Reflections on in Control - 1

John O'Brien and David Towell

The in Control initiative, focusing on self-directed support and individualized funding, has become an important practical intervention in UK social policy. Ideas from this initiative have figured significantly in recent national policy statements and by November 2006 more than one half of all English local authorities had become members of in Control.

As a research and development community, in Control is investing in a number of ways of evaluating this work and sharing the experience widely. As one route to extend this learning, the in Control core team invited David Towell and John O'Brien to convene and facilitate a group representing multiple perspectives to review and comment on in Control's work in a series of three discussions over a year's time and to offer their own reflections on these discussions. We offered a framework of questions to guide the evolution of this dialogue (see Annex A).

The first discussion, held on 22 November 2006, engaged 24 people in all: national policy leaders, civil society leaders, and leaders in local systems changes complementary to in Control's work, with leaders in local implementation of self-directed support and members of in Control's core team. At the core team's request the first session focused on in Control's approach to system's change.

The first meeting oriented the group to in Control's work through a briefing paper (see Annex B) and two presentations by Simon Duffy, Director of in Control. Small group discussions produced

reactions, many ideas, and specific recommendations which were noted by the core team members who acted as recorders for the small groups. This document is the first of John O'Brien and David Towell's reflections. It describes our understanding of some of the notable features of in Control's approach to creating change, offers some commentary, and invites response. It is primarily written for use by the core team and for participants in the next discussion. Indeed we have established a way for participants in these discussions to continue the dialogue by commenting on this paper on a weblog between the face-to-face meetings. However the core team believes there may be wider interest in these reflections and are therefore publishing a version of the paper on the in Control website.

In everything that follows assertions about what or how in Control "is" should be read as "As it seems to John and David, given what they know now, in Control is…

Our appreciation of in Control's ways of influencing the social care system may differ in emphasis or descriptive terms from the core team's self-understanding. Our knowledge of in Control's work is limited, and the mirror we have constructed here reflects our own experience and vocabulary. We hope any differences of perspective will be interesting for the core team to think about and any misunderstandings will be corrected.

This document includes our description of what seem to us to be important features of in Control's approach to change in this column, our commentary in the middle column, and a space to add the comments and corrections that participants post on the *in Control Reflecting Blog*.

Meeting the challenge of whole system stability

One of the most welcome features of in Control is its search for new ways to encourage deep change. This matters because, despite substantial efforts to reform them, social care systems have proven remarkably stable in terms of what most people who rely on them experience. Current observations on the shortcomings of typical services, like this one, differ too little from similar criticisms made decades ago.

- *People don't get to live a life that is meaningful and positive*
- *People can't make basic choices about who supports them and where they live*
- *People are often poor and at high risk of abuse*
- *People's lives need to go into crisis before there's any help*
- *People are ending up disconnected and isolated from friends and family[1]*

The emergence of a growing number of exceptions to these unfortunate results of social care only makes the puzzle more frustrating by demonstrating that much better is possible. The clarity with which government polices –such as *Valuing People*, *Improving Life Chances of Disabled People* and *Our Health, Our Care, Our Say*– announce requirements for social care to change fundamentally opens opportunities for change, but it also raises the question of how such deep change can be achieved.

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[1] Simon Duffy (Summer, 2006) In Control. *Llais,* p.9.

A context for thinking about in Control's approach to change can be set by telling a story about how the social care system remains stable in the face of determined efforts to change it.

Consider direct payments. Based on disabled people's experience and aspirations, leaders in the Independent Living movement conceived direct payments as a way for disabled people to control their lives. They created the initiative, successfully lobbied for necessary policy changes, organized effective ways to assist people to use direct payments, and yet have seen far less change in disabled people's experience of power over their own lives than justice demands. The whole system exhibited dynamic stability, damping, at the point of local implementation, the creative energy arising from organized disabled people and channeled by central government policy.

Much energy for change through direct payments was swallowed up by these, among other, system dynamics as they influenced the local authorities responsible for implementation.

- Fear that direct payments will break the bank, bringing sanctions and fueling the agenda of increasing controls on local authorities.
- Fear that decreasing professional oversight will lead to situations that will be seen as breaches of the duty of care and lead to formal inquiries and law suits or to expenditures that will be judged irresponsible.
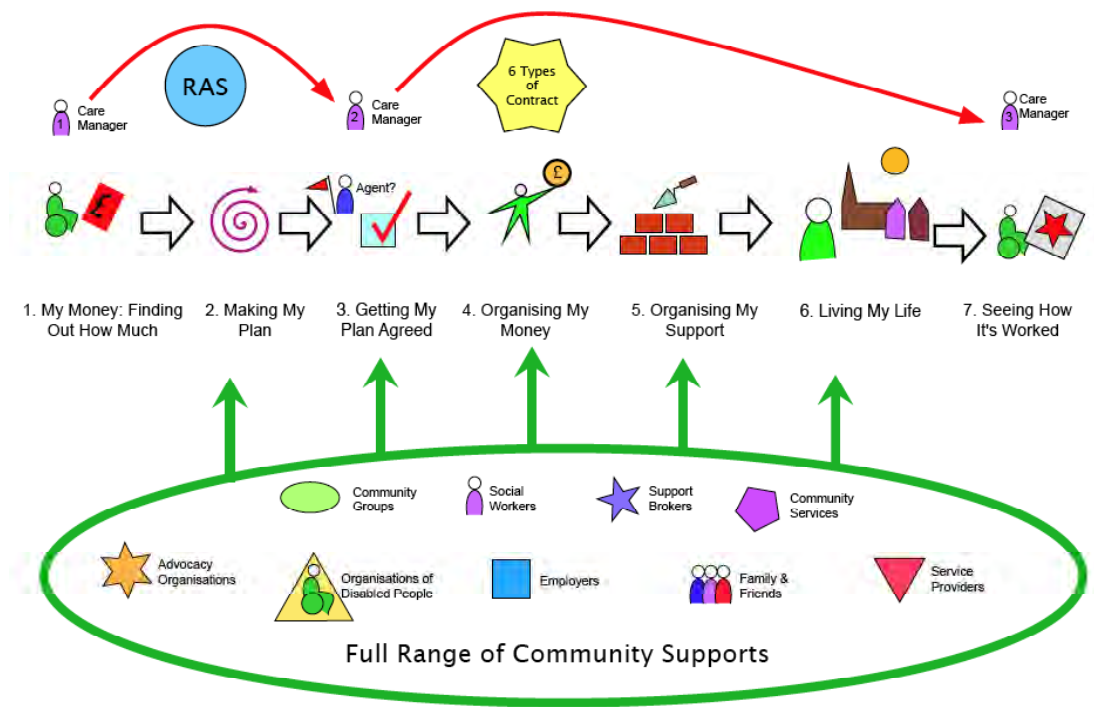
- Fear that the systems of inspection and regulation will punish innovation, especially where important parts of the regulatory system are out of synchronization with the requirements of new policies.

