



# MAKING IT PERSONAL

A PROVIDER'S JOURNEY  
FROM TRADITION TO  
TRANSFORMATION

**Steve Scown with Helen Sanderson**

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You can find these examples on [www.iasservices.info](http://www.iasservices.info) and other examples from providers on [www.supportplanning.org](http://www.supportplanning.org)

Progress for Providers can be downloaded from [www.progressforproviders.org](http://www.progressforproviders.org)

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# I. INTRODUCTION

by Helen Sanderson

What does it take to make change happen? Big change?

“A journey of a thousand miles begins with a single step.”

Since 2008, Dimensions has been grappling with the challenge of delivering personalised services. Leaving aside the debate about the future of residential care, they decided to transform their organisation to one that responds flexibly to individuals with a budget who will want bespoke support. Dimensions felt that if they did not consider and respond to the shift in power from the professionals to the customer, they would not survive.

Many providers are dealing with the same issues. But the question unanswered at most events for providers is “How do you do this?”

Dimensions has taken significant steps towards working that out. They started by taking an honest look at where they were, using the providers’ self-assessment tool *Progress for Providers*<sup>1</sup>. I then spent six days (over eight months) to take their leadership team on a real-life customer journey, from their first contact with someone through to on-going reviews. We were lucky enough to have the perspective of one person and her family - Jennie - to help Dimensions see in more detail exactly what they needed to change.

<sup>1</sup> *Progress for Providers: a self assessment tool for providers focused on delivering Individual Service Funds.*  
[www.progressforproviders.org](http://www.progressforproviders.org)

And as it turns out, what it takes is a combination of energy and commitment; learning and adapting; and using stories about real people to anchor your organisation in reality. It's also about developing a planning process that appreciates the complexity of change; actively involving the organisation's leaders from across all parts of the business; and communicating early, clearly and graphically.

Finally, it's about doing it and then reviewing it. Across all parts of the business: from finance to quality, marketing to human resources.

In this book, Steve shares - frankly and openly - how Dimensions changed what they offer people and their families by breaking down every aspect of their 'bundled' support packages. He talks about developing a more sophisticated cost model for one-off, fixed-term and on-going personalised support components. He also explains how Dimensions is developing a web portal that means everyone - the people they employ, the people they support and their families - will all have the same means of accessing all information.

There is no sense of 'we have arrived' in this book. Steve will insist that Dimensions is still learning from mistakes and developing new solutions. But this book is written for other providers, simply as 'fellow travellers' in the hope that some of it may inform your own change journey.

Dimensions is still learning and developing new solutions. But this book is written for other providers, simply as 'fellow travellers' in the hope that some of it may inform your own change journey.

## 2. WHAT WE DID

“Today’s good is tomorrow’s not good enough.”

When Government policy shifted towards personalised services for people with disabilities, it posed a major challenge for Dimensions. At a time when other initiatives were consuming our energies, how were we to respond? This chapter maps our initial journey, explains some of the false starts and helpful insights, and shows why meeting ‘Jennie’ was key to our progress.

### GETTING STARTED

The journey described in this book really began towards the end of 2007 when we began to speculate about how support ought to be provided in the future. It was a while before these conversations materialised into action.

Looking back, I often ask why it took so long for us to make some meaningful progress. It was a combination of reasons that reflect both where we were as an organisation and where other people and national policies were. We knew for some years that the current model of social care was not going to survive and how people were going to be supported would be very different. Our problem was that we weren’t sure how different or how quickly that change would occur so it was unclear what that would mean for us as the second largest provider of support for people with learning disabilities.

In Control began to highlight the changes required by providers and yet national support for provider change has been slow. It is only now, in early 2010, that more than a handful of local authorities are beginning to make significant progress in preparing for what has become known as personalisation.

Government policy emerged more fully in 2007 in *Putting People First*<sup>2</sup> which made it clear that personalisation must be at the core of services. It's probably not stretching a point too far to say this is as radical a step change as resettling people from hospital institutions to the community was in the 1980s.

*Government policy, set out in Putting People First, made it clear that personalisation must be at the core of services.*

Most of the people we support do not live on their own and have neither had an opportunity to choose who they live with, nor who provides them with support. The sort of world we are moving towards is one where people who are supported by a provider will expect to have choice about these most fundamental aspects of their lives. This is a long way from where we started out and, to be honest, is still some way from where we are.

