



# **Choice, control and independence**

**Personalising block contracts  
in supported housing**

**By Look Ahead Housing and Care and the London Borough of Tower Hamlets**

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## Foreword from Look Ahead

Look Ahead Housing and Care is incredibly proud to have led on this innovative personalisation trial in partnership with the London Borough of Tower Hamlets. As an organisation, we fully embrace the personalisation agenda as it represents a strong alignment with our own vision and values. Whilst user involvement has provided customers with opportunities to input and shape the services they receive, the personalisation agenda takes this one step further by actually allowing them to act as active agents within the social care market.

This is not to say we do not acknowledge or recognise the potential challenges associated with the personalisation agenda – the likely impact on staffing, organisational infrastructure and, critically, how we work with customers is hugely significant – and should not be underestimated. But what we do fully support are the principles that underlie the personalisation agenda – providing customers with greater choice and ultimately greater control over their lives and the support they receive.

Personalisation is now an inevitable feature of the social care landscape and the pace of change is quickening. There are many different groups invested in the personalisation agenda – local authorities, commissioners, providers and, of course, customers themselves. Working together, in partnerships such as this trial, we all have not only a unique opportunity but a shared responsibility to help set the direction and the agenda of the personalisation journey.

As the marketisation of public services continues and people are given increasingly more choice over health care, education and other public services, it is imperative that social care providers follow suit and fully embrace the challenge of personalising services, in this instance around supported housing.

Questions clearly remain over how the personalisation agenda is going to sit within the framework of an inevitable squeeze on public spending. Whilst there are concerns that personalisation may be used as a tool to cut public spending within social care, we remain optimistic that the developing social care marketplace can serve to focus limited resources on the types of support that will provide optimum value to customers.

At Look Ahead, we have seen the immeasurable benefits when commissioners and providers work together to deliver this agenda and the significant difference this can make to the experiences of vulnerable people living in supported housing. We hope that others learn from our valuable lessons and do the same.

Chris Hampson

Executive Director – Operations  
Look Ahead Housing and Care

### About Look Ahead

Look Ahead Housing and Care is a specialist supported housing association. We work in partnership with 27 local authorities and the health sector to provide housing, care and support for some of the most vulnerable individuals living in London and the South East. Supporting over 5,000 people a year, Look Ahead specialises in providing accommodation and support to young people, homeless individuals and families and people with mental health difficulties and learning disabilities.

# Foreword from Tower Hamlets

Tower Hamlets is currently progressing through its transformational change towards a personalised adult social care service, and is one of 21 councils nationally to be a member of the In Control Total Transformation Programme.

Our local authority vision for transformation is “to shift from a service based approach in the kinds of support people use now toward support that is personalised and community based, so that by 2011, everybody will be given the opportunity to meet their needs in a way that is personalised and effective for them.”

To achieve this, we have been working with local providers and people using support services in several personalisation trial groups to learn, co-design and develop ways in which we can offer greater choice, control and personalised support for individuals.

As this report demonstrates, the Coventry Road personalisation trial has enabled us to gain some astonishing insights into the realm of possibilities for providers. This is in terms of what can actually be achieved in a personalised social care system for empowering the people they support in ways that are sustainable, viable and effective.

From a local authority perspective working as partners, the trial has built our understanding of the kinds of support providers may require to adapt their existing delivery models. It also stresses the importance of our relationship in supporting providers to engage in the personalisation agenda and offer more personalised options for their customers. The life-changing power shift and empowering sense of self that the Coventry Road personalisation project brought to its tenants cannot be expressed enough.

We hope that you find the co-production, learning and experiences shared within this publication to be useful in informing your own approaches towards personalisation, and look forward to seeing more providers pioneer their approaches to delivering choice, control and independence for the Tower Hamlets community.

Sarah Ford

Commissioning Manager – Personalisation  
London Borough of Tower Hamlets

## About Tower Hamlets

Tower Hamlets is a geographically small but densely populated urban borough in East London. It has a population of around 235,000, but this is expected to reach 300,000 by 2026. The borough is made up of a number of long established communities, as well as more recent neighbourhoods created by the regeneration of the old docks. Immense wealth sits alongside some of the most deprived areas in the country. Health inequalities are particularly marked.

Tower Hamlets is one of the most diverse boroughs in the country with almost half of the population coming from a minority ethnic group. Nearly one in three people come from a Bangladeshi background, and there are also significant numbers of Somalis, Lithuanians and Romanians in the borough. It is a very young borough, with more than a third of the population aged between 20 and 34. Reducing poverty and inequality drives the local authority's work and its One Tower Hamlets aspiration. This forms the context for the delivery of high quality adult social care services and its ambitious transformation agenda.

# Introduction

This report summarises Look Ahead's interim findings arising from our experience of personalising an accommodation-based supported housing block contract in partnership with the London Borough of Tower Hamlets (LBTH). It will highlight some of the key challenges, rewards and lessons learnt for commissioners, providers and customers from the Coventry Road personalisation trial.

To date, the personalisation agenda has tended to focus on direct payments and personal budgets\*. The challenge for providers and commissioners is to take the principles of personalisation and offer them to a broader range of clients, including those living in or supported by Supporting People funded services. The LBTH and Look Ahead were particularly keen to investigate and assess how accommodation-based support services could be personalised, as this area has received little attention in the general debate.