- The lived assumption that those who request and use services are not trustworthy.

- A mental model that casts social care as welfare or compensation rather than as necessary assistance to allow full citizens to lead their daily lives as they choose. This perspective reinforces distrust and fear of loss of control, disconnects decision making from any consideration of the (non-cash) resources the disabled person brings and inhibits the disabled person's right to be in control of his or her own life.

- Insufficient local strategies for dealing with the problems created by the impacts of multiple policies affecting social care (at least 60 different central government policies affect Independent Living).

- Defense of substantial local investments in services that are local authority provided or pre-purchased in blocks. These services may not see themselves as able to adapt in an environment shaped by direct payments and may mobilize support for their current ways of providing service. Moreover, local authority procedures and relationships are shaped to the pattern of placing people in services.

- A history of unresolved conflicts and ritualized interactions between local authorities and advocates for change and between social services and mainstream services. This inhibits planning, action, and learning.

- A history of recurrent re-organization and multiplying mandates, which creates overload and encourages a "wait and the requirements will change" attitude.

It is common to analyze the social care system's stability in the face of reform efforts by holding one part of the system responsible for results that are created by interactions among all of the parts. The idea that local authority resistance or incompetence is to blame often leads to advocacy for more and stronger requirements –an intervention that is likely to make it harder for local authorities to change. The idea that unrealistic and unaffordable central government expectations are to blame often leads to defensiveness, a search for the minimum acceptable level of compliance, and withdrawal into a fog of different words for more of the same results.

The contribution that In Control wants to make to this dynamically stable system can be likened to acupuncture: the confident placement of a very small but very sharp intervention at a point that will have the greatest possible effect on releasing energy.

For in Control, **the greatest potential energy to transform the social care system will be released when the people who require assistance self-direct their supports** (the process is depicted on the right).[2] This will happen when people who require assistance and local authorities structure their interactions with one another around the accomplishment of the sequence of seven tasks depicted on the right and when people who require assistance draw on the full range of community supports for the assistance

1. My Money: Finding Out How Much 2. Making My Plan 3. Getting My Plan Agreed 4. Organising My Money 5. Organising My Support 6. Living My Life 7. Seeing How It's Worked

Full Range of Community Supports

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[2] This diagram, and un-attributed quotes in this paper, are from Simon Duffy (15 November 2006) *A Framework for Systematic Reflection on in Control* reproduced as Annex B.

they require. This model of self-direction is designed to be universal, offering multiple ways to accomplish the tasks to accommodate different individual circumstances. For example, direct payment is only one of several ways a person can choose to control money.

Focus in a social system implies judgement about what **not** to work on. While the people most involved with in Control have strong beliefs about the types of services that are most likely to lead to good outcomes, in Control has not strayed from its focus on self-directed support as the best means to transform the social care system.

> *in Control learnt that an undue focus on the quality of people's choice had the impact of both slowing down the change process and of disempowering those who were planning. It seems better to offer people clear frameworks for planning and decision-making but to not try and bias decisions. Overall people chose service patterns that were deemed 'better' than those typically offered by the existing system.*

This focus regulates the paralyzing overload that many responsible managers experience when it seems that every positive change is contingent on every other positive change. It argues for getting some people into control of their supports as soon as possible, learning from the effort and taking the shortest possible time to get the greatest possible number of people self-directing their supports.

In Control documents are scrupulous in specifying the limits of the conclusions reported in quantitative terms.[3] They are based on before and after questionnaires completed, on average, about 11 months apart by 31 of 97 participants in the 6 pilot projects (further identifying information isn't available in the report, so it's not possible to tell how these 31 people were distributed across the 6 pilots or how they differed on such dimensions as age or level of need for assistance). People's reports of change and satisfaction clearly support the claim that self-directed supports offer people greater control and satisfaction for the same or less social care money.

This good news could pose a potential challenge to learning if people interpret it simply, as meaning "in Control claims that its operating system works to deliver better, cheaper services for everyone". A better interpretation will leave more questions open, as the available data does. New local authorities can build on what is already encoded in in Control's tools and they should be ready to work hard with other members to deal with circumstances that differ from those prevalent in first phase settings.

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[3]Chris Hatton (2006). Evaluation data. In Carl Poll, Simon Duffy, Chris Hatton, Helen Sanderson, and Martin Routledge. *A report on in Control's first phase 2003-2005*. London: in Control Publications.

Making significant change requires significant confidence. In Control derives confidence, and it's ways of communicating confidence, from at least three sources.

- Direct experience with people and families who self-direct services which very often reveal untapped capacities and new sources of satisfaction. Some of these experiences are captured and communicated in a growing number of stories.
- Commitment to continual improvement by learning from the variety of ways that different authorities and different people implement self-directed supports and each of its steps. Much of this learning is done in the context of ongoing collaborative problem solving. Some of the participants in early efforts have been surveyed to discover what has changed. This iterative approach to implementation opens space for people to try, with the knowledge that an effort need not be perfect and difficulties or inefficiencies can lead to improvement.
- Anchoring interest in self-directed services in an effort dedicated to higher purposes. These purposes are communicated in the seven principles that define the practice of self-directed support.

Maintaining absolute concentration on self-directed services and forming effective working relationships with some local authorities and some of the people entitled to those authorities' assistance has improved local capacity to deliver on the promise of greater choice and control. This has multiplied in Control's influence as its

Principles	Meaning
1. Right to Independent Living - I can get the support I need to be an independent citizen.	If someone has an impairment which means they need help to fulfil their role as a citizen, then they should get the help they need.
2. Right to a Personalised Budget - I know how much money I can use for my support.	If someone needs on-going paid help as part of their life they should be able to decide how the money that pays for that help is used.
3. Right to Self-Determination - I have the authority, support or representation to make my own decisions.	If someone needs help to make decisions then decision-making should be made as close to the person as possible, reflecting the person's own interests and preferences.
4. Right to Accessibility - I can understand the rules and systems and am able to get help easily.	The system of rules within which people have to work must be clear and open in order to maximise the ability of the disabled person to take control of their own support.
5. Right to Flexible Funding - I can use my money flexibly and creatively.	When someone is using their personalised budget they should be free to spend their funds in the way that makes best sense to them, without unnecessary restrictions.
6. Accountability Principle - I should tell people how I used my money and anything I've learnt.	The disabled person and the government both have a responsibility to each other to explain their decisions and to share what they have learnt.
7. Capacity Principle - Give me enough help, but not too much; I've got something to contribute too.	Disabled people, their families and their communities must not be assumed to be incapable of managing their own support, learning skills and making a contribution.

has become increasingly apparent that self-directed support generates good and attractive answers to two key questions about the over-arching government themes of choice and personalization: "How do you actually do it?" and "Does it work?"