David Wolverson (Dimensions' Chief Executive) and I arranged a day away to do some 'blue-sky-thinking'. To help us to think the unthinkable, we invited Peter Kinsella of Paradigm to facilitate the day for us. We had worked with Peter for a number of years and had most recently asked him to evaluate how person-centred we were in a number of areas around the country. We

<sup>2</sup> Department of Health, *Putting People First*, 2007

knew he would have some interesting views about the future and that he was not afraid of challenging our thinking and having a robust debate with us.

The day was useful and introduced new ideas, some of which we are taking forward today and some we are not. However, the event didn't lead to any immediate tangible project or initiative. Some issues need time to evolve and emerge, and we already suspected that this would require a significant change. The progress we have made so far is the result of a continuing development of our thinking.

We were clear that we can't expect people we employ to work in a different way if the organisation doesn't hold true to its purpose; if someone is unhappy with their current service, we have to help them live a different life. This means we are constantly challenged to renew what we do - today's good is tomorrow's not good enough.

"I know, we'll  
do a PATH."

## FINDING A PATH?

As part of our work to introduce person-centred planning into the organisation we had invested quite heavily in training some of our managers to facilitate person-centred planning, using PATHs in particular. PATH<sup>3</sup> is a person-centred planning tool that is strongly focused on the future. One of its main advantages is the graphic style of capturing and linking together themes and tasks which have a focus on helping achieve an ideal aspiration.

<sup>3</sup> Jack Pearpoint, John O'Brien, Marsha Forest, PATH - A Workbook for Planning Positive Possible Futures, Inclusion Press, 2nd edition, 1988

We had used the PATH model as an organisational planning tool in a variety of settings. These, which included a Board away-day, had been quite successful in helping people think about what they would like to see achieved and how it could be realised. We wondered whether the PATH model might support the development of personalisation.

A number of senior operational managers, some heads of business support functions and Peter Kinsella from Paradigm were invited to a PATH planning day. The day was successful in giving us a good understanding of what the future would require of Dimensions at all levels of the organisation.

However, very little progress was made in the following months and, with the benefit of hindsight, PATH was limited in what it could deliver. Two factors contributed to our lack of progress. First, our experience is that PATH was not suitable for us in planning very complex strategic change. Let's face it, it was never designed to be a detailed project planning tool. The vision part of it was very useful and many parts of our 'North Star' are recognisable in the changes we have made, which are described in Chapter 5. However, PATH did not help us to achieve the level of thinking required around some complex, inter-dependent issues. For example, our ability to invoice individualised support packages depends upon a different means of capturing shift activity and both required an upgraded IT system.

Our experience is that PATH is not a suitable tool for planning very complex strategic change. It did not help us to think clearly enough about some complex, interdependent issues.

Second, like most organisations in our sector, Dimensions works with small margins and we did not have sufficient spare capacity to lead a major organisational change project. In addition we were in the early stages of merging with another provider, Adepta, and this, with a clear timeframe, was quite simply more of a priority. Also at that time, there were still significant unanswered questions about national policy, how tightly such a policy would be implemented and, most importantly for an organisation working with over 60 local authorities, how they would respond. There seemed to be no negative consequences for Dimensions if this were put aside while we focused on the merger which was tangible, current, with firm deadlines.

By this stage I had some sympathy with Thomas Edison who once remarked he had discovered thousands of ways of how **not** to invent a light bulb.

Despite its limitations, the PATH event was further progress. We moved from the blue-sky thinking led by Peter to a clearer vision or 'North Star' to use the language of PATH. PATH helped to further evolve our thinking and importantly, it helped to get a critical mass of key players thinking the same thoughts.

Although PATH did not lead to many tangible steps forward, it did help further evolve our thinking and, importantly, it helped to get a critical mass of key players thinking the same thoughts.

## A STAGED PROCESS

We had just started to work with Helen on introducing person-centred reviews for each person Dimensions was supporting. This provided us with a means of achieving a long-held but to date frustrated aspiration - linking person-centred plans and the outcomes people were able and not able to achieve with our organisational strategic planning process. This process is based on *Working Together for Change*, a guidance book jointly authored by Helen Sanderson and Dr Sam Bennett from the Department of Health's Putting People First team<sup>4</sup>. It is encouraging to see some of the innovative providers in our sector using this approach to ensure that business planning fully reflects the views, circumstances and aspirations of the people we support. This linking of every day practice and the more strategic agenda led to our thought that perhaps Helen might be the person to facilitate the breaking of the log jam.

