Osobni čimbenici

U kategoriji osobnih čimbenika, utvrđeno je da osobe s IT koje imaju dodatne teškoće poput problema mentalnog zdravlja, emocionalnih, ponašajnih i zdravstvenih problema ili npr. autizam imaju manju vjerojatnost dobivanja osobno usmjerenog plana. Također, pronađene su razlike u odnosu na spol. Pokazalo se da osobno usmjeren planiranje ženama donosi bolje ishode u području aktivnosti u zajednici i izbora, a muškarcima u planiranim aktivnostima i kontaktu s prijateljima (Robertson i sur., 2007). Carvalhais i sur. (2023) navode kako individualne potrebe osobe s IT, njezini interpersonalni odnosi i osobni resursi, profesionalni razvoj i obrazovanje, psiho-emocionalna i funkcionalna dobrobit, uključenost prijatelja i obitelji te samoodređenje imaju veliki utjecaj na implementaciju osobno usmjerenog planiranja.

4.4.2. Okolinski čimbenici

Među okolinskim čimbenicima povezanim s ishodom osobno usmjerenog planiranja navode se osobno usmjerene vrijednosti u radu organizacije prije uvođenja planiranja, angažman voditelja slučaja, mjesto stanovanja i socioekonomski uvjeti. Valja istaknuti da su svi ovi čimbenici s nekim ishodom povezani pozitivno, a s drugima negativno, što je detaljnije objašnjeno u radu Robertson i sur. (2007). Što se tiče karakteristika pružatelja usluga, važne su strukturne i organizacijske karakteristike, suradnja djelatnika i rješavanje sukoba te educiranje stručnjaka (Carvalhais i sur., 2023). Idrees i sur. (2024) karakteristike organizacije dodatno dijele na: kontekst, koji se odnosi na vrstu usluga i populaciju kojoj se one pružaju; kulturu, koja uključuje percepcije, stavove i vjerovanja; te način razvoja i implementacije osobno usmjerenih planova – za što sve smatraju da bitno utječe na provedbu osobno usmjerenog planiranja.

Okolinski čimbenici koji se tiču vanjskog okruženja odnose se na politike prema osobama s invaliditetom i prava koja osobe s IT ostvaruju, socijalnu uključenost i stavove društva (Carvalhais i sur., 2023). Dew i sur. (2018) među kontekstualnim čimbenicima ističu i mogućnost stjecanja znanja i vještina te praktičnu podršku okoline u aktivnostima svakodnevnog života.

4.4.1. Personal factors

Within the category of personal factors, individuals with ID who have additional needs – such as mental health difficulties, emotional or behavioural challenges, health problems, or autism – were found to be less likely to receive a person-centred plan. Gender differences were also identified: women benefited more in terms of community activities and choice-making, while men benefited more in terms of planned activities and friendships (Robertson et al., 2007).

Carvalhais et al. (2023) highlighted the substantial influence of personal needs, interpersonal relationships, personal resources, educational and professional development, psycho-emotional and functional wellbeing, involvement of friends and family, and self-determination on the implementation of person-centred planning.

4.4.2. Environmental factors

Environmental factors associated with outcomes include pre-existing person-centred organisational values, case manager engagement, living arrangements, and socio-economic conditions. These factors were associated with positive outcomes in some cases and negative outcomes in others (Robertson et al., 2007). Important organisational characteristics include structural features, teamwork and conflict resolution, and professional training (Carvalhais et al., 2023). Idrees et al. (2024) further differentiated organisational factors into: context, referring to types of services and populations served; culture, which includes shared perceptions, attitudes, and beliefs; and implementation of person-centred plans, which is considered to influence processes – how plans are developed and implemented.

External environmental factors relate to disability policies, rights, social inclusion, and societal attitudes (Carvalhais et al., 2023). Among context factors, Dew et al. (2018) additionally emphasised opportunities for skill acquisition and practical daily life support.

4.4.3. Čimbenici vezani uz proces planiranja

Kako bi plan doista bio osobno usmjeren, važan je i sam način provedbe planiranja. Espiner i Hartnett (2011) naglašavaju važnost adekvatne facilitacije procesa. Stručnjak koji vodi ili koordinira proces planiranja treba biti za to educiran, razumjeti vrijednosti osobno usmjerenog pristupa, posjedovati potrebne komunikacijske vještine i vještine vođenja grupe, znati prilagoditi proces da bude pristupačan osobi s IT te identificirati postojeće resurse u zajednici. U istraživanju Robertson i sur. (2007) naj snažniji prediktor pozitivnih ishoda osobno usmjerenog planiranja bila je predanost facilitatora, a od ostalih su se istaknuli osobni angažman osobe u fokusu te identitet i uloga facilitatora. Isvan i sur. (2023) potvrđuju da su dostupnost i responzivnost voditelja slučaja značajno povezane s percepcijom osoba s IT o tome koliko im služba podrške pomaže u ostvarivanju dobrog života. Proces facilitacije proveden uz ispunjene opisane preduvjete dovodi do povećanog učinka planiranja, odnosno svih navedenih dobrobiti poput stvarnog slušanja i priznavanja glasa osoba s IT, boljeg razumijevanja osobno usmjerenog planiranja od osoba s IT, njihove veće uključenosti u proces, samoodređenja i osjećaja kontrole te boljeg razumijevanja želja osoba s IT od pružatelja podrške (Espiner i Hartnett, 2011). Carvalhais i sur. (2023) ističu važnost prilagodljivosti u procesu planiranja i promjene paradigme. McCausland i sur. (2022) napominju da je vjerojatnost ostvarenja ciljeva povezanih sa sudjelovanjem u zajednici veća ako osobi podršku pruža poznato osoblje, ako se provede priprema prije sastanka, ako je obitelj uključena u planiranje te ako postoji otvorena komunikacija i podjela informacija među sudionicima planiranja. Čimbenici koji negativno utječu na željene ishode su neadekvatno odrađeno planiranje i prikupljanje podataka, spora implementacija (McConkey i Collins, 2010), doživljavanje diskriminacije i nedostatak financijskih sredstava (Dew i sur., 2018).