In Control's approach to change aims to touch real life

It's not uncommon to hear people in the social care system use the phrase, "In the real world…". People responsible for delivering social care often use the phrase to introduce a statement about constraints on fulfilling a demand for change. People who require assistance often use the phrase to indicate detachment of service workers from the everyday experience of their lives. Who ever uses the phrase, it implies a dangerous lack of awareness on the part of the other and reflects a position of "blame the other part of the system rather than take responsibility for the whole we are creating together".

In Control aims to join people on both sides of the boundaries that define the system, acknowledging that each lives in a different environment with different constraints, and offering help to design, try, and learn from practical ways to deal with those constraints. Figuring out how to deal with constraints means acknowledging them as a part of "the real world", a real world that can be changed to serve the purpose of giving people choice and control over the support they need to live their daily lives.

In relationship to people who use social care, this means recognizing the power imbalance that people feel as wrong and offering self-directed support as a practical way to redress the balance. Support is understood as ordinary (if creative) responses to the realities of managing daily life. Frameworks for planning and directing supports are designed to be as easy to use and as ordinary as possible. The voices of people who use social care are prominent in planning, testing, and publicizing implementation. Materials are designed for accessibility. There are opportunities for learning and developing peer support.

In Control's approach to the people responsible for managing social care begins with the embrace of two boundary conditions for its work:

> *The pragmatism that has shaped all of* in Control*'s work is that whatever* in Control *publishes and promotes should be both legal and affordable. In short* in Control *has been trying to show that when people control their own resources they can get better value for the same level of funding.*

To support responsible managers in implementing self-directed supports in Control…

…takes "how to" questions generated by local authorities seriously and collaborates in the production of tools and local policies that allow progress on implementation and whose use shifts assumptions for action and reshapes roles. For example, the Resource Allocation System shifts the balance of trust toward people who use services and re-shapes the care manager's workload.

If the RAS allocates people less money than they currently receive for a service that they judge to be satisfactory, a local authority needs ways to assist people and families to discover an opportunity for better value. Otherwise, advocates for people and families may interpret, and oppose, SDS as a way to cut needed services. Potential for this challenge is stronger when carers see impairments as requiring highly technical kinds of support –as may be the case for young people who have been placed in residential schools specializing in autism for example.

…generates new scripts with people whose roles are changing which allow them to make sense of their new roles and to identify the sources of meaning for them in a system driven by self-directed supports. For example, in Control has engaged groups of care managers across authorities to define ways that they and their colleagues can use the change and expand their opportunities to make better use of their capacities and serve values that matter to them.

…shifts the frame for change from compliance to external requirements and extra demands for routine work to frames of learning, a journey that people make together, and transformation in ability to serve important purposes.

…encourages implementation efforts to counter the common belief that self-directed supports can only work for a highly capable and motived few by working "where it's hot", and including people whose supports are high cost, who are perceived as high risk, and who could benefit greatly from a new approach because the quality of current responses is very low.
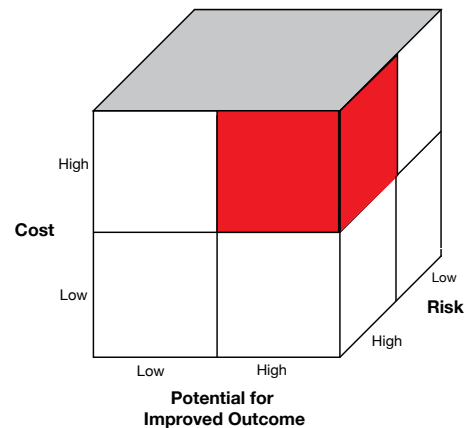
In Control serves a high purpose which supports coherence and resilience

> *The central purpose, the underlying mission, of in Control is to help build a society where all disabled people can be full **citizens**.*

Those who want to make substantial social change need a higher purpose for their work than conformity to external requirements for new procedures. Clearly understood ideals underwrite both persistence and flexibility: persistence when difficulties generate pressures to settle for superficialities; and flexibility in revising methods as experience allows learning about the effect of particular tries on the realization of purpose.

In Control finds higher purpose in a well developed understanding of citizenship. Three key ideas are summarized here.

> *Citizenship is the right ideal because it implies a vision of society where everybody is an equal member of the community, but where the natural diversity and differences between individuals are seen as positive opportunities for interdependence (not as some big problem). Citizenship also reminds us that communities must be constructed from the willing efforts of free individuals; full and active citizens build and sustain the communities they belong to. [3]*

Some people don't see this vision when they use the word citizen. According to some participants in our discussion the word itself seems alien to many older people. Other older people and their allies might use it to indicate "I've made my contribution by working and saving for years; now the state owes me good care without burdening me or my family." Others, understanding citizenship as an entitlement to be left alone or to have assistance to do whatever they choose, might resist the expectation for interdependence or contribution as an imposition.

A strength of the in Control approach is that people can adopt the model for their own reasons, without signing-up to the vision, or even considering the vision deeply. In remains to be seen what happens if people anchor the mechanisms for self-directed supports in different visions of citizenship.

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[3] Simon Duffy (Summer, 2006) In Control. *Llais,* p.9.

This rigorous understanding of citizenship generates three potentially creative tensions with current reality. Equal membership calls for the elimination of devaluing perceptions and discriminatory treatment that are mindlessly embodied in much current policy and practice. Impairment as the occasion for interdependence, understood as a good, confounds both the belief that care is a burden and the notion that going it alone is the measure of success for service recipients. Community as the work of free individuals discourages the tendency to regard people assisted as passive consumers and encourages confidence that people who contribute as citizens can recruit resources beyond those available through service budgets.

Commitment to a common understanding of full citizenship provides those who develop and disseminate the In Control approach with several advantages, because clear understanding of citizenship brings focus to their participation in diverse and varied contexts. Within a week, their schedules might carry them from the kitchens of people who receive services, to rooms in which local authority staff are dealing with the technical problems of disbursing and accounting for money, to training sites in which their task is to enlist a new group of people, to government conference rooms. In each of these settings, a coherent account of citizenship increases their influence.

- They have a key for interpreting government policies aimed at supporting citizenship. This often allows them to develop helpful interpretations when people see

It's interesting to wonder what sort of meeting formats and templates might be designed to draw people deeper into these creative tensions.

If this understanding seems adequate, it raises a question about how the growing numbers of people called on to interpret in Control will enter this understanding. If those who are active in dissemination get on with the abundant supply of specific tasks and don't actively participate in deepening the understanding of citizenship an important source of coherence might be lost. If the understanding of citizenship becomes "Simon says", ability to innovate and learn could decrease over time.

policy barriers or conflicts to moving toward self-directed supports.

- They have a way to discriminate between interesting differences in practice and compromises of the fundamentals of their approach by asking "Does this variation increase the chances for productive interdependence, active community building, and equality?"

- They have criteria for saying "no" to otherwise good ideas. On their understanding, pre-purchasing services is a sort of tax on individuals which reduces their freedom of action. For example, it is less desirable to define and pre-purchase service brokers for people than it is to define brokerage as a function that can be performed in many ways and ensure that individual budgets are sufficient to allow people who want to spend money on brokerage to purchase whatever form of brokerage makes sense to them.