By this time the merger with Adepta had progressed so well that we could actively consider extending the change agenda. The national policy agenda had also moved on. The publication of *Putting People First*<sup>5</sup> was being followed up with concerted Government action and the setting of targets for local authorities. This led to our being party to some noticeably different conversations with some local authorities.

Our work started off with a brief that roughly outlined what we knew we had to do. Suggesting we start off

“I think Helen Sanderson might be able to help us with this.”

<sup>4</sup> Sam Bennett and Helen Sanderson, *Working Together for Change*, Department of Health, 2009

<sup>5</sup> Department of Health, *Putting People First*, 2007

with a day's workshop and see how it went, little did I realise just how far and how quickly we would make progress. The workshop involved a range of senior people from operations and all our heads of business support functions. Each person knew the organisation well and were key players within departments and the organisation as a whole. While there was a good representative mix, at the core were a number of people who had been identified over time as 'doers' (in Belbin<sup>6</sup> terms we had a critical mass of completer-finishers and shapers).

Looking back, it would have been very easy to have claimed the timing was perfectly planned. But it wasn't! We had planned our first conference for our first-line managers in April 2009 - all 350 of them. The event had a number of organisational aims but there were two main themes: Caroline Tomlinson of In Control had been asked to provide an overview of a very different future where people with learning disabilities would have a personal budget and would become our customers; and Helen, following the successful pilot, would introduce person-centred reviews before we explained how they would be rolled out across Dimensions. Given most of the key players would be working with Helen, it made good sense to reduce travel time by asking Helen if we could have the workshop the day before the conference.

The workshop with Helen went so well that we grasped the opportunity of changing her session at the managers' conference the next day to include a half-hour explanation of what we have called our 'Customer Journey'. This enabled us to introduce all

<sup>6</sup> R Meredith Belbin, *Team Roles at Work*, Butterworth Heinemann, 1993

our operational managers to the work we would be undertaking to ensure they could respond positively and appropriately to people with a personal budget and their families.

This decision was key in helping the organisation realise this was really important. It was clear to everyone that the Board and senior managers had really seen the need to grasp this nettle and that the consequences would affect every person we employed and every aspect of how we support people.

## STARTING OUR 'CUSTOMER JOURNEY'

We're all customers. We make decisions every day about where we will buy things, how much we will pay, how we want to learn about new products and whether we will return and buy more or go elsewhere because we didn't like the way we were spoken to by the shop assistant or, in some cases, the impersonal phone line.

For people who use social services, having control of a budget as customers will shift the power from the professionals and enable the person and their circle of support, where they exist, to choose what they wish to buy and, most importantly in this context, who from.

We have used the term 'Customer Journey' throughout our work with Helen. It has enabled us to communicate more clearly than in any other way what this change project is all about. It is about a shift in power from the professionals to the person and their family/circle of support, where people will make choices and if we are not able to respond we will not survive.

"Let me introduce Jennie to you."

For people who use social services, having control of a budget as customers will shift the power from the professionals and enable the person to choose what they wish to buy and, most importantly, who from.

As well as being a facilitator, Helen is a member of a circle of support for a young woman called Jennie. With the permission of Jennie's mother and circle, Helen introduced us to Jennie at the first workshop. We 'met' Jennie through seeing a DVD of her, with her family and the circle, and through her Person-Centred Plan. This helped us understand who Jennie was, what she wanted in her life and how she wanted to be supported. Jennie and her circle of support were looking for a provider and they could buy support using Jennie's personal budget.

Helen walked us through what was happening at each step of this journey. She asked us how we would respond if the circle approached us. What would we do? Who would do this? How would they be with Jennie, her family and circle? In the style of television's *The Apprentice*, we worked in small groups and presented our proposals to be hired or fired by Helen as the circle representative. Helen shared what this circle was looking for - what they wanted, what they did not want, what would attract them to a provider, and what would turn them off.

Looking back, what Jennie and her circle wanted was rational, understandable and reasonable. In other words this was not rocket science; however, there were two immediate challenges. First, as Helen helped us to see, many of our systems, processes and policies were incompatible with the response Jennie and her circle of support would need. Second, changing our approach

would need to be achieved while continuing to support people using traditional services which many local authorities were still commissioning through block contracts. We have frequently used the phrase "...but would that work for Jennie?" in further workshops, meetings and discussions about the various initiatives we have started.

Using the real-life story of Jennie helped us to see that many of our systems, processes and policies were incompatible with the response individuals would need. We have frequently used the phrase "...but would that work for Jennie?" to help us develop our thinking.