Within the transformation agenda, most stakeholders believe there is still a place for block contract services for vulnerable people. These services could play an important role during a transition period, or within a longer-term strategy. Accommodation-based services need to be included in the drive towards greater personalisation, as they provide an opportunity to start thinking about support from the perspective of each individual, in a way that makes sense to them.

## **Personalisation: a new approach?**

Personalisation is an approach which puts individuals at the centre of their own lives. It enables them to enjoy full citizenship and to reach their potential as human beings. It recognises that the individual is best placed to understand his or her own needs and to say how those needs should be met. It follows that everybody who is in need of support should have choice and control over how it is delivered. In Control's influential work on developing Self-Directed Support has helped bring us to the point where personalisation is now the cornerstone of adult social care strategy.

Personal and individual budgets have become the main tools for driving this agenda forward. To date, these tools have mostly been taken up by people with physical or learning disabilities. Personal budgets give users of adult social care (soon to be extended to health and employment support) direct control over designing, choosing and purchasing all their care and support. In this way, service users change from being passive recipients of care to active customers with purchasing power. The impact of this shift in power will be felt by commissioners and providers in ways we are yet to fully experience or understand.

In 2009, the Department of Communities and Local Government (CLG) established a working group to look at how personalisation could be rolled out across the housing related support sector. The working group is made up of senior Supporting People officers from councils across the country, a number of key provider organisations, representative bodies for housing and support providers and Department of Health (DH) representation. A report on the group's work is due in spring 2010.

\*A report on the experiences of the Individual Budgets (IB) pilot sites suggested that IBs: "should not be considered as the only option for personalising housing-related support services and increasing choice. Commissioned Supporting People services can be responsive and person-centred, as well as providing consistent coverage over large geographical areas." (CLG, March 2009)

# 1. Personalising accommodation-based commissioned services

## The core and flexi approach

The core and flexi model, developed by Look Ahead Housing and Care for its personalisation trial in Tower Hamlets, offers one way to personalise supported housing services. The "core" refers to the fixed range of support required by all customers in order to run an accommodation-based service, while the "flexi" refers to individual support that enables the service to be more tailored to the needs, wishes and interests of the customer.

This model need not be limited to those eligible for social care funding, nor to any particular kind of service or customer group. It can also be adapted according to levels of resourcing and staffing structures, with each service determining the exact characteristics and proportions of each element of the model.

The model was designed around some well-established principles of clarity and control developed by In Control around personal budgets: customers should know from the start how much money they can spend on their support; customers should be clear about what outcomes must be achieved with the money; customers should be able to spend the money in ways and at times that make sense to them.

## 2. The Look Ahead Coventry Road trial

### 2.1 The setting for the trial

The Coventry Road service in Tower Hamlets is a high needs mental health accommodation-based service that has self-contained flats for 20 customers. Look Ahead developed the new build property which it now owns and manages. Customers are referred into the project by local Community Mental Health Teams.

All customers have a range of complex needs including ongoing substance misuse, gambling addictions and forensic histories, and are subject to the Care Programme Approach (CPA).

Staff are on site 24 hours a day, and the intended maximum stay is two years, although several have been living at Coventry Road for longer. Customers are mixed in gender, age, ethnicity and background. The full staff team is made up of ten support workers, one manager and one deputy manager. The service is jointly funded by Supporting People and the Primary Care Trust.

The Coventry Road personalisation trial is a partnership between LBTH and Look Ahead. Its aim was to offer an alternative model to personal budgets. The trial has been testing the core and flexi model since July 2009 and it will end in March 2010 when the model will be mainstreamed. The trial has been delivered within the existing contract value.

The trial aimed to:

- develop a personalised model that increases choice and control for Coventry Road customers, while also enabling staff to deliver a safe and effective rehabilitation and recovery service
- develop a personalised model that is cost effective and sustainable
- create a body of learning that will assist other services to adopt personalisation and will inform commissioning approaches.

## **2.2 The trial in action – core and flexi**

The intention was always to personalise the service in its entirety, and, indeed, all staff were expected to deliver support in a way that recognised the self-determination of individuals. This was to ensure staff spent as much time as possible directly with customers, employing person centred planning techniques.

Attitudes to risk changed from a “defensive” to a “defensible” or “enabling approach”. This meant that activities, previously deemed too risky or even impossible could now, with some persistence and creative thinking (in addition to agreement from the care coordinator and additional support from staff) potentially take place, with enormous wellbeing, social and health benefits for the customer.



**“We have seen a  
real difference in  
the confidence of  
our customers”**

**Table showing the elements of support in the Coventry Road trial**

	<b>Proportion of contract value</b>	<b>What is on offer</b>	<b>Rationale</b>
<b>core</b>	74%	Two staff on shift and on site 24 hours. Duties include providing routine support, responding to crises, dealing with unplanned events, ensuring health and safety is met, witnessing medication.	Coventry Road needs to remain high support for people with severe, enduring and complex mental health needs.
<b>flexi</b>	26% Comprising:		
	8%	<b>Cash allocation</b>  £40 per customer per week to purchase support externally. No customer has chosen to purchase traditional forms of support, such as personal assistants or support work. The allocation can be saved up over a number of weeks to make a bigger purchase, as long as this is signed off in their personalised plan.	Existing staff vacancies were frozen and the money earmarked for those salaries transferred to the customer cash allocation. Total sum divided equally by 20 customers.
	18%	<b>Flexible support hours</b>  3.5 hours of one to one support time per customer per week, over and above core. Delivered by Coventry Road staff at a time the customer chooses to help achieve outcomes in their personalised plans.	Amount remaining when core and cash had been allocated.