- They have clear and contestable reasons for the approach and its details. This not only shapes their participation in debates and assures continuity to their messages, it grounds procedures in clearly stated principles.

- They have a basis for setting development priorities and generating solutions. Example: excluding people whose impairments create uncertainty about their ability to decide would compromise equality. Viewing this as an opportunity to create positive interdependencies leads to a prototype *Policy on Supported Decisions* that legitimizes a new form of interdependence. Example: *Small Sparks* assumed that there was capacity

among people and their communities to create meaningful opportunities for shared action and made very small amounts of money available to support projects that would build involvement.

In Control has chosen a distinctive position

In Control describes itself as "a research and development community committed to self-directed support" and defines its role as "helping people learn about self-directed support and ensuring that learning is shared." Three metaphors –"Operating System (OS)", "Open Source", and "Brand"– specify in Control's chosen position in the social care field. In Control wants to manage an open process by which the means of transforming the social care system to universal self-directed support are invented and implemented.

Operating System An operating system makes a computer useful by defining the way that the applications access and use the machine's resources in order to do the work that a person wants from the computer. In in Control's analysis, the social care system needs a process analogous to an operating system to mediate between Government policy and citizen experience. Policy sets high expectations that local authorities must implement in particular circumstances if citizens are to experience the benefits the policy promises. Implementation requires local interpretation, and big changes –like those called for in *Our health, our care, our say*– require correspondingly complex interpretations. Currently the social care system

The use of atypical metaphors to guide organizational design offers much leverage for creativity. A number of participants in our discussion found them irritating rather than stimulating, partly because they didn't know what an operating system is and were not particularly interested in learning. This is just one more reminder of the unusualness of in Control. Differences from typical ways of organizing that are worth conserving, but which take effort to understand.

One further feature: a shared language enables better networking - e.g. using the term support plan to replace care plan (plus a framework for defining a support plan) gives a way in which communication can increase between individuals, organisations and cultures - a creative neologism. Defining an Individual Budget so that it is seen as clearly fitting within a wider context or syntax - so SDS creates the grammar for revolutionary language.

–Simon Duffy

lacks effective ways to consider the variety of local interpretations and test their relative adequacy to and coherence with the intentions of the policy. This lack generates a pattern of stuckness: central authorities, frustrated by limitations in implementation, push for change by requirement and regulation; local authorities look for interpretations that minimize external pressures; citizen's see what looks to them like big promises without delivery. Some see the way out of this pattern as stronger imposition of top-down authority, reducing the need for interpretation with more and more detailed specifications. Some see the way out as letting innovation grow from the ground up by allowing even greater latitude in local interpretation. In Control sees another way: an explicit and regularly revised set of policies, practices, and tools that reflect most promising local interpretations of self-directed services. Compiling local interpretations not only allows sharing of inventions and ideas, it also provides a common point of reference for identifying areas where central policy requires revision or where implementation demands a more joined-up central effort because of conflicts among policies or practices.

The operating system metaphor reflects in Control's simultaneous work at two boundaries: 1) in the relationship between people entitled to support from the social care system and local authorities; 2) in the relationship between local authorities and central government and its agents. At each boundary, in Control works to support those on both sides. This is apparent from the offer-

ings in the website Library. There are tools and materials to inform and support people entitled to social care to play their central role directing the supports they require. There are tools and materials that structure the local system in ways that offer people choice and control over the support they need to lead their daily lives. There are policy suggestions to local authorities and submissions to influence central policy and practice. At each boundary, in Control functions like an operating system: translating requests from one context into another. The notable difference: the computer's operating system commands the allocation of the computer's resources; in Control advises and assists human actors in generating necessary support within the constraints of the systems they live and work within.

Open Source An open source approach to software development publishes the code for an application and allows people to modify it on condition that they share the modifications they make with a custodian of the application who holds responsibility for whether and how to adopt modifications.

In Control has adopted this approach to developing the means necessary to implement self-directed services. Open source implies continual improvement based on iteration. In Control core staff, or partners, or member local authorities, or sponsors identify an implementation problem which in Control core group members or partners often collaborate in solving. The results are disseminated and form the basis for the next round of improvement
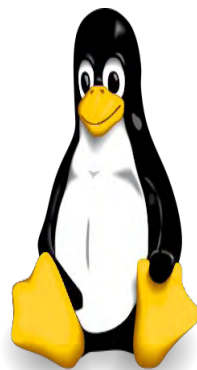
Pushing the metaphor until it screams (or you scream).

Tux, sitting to the left, is the mascot and a brand symbol for LINUX, the leading example of an open source computer operating system. Many, many software engineers have voluntarily contributed to improving and extending LINUX, whose source code is freely available and modifiable.

The success of this open source approach to improving an operating system depends partly on what the LINUX network has called a BDFL (Benevolent Dictator for Life), in this case Linus Torvald (a penguin lover) who originated the project and is trusted by the network to make difficult judgements about the suitability of modifications and to indicate directions for development.

Through the lens of this metaphor, the success of the move to an editorial board (which can be seen as a BDFL function attached to a group) depends on its member's capacity to engender trust among an increasingly large and diverse network and its members' ability to maintain focus in a field with a wide variation in perspectives and values.

and revision. The Editorial Board holds responsibility for judging best practices, maintaining the integrity of the approach, and incorporating improvements. The Resource Allocation System, for example, now stands at version 4.0.

The web site, www.incontrol.org.uk, makes copies of policies, procedures, and tools freely available. The open access copyright notice reserves in Control's right to the materials and grants permission to use and modify the materials to suit local conditions provided that proper credit is given and modifications are shared with in Control.

Brand A brand is a set of images and ideas that represents the identity of an enterprise and shapes people's expectations of it. A brand is typically communicated by a logo and a distinctive look and feel to products and their presentation.

In Control brands itself with it name, logo, and style for its materials. The name itself communicates purpose and its dual house styles –easy to read materials with distinctive artwork from **know what i mean** and materials formatted as organizational manuals, policies, and training materials tied together by a common style sheet of typeface, layout and color– define its position on the boundary between people and families who require assistance and the authorities responsible for social care. Several complex diagrams are more than informative graphics, they are iconic representations of in Control's approach, turning

up regularly in various contexts. To the right, an example.

The **identity** that in Control wants to communicate through its work and its branding might be paraphrased like this, **"We are the best source of information on assuring that people have choice and control over the support they need to lead their daily lives. We want the information we provide to be practical and accessible for the people who are entitled to social care and for the people who are responsible for administering the social care system. What we have learned is freely available and we encourage anyone who is serious about self-directed services to use and add to our knowledge."**

Seeing in Control as a brand offers ways to think about maintaining integrity and multiplying influence by building and protecting a recognizable identity which attracts increasing strength as more and more people invest confidence in it.