Pomoć osoblja u organizaciji i pratnja tijekom aktivnosti značajno pridonose ostvarenju postavljenih ciljeva, čemu u prilog govori i rezultat da je individualno postavljanje ciljeva bilo efikasnije u stanovanju uz 24-satnu podršku, gdje je osoblje stalno na raspolaganju, u odnosu na stanovanje uz

4.4.3. Process-related factors

For a plan to be genuinely person-centred, the way planning is conducted is crucial. Espiner and Hartnett (2011) highlighted the need for adequate or skilled facilitation. Planners must be trained, they must understand person-centred planning values, possess communication and group leadership skills, adapt the process to the person, and identify community resources. In Robertson et al. (2007), the strongest predictor of positive outcomes was facilitator commitment. Other important predictors included personal engagement of the focus person and the facilitator's identity and role. Isvan et al. (2023) found that case worker availability and responsiveness were strongly associated with people's perception that support services help them live a good life. Effective facilitation - described with prerequisites - increases the impact of planning, including benefits such as genuine listening, recognition of the person's voice, improved understanding of planning, increased involvement, enhanced self-determination and control, and greater understanding of the person's preferences by support staff (Espiner & Hartnett, 2011). Carvalhais et al. (2023) highlighted the need for adaptability and a paradigm shift in planning processes. McCausland et al. (2022) noted that community participation goals are more likely to be achieved when support is provided by familiar staff, when preparation occurs before meetings, when family is involved, and when open communication exists among participants. Factors hindering success include poor planning, delayed implementation (McConkey & Collins, 2010), discrimination, and insufficient financial resources (Dew et al., 2018).

Staff assistance and accompaniment during activities significantly contribute to goal achievement, with individual goal setting proving more effective in settings with 24-hour support compared to those with limited support (McConkey & Collins, 2010). Support is beneficial when it is empowering, but can be counter-productive if it is overly protective or restrictive (Dew et al., 2018).

Person-centred planning leads to positive outcomes and increased access to necessary sup-

kratkotrajniju podršku (McConkey i Collins, 2010). Ipak, podrška je korisna ako je ohrabrujuća i podržava jačanje kapaciteta i novih vještina osobe u fokusu, a može imati suprotni učinak ako je za nju prezaštićujuća i ograničavajuća (Dew i sur., 2018).

Osobno usmjerenom planiranju pozitivno utječe na očekivane ishode i povećava dobivanje potrebne podrške, ali samo ako je osoba s IT zaista u centru pozornosti i ima mogućnost vrednovanja procesa te ako se svi dionici drže dogovorenih zaduženja (Gosse i sur., 2017). Dakle, neophodna je aktivna uključenost osobe s IT u sve faze procesa, no kako Dew i sur. (2018) ističu, razina te uključenosti ovisi i o doživljaju samog sebe, odnosno sposobnosti uvida u vlastiti život te o motivaciji i sposobnosti samostalnog djelovanja. Rezultati velikog kvantitativnog istraživanja Isvana i sur. (2023) pokazuju da je uključenost osoba s IT u planiranje pozitivno povezana s njihovim zdravljem, uključenosti u zajednicu, mogućnostima donošenja svakodnevnih izbora i životnih odluka te percepcijom da im služba podrške pomaže živjeti dobar život. Kaehne i Beyer (2014) također naglašavaju da osobno usmjerenom planiranju može imati koristi jedino ako svi ključni dionici sudjeluju na sastancima, preuzmu svoje odgovornosti, uzimajući u obzir želje osobe s IT i njezine obitelji. Bartle i sur. (2016) slažu se da je poželjno uključiti osobu u fokusu kad god i koliko je moguće, no uvijek uz postupanje u skladu s onim što je najbolje za nju. Tako u njihovom istraživanju osobe s IT nisu uvijek sudjelovale na sastancima osobno usmjerenog planiranja, kad je procijenjeno da bi zbog postojećeg zdravstvenog stanja trenutačno uključivanje za njih bilo nepovoljno.

Kao što je spomenuto, obitelj ima iznimno važnu ulogu u osobno usmjerenom planiranju. Kako bi članovi obitelji mogli dati maksimalan doprinos, potrebno je i s njima odraditi kvalitetnu pripremu te osmisliti strategije za anticipiranje i odgovaranje na potencijalne prepreke koje se mogu javiti tijekom izrade plana ili njegove implementacije (Ellem i sur., 2019).

5. RASPRAVA

Najznačajniji pomak u osobnom usmjerenom planiranju, u odnosu na tradicionalno individualno planiranje, jest aktivno sudjelovanje osoba s IT.

port only when the person with ID is genuinely at the centre of the process, has the opportunity to evaluate it, and all participants fulfil their responsibilities (Gosse et al., 2017). As Dew et al. (2018) noted, the level of involvement depends on self-perception, insight, motivation, and the ability to act independently. A large quantitative study conducted by Isvan et al. (2023) found that involvement of the person with ID in planning was positively associated with their health, community participation, both everyday- and major life decisions, as well as the perception that support services help individuals live a good life. Kaehne and Beyer (2014) also emphasised that benefits can only be achieved if all key stakeholders participate in meetings, take responsibility, and consider the wishes of the focus person and their family. Bartle et al. (2016) stated that the focus person's involvement is desirable whenever possible, but must always align with the person's wellbeing. In their study, individuals with ID did not always participate in person-centred planning meetings when their current health condition was considered such that involvement would not be beneficial at that time.

As previously noted, the family plays an extremely important role. To contribute effectively, families need thorough preparation and strategies to anticipate and respond to potential challenges during planning or implementation (Ellem et al., 2019).

5. DISCUSSION

Compared to traditional individual planning, the most significant aspect that stands out in person-centred planning is the active participation of people with ID. Although individualisation – adapting and designing plans in line with the characteristics of the individual – was present in earlier approaches, it has been shown that this alone is not sufficient for successful planning or for achieving a desirable future (Holburn et al., 2004; Sanderson, 2000). In contrast, the active involvement of the person with ID creates the opportunity for goals to align with their genuine wishes and needs.

Iako je individualizacija, koja uključuje prilagodbu i kreiranje planova uzimajući u obzir značajke pojedinca, bila prisutna i u prethodnim pristupima, pokazalo se da ona nije jedini uvjet za uspješno planiranje i ostvarivanje poželjne budućnosti (Hoburn i sur., 2004; Sanderson, 2000). S druge strane, aktivna uključenost osobe s IT stvara priliku da ciljevi odgovaraju njenim stvarnim željama i potrebama.