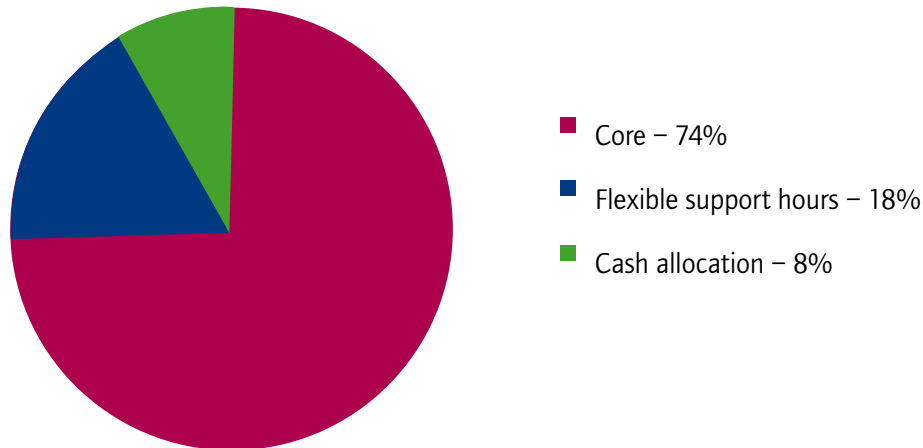
During the trial, customers created their own personalised plans detailing how they wanted to change their lives and how they would use the flexible support hours and cash to do so. The plans were signed off jointly by the manager and the LBTH transformation lead officer.

Under this approach, what constitutes support was interpreted broadly – as long as it was legal, affordable and reasonably practical. Importantly, it also needed to meet the customer's assessed and eligible needs.

Care planning and support planning with the customer's psychiatrist and care coordinator still took place. As the trial progressed, and the clinicians started to see the positive impacts on customers of the person-centred approach, the two systems have started to converge.



### 2.3. The core and flexi model trialed at Coventry Road



It was decided with the backing of commissioners, to freeze vacant support worker posts and use the resources saved on salaries to create the cash allocation pot.

This carried some risks: a service for high needs customers could be destabilised and dangerous without adequate staffing; the move could demotivate a stable and experienced workforce; meanwhile, the commissioners could decide to reduce the contract value to reflect the lower head count, choosing perhaps instead to offer direct payments to customers.

While monitoring is in place to ensure the ongoing safety of customers and staff, and effective service delivery, Look Ahead cannot mitigate specifically against the risk to the contract value. This was a choice made by Look Ahead in the development phase of the trial, on the basis that it was the right thing to do. It remains to be seen at the end of the trial whether the added value of the provider devolving control to customers within the contract value, thereby maintaining an integrated, safe and coherent personalised service to customers, provides enough added value to satisfy the commissioners. Customers' personal outcomes will continue to be monitored in the future to assess the long-term impact of the trial.

Is it more effective for customers to purchase an element of their own support rather than Look Ahead providing this support entirely through support worker hours? Although the final analysis will not be available until after the trial, all staff members have said that they would not support a reversion back to the conventional model, even though that would mean an increased staff head count. They all cited the value of customers taking control of their support, and the positive impact this was having on motivation and well being. Among customers, there is parallel support for the new approach, with only one customer reporting that they had less support from staff than before.

### 3. Key interim findings

- Before the trial, five customers (25%) reported significant involvement in making decisions about their own care and support. Five months into the trial, this had increased to 14 customers (70%)
- In March 2009, 10 customers (50%) said that their key worker was the main decision maker in their lives. By November 2009, no customers thought their key worker was their primary decision maker, showing a positive shift in the balance of power between staff and customers
- The majority of customers who responded reported a higher level of control over their care and support in November 2009 than previously
- The proportion of customers who said that they have increased levels of control over their lives (around half) correlates with the proportion of customers who at that point had actively been choosing, designing and purchasing their own support to meet their assessed needs
- Positive customer outcomes reported by customers, staff and care coordinators include: increased engagement and motivation, improved self-image and confidence, and greater or better quality contact with families
- Relationships between customers and support staff have improved for three main reasons: customers can choose which staff member they are supported by; customers and staff can spend longer periods of quality time together doing things that the customer really wants to do; and the personalised approach demands an adult/adult relationship recognising the talents and expertise of the customer as well as the support provider
- 19 out of 20 customers took part in person-centred planning and have created their own personalised plans.

One customer, when asked in March 2009 about how she could increase control in her life, said: *"I don't know what other choices I could make."* She had rated the level of control over her support as 2 out of 5, and had identified her key worker as the main decision maker in her life. In November 2009, she rated her level of control as 5 out of 5, and said, *"I make the decisions and I tell staff."*

Another customer in March 2009 self-rated his level of control over his support services as 1 out of 5 (*"No control, but I don't mind doing it"*). In November 2009 he self-rated 3 out of 5, and became very active commissioning his own support. *"If I had the choice, I would rather go out than buy an extra hour of key work,"* he said.

The skills customers are developing, such as the ability to differentiate between what is important to them in their recovery from what support they need to function, or the knowledge about how to find mainstream support in the community, are likely to serve them well when making the move into more independent living. The shift to a more personalised approach could itself help people to move along that path more quickly.