In Control has created an organizational form to support its chosen position

> *In Control knows that it cannot [transform the existing system of social care into a universal system of self-directed support] by itself; rather it aims to help others to achieve these goals*

In Control's structure reflects its chosen position as authoritative source of knowledge on self-directed services. Rather than structuring itself as another campaigning organization or a service improvement organization it has
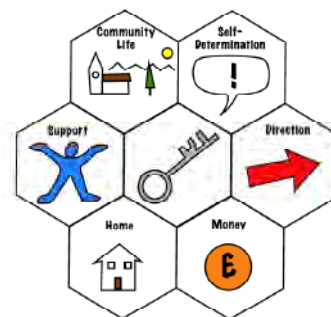
Because brand markers work outside awareness, they may communicate too well to an expanding constituency. For example, the style of easy-to-read materials that grows from efforts to accommodate readers with learning disabilities may signal a narrow identification with people with learning disabilities that conflicts with the more complex message that "we are proud to have developed this approach with people with learning disabilities and we claim it (and we) have universal application".

This is a small aspect of the bigger question: under what conditions will IL leaders and leaders among advocates for older people embrace self-directed services as expressive of their aspirations and values and authorize in Control as holder and underwriter of practical knowledge on implementation of choice and control.

found sponsors. Rather than become another consultancy, it has made partnerships with several consultancies. Partners use their capacities to do work with clients who want assistance in a way that faithfully applies the in Control approach and generates learning. Partner relationships are governed by a detailed agreement designed to strengthen the in Control brand. Rather than selling customers a product, it has a low cost membership open to any local authority.

This interdependent structure, which includes sponsors, members, and partners as well as a core team, keeps the core team small while allowing large amounts of work to be done by and in collaboration with partners and members. It provides links to the deliberations of central government without stretching the organization to establish an independent presence at the center. As the workload grows, the core team remains compact, exerting leverage through its partner and sponsor relationships and through mutual aid among members, who are now organizing in regional forums. This allows the core team to continue to focus its efforts on the new problems that emerge as implementation proceeds while web site users and members apply and may improve documented best practices.

Boundaries for membership are lower than they are for partnership. Membership has expanded from 6 collaborating authorities in 2003 to 85 members in 2006. To join, a member local authority pays its dues, indicating an interest in implementing self-directed services, and observes the rules for use of in Control materials. Mem-

Until recently, key people among in Control partners have been part of a network including many people known personally to one another. This history of relationship, many shared values and perspectives, and the opportunity to do good work in a situation of expanding opportunity seems to have adequately contained differences, conflicts, and personal and organizational competition. As the chance to make self-directed support universal in social care grows stronger, the crucial structural dimension of interdependence will be tested by the need to incorporate new partners and sponsors. Building the sort of personal network that currently connects key people in sponsor and partner groups will take time and effort to create shared work experiences, but this investment might prove necessary to keep life and coherence in the effort.

ber authorities choose how they will implement ways for people to exercise choice and control over the supports they need and whether and how they will involve in Control. This openness reflects in Control's desire to form a community of learners and its recognition that community is built from the free choice of members to cooperate with one another…

(to be continued)

Annex A: In Control: A framework for systematic reflection

David Towell

1. What are the goals of the in Control initiative and what elements in the programme are designed to achieve these goals?

2. More specifically, what are the outcomes in people's lives which in Control is seeking to help individuals achieve? What do different stakeholders (as represented in our discussions) see as the strengths and limitations in this definition of outcomes?

3. What does experience to date suggest about success in relation to these outcomes? What is being learnt about the conditions and processes required to optimise success?

4. What are the strengths and limitations in the in Control definition of best practice in organising self-directed support, as this has emerged to date? How far is this likely to work well across all (potential) users of social care? What are our views on the mission of in Control to achieve the complete transformation of social care into a system of self-directed support?

5. What is the distinctive change methodology guiding this initiative? What does experience to date suggest about the strengths and limitations of this methodology for implementing the in Control approach in many localities? What might be needed to do better?

6. What issues is spread of the in Control approach raising for wider systems change in local government and more widely? How might these issues best be addressed?

7. What are the lessons for national policies and implementation arrangements emerging from experience in the in Control initiative, especially as it spreads more widely?

Annex B: Preliminary response to A Framework for Systematic Reflection

Simon Duffy

Q1 **What are the goals of the in Control Partnership and what elements in its programme are designed to achieve these goals?**

The immediate goal is to transform the existing system of social care into a universal system of self-directed support.

This is a paradigm shift that involves changes to:

1. Management structures and the use of existing resources
2. Professional roles and responsibilities
3. Organisation and systems of accountability
4. Public understanding and culture

But the central purpose, the underlying mission, of in Control is to help build a society where all disabled people can be full citizens. It is this goal which reflects the real values of those involved in in Control .

in Control knows that it cannot achieve this goal by itself; rather it aims to help others to achieve these goals by a particular strategy that depends upon a very particular analysis of how public policy operates within the UK:

in Control's role is unusual and has emerged out of a particular analysis of the difficulties in reforming and improving public services, namely: central government sets policy in a way which needs enormous levels of local interpretation, but once implemented it seems difficult for local and central government to reflect upon the adequacy or coherence of either policy or practice.

The motivation for publishing an open source OS was to overcome this difficulty by finding an account of how existing government policy and legislation can be turned into a coherent approach to enabling citizenship and building self-directed support.

In other words, in Control did not want to simply help local authorities build their own local systems and then try to generalise solution to a national or policy level. Nor did in Control want to develop a top-down solution that would be imposed upon local authorities, regardless of their local character and constraints. The development of a best-practice OS enables both local interpretation and meaningful national debate.

One example of the effectiveness of this approach was the way in which in Control has been able to influence the debate about Indirect Payments. One of in Control's early innovations was to suggest that there were 6 methods for managing a personal budget (Direct Payment, Indirect Payment, Trust Fund, Brokered, Provider-managed and Care-managed). This framework and the background papers, supporting policies and tool-kits allowed local managers to begin to see self-directed support as a potentially universal solution for social care (not just a narrow pipeline). At the same time this same re-conceptualisation also enabled policy-makers to put into context some of the on-going policy debates around indirect payments which were in danger of being resolved without regard for the bigger picture of how best to promote self-directed support.