Iskustva osoba s IT i njihovih obitelji pokazuju brojne dobrobiti osobno usmjerenog planiranja, koje se i dalje pokušavaju znanstveno validirati. Neki izvori navode da je izazov u ispitivanju učinkovitosti osobno usmjerenog planiranja što njegove definicije nisu ujednačene (Claes i sur., 2010; Gregory & Atkinson, 2023). Ipak, ono što postojeće definicije vrlo jasno naglašavaju su temeljna načela, vrijednosti, ishodišta i ciljevi, što znači da bi se bilo koji program ili intervencija koji se njima vode trebali smatrati osobno usmjerenima, neovisno o specifičnim tehnikama i alatima koje upotrebljavaju. Neki autori navode da do izazova u implementaciji dolazi zato što osobno usmjerenog planiranja nije skup točno propisanih koraka, već se njegova provedba razlikuje od osobe do osobe (Jesus i sur., 2022). Iz analiziranih znanstveno-istraživačkih radova može se ipak uočiti da većina opisanih osobno usmjerenih programa ima iste opće korake, a to su: priprema za planiranje, inicijalno okupljanje koje se sastoji od prikupljanja informacija i postavljanja ciljeva, zatim implementacija dogovorenih aktivnosti i kontinuirana evaluacija. Polazeći od temeljnih načela individualizacije i prilagodbe procesa svakom pojedincu, odnosno njegovim osobnim karakteristikama i kontekstu u kojem živi, jasno je da osobno usmjerenog planiranja ne može imati striktno upute univerzalne svim ljudima jer bi se upravo time izgubila njegova bit, a to je usmjerenost na pojedinca.

Pregledom postojeće literature može se vidjeti da je u posljednjih desetak godina došlo do porasta istraživanja kojima je u fokusu ispitivanje iskustava primjene i učinaka osobno usmjerenog pristupa na različite aspekte života osoba s intelektualnim teškoćama, njihovih obitelji i drugih osoba koje im pružaju podršku. Pozitivni pomaci vidljivi su u području samoodređenja osoba s IT, pri čemu se povećava razina mogućnosti izbora i uspostavljanja

The experiences of people with ID and their families highlight the numerous benefits of person-centred planning, which require rigorous scientific validation. Some sources note that a key challenge in evaluating the effectiveness of person-centred planning lies in the lack of unified definitions (Claes et al., 2010; Gregory & Atkinson, 2023). However, existing definitions clearly emphasise core principles, values, foundations, and aims; consequently, any programme or intervention guided by these definitions should be considered as person-centred, regardless of the specific techniques and tools employed. Some authors argue that implementation challenges arise because person-centred planning does not involve a set of strictly prescribed steps, but varies from person to person (Jesus et al., 2022). Even so, the research reviewed indicates that most person-centred programmes tend to follow similar overarching phases: preparation for planning, an initial meeting involving information gathering and goal setting, implementation of agreed activities, followed by continuous evaluation. Starting from the foundational principles of individualisation and tailoring the process to each person's characteristics and living context, it is evident that person-centred planning cannot rely on a single universal set of instructions without undermining its very essence – the focus on the individual.

A review of the literature shows that, over the past decade, there has been an increase in studies focusing on the experiences of implementation and the effects of person-centred approaches on various aspects of the lives of people with ID, their families, and other supporters. Positive developments are evident in the area of self-determination, with an increase observed in choice-making abilities and in people's control over their own lives (Dew et al., 2018; Dong et al., 2024; Gosse et al., 2017; Wigham et al., 2008). However, there is a risk of offering only the appearance of decision-making: in practice, choices may be limited to everyday matters such as diet or leisure, while more significant life decisions remain beyond the individual's control or are restricted to a very narrow set of pre-selected options (Hassan, 2016). Instead, individuals should be offered diverse

kontrola nad vlastitim životom (Dew i sur., 2018; Dong i sur., 2024; Gosse i sur., 2017; Wigham i sur., 2008). Pritom postoji zamka da se osobama s IT naizgled pruža mogućnost donošenja odluka, a da im se u stvarnosti mogućnost izbora često svodi na odabir prehrane, aktivnosti slobodnog vremena ili drugih svakodnevnih životnih odluka. Pritom osoba i dalje ne odlučuje o važnijim životnim pitanjima ili joj je omogućen izbor između vrlo ograničenih ponuđenih opcija (Hassan, 2016). Nasuprot tome, potrebno joj je nuditi raznovrsne izbore, i to ne samo u svakodnevnim situacijama poput izbora obroka ili odjeće, nego i u donošenju većih životnih odluka poput zapošljavanja i uspostavljanja novih socijalnih odnosa (Brendli Brown i sur., 2025). Nedovoljno poticanje samoodređenja kod osoba s IT vidi se i u tome što one u osobno usmjerenim planovima najčešće definiraju tek manji broj ciljeva, a nakon njihova ostvarenja često ne znaju koje bi nove ciljeve postavile, navodeći kao razlog zadovoljstvo trenutačnim životom ili teškoće u prepoznavanju novih želja i potreba (McConkey i Collins, 2010). Fabris i sur. (2023) navode da zadovoljstvo trenutačnom situacijom može biti rezultat nedostatka iskustva i uvida u bolje mogućnosti, zbog čega je važno osigurati im prilike za nova iskustva na temelju kojih mogu informirano donositi odluke i procijeniti čime su zadovoljni, a što žele promijeniti. I osobama s IT i njihovim obiteljima može biti izazovno kreirati i implementirati planove koji izlaze iz okvira poznatih okruženja i rutina, odnosno njihove „sigurne zone“ (McCausland i sur., 2021). Kako bi osobe s IT maksimalno iskoristile dobrobiti osobno usmjerene podrške, ključno je poticati razvoj vještina samoodređenja i samozastupanja, kako u različitim situacijama svakodnevnog života (Rozman, 2012), tako i specifično u okviru pripreme za osobno usmjereno planiranje, uz pomoć različitih prilagođenih alata (Mazzotti i sur., 2013). Istraživanja pokazuju da je osobno usmjeren pristup koristan i u planiranju skrbi pri kraju života, naglašavajući značaj informiranosti, donošenja odluka i krugova podrške u posljednjim stadijima životnog vijeka (McGinley i sur., 2021; McKenzie i sur., 2017; McNamara i sur., 2018).

Dobrobiti osobno usmjerenog planiranja dolaze do izražaja i u području društvene uključenosti, čije se poboljšanje manifestira kroz povećan broj

choices, not only in everyday situations (e.g., meals or clothing), but also in major life domains such as employment and forming new social relationships (Brendli Brown et al., 2025). Insufficient promotion of self-determination is reflected in the fact that people with ID often define only a small number of goals in person-centred plans and, once these have been achieved, may struggle to identify new goals, often citing satisfaction with current life circumstances or difficulty recognising new wishes and needs (McConkey & Collins, 2010). Fabris et al. (2023) suggested that such “satisfaction” may result from limited experience and a lack of exposure to broader possibilities, underscoring the importance of enabling new experiences on which informed decision-making can be based. Designing and implementing plans that extend beyond familiar environments and routines – that is, beyond one’s “comfort zone” – can be challenging for both people with ID and their families (McCausland et al., 2021). To maximise the benefits of person-centred support, it is crucial to foster self-determination and self-advocacy skills, both in everyday contexts (Rozman, 2012) and specifically, as part of the preparation process for person-centred planning using appropriately adapted tools (Mazzotti et al., 2013). Research also indicates that person-centred approaches are beneficial in end-of-life care, highlighting the importance of information, decision-making, and support networks in the later stages of life (McGinley et al., 2021; McKenzie et al., 2017; McNamara et al., 2018).