## 4. Why does the model work?

Through the trial we have found that the following elements were key to the model's success:

- Customers have control over purchasing a proportion of their support externally, using the cash allocation
- Customers have choices of support worker, and can choose different workers for different things
- Customers have choice over how, when and where support is delivered
- Customer personalised plans are underpinned by facilitated person-centred planning
- The model needs to be simple: there are robust sign off and accountability procedures, but bureaucracy and rules are kept to a minimum.

The learning from the Coventry Road trial has enabled other services within Look Ahead to borrow and adapt the model with relative ease. At one service, support staff provide customers with written information about their background, experience and interests to help customers choose who they would like to support them.

**“It’s not just giving us the money; it’s giving us the responsibility too.”**

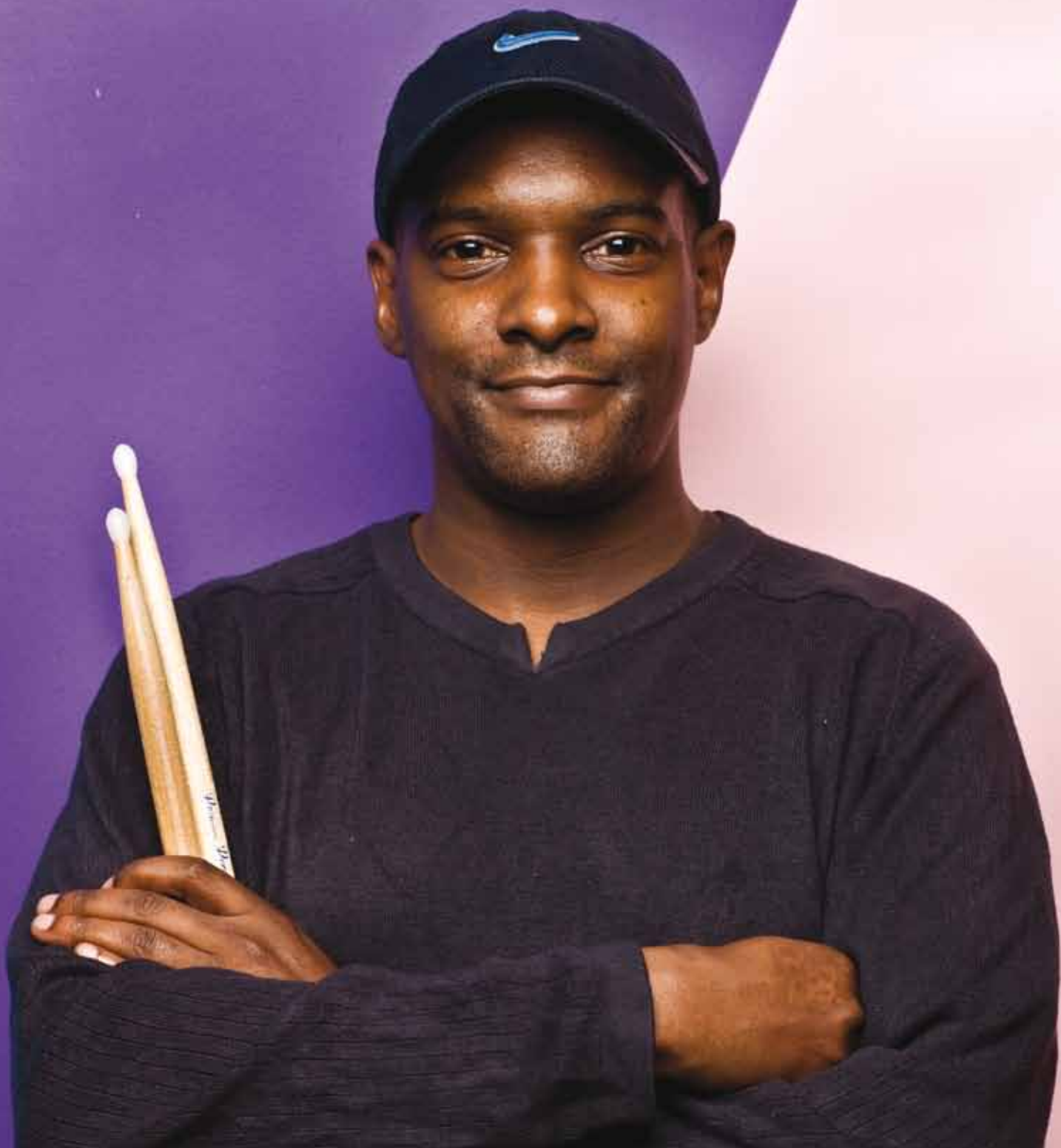


## 5. What has changed at Coventry Road?

Coventry Road was, and continues to be, a well regarded service that ticks all the boxes for internal and external audits. Customer responses to satisfaction surveys were consistently positive. However, once the personalisation model was applied to the service, it became clear the extent to which it had previously been a largely conventional model. The personalisation trial has brought about significant change, both with regard to the service model and the culture of the project for both staff and customers.