This analysis of in Control's role is reflected within in Control 's organisational arrangements and the range of strategies that it employs to pursue its mission. As this figure shows, the central
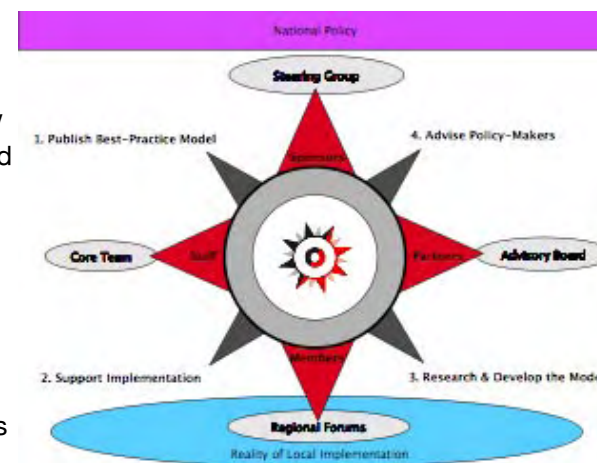
in Control strategies are as follows:

1. To publish a best practice model of self-directed support

This model is intended to be the new Operating System (OS) for social care which defines a best practice model of how to implement self-directed support. It is published as open-source software on our website: www.in-control.org. uk in Control makes great efforts to ensure that we write clear and accessible materials that provide disabled people, families and professionals with the tools to make self-directed support a reality.

in Control has published over 140 different documents, key documents include:

◊ A Report on in Control's First Phase (2003-2005) - this provides an overview of the model and the outcomes from early development work

◊ Several Discussion Papers, topics include: individual budgets, brokerage, national policy, service provision, community development

◊ Stories and examples of self-directed support in practice

◊ Guides to Self-Directed Support and other toolkits for local authorities

◊ Guides, planning tools and other resources for disabled people and families

2. To research, develop and amend the model the OS as we learn more

This process is overseen by the Advisory (Editorial) Board which includes experts, leaders and others with a commitment to self-directed support. The model is now on Version 4.0 and further revisions will be published in the next few months. Changing the model has always been an important part of in Control's work and changes that have been made include:

◊ Constant improvements to the Resource Allocation System as it is extended to other groups and areas

◊ Developing different support planning tools for groups

◊ Widening our definition and understanding of brokerage

◊ Improving the contractual framework that underpins self-directed support

3. To support the maximum 'take-up' of self-directed support

in Control's central approach to extending implementation has been to introduce a membership programme which allows local authorities to join in Control

and get support to start their own local process of change.

◊ There are now over 85 local authorities who have formally joined in Control

◊ More than half of those authorities are working with group outside people with learning difficulties

◊ 9 of the Individual Budget Pilot sites are also in Control members

◊ 8 Regional Forums up and running to support local authority leaders

However in Control also uses a partnership model in order to connect to independent agencies that may be able to spread the word. The rules of partnership are set out below and there are currently 18 partner organisations that are each doing work independently of in Control according to the following principles:

◊ The partner organisation must support and apply in Control's model of best practice in its in Control Partnership Programme

◊ The partner will receive technical support from in Control's Core Team in applying the model of best practice to its in Control Partnership Programme

◊ The partner must apply in Control's brand and logo appropriately to its in Control Partnership Programme with the explicit agreement of the Core Team

◊ The Core Team will support the active marketing of in Control Partnership Programme to all in Control's member authorities and beyond

◊ There must be some agreed return from the in Control Partnership Programme to the wider in Control community, this may include funding or other forms of return

◊ The in Control Core Team will not develop any product which competes with the agreed in Control Partnership Programme

◊ The partner will share what they learn about best practice in self-directed support with the in Control community

◊ in Control's Core team and in Control partners will ensure that any meetings or events that are organised are physically accessible to disabled people, with respect to buildings, transport and parking. Information should be in plain English, and sensitive to the communication needs of all participants. We should always try and meet the specific communication needs of participants when asked.

4. To provide advice to central government on self-directed support

in Control also seeks to help create the best possible policy context for self-directed support. Primarily in Control has done this by developing a shared accountability to policy-makers through the steering group. Currently the co-sponsors of in Control are:

◊ Department of Health
◊ Care Service Improvement Partnership
◊ Mencap
◊ Valuing People Support Team
◊ Association of Directors of Social Services (to be confirmed)

In addition in Control works to offer practical help and advice to policy-makers, to publish useful information and support the work of the Individual Budget Pilot Programme.

However there is probably a further strategic goal that operates outside the framework of this approach.

5. To build wider alliances and a shared public understanding

From logical necessity in Control has had to think about social care as a whole and even beyond social care to health and education and other local services. This is challenging because:

in Control is proud to come from the inclusion movement and has worked closely with self-advocates, families and the leading champions within the 'world' of people with learning difficulties - but this marks in Control out as coming from a very particular place and it is challenging for some to see the experiences of people with learning difficulties as having wider applicability

in Control is not a disabled people's organisation and it is in danger of intruding on some of the key domains of the disability movement

There is a culture of suspicion and competition that makes collaboration between all 'client groups' challenging

in Control is not a policy-making or lobbying organisation, but it is easy for its very detailed and critical analysis of current services to appear threatening to both government and to organisations that may have a vested interest in maintaining the current system

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in Control must work to support progress in this area and is particularly keen to ensure that its own role is well understood and that it can be flexible enough to respond to the legitimate challenges of the disabled people's movement and the other real or representative voices that will place demands upon in Control. This seminar was constructed as part of an attempt to engage key leaders with these questions.

Q2 What are the outcomes in peoples' lives that in Control is seeking to help individuals achieve What do different stake-holders see as the strengths and limitations in this definition of outcomes?

In Control works with a very specific model for evaluating outcomes: the 6 keys model of citizenship[1]. According to this model citizenship can be analysed into 6 distinct, although interconnected parts:

Self-determination – being able to make decisions for yourself

Direction – having a sense of purpose, a life that makes sense to you

Money – having enough money to be able to keep control of your life and your involvement in the wider community


Home – having a place to live which you can control, living with people you want to be with

Support – getting help from other people, whether that be paid help or help from loved ones or other community members

Community Life – making an active contribution to the lives of others

Although perhaps not a culturally universal framework for socially valued outcomes this framework is meant to be coherent with values inherent to UK

[1] See Simon Duffy (2003). *Keys to Citizenship.* Birkenhead: Paradigm
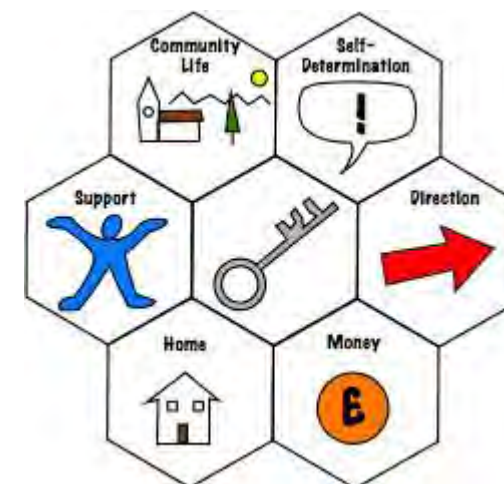
society and coherent with the underlying rationale of an ethical welfare system –one that should better enable people to support each other to be together in community. The framework does not have to be limited to the social care system and terms such as support should not be understood narrowly.

in Control is also very committed to the use of 'satisfaction' data and 'expressed demand' as important measures of the competence of the current system to serve people well. Although these kinds of measures are controversial we did find very significant shifts in satisfaction in our before and after research.