The benefits of person-centred planning are also evident in the area of social inclusion, reflected in increased opportunities and access to community-based activities (Brendli Brown et al., 2025; Dong et al., 2024; Wigham et al., 2008). Goals within person-centred plans are often linked to community participation, but they frequently involve activities within segregated settings, alongside other individuals with disabilities. In terms of goals related to public spaces, interactions tend to be limited to staff, other service users, and/or family members (McCausland et al., 2021), as well as to contexts which Simplican et al. (2015) classified as semi-segregated

prilika i dostupnih aktivnosti u zajednici (Brendli Brown i sur., 2025; Dong i sur., 2024; Wigham i sur., 2008). Ciljevi u osobno usmjerenim planovima vrlo su često povezani s uključivanjem u zajednicu, no oni većinom podrazumijevaju sudjelovanje u aktivnostima u izdvojenim okruženjima s drugim osobama s invaliditetom. Ako se odnose na javne prostore, tada najčešće uključuju samo interakcije s osobljem, drugim korisnicima i/ili članovima obitelji (McCausland i sur., 2021), što Simplicitan i sur. (2015) klasificiraju kao polusegregirana okruženja. Također, iako je važna raznovrsnost iskustva i izbora između različitih mogućnosti, stvarna društvena uključenost prije se postiže ako osoba redovito posjećuje ista mjesta od interesa u zajednici i na njima stvara nove socijalne odnose, umjesto kontinuiranog uvođenja različitih aktivnosti u koje se osoba uključuje tek jednom ili nekoliko puta (Brendli Brown i sur., 2025). Socijalna uključenost ne odnosi se samo na posjećivanje mjesta u zajednici, već i na razvijanje međuljudskih odnosa i osjećaja pripadnosti toj zajednici (Louw, 2020). Pripadnost zajednici predstavlja najvažniju komponentu socijalne uključenosti, a definira se kao osjećaj povezanosti sa socijalnom i fizičkom okolinom te uslugama i resursima koje ona pruža (Hall, 2017).

U ispitivanju učinkovitosti nisu važni samo objektivno mjerljivi ishodi, već i subjektivni doživljaj i iskustva osoba s intelektualnim teškoćama. Wigham i sur. (2008) kao najveću dobrobit osobno usmjerenog planiranja ističu poboljšanje emocionalne dobrobiti osoba s IT, odnosno njihov povećan osjećaj sreće i zadovoljstva sobom. Osim za osobu s IT i njezinu obitelj, osobno usmjerenog planiranje pokazuje razne dobrobiti i za osoblje koje pruža podršku, ali i širu okolinu (Dong i sur., 2024). Tu se najviše ističu dobivanje novih perspektiva i bolje razumijevanje subjektivnih značajki, interesa, želja i preferiranih načina komunikacije osoba s IT (Brendli Brown i sur., 2025; Dong i sur., 2024; Wigham i sur., 2008) kroz zajedničke rasprave i timski rad (Bartle i sur., 2016). Zambrino i Hedderich (2021) naglašavaju značaj otvorene i iskrene komunikacije stručnjaka i članova obitelji tijekom planiranja budućnosti i zajedničkog donošenja odluka.

Važno je primijetiti da su neki od opisanih pozitivnih ishoda osobno usmjerenog planiranja,

environments. While a variety of experiences and the ability to choose among diverse options are important, genuine social inclusion is more likely when individuals regularly visit the same places of interest within the community and build new social relationships there, rather than being introduced to an ever-changing set of activities in which they participate only once or sporadically (Brendli Brown et al., 2025). Social inclusion is not merely about being present in community spaces; it also concerns the development of interpersonal relationships and a sense of belonging to that community (Louw, 2020). Belonging – defined as a sense of connectedness to the social and physical environment and the services and resources it provides – is the most important component of social inclusion (Hall, 2017).

When assessing effectiveness, subjective experiences and perceptions of people with ID are as important as objectively measurable outcomes. Wigham et al. (2008) identified improved emotional wellbeing – greater happiness and self-contentment – as one of the most significant benefits of person-centred planning. Beyond benefits for the person with ID and their family, person-centred planning also brings advantages for support staff and the wider environment (Dong et al., 2024). Among these, the most significant advantages are the acquisition of new perspectives and a better understanding of individuals' subjective characteristics, interests, wishes, and preferred communication styles (Brendli Brown et al., 2025; Dong et al., 2024; Wigham et al., 2008), which is facilitated by joint discussions and teamwork (Bartle et al., 2016). Zambrino and Hedderich (2021) highlight the importance of open, honest communication between professionals and family members during future planning and shared decision-making activities.

It is important to note that several of the positive outcomes described – such as fostering self-determination and self-advocacy (Dew et al., 2018; Dong et al., 2024; Gosse et al., 2017; Wigham et al., 2008), increasing the engagement of people with ID and their families in shaping a desired future (Kaehne et al., 2014), and building supportive relationships with staff (Brendli

poput poticanja samoodređenja i samozastupanja (Dew i sur., 2018; Dong i sur., 2024; Gosse i sur., 2017; Wigham i sur., 2008), povećanja angažiranosti osobe s IT i njene obitelji u oblikovanju željene budućnosti (Kaehne i sur., 2014) i izgradnje podržavajućih odnosa s osobljem (Brendli Brown i sur., 2025) ujedno i njegove temeljne komponente, odnosno načela kojima se treba voditi u implementaciji, stoga nije neobično da u tim područjima dolazi do pozitivnih pomaka. Ovo se nameće kao još jedan mogući izazov u znanstvenoj evaluaciji osobno usmjerenog planiranja.