**Table: before and after personalisation**

<b>Coventry Road Before the personalisation trial</b>	<b>Coventry Road Personalised service</b>
A conventional block contract accommodation-based supported housing model providing a quality service. Respected by local mental health services as being able to work effectively with people with high needs.	It is still a block contract, but control is devolved to the customer where possible. Local mental health services support the move towards a personalised service.
A rolling staff rota was planned 4-6 weeks in advance. The expectation was that shifts would not be changed.	A rolling staff rota carries the expectation that non-core shifts will be changed to meet the requests of customers.
Low staff levels were standard at weekends and evenings.	Increased staff levels are provided when customers prefer to go out at shorter notice, such as Friday evenings.
Customers were allocated a key worker and there was generally limited customer choice over when support could be delivered, other than perhaps booking a key working session within a set shift period.	There is customer choice over which staff member provides support and when the support is provided. Customers can ask staff to change their shifts.
Standard support planning to meet the Quality Assessment Framework (QAF) was based on person-centred principles, but there was low customer ownership of care and support plans. Minimising risk was key.	Facilitated person-centred planning is offered to all customers who are encouraged to create a personalised plan in the format they choose. There is a high level of ownership over plans. The approach to risk is about enabling individuals to take responsibility for living life as they wish while also ensuring that decisions are recorded and defensible.
Staff normally spent an hour at a time helping customers to clean their rooms or do their laundry. Going out individually with customers "for fun" took a lower priority.	Routine tasks still take place but in addition, customers and their chosen staff members have an automatic 3.5 hours of one to one time a week which is nearly always taken off-site. Customers say that this results in a better quality of relationship.
Plenty of individual activities on and off site were on offer for customers, such as free courses for people with support needs. Some customers told us their main motivation in signing up was to keep their care coordinator and key worker happy. An exception was when group activities or outings were arranged.	Customers use their cash allocation to purchase support which reflects their own aspirations and interests, such as one to one guitar tutoring, buying tennis gear or going to a comedy club.
Staff time was spent encouraging customers to attend planned activities scheduled into their support plans. Customers often refused to take part or turned up late.	Customers plan and take greater ownership of activities; relating to their personal interests and preferences. Engagement is subsequently much higher.



**“I have a focus in my life.  
Something to look forward  
to and get excited about.”**

## 6. Demystifying personalisation

At the beginning of the trial, the practicalities of implementing a personalised model in this setting were unknown. Plenty of reasons why this particular model might not work were suggested, including:

- Customers with complex needs and chaotic lives will be unable or unwilling to handle the increased choice and control
- Customers won't know how to purchase external support and will just waste the cash allocation on drugs, alcohol and gambling
- If customers choose to purchase something that makes them feel good, such as a haircut, this is somehow not real support (echoing the sentiment that the medicine has to taste bad to do any good)
- Customers might become too "difficult", for example, making impossible demands on staff to come into work at short notice
- It would be too risky, with customers putting themselves in danger of hurting themselves or others
- Customers would be taken advantage of by others, and traditional safeguarding measures might not be adequate
- It would increase work for staff at a time of reduced staffing levels and possibly destabilise the service
- There could not be any meaningful customer control over resources in an accommodation-based supported service, as most of the costs are taken up by salaries.

While these concerns were genuine, we have found that with proper consultation, comprehensive evaluation, quality person-centred support planning and, above all, wholesale cultural change, they can be overcome.

Accountability measures around planning, sign off, risk and spend have worked, and fears that customers might mis-spend their cash allocation, become overly dependant on certain members of staff, or make "bad" decisions about their support have not been borne out.

On the contrary, customers have designed their support with thought and insight, and through increased control in their lives, have gained confidence and an investment in their future.

## 7. Learning from the trial – commissioners

The transformation agenda is the key driver in adult social care. It is becoming increasingly important in housing, health, employment support and other publicly funded services. By actively encouraging providers to personalise block contract services, commissioners can demonstrate a clear commitment to increased self-directed support and personalised prevention services, as well as increased knowledge for local commissioning. This is detailed in the "Putting People First" local authority milestones (ADASS and LGA, Sept 2009).

With the lifting of the Supporting People ring fence, and the ability to redirect Supporting People funds to deliver other locally targeted services, local authorities now have greater freedom to commission in a more personalised way, e.g. personalised budgets for housing-related support.

Personalising block contract services is a new area, and there is no well-trodden path to follow. However, through our experiences in Tower Hamlets, we have recognised the importance of the following key issues:

- **Commissioner and provider relationship.** The relationship between the commissioning authority and service provider needs to be open, trusting and positive for it to result in genuine transformation of services. At the Coventry Road trial steering group, issues were robustly debated, illuminating new areas for development and challenging our own preconceptions and assumptions. In one example, a customer wanted to use her cash allocation to buy presents to give to her children. In another, a customer was thinking about sponsoring a child through a children's charity. Both were agreed as meeting eligible needs, as long as the personal outcomes gained around increased citizenship and improved self-worth were clear.
- **Clarity of purpose.** LBTH was clear from the outset that the trial would not be a backdoor route to cutting contract value, which is not to say that the contract value is protected into the future. This gave partners the confidence to explore every avenue, and encouraged staff to commit to and invest in the changes. If commissioners have plans to deconstruct a block contract, a transition to personal budgets managed through Individual Service Funds (where personal budgets are managed and ring-fenced by a provider) may be a more appropriate option.
- **Recognising customer priorities.** Traditional commissioning of block contract services can sometimes be overly-focused on an individual's ability to look after themselves and on risk, at the expense of establishing what is important to that individual and what will genuinely engage them in their own future. A personalised approach challenges this conventional wisdom and may lead both commissioners and providers to reassess what are 'appropriate' uses of public money, and to look more widely than traditional support related activities – for example, pursuing education, training or employment opportunities or addressing 'problem' behaviours such as drinking, substance use or gambling. We have seen tangible improvements to customers' experiences and outlooks through less traditional routes to wellbeing, such as joining a darts team or spending time with animals at a city farm. Our experiences through the trial have highlighted that these types of activities can act as key stepping stones for these individuals as they progress towards achieving more traditional goals.
- **Contractual deviation.** Where customers choose to use money which would traditionally be used to pay for staff salaries to purchase support externally, it will lead to a service provider delivering fewer support hours than contracted. This requires specific authorisation and backing from the commissioner.
- **Signing off individual customer plans: spend and risk.** In the core and flexi model, the service provider remains responsible and accountable to the commissioner and independent auditors for the contract spend. The customer is, in turn, accountable to the service provider for any spend of their cash allocation. Unlike direct payments, where the duty of care on a statutory provider is clear, it is perhaps more of a challenge in this setting for the commissioning authority to establish an appropriate level of intervention and authorisation, whilst allowing customers to retain control.
- **Informing strategic commissioning.** It may be challenging for commissioners to comprehensively analyse and evaluate outcomes arising from a series of highly individualised, personalised support plans within block contracted services to inform strategic commissioning or market development.