Q3 What does experience to date suggest about success in relation to these outcomes? What is being learnt about the conditions and processes required to optimise success?

in Control's recently published report describes in some detail the impact of self-directed support upon the achievement of citizenship. In summary the findings were:

1. People's lives improved significantly within every domain of citizenship after the introduction of self-directed support (in terms of both objective data and subjective self-evaluation).
2. Overall local authorities found that self-directed support was more efficient and cost no more than the older system. The lowest aggregate saving to date is 12% see i*n Control Report 2003-2005*
3. When people control their own budgets here is a significant shift away from the use of more institutional provision, especially residential care. Within the sample everyone in residential care had left by end of the process, although they were able in principle to purchase residential care

The pragmatism that has shaped all of in Control's work is that whatever in Control publishes and promotes should be both legal and affordable. In short in Control has been trying to show that when people control their own resources they can get better value for the same level of funding. During Phase One of in Control (2003-05) we learnt several things about how best to implement self-directed support:

1. Tell people how much money they are entitled to as soon as possible

This finding led to our development of a Resource Allocation System and to the concept of an Individual Budget – we even found that a failure to invest early enough in these systems was detrimental to planning and brokerage – unconstrained by knowledge of the likely resource these functions could even become self-defeating.

2. Don't think about brokers but the brokerage function

Over time, in Control developed a functional analysis of brokerage which emphasises the wide range of ways people can get support to plan (including doing much for themselves). There was no evidence that strong up-front investments in brokerage paid dividends - somewhat rather to the contrary. It may be better to ensure that disabled people are given all the money for services – including for management/brokerage functions - as part of their personal budget.

3. Offer professionals new scripts for their practice

In particular help care managers to see how their own professional practice can be liberated from undue rationing and internal bargaining. A common refrain within the early work was 'this is what I came into social work for.' However if social workers or other professionals do not see how self-directed support can be made to harmonise with the development of their roles that become resistant and can slow down progress.

4. Don't unduly push or constrain options

in Control learnt that an undue focus on the quality of people's choice had the impact of both slowing down the change process and of dis-empowering those who were planning. It seems better to offer people clear frameworks for planning and decision-making but to not try and bias decisions. Overall people chose service patterns that were deemed 'better' than those typically offered by the existing system.

5. Have faith in the capacity of individuals and communities

For example in Control's Small Sparks Programme created over 40 community development projects at a cost of £250 pounds each – by setting simple rules and expectations upon individuals and communities. There was no professional involvement in the process.

Some of these findings are extremely challenging, sometimes even challenging to in Control's allies and clearly there is still very much to learn. Progress has been very positive, but we are still at a very early stage:

◊ 2003-2005 - pilot initial model - 60 plus people receive personal budgets

◊ 2005-2006 - grow membership - improve model - 500 plus personal budgets by October 2006

◊ Handful of local authorities now discussing possibility of 'Total Transformation' in the next 2 to 3 years

in Control has developed an ethical framework for self-directed support which attempts to capture all the main lessons of our work to date:

Principles	Meaning
1. Right to Independent Living - I can get the support I need to be an independent citizen.	If someone has an impairment which means they need help to fulfil their role as a citizen, then they should get the help they need.
2. Right to a Personalised Budget - I know how much money I can use for my support.	If someone needs on-going paid help as part of their life they should be able to decide how the money that pays for that help is used.
3. Right to Self-Determination - I have the authority, support or representation to make my own decisions.	If someone needs help to make decisions then decision-making should be made as close to the person as possible, reflecting the person's own interests and preferences.
4. Right to Accessibility - I can understand the rules and systems and am able to get help easily.	The system of rules within which people have to work must be clear and open in order to maximise the ability of the disabled person to take control of their own support.
5. Right to Flexible Funding - I can use my money flexibly and creatively.	When someone is using their personalised budget they should be free to spend their funds in the way that makes best sense to them, without unnecessary restrictions.
6. Accountability Principle - I should tell people how I used my money and anything I've learnt.	The disabled person and the government both have a responsibility to each other to explain their decisions and to share what they have learnt.
7. Capacity Principle - Give me enough help, but not too much; I've got something to contribute too.	Disabled people, their families and their communities must not be assumed to be incapable of managing their own support, learning skills and making a contribution.

Q4 What are the strengths and limitations in the in Control definition of best practice in organising self-directed support? How far is this likely to work well across all (potential) users of social care? What are our views on the mission of in Control to achieve the complete transformation of social care into a system of self-directed support?
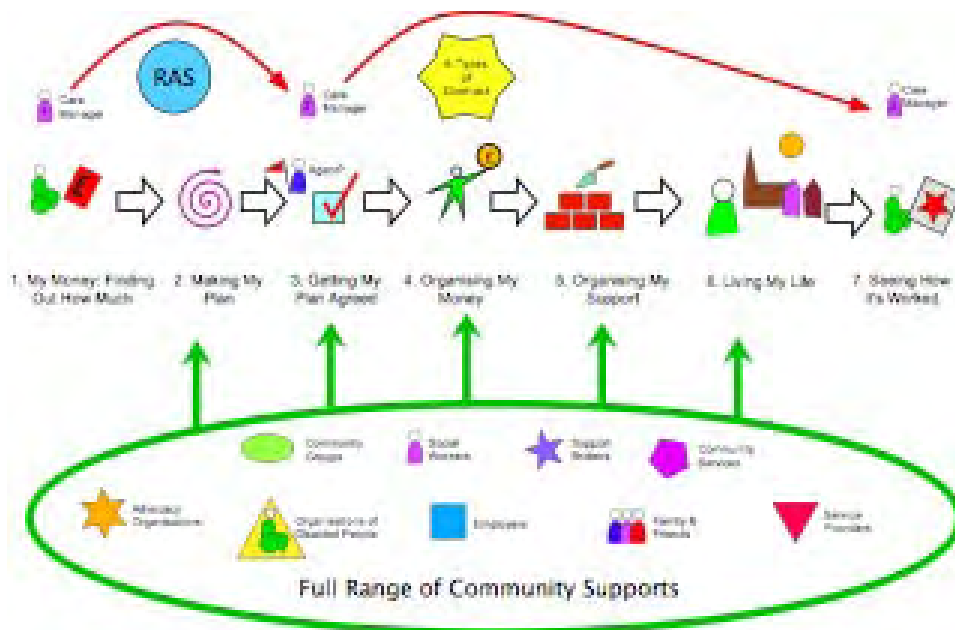
in Control took an early decision to try and think, at the very least, in terms of the whole social care sector. It seemed inconceivable that the structural change required could be carried out within client group silos. Hence the model has been designed to work for everyone with a significant social care need.