Temeljna je komponenta osobno usmjerenog planiranja aktivno uključivanje osoba s IT, no pokazalo se da to nije uvijek u potpunosti moguće ili prikladno za osobu (Bartle i sur., 2016). Iako to u pojedinim situacijama može biti opravdano, postavlja se pitanje možemo li takvo planiranje nazvati osobno usmjerenim s obzirom na to da nije ispoštovano njegovo glavno načelo. S druge strane, ako se takvim postupkom zaista poštuju njene želje i potrebe, to jest u skladu s osobno usmjerenim pristupom. Rješavanje ovog paradoksa potencijalno leži u tome da osoba sama izrazi želi li sudjelovati ili da se okupljanje odgodi kada osoba bude emocionalno i zdravstveno u mogućnosti sudjelovati, umjesto da se unaprijed zaključuje o nemogućnosti njenog sudjelovanja. Ipak, neke situacije zahtijevaju hitno djelovanje, kada je potrebno uzeti u obzir samo perspektivu osoba koje najbolje poznaju osobu s IT (Isvan i sur., 2023), pogotovo ako se radi o osobi s većim stupnjem potreba za podrškom, koja ni ne može samostalno izraziti svoje želje i potrebe.

U postojećim istraživanjima identificirani su ključni čimbenici koji utječu na učinkovitost provedbe i ishode osobno usmjerenog planiranja. Promatrajući ih kroz podjelu na tri kategorije, a to su osobni, okolinski i čimbenici vezani za sam proces planiranja (Carvalhais i sur., 2023; Robertson i sur., 2007), može se uočiti da je neke od njih moguće kontrolirati, dok su drugi nepromjenjivi ili teže promjenjivi. U kategoriji osobnih čimbenika, koji uključuju spol, dob, zdravstveno stanje i druge dodatne teškoće, obrazovanje, psihoemocionalno stanje i drugo (Carvalhais i sur., 2023; Robertson i sur., 2007), najmanje je onih koji se mogu modificirati. S druge strane, u kategoriji okolinskih čimbenika i onih vezanih za planiranje, mnogo je

Brown et al., 2025) - are also fundamental components of person-centred planning; they are the very principles that should guide implementation. It is, therefore, unsurprising that improvement is observed in these areas, and this overlap presents an additional challenge for scientific evaluation.

Active involvement of the person with ID is a core component of person-centred planning; yet this is not always entirely possible or appropriate for the individual (Bartle et al., 2016). Although this may be justified in some circumstances, it raises the question of whether such planning can still be termed “person-centred” when its central principle is not upheld. On the other hand, if such a course of action truly respects the person’s wishes and needs, it remains consistent with a person-centred approach. A potential resolution to this paradox lies in asking the person whether they wish to participate, or postponing meetings until they are emotionally and physically able to do so, rather than presuming they cannot participate. Nevertheless, some situations require urgent action, in which case, it may be necessary to rely on the perspectives of those who know the person best (Isvan et al., 2023), particularly when the individual has high support needs and cannot communicate their wishes independently.

Existing studies have identified key factors that influence the implementation and outcomes of person-centred planning. Viewed through the three-fold categorisation – personal, environmental, and process-related (Carvalhais et al., 2023; Robertson et al., 2007) - some factors can be influenced, while others are immutable or slow to change. Within the personal category, which includes gender, age, health status and additional difficulties, education, psycho-emotional state, and more (Carvalhais et al., 2023; Robertson et al., 2007), relatively few factors are modifiable. On the other hand, many environmental and process-related factors can be shaped by context. This suggests that, through adjustments and relational approaches to people with ID, the environment can significantly affect the outcomes of person-centred planning. Thus, to deliver high-quality support, in addition to adhering to general person-centred principles, it is crucial to

više elemenata na koje okolina može utjecati. Ovaj podatak ukazuje na to da kroz prilagodbe i način odnosa prema osobama s IT okolina može značajno utjecati na ishode osobno usmjerenog planiranja. Stoga je za pružanje kvalitetne podrške, osim poštivanja općih načela osobno usmjerenog planiranja, važno osigurati bitne pretpostavke koje mu doprinose, a koje je moguće kontrolirati na razini pružatelja usluga ili stručnjaka koji pružaju podršku. To su, na primjer, suradnja i educiranost stručnjaka (Carvalhais i sur., 2023; Espiner i Hartnett, 2011; Isvan i sur., 2023), osobno usmjerene vrijednosti na razini organizacije (Robertson i sur., 2007), omogućavanje prilika za stjecanje novih znanja i vještina, praktična podrška okoline u svakodnevnim aktivnostima (Dew i sur., 2018; McConkey i Collins, 2010), predanost i responzivnost facilitatora i osoblja (Isvan i sur., 2023; McConkey i Collins, 2010; Robertson i sur., 2007), fleksibilnost u procesu planiranja (Carvalhais i sur., 2023), priprema osobe u fokusu (McCausland i sur., 2022) i njene obitelji za planiranje (Ellem i sur., 2019) te otvorena komunikacija i uvažavanje među dionicima planiranja (McCausland i sur., 2022). Nasuprot tome, treba nastojati izbjeći postupanje koje ima negativan utjecaj na učinkovitost osobno usmjerenog planiranja, poput neadekvatne provedbe prikupljanja podataka i postavljanja ciljeva, sporog izvršavanja dogovorenih zadataka (McConkey i Collins, 2010), diskriminatornog pristupa osobi s IT te njenog ograničavanja i prezaštićivanja od stručnjaka i obitelji (Dew i sur., 2018). Određeni okolinski čimbenici, poput općih stavova društva te lokalnih i nacionalnih politika invaliditeta i ljudskih prava (Carvalhais i sur., 2023), ne mogu se izravno mijenjati na razini pojedinca ili pružatelja usluga, no kroz kontinuirani aktivizam usmjeren na senzibilizaciju i zagovaranje prava osoba s invaliditetom moguće je postupno utjecati na njih.

Iako osobno usmjereno planiranje nije vezano za određeni oblik skrbi, već se može provoditi u različitim kontekstima i službama podrške, postoje razlike u njegovoj implementaciji i ishodima u institucionalnim oblicima skrbi u odnosu na programe podrške u zajednici. Idrees i sur. (2024) izvještavaju da je u segregiranim uvjetima stanovanja manji fokus na osobno usmjerenoj podršci, što je posljedica različitih čimbenika vezanih za takvo

ensure necessary preconditions that can be controlled at the level of service providers or professionals. These include, for example, collaboration among and training of professionals (Carvalhais et al., 2023; Espiner & Hartnett, 2011; Isvan et al., 2023); person-centred values at the level of organisations (Robertson et al., 2007); opportunities for acquiring new skills and knowledge, and providing practical support for daily activities (Dew et al., 2018; McConkey & Collins, 2010); commitment and responsiveness of facilitators and staff (Isvan et al., 2023; McConkey & Collins, 2010; Robertson et al., 2007); flexibility in the planning process (Carvalhais et al., 2023); preparation of the focus person (McCausland et al., 2022) and their family for planning (Ellem et al., 2019); and open communication and mutual respect among stakeholders involved in the planning process (McCausland et al., 2022). Conversely, practices that should be avoided due to their negative impact include inadequate data collection and goal setting, slow execution of agreed actions (McConkey & Collins, 2010), discriminatory approaches, and restrictive or overprotective support from professionals and family (Dew et al., 2018). Certain environmental factors – such as general societal attitudes and local and national disability and human rights policies (Carvalhais et al., 2023) – cannot be directly altered at the level of individuals or service providers; however, ongoing advocacy and awareness-raising can gradually influence them.