Dimensions has frequently used stories about people we have supported as a means of communicating a message. We have found such 'story telling' to be an effective way of 'hooking' people into a new concept and helping them remember key messages when communicating with their colleagues.

Many Dimensions' staff are familiar with the stories of how Harry and Clive's lives have been turned round. Harry and Clive are people we supported to move from different homes managed by Dimensions into their own flats. Through their own very different journeys, Harry and Clive have made remarkable progress in building their self-confidence, learning new skills and making their own key decisions which has led to them living far more independently than any of us thought possible. They continue to be an inspiration to us all.

The Customer Journey was drawn on a long piece of paper (approximately 3m by 1.5m) with names allocated

to each task. We commissioned Helen to continue to work with us to ensure we delivered on our actions, problem-solving and celebrating along the way.

“What about our other customers?”

## CONNECTING WITH THE COMMISSIONERS' JOURNEY

Thinking about Jennie and her circle was crucial in our understanding of the changes we needed and wanted to make. We also recognised that people and families would not be the only customers for Dimensions and that services would still be purchased through commissioners as part of framework agreements.<sup>7</sup>

Helen invited a colleague, commissioner Kim Haworth who led many of the changes in commissioning and provider partnerships in Lancashire. Her work is described in *Self Directed Support in Lancashire*<sup>8</sup> and is significant for her collaborative approach with providers. Helen and Kim facilitated a day with the planning group, which was joined by the Chair of our Board, to go through a similar process of mapping a journey.

“How on earth are we going to make sense of how all of this links with everything else we have to do?”

This was useful in two ways. The first was that it reinforced the direction of travel that we were taking through exploring Jennie's experiences in our Customer Journey work. The second was that it enabled our Board, through the feedback from the Chair, to gain a more in-depth understanding of what commissioners expected from providers.

<sup>7</sup> Sam Bennett and Clive Miller, *Contracting for Personalised Outcomes - Learning from Emerging Practice*, Department of Health, 2009

<sup>8</sup> Kim Haworth, *Self Directed Support in Lancashire, A Report from Lancashire County Council*, In Control Publications, 2009 [www.in-control.org.uk](http://www.in-control.org.uk)

## MAKING SENSE WITH MESSY MAPS

The Customer Journey naturally has a focus on developing our ability to respond to people with a personal budget. As a large, dispersed and growing organisation, Dimensions has a complicated agenda. In addition to changing our way of working, we need to ensure that wherever we work and whoever our customers are, we work in a way where decisions are really taken close to each person we support; where everyone we employ who provides support will be supervised and appraised by the people they are supporting and their families; and where the workforce don't look inward and upward for permission, but outward to the person they are supporting.

About six months after we had started our work with Helen, we were struggling to deliver on our actions. This was not because they were too ambitious, but because we had competing priorities. Helen challenged us to think about priorities and how the Customer Journey work connected with all the other initiatives going on in Dimensions, of which there were lots!

We have adopted the term 'Big Adventure' to describe all the initiatives which together will comprise Dimensions' transformation journey. We recognised that the Customer Journey could, if we were not careful, progress in isolation from other important projects which could impact upon its progress and vice versa. We therefore used a technique we have found useful - a *messy map*. This is a visual representation of what we are trying to achieve, what the starting position is, what needs to be done, what can get in the way and the inter-relationship and dependence between all these factors. A common theme with the

Customer Journey diagram and our Big Adventure messy map is that they both capture relationships - both positive and negative - between factors common to a project.

A messy map was first used in a project to create a tool that would enable the people we support to contribute to the supervision and appraisal of their support staff. We have found a messy map to be an effective way of understanding a complex, evolving and interlocking agenda. It is particularly useful in understanding and managing capacity when it is argued new items need to be added to the agenda.

We worked on two versions of the messy map - a very detailed one and a more visually-appealing summary to share widely, to help the whole organisation understand that these were integrated initiatives, not competing agendas, and the central importance of the Customer Journey work. Group members commented that this was the first time that all the developments in Dimensions were captured on one page, and how helpful this was.

We have found a messy map to be an effective way of understanding a complex, evolving and interlocking agenda. It is a visual representation of what we are trying to achieve, what the starting position is, what needs to be done, what can get in the way and the inter-relationship and dependence between all these factors.

# 3. WHAT WE LEARNED

Throughout our journey, we learned a lot about what it takes to make change happen in Dimensions. We have captured this as seven lessons for us and we hope they will be useful for others.