## 8. Learning from the trial – service providers

There is no “one size fits all” approach to personalisation, and many providers will already be some way along the road to developing models that work for them and their customers. Where commissioners recognise and understand the challenges faced by providers, this will ease and speed up the transition to personalised services.

All providers will need to reconsider their business models in light of personalisation to ensure ongoing financial viability. Look Ahead is already starting to see the impact on central service functions of this small trial, including additional transaction costs which may or may not be transitional, and the learning is being used to project how increased personalisation could affect business on a wider scale. In most cases, service providers will be transforming existing services, rather than setting up from scratch. This in itself presents challenges, such as shifting engrained staff custom and practice. It also affects the speed at which changes can be implemented and embedded.

### From user involvement to personalisation

Many providers will be able to demonstrate a good customer involvement track record, from localised involvement at project level to more strategic input into organisational governance. User involvement, though key to providing customer focused services, is not in itself a substitute for truly personalised services.

### 8.1 Preparation for personalisation

Coventry Road employed a number of measures to ensure that personalisation was introduced as smoothly as possible into the service. Service providers may wish to adopt the same approach by:

- **Introducing a preparation programme and involve customers fully in the development and implementation of the approach.** This allows customers to become accustomed to the ideas around personalisation and to help shape the model and how it will work on the ground. At Coventry Road, a mixed group of customers and staff met several times to help steer the direction of the project. They jointly advised on the customer personalisation handbook, chose the person-centred planning tools that were used and were fundamental in reviewing the trial as it progressed
- **Identifying what levels of control customers have in their lives currently, and what degree of ownership they have over decision making.** This is not straightforward. We found that prior to the trial neither customers nor staff had experience of thinking about or articulating their ideas and experiences around choice and control. We carried out one to one interviews with all customers and staff, and also borrowed ideas and materials from In Control
- **Considering how resources are currently allocated, and exploring ways of reallocating them to give customers a greater degree of direct control.** Based on the experience at Coventry Road, another accommodation-based Look Ahead service in east London has adapted the model by transferring activities and other non-staff related budgets to the direct control of customers
- **Involving external partners** (for example, social services, community mental health teams or learning disability teams) in the design and implementation of the service changes



- **Scrutinising established policies, procedures and practices in service delivery, and challenge any practices which serve to limit genuine customer choice and control.** Providers may want to ask themselves the following questions:
  - Do customers have choice over which worker supports them?
  - Do customers have enough information about support workers' interests and backgrounds to be able to make positive choices? What impact does this have on support work relationships and professional boundaries?
  - How, when and where is support given?
  - To what extent are staff rotas and working patterns developed and planned around customers' needs and choices?

## **8.2 Workforce**

One of the main challenges for providers will be the transformation of the workforce. This is likely to involve a number of elements. This can be summarised into culture change, terms and conditions, recruitment and selection, rotas and central services.

### **8.2.1 Culture change**

All the principles of culture change apply here, including the need for an effective leader trained in change management to champion transformation and to guide a team through the process. We set up a training and development schedule for staff as part of a culture change programme at Coventry Road which covered the following areas:

- Principles and background of personalisation
- How the service is funded and how resources can be reallocated to increase control
- Staff and customer approaches to customer choice and control
- Developing the personalised model to suit the customers, their specific needs and aspirations and the environment in which they live
- Staff skills for personalisation
- Risk: moving from defensive to defensible decision making
- Person-centred planning and thinking, and support planning
- Outcomes based person-centred reviews.

### **8.2.2 Terms and Conditions**

Although it is often possible to personalise a service without changing staff terms and conditions, formal staff consultations will still be needed where there are changes to established practice. There may, for example, be increased customer demand for support staff to be available at weekends or evenings, or to arrange their shifts with less notice than they would have on a four-week rota.

Providers may, however, need to conduct a full review of terms and conditions, job descriptions, person specifications and staff competencies to ensure they are fit for purpose. Some might wish to explore more radical changes such as the introduction of zero hours employment contracts or other mechanisms to ensure that customers will receive flexible and responsive support.