Although person-centred planning is not tied to a particular form of care and can be implemented across various support contexts and services, differences in implementation and outcomes are evident between institutional settings and community-based programmes. Idrees et al. (2024) reported that segregated living arrangements are less likely to prioritise person-centred support, partly due to factors inherent to such environments, although poorer outcomes may also reflect the more complex support needs of individuals living there.

Several studies (Ellem et al., 2019; Isvan et al., 2023; McConkey & Collins, 2010) agree that families and support staff play a decisive role in suc-

životno okruženje, no lošiji ishodi mogu biti i posljedica kompleksnijih potreba za podrškom osoba koje tamo žive.

Različiti autori (Ellem i sur., 2019; Isvan i sur., 2023; McConkey i Collins, 2010) suglasni su u tome da obitelji i/ili osoblje u podršci imaju presudnu ulogu u uspješnom provođenju osobno usmjerenog planiranja. Pritom je važno pružanje najmanje ograničavajuće i aktivne podrške osobi u fokusu. Aktivna podrška, kao jedna od osobno usmjerenih praksi, povećava uključenost u svrsishodne životne aktivnosti i odnose te mogućnost izbora i kontrole (Bigby, 2024). Brendli Brown i sur. (2025) povezuju način pružanja podrške s formiranjem stavova društva jer, kako ističu, društvo često percipira osobe s IT kao nesamostalne i nesposobne voditi samoodređen život zbog toga što su u zajednici najčešće prisutne u pratnji osoblja ili članova obitelji.

Neophodan element osobno usmjerenog planiranja treba biti osiguravanje pristupačnosti procesa planiranja i pripadajućih sastanaka, ali i izrađenog plana i svih drugih materijala (Kaehne i sur., 2014). Tako, te uz primjenu različitih prilagođenih kreativnih tehnika, u osobno usmjerenom planiranju mogu sudjelovati i osobe s većim stupnjem potreba za podrškom (Dew i sur., 2018).

Osobno usmjeren pristup i razvoj vještina samoodređenja ključni su u osiguravanju zadovoljavajuće kvalitete života pojedinca, ali i razvoju kvalitetnih suvremenih službi podrške (Rozman, 2012). Pritom je važno pomaknuti se od shvaćanja osobno usmjerenog planiranja kao *checkliste* koju treba ispuniti (Brendli Brown i sur., 2025), kako ono ne bi ostalo samo na papiru umjesto pružanja stvarne i svrhovite podrške, što se u praksi često događalo s tradicionalnim individualnim planiranjem (Smull i Lakin, 2002 prema Taylor i Taylor, 2013). Istraživanja govore u prilog brojnim dobrobitima osobno usmjerenog planiranja za korisnike i pružatelje usluga, no proces prelaska iz tradicionalnih u osobno usmjerene službe podrške dugačak je i još je mnogo toga potrebno napraviti kako bi se on u potpunosti ostvario (Carvalhais i sur., 2023). U novije vrijeme aktivna uključenost osoba s intelektualnim teškoćama ne smatra se važnom samo u planiranju njihove vlastite budućnosti,

successful implementation. It is essential to provide the least restrictive, yet enabling forms of support. Active Support is a person-centred practice that increases engagement in meaningful life activities and relationships, and expands opportunities for choice and control (Bigby, 2024). Brendli Brown et al. (2025) linked the nature of support provided to the formation of societal attitudes, noting that society often perceives people with ID as individuals who lack independence and the capacity to lead self-determined lives because they are most commonly seen in community settings accompanied by staff or family members.

Ensuring accessibility must be an essential element of person-centred planning – not only in terms of the accessibility of meetings and processes, but also of the written plan and all associated materials (Kaehne et al., 2014). With the use of adapted creative techniques, people with higher support needs can participate meaningfully in person-centred planning (Dew et al., 2018).

A person-centred approach and the development of self-determination skills are key to ensuring a satisfactory quality of life and building modern, high-quality support services (Rozman, 2012). It is important to move away from viewing the person-centred planning approach as a checklist to be completed (Brendli Brown et al., 2025), so that it delivers real, purposeful support in practice and does not remain as a written or formal commitment – as observed often in the case of traditional individual planning (Smull & Lakin, 2002, as cited in Taylor & Taylor, 2013). Research studies have supported the many benefits of person-centred planning for service users and providers, yet the transition from traditional to person-centred support systems is lengthy, and much remains to be done to fully achieve it in practice (Carvalhais et al., 2023). Recently, the active involvement of people with ID is recognised, not only in terms of planning their own futures, but also more broadly in the development of contemporary services and support programmes. As experiential experts, they contribute to the design and improvement of new programmes, ensuring that they are appropriately adapted to the actual

nego i šire u razvoju suvremenih službi i programa podrške. Kao iskustveni stručnjaci, oni daju doprinos u osmišljavanju i unaprjeđenju novih programa, čime se omogućava njihova prilagodba stvarnim potrebama osoba kojima su namijenjeni (Murphy i sur., 2025).

Iako se osobno usmjereno planiranje smatra suvremenim pristupom u pružanju podrške, treba istaknuti da postoje i noviji modeli. Tako se u literaturi spominje „planiranje vođeno od osobe“ (*person-directed planning*) u kojem ne samo da osoba izražava svoje želje i ciljeve, već ona i vodi proces planiranja i donosi odluke, a drugi joj u tome pružaju podršku (Idrees i sur., 2024). Međutim, neki autori planiranje koje vodi osoba izjednačavaju s osobno usmjerenim (Dong i sur., 2024). Mogući razlog ovom nesuglasju leži u nedostatku jasne granice pri definiranju obaju pristupa.