The central spine of in Control's model is an account of how support can be organised on the basis of self-assessment. In order to make this possible and effective for the whole social care population the following features of the model were developed:

1. Early indicative allocation or personal budget - people are given a budget to inform planning and support creativity

2. Support planning - the disabled person is made central to the process of planning and produces, with support if necessary, their own plan

3. Use of agent - if someone needs a representative to agree their plan the have an agent appointed by supported-decision-making principles

4. Different system of control - there are 6 different methods for controlling the budget depending upon preference and situation

5. Control of support - people can choose to develop services themselves or can pay for brokerage, management or support

6. Flexibility - disabled person is allowed a high degree of flexibility in how resources are used and is not restricted to conventional social care services (although these are not excluded)

7. Reviews - the disabled person shares what they have learnt and is responsible for their achievements - but funding is not audited - it is no longer treated as the authority's money

1. My Money: Finding Out How Much 2. Making My Plan 3. Getting My Plan Agreed 4. Organising My Money 5. Organising My Support 6. Living My Life 7. Seeing How It's Worked

Of course this model needs to go further and clarify how professional roles should be defined around the spine of the self-assessment process.

1. My Money: Finding Out How Much 2. Making My Plan 3. Getting My Plan Agreed 4. Organising My Money 5. Organising My Support 6. Living My Life 7. Seeing How It's Worked

Full Range of Community Supports

What local authorities are finding is that they can use this model of self-directed support in two interesting ways:

1. Care management can be re-designed so that social workers can begin to focus on the kind of work they value and which may bring more immediate returns to disabled people

2. Other community organisations, organisations of disabled people, service providers, advocacy organisations and other can be engaged at almost every point, but can be made more accountable to disabled people

But there are significant challenges ahead.

in Control began by focusing on people with learning difficulties. Today our focus is much greater and the extension to children, older people, people with mental health problems or people with physical disabilities has not thrown up any insuperable problems. But there will be some problems:

1. Patterns of expenditure and the relationship between money and need vary significantly. in Control's methodology exposes these differences, but any solution requires political will, vision and thoughtfulness for national and local leaders.
   ◊ Between different 'client groups'
   ◊ Between different localities
   ◊ Between people of the same need within localities

2. There are different languages, ethical assumptions and different accounts of need between different groups and within professional communities, e.g. terms like assessment, care, disability, user, etc. are essentially contested concepts

3. Most other stake-holder groups outside the world of learning disability have not engaged with in Control directly. We have not researched why this is but some possible explanations exist:
   ◊ Suspicion that in Control is another government idea, imposed from above
   ◊ Suspicion that in Control is just a professional set of solutions
   ◊ Fear that i in Control's approach will disturb current initiatives or funding arrangements
   ◊ Anger at exclusion from early work
   ◊ Suspicion that this all about saving money

4. in Control's methodology and assumptions conflict or are tangential to a number of current trends:
   ◊ Desire to regulate or accredit increasing numbers of services
   ◊ Desire to tightly engineer current system to squeeze out savings
   ◊ Desire to narrow market options, build bigger block contracts

◊ Desire to tighten and weaken eligibility for social care

◊ Desire to give more power and money (directly) to voluntary or independent sector

Q5 What is the distinctive change methodology guiding this initiative? What does experience to date suggest about the strengths and limitations of this methodology for implementing the in Control approach in many localities? What might be needed to do better?

The distinctive methodology of in Control has been described above as a research and development methodology for the publication of a best-practice model Operating System for social care.

However this is not to suggest that in Control is capable of making self-directed support happen on its own. The following government graphic is useful for thinking about public policy reform:[2]

Chart A: The UK Government's Model of Public Service Reform – A Self-Improving System
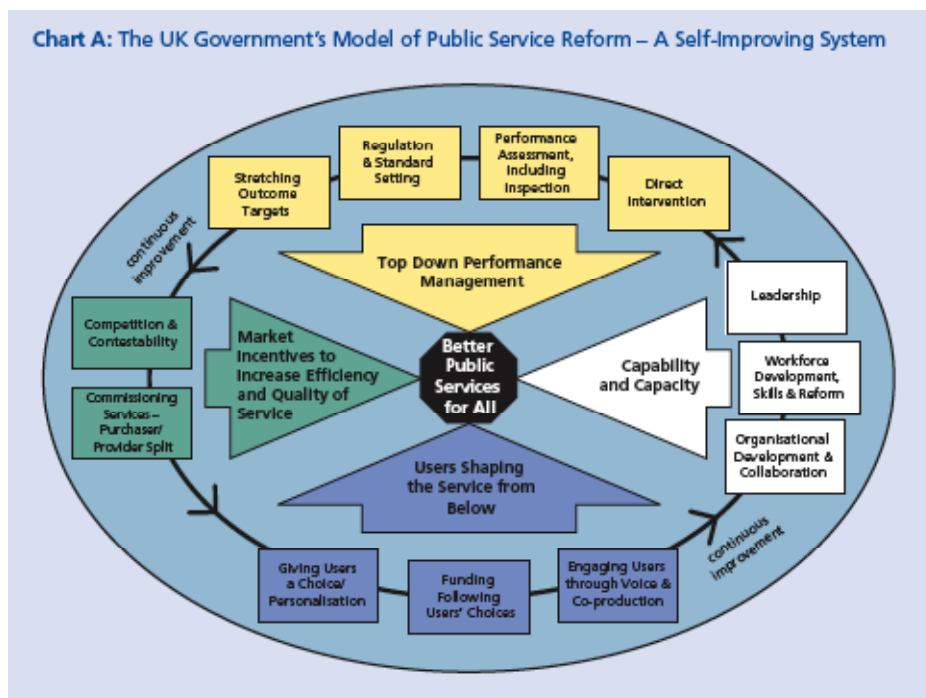
Clearly this model leaves a lot unsaid and there is enormous room for tension or outright conflict between these strategies.

in Control's primary focus is in the southern quadrant and in particular in Control has been interested in strengthening the entitlement of disabled people to their own personal resources. However, inevitably, in Control is also drawn into the eastern and western quadrants in order to ensure that current approaches are congruent with self-directed support.

There have also been some early explorations of the northern quadrant although these are, unsurprisingly, tentative.

Q6 What issues is spread of the in Control approach raising for wider systems change in local government and more widely? How might these issues best be addressed?

Key issues to explore in the future may include:

◊ How 'local' should any solution be - especially with respect to resource allocation and entitlements?

◊ How wide should these reforms go - especially with respect to health, education or other government services?

◊ The economic impact of self-directed support on local authorities and their relationship with central government

◊ The opportunities and challenges of developing bottom-up solutions in partnership with local government

Q7 What are the lessons for national policies and implementation arrangements emerging from experience in the in Control initiative?

This issue could be explored through some inherent tensions in the following areas and questions

◊ Local flexibility v. national policy - who is really responsible for what?

◊ Mission-led v. objective policy-making - what drives decisions?

[2]Prime Minister's Strategy Unit (June 2006). *The UK Government's approach to public service reform.* London: The Strategy Unit. Thanks to David Towell for identifying this model.

◊ Research v. action - how is innovation possible?

◊ User-led v. technocratic-led change - who really leads change?

◊ Policy v. practice – can government really learn?

◊ Social v. health care - can we move beyond this damaging distinction?