### **8.2.3 Recruitment and selection**

Providers may need to think about how best to give customers the widest possible choice of support worker, offering a broad mix of backgrounds. Customers can be encouraged through person-centred planning techniques to express how they wish to be supported, and the background, approach and experience of their ideal worker. Providers will also want to ensure that staff have a personal commitment to the principles of personalisation, and some might wish to focus recruitment on the immediate geographical area so that staff have local knowledge and might be more readily available at short notice.

### **8.2.4 Rotas**

Service providers can take important steps towards designing rotas around the needs of individual customers. One approach would be to remove all non-essential cover shifts from the rolling rota, with the requirement that frontline staff negotiate directly with customers to agree when they should be providing individual support.

### **8.2.5 Central services**

Of course, it is not just support staff who will be affected by the personalisation of a block contract. There are likely to be far reaching impacts on a service provider's central services, from finance and policy to human resources and IT. All staff need to be involved at some level in the change programme to be able to make sense of and commit to the new ways of working.

The core and flexi model does require some specific financial system adaptations, such as changes to billing and financial processing. In addition, customers might require ready access to cash which has been allocated to them, but which until spent remains an asset of the service provider. Look Ahead is exploring the use of customer prepaid cards to reduce the transaction costs involved in dealing with a large volume of irregular cash payments and the risks involved in managing the cash.

With different commissioning local authorities moving at different speeds and approaches towards personalisation, providers working in more than one borough will need to find ways of running parallel systems in the short and medium term.

## 9. Learning from the trial – customers

Many customers have adapted enthusiastically to the offer of a more personalised service. In terms of culture change, some customers have turned around their thinking as quickly, if not more so, than that of the other key stakeholders.

### 9.1 The challenges

As the power balance has shifted, and customers have had to change the way they take part in creating their own package of support, a number of challenges have arisen.

These challenges have included:

- **Opening up to person-centred thinking**, which in many cases has reminded customers of their lives before they became ill. It has validated their talents and abilities, and has sparked interest in reviving old hobbies and skills. One customer, for example, astonished staff by talking about her teenage tennis championships, and followed this up with a commitment in her plan to taking it up again. Despite repeated pleas from her psychiatrist that the customer should exercise as a preventative measure against relapse, this was the first time that she had showed any motivation or interest in doing so
- **Taking control of their lives**, where previously others have taken responsibility. This includes the challenge of thinking creatively about the support that they need and working out how to deal with greater choice. This can go way beyond customers' comfort zones and needs skilled facilitation
- **Maintaining focus and motivation** after the buzz of person-centred planning fades. This was helped by regular exercise of control (e.g. purchasing support frequently) and outcome based reviews which help customers to see what they have achieved and how much more they could do
- **Having the confidence to say** which worker they would like to be supported by and overcoming concerns that workers they don't choose might be offended or upset. This was mitigated by ensuring any customer could arrange their support directly with any member of staff
- **Having the confidence to ask** workers to work shifts on specific days and times so that support can be delivered to suit them. When it is tried, however, it works well, such as when customers request particular members of staff to come in at a later time so that they can go out to the cinema or for a meal together
- **Recognising that the cash allocation** is to meet eligible and assessed support needs, not to meet unrelated living expenses, such as general cash when running short, or for housing related bills
- **Managing cash, using cash** allocations to meet agreed outcomes and returning receipts. There have, to date, been no examples of unaccounted spend, and perhaps unsurprisingly, many customers have been more diligent with the personalisation money and receipts than they normally are with their own money.

## 9.2 Person-centred planning and personalised support plans

Person-centred planning plays a critical role in the success of the core and flexi model. It is crucial that both customers and staff understand and put into practice person-centred planning techniques. We recommend that service providers invest, wherever possible, in external expertise and facilitation to help them to do this. It often generates relatively quick returns and can have a profound impact on both customers and staff.

Look Ahead's Positive Pathways support planning tool\*, which is underpinned by person-centred principles, paved the way for the personalisation trial and helped staff and customers adapt to it more speedily than otherwise.

Reflecting the wider commissioning environment, our experience suggests that conventional care plans and support plans sometimes focus overly on risk and on how well a person can perform certain routine tasks (such as cleaning and cooking), without placing equal value on what is important to each individual.

In practice, Coventry Road's personalised support plans developed by customers have resulted in less time cleaning rooms and sitting in key work sessions, and more time with a support worker of their choice doing things that fill them with excitement, confidence and a sense of possibility, while at the same time meeting their assessed needs.

Examples from Coventry Road include visiting a grandchild for the first time, purchasing a meal in a restaurant, buying a bass guitar, buying clothes for Eid and jointly buying the time of an art tutor. These have taken place using flexi support hours and customer cash allocations.

These examples are remarkable for several reasons: the activities and outcomes were identified by the customer through person-centred planning as being important to them; they have been agreed as valid and even vital forms of support to meet assessed need (as opposed to nice things to do if you have the extra time and money); the customers took an active part in designing, arranging and purchasing this support; and by owning their support, they have also claimed a stake in their own recovery.

Although there was nothing to stop these kinds of activities taking place prior to personalisation, and in fact they were quite often arranged, customers did not perhaps have the opportunity, space or encouragement to identify what was really important to them, and therefore the things in their support plans were often agreed without true conviction or commitment.