U pretraživanju domaće literature malo je objavljenih radova na temu osobno usmjerenog planiranja podrške. Ono se primjenjuje tek u novije vrijeme vezano za proces deinstitutionalizacije i usluge organiziranog stanovanja (Not, 2022, ur.), no provodi se sporadično te još nije dovoljno prepoznato, zakonski regulirano i doista implementirano u sustavima podrške. Samim time, njegova učinkovitost u Hrvatskoj dosad nije dovoljno istražena te nisu pronađeni objavljeni znanstveni članci koji bi udovoljili zadanim kriterijima ovog preglednog rada. Objavljena je tek nekolicina radova u kojima se teorijski opisuju osnove osobno usmjerenog pristupa i neki elementi njegove primjene kod djece i mladih ili odraslih (Alfirev i Grbac Plavčić, 2010; Krampač-Grljušić i Mihanović, 2010; Lesički, 2011; Opačak i sur., 2019). U novijim istraživanjima analizirani su samo neki aspekti uvođenja osobno usmjerenog pristupa u planiranju podrške u Hrvatskoj vezano za učinke procesa deinstitutionalizacije i transformacije institucionalnog sustava skrbi u službe podrške u zajednici. Njegova se primjena usko povezuje s kvalitetom života i razvojem kvalitete podrške, no još nema za to dovoljno znanstveno utemeljenih dokaza, koji bi upućivali na stvarne učinke (Bratković i sur., 2023; Gašpar Čičak, 2025; Zelić, 2025; Zelić i sur., 2024).

Zaključke proizašle iz ovog rada teško je generalizirati zbog raznovrsnosti i ograničenja

needs of the people they are intended to support (Murphy et al., 2025).

Although person-centred planning is considered a contemporary support approach, newer models have also emerged. The literature refers to person-directed planning, in which individuals not only express their wishes and goals, but also lead the planning process and make decisions with the support of others (Idrees et al., 2024). Some authors, however, treat person-directed planning as synonymous with person-centred planning (Dong et al., 2024). A likely reason for this disagreement lies in the absence of clear conceptual boundaries between the two approaches.

A review of Croatian literature reveals relatively few published studies on person-centred support planning. This approach has been introduced more recently, mainly in connection with deinstitutionalisation and supported living services (Not, 2022, ed.), but its implementation remains sporadic and it continues to be insufficiently recognised, regulated, and embedded within support systems. Consequently, its effectiveness in Croatia has not yet been adequately researched, and no published scientific articles meeting this review's inclusion criteria were found. Only a small number of papers provide theoretical overviews of person-centred principles and describe certain elements of implementation involving children, young people, or adults (Alfirev & Grbac Plavčić, 2010; Krampač Grljušić & Mihanović, 2010; Lesički, 2011; Opačak et al., 2019). Recent Croatian studies have focused on selected aspects of introducing person-centred approaches in support planning within the context of deinstitutionalisation and transformation of institutional care into community-based services. While its application is closely linked to quality of life and support quality, there is still insufficient empirical evidence of actual effects (Bratković et al., 2023; Gašpar Čičak, 2025; Zelić, 2025; Zelić et al., 2024).

The conclusions drawn from the present review are difficult to generalise due to the diversity and limitations of the included studies. The

obuhvaćenih istraživanja. U istraživanjima su se evaluirale različite tehnike osobno usmjerenog planiranja koje su negdje detaljno, a negdje vrlo površno opisane. Nadalje, iako se pregled primarno usredotočio na istraživanja vezana za provedbu i učinke osobno usmjerenog planiranja, kriteriji uključivanja radova bili su široko postavljeni. Uključene studije raznolike su po istraživačkim ciljevima, metodologiji prikupljanja i analize podataka te obuhvaćenim sudionicima i kontekstima provedbe. Za bolju usporedivost nalaza različitih studija, potrebno je definiranje strožih kriterija njihova odabira, no zato su neophodna opsežnija istraživanja koja ne promatraju samo pojedine aspekte učinkovitosti osobno usmjerenog planiranja, već njegov cjelovit i dugoročan utjecaj.

Za sveobuhvatnu procjenu ishoda osobno usmjerenog planiranja mogao bi se primijeniti jedan od najčešćih modela kvalitete života, onaj prema Schalocku i Verdugu (2002), koji se u novije vrijeme primjenjuje i u evaluaciji kvalitete podrške (Gomez i sur., 2021). Prema saznanjima autorica ovog rada, takvo istraživanje dosad nije provedeno. Također, poželjno bi bilo paralelno razmatranje objektivnih ishoda i subjektivnih perspektiva dionika. Tako Isvan i sur. (2023) naglašavaju važnost povezivanja dokumentiranih podataka i informacija dobivenih od samih osoba s IT, pri čemu je važno osigurati im sve neophodne prilagodbe metoda istraživanja (Brendli Brown et al., 2025). Na kraju, većina dosadašnjih istraživanja ispitivala je utjecaj osobno usmjerenog planiranja neposredno nakon njegova provođenja, no postoji potreba za ispitivanjem dugotrajnih učinaka. Isto su prepoznali još Wigham i sur. (2008), no otada nije značajno porastao broj longitudinalnih istraživanja.

6. ZAKLJUČAK

Sintetiziranjem relevantnih spoznaja o obilježjima i učincima primjene osobno usmjerenog planiranja podrške iz obuhvaćenih znanstvenih radova, jasno je da ono zahtijeva značajnu promjenu načina razmišljanja i djelovanja u odnosu na tradicionalno individualno planiranje. To prije svega podrazumijeva preraspodjelu moći u odnosima svih uključenih, uz poticanje što većeg samoiz-

review evaluated a range of person-centred planning techniques, described at varying levels of detail. Furthermore, although the review focused primarily on implementation and effects, the inclusion criteria were broadly defined. The studies differed considerably in research aims, data collection and analysis methodologies, as well as participant groups and implementation contexts. To enable a better comparison of findings, stricter selection criteria are required; however, this in turn necessitates larger-scale research examining not just specific aspects of effectiveness, but the comprehensive and long-term impact of person-centred planning.

For a comprehensive assessment of outcomes, one of the most widely used quality of life models – Schalock and Verdugo's (2002) model – could be applied; this framework has more recently been used to evaluate support quality (Gómez et al., 2021). As far as we know, such research has not yet been conducted. It would also be desirable to consider objective outcomes alongside stakeholders' subjective perspectives. Isvan et al. (2023) stressed the importance of linking documented data with first-person accounts, ensuring all necessary methodological adaptations (Brendli Brown et al., 2025). Most studies have examined the impact of person-centred planning shortly after implementation; the need to investigate long-term effects remains. This gap was already identified by Wigham et al. (2008), but there has been no substantial increase in the number of longitudinal studies since then.

6. CONCLUSION

By synthesising relevant findings on the characteristics and effects of person-centred support planning from the analysed scientific studies, it becomes evident that this approach requires a substantial shift in thinking and practice compared to traditional individual planning. Above all, it entails a redistribution of power among all participants, promoting maximum self-expression and varied forms of active participation by people with ID.

ražavanja i drugih vidova aktivnog sudjelovanja osoba s IT.

Pokazalo se da se osobno usmjereno planiranje primjenjuje u različitim organizacijama, službama i sustavima podrške, ali se primarno veže za osobu u fokusu i jačanje prirodne mreže podrške. Podrazumijeva podržavajući i uvažavajući odnos prema osobi s IT, pružanje joj mogućnosti izbora i kontrole nad vlastitim životom, uključivanje i suradnju obitelji, stručnjaka i drugih osoba iz njene okoline te iskorištavanje svih resursa zajednice.

U posljednjih deset godina vidljiv je porast istraživanja o iskustvima primjene i učincima osobno usmjerenog planiranja kod osoba s IT. Obuhvaćena istraživanja primarno su ispitivala i potvrdila dobrobiti za same osobe s IT i druge ključne sudionike u procesu planiranja. U manjoj su mjeri spomenuti pozitivni utjecaji na njihovu širu okolinu, s kojom dolaze u interakciju. No nije obuhvaćen makrorazinski utjecaj na društvo i socijalne politike te oblikovanje usluga podrške na mezorazini sustava, što bi također bilo vrijedno istražiti.

Među dobrobitima za same osobe u fokusu najviše se opisuju one povezane sa samoodređenjem i socijalnom uključenosti kao pokazateljima kvalitete života te subjektivnim zadovoljstvom i osjećajem vlastite vrijednosti, koji proizlazi iz mogućnosti aktivnog doprinosa oblikovanju vlastite budućnosti, ostvarenju svojih želja i potencijala. Pozitivni učinci za obitelj i stručnjake koji sudjeluju u planiranju prvenstveno se očituju u boljem razumijevanju osobe u fokusu i stjecanju novih uvida koji doprinose kvalitetnijem pružanju podrške.

Na temelju nalaza obuhvaćenih istraživanja moguće je izdvojiti neke podržavajuće i otežavajuće čimbenike u provedbi osobno usmjerenog planiranja. Među ključnim pretpostavkama uspješnosti su posvećenost i educiranost facilitatora, dostupna i kvalitetna podrška okoline, priprema osobe u fokusu i obitelji te otvorena komunikacija i partnerski odnos između svih sudionika. Izazovi koji otežavaju provedbu najčešće su povezani s nedovoljno kvalitetnom izradom i provedbom planova, pasivnošću i zanemarivanjem odgovor-

Person-centred planning is implemented across different organisations, services, and support systems, yet its core focus remains the individual and the strengthening of natural support networks. It involves adopting a supportive and respectful approach towards the person with ID, providing opportunities for choice-making and control over their own life, ensuring the involvement and collaboration of family members, professionals, and others in their environment, as well as utilising all available community resources.

In the past decade, research on the experiences and effects of person-centred planning among people with ID has increased significantly. The studies included in our review primarily identified and confirmed benefits for individuals with ID and other key participants in the planning process. Some positive impacts on the wider environment were mentioned, but not explored in detail. However, macro-level effects – on society, social policies, and the shaping of support services at the mesosystem level – remain under-researched and represent an important avenue for future inquiry.

Among the benefits for individuals with ID, the most frequently reported are those related to self-determination and social inclusion as indicators of quality of life, as well as subjective well-being and feelings of self-worth arising from opportunities to contribute actively to shaping one's future, fulfilling personal wishes, and realising one's potential. Positive outcomes for families and professionals primarily relate to an improved understanding of the focus person and new insights that support better, more responsive practices.

Based on the findings of the studies included, several enabling and constraining factors influencing the implementation of person-centred planning can be identified. Key conditions for successful implementation include the commitment and competence of facilitators, the availability and quality of environmental support, preparation of the focus person and their family, and open communication and partnership among all participants. Challenges most often stem from inadequate quality of plan development and implementation, participant passivity or lack of accountability, as well as additional difficulties or

nosti sudionika te dodatnim teškoćama ili zdravstvenim problemima kod osobe u fokusu.

Kako bi osobno usmjereni planiranje zaživjelo u najvećoj mogućoj mjeri i donijelo najbolje rezultate u unaprjeđenju kvalitete života osobe s IT, važno je dosljedno poštivanje njegovih temeljnih načela koja trebaju biti nit vodilja u svim fazama i aspektima provedbe. Za ostvarenje aktivne uključenosti osobe s IT neophodno je osigurati pristupačnost cijelog procesa i materijala, kontinuirano poticati razvoj njenih vještina samoodređenja te ju osnaživati za samozastupanje.

Za potpunije uvide i zaključke o ostvarenim učincima i pretpostavkama uspješnosti provedbe osobno usmjerenog planiranja neophodna su daljnja istraživanja. I sami autori obuhvaćenih studija, većinom kritički analiziraju dobivene rezultate ističući njihova ograničenja. U budućnosti je potrebno provesti sveobuhvatnija i longitudinalna istraživanja s većim brojem ispitanika, s usporedbom određenih pokazatelja prije i nakon osobno usmjerenog planiranja, uz praćenje i provjeru učinaka u više vremenskih točaka. Za donošenje što vjerodostojnijih zaključaka o ostvarenju očekivanih ishoda i dobrobiti za osobe s intelektualnim teškoćama, kao i čimbenicima koji to otežavaju ili sprječavaju, jednako su važna kvalitativna istraživanja s primjenom participativnog i inkluzivnog pristupa, koja omogućuju dublje uvide i bolje razumijevanje osobnih perspektiva sudionika.

health-related issues experienced by the person with ID.

For person-centred planning to be implemented to the best extent possible and to achieve optimal improvements in the quality of life of people with ID, it is essential to consistently adhere to its core principles, which must guide all stages and aspects of implementation. Ensuring meaningful involvement of the person requires accessible processes and materials, ongoing development of self-determination skills, and empowerment for self-advocacy.

More comprehensive research is needed to gain deeper insights and draw robust conclusions regarding the effects and prerequisites of successful implementation. The authors of the studies included often critically reflect on the limitations of their own findings. Future research should, therefore, involve more extensive, longitudinal studies with larger samples, incorporating pre- and post-planning comparisons, and assessments across multiple time points. To reach reliable conclusions about expected outcomes, benefits, and barriers for people with ID, qualitative research using participatory and inclusive approaches is equally important, as it enables richer insights and a deeper understanding of personal perspectives.

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