Even where customers did talk about things that they wanted to do, they still lacked ownership of it, and apathy and resistance were common outcomes. As one support worker articulated: "At CPA reviews, the doctor says, 'Try this, try that, and at the next CPA review we will see how it went.' Customers do have the opportunity to say what they want to do, but there are lots of people from different agencies there, and they are not able to express their feelings. Once back at Coventry Road, the customer might talk about what they are really interested in and what they want to do, but when you try to organise it, they are not motivated to do it."

\* Positive Pathways is an innovative tool developed by Look Ahead to provide its customers with increased control over their support plan. Central to this approach is to move away from only focusing on a customer's support needs to a model that considers all aspects of their life. In doing so, it places particular emphasis on both their strengths and aspirations. For further information visit [www.lookahead.org.uk](http://www.lookahead.org.uk)

### **9.3 Choice of support worker**

It is difficult to over-state how important this has been to Coventry Road customers, who usually have very clear ideas about who they want to support them, often choosing different members of staff for different things. Choices are made on the basis of a staff member's background, skill base, personality and shared interests. One customer, for example, particularly wanted somebody with the same faith to go with him to a Halal meal. Another knew that a staff member enjoyed painting and asked him to go with her to buy art supplies. Uncomfortable as it might be, the choice often comes down to who the customer likes best, and that is reason good enough. In fact, being supported by somebody they like and who likes them could be a significant factor in a person's recovery. Sometimes, however, the choice is just about having a change of face.

It is crucial to recognise the importance that many customers will place on face to face relationship-building over time before choosing their preferred personal support worker, as opposed to going online and utilising an interactive system to flick through profiles of available workers they have not met before.

Although there were many fears in the staff team about introducing choice of support worker, in practice it has worked well, despite the challenges it presents to organisational and staff culture. The choice applies to the 3.5 hours per week of flexible support hours, although it is offered beyond that where possible. Customers willingly plan ahead and have proved to be flexible on times and dates if this flexibility enables them to get their preferred choice of worker. Where staff are not asked to provide personalised support to customers, they cover core duties.

## **Concluding remarks**

A core and flexi model in an accommodation-based supported housing environment can offer a package of safety and progression combined with genuine customer control over designing and purchasing elements of care and support. We believe this model has the potential to be adapted across a range of needs and services.

The trial has generated a huge amount of learning for all those involved, and as with any such venture, the path has not always been smooth. Any shift towards personalisation, requires a genuine transformation of the way that service providers and commissioners think, plan and operate. For Look Ahead this is an ongoing challenge, and we are still only part way through.

The values underlying personalisation centre around individuals having greater control over their lives and how they can achieve their full potential as citizens with rights as well as responsibilities. In supported accommodation, particularly where customers are assessed as high risk, this poses particular challenges. Commissioning and subsequent provision can traditionally be focused on what a service user needs to keep them and the community safe, resulting in service users often feeling they have little involvement in decision making about their support. In this way, the institutionalisation of the individual can be perpetuated.

For personalisation to be successful, there needs to be a shift in this relationship leading to genuine empowerment. Service users become customers, replacing or joining the commissioner in this key relationship.

Shifting the power balance in such a way can demand a lot of commissioners, providers and customers. From how one is spoken to, to having a voice, to having choice, taking decisions and – for all those involved – having confidence and trust are all crucial. This pilot is important because it addresses the real meaning of personalisation – it shows that personalisation is not only possible, but has great potential to transform the supported housing landscape and the experiences of all who operate within it.

## Further information

*Putting People First local authority milestones.* ADASS and LGA (September 2009).

*Using Supporting People funding in Individual Budgets. Learning and experiences from the Individual Budget Pilot sites.* Kate McAllister and Shaun Bennett. Communities and Local Government (March 2009)

*Putting People First: a shared vision and commitment to the transformation of Adult Social Care.* HMG (December 2007).

*Personalisation and individual budgets: challenge or opportunity?* Helena Taylor Knox. HQN (November 2009).

*Government Response to the House of Commons Communities and Local Government Select Committee Report into the Supporting People Programme* (18th January 2010)

*Personalisation, prevention and partnership: transforming housing and supported living.* Sitra (2009).

*At a glance 8: Personalisation briefing: Implications for housing providers.* Social Care Excellence Institute (July 2009).

For the personalisation story, tools, support, information and membership: [www.in-control.org.uk](http://www.in-control.org.uk)

For person-centred planning training and support planning tools used in the Coventry Road trial: Helen Sanderson Associates (a founding member of In Control) [www.helensandersonassociates.co.uk](http://www.helensandersonassociates.co.uk) and [www.supportplanning.org](http://www.supportplanning.org)

### About the interim review of the Coventry Road personalisation trial

Prior to the trial in March 2009, an independent consultant carried out one to one interviews with all customers and staff about the choice and control that customers had over support services. The same questions were revisited in November 2009, five months into the trial. The interim review was based on one to one interviews with 19 customers, ten staff and five care coordinators, written records and observation, and also took into account the structural changes that have taken place. All ten staff interviewed in March 2009 were interviewed again, and 14 of the original customer interviewees were able to take part in the November 2009 interviews.

### Thank you

Thank you to the customers at Coventry Road who have played a vital and energetic role in developing a personalised approach, to Coventry Road staff who have shown commitment and belief in the face of uncertainty, and the Coventry Road Personalisation Trial Steering Group who have challenged and championed this adventure (colleagues from LBTH, East London NHS Foundation Trust, Sitra and Look Ahead).



**“Customers being able to choose staff has been brilliant. It has increased ownership and social inclusion.”**



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