## 1. ENERGY AND COMMITMENT ARE VITAL

This was clearly the right time for Dimensions to start to work through how it would respond to personalisation but our early attempts (our blue-sky and PATH planning days) had not led to any meaningful progress and felt like false starts. One of the reasons for this is that we were merging with another provider, Adepta, and did not have the energy or commitment to drive forward new ways of working. It simply isn't possible for voluntary sector agencies, working on slim margins, to tackle too many initiatives at once.

We found that external partners were helpful in energising us by challenging our thinking and allowing us to learn from others' experiences and insights.

I recall Tricia Stanley, our Financial Controller, ordinarily the most mild mannered of senior staff, getting angry

at one stage and saying that she was tired of false starts and that we had better be serious about making some meaningful progress. We kept coming back to Tricia to check on progress, and a few months into the change, in the opening round of one of our 'Customer Journey' meetings she said, "I can see that change is happening now".

## 2. SELECT A PLANNING PROCESS THAT ALLOWS FOR COMPLEXITY

Most change literature suggests that any change needs a plan of some kind. It's also reasonable to argue that the more complex the change, the more detailed the plan needs to be. In addition, the more complex the change required, the deeper the thinking and reflection required before taking action.

Our PATH plan was helpful insofar as it advanced our thinking and helped a number of key players get onto the same page. However, we were not able to take into account the more complex aspects of what was required, or do the deep thinking and reflection required for this change.

The Customer Journey process took us through a different form of planning. Based on a real individual who might want our services, it allowed us to consider their needs and perspectives, from our first contact with them through to service provision and on-going reviews. This 'walk through' of stages in the service user's journey highlighted the interconnectivity of a number of issues that enabled us to reflect and plan our change. This approach could work for any size organisation.

Alongside our Customer Journey work, Helen introduced us to an early version of *Progress for Providers*. She invited us to use, and help shape, this provider self-assessment tool. This enabled us to see what Jennie and her circle required, alongside our assessment of where we were against nine organisational domains. In Appendix 1 we share our initial scores, where we had moved to after eight months and where we want to be in April 2011.

Using *Progress for Providers* gave us a planning framework that enabled us to ask and answer the complex question of "I see what we need to do for Jennie; but how will our need to do x impact upon y?". The tool also helped us assess and monitor our progress along this journey.

### 3. LEARN FROM OTHERS AND ADAPT

When starting off on a journey, there is always a temptation to find your own way even when you know other organisations have been there before. We did not want to simply copy what someone else had done, as it was unlikely this would fit our organisation, but neither did it make sense to re-invent the wheel.

We were lucky as we were invited to learn from previous work Helen had undertaken with IAS Services, particularly their 'menu' of support. This earlier work wasn't going to fit Dimensions exactly; IAS is a small regional provider and doesn't have the complexity and challenges that scale brings with it. However, by adapting their work and developing solutions that worked for Dimensions, we were able to make quicker and more radical advances. I think there

was an inherent challenge for us - if a small provider could be so flexible, then how were we, as a large national provider, going to be even more flexible and responsive? After all, one rationale for our growth is to ensure we have the resources and expertise to be at the leading edge of support provision.

We don't believe our journey and work should be adopted by another organisation in exactly the same way that we have done it. Not because we are averse to others learning from our achievements, far from it; that is one of the reasons for this book. Or because we think our answers are perfect - we are still learning from our mistakes and developing new solutions. We believe each organisation needs to find its own solution but we hope that these lessons may be useful and that the material in the Appendices may help in the way that the IAS examples helped us.

In brief, and with due apologies to a number of authors, if Dimensions can learn to dance, any organisation can, but they may need to do so to their tune, not ours.

We don't believe our journey and work should be adopted by another organisation in exactly the same way that we have done it. We believe each organisation needs to find its own solution.

## 4. FIND AN ANCHOR IN REALITY

Dimensions has historically used stories about real people as a communication tool. We have found having an 'anchor in reality' a very effective way of helping people to understand the issues and their relevance to them.

Basing our Customer Journey on Jennie - a real person - helped make it absolutely clear that people wanted a very different kind of service to the one we provided. Talk about Jennie became part of our language, with questions such as "...but would Jennie find that acceptable?" and "...and what would Jennie's circle of support think of that?" Such discussions have on a number of occasions brought us back to evaluating the practical implications and consequences of what we were planning to do.

We also used Jennie's story at our conference to explain to our managers that this was going to impact upon their services, their individual role and at some point in the future, the employability of themselves and their teams.

Jennie is a young person experiencing the transition to adulthood and cannot represent the diversity of those who may be interested in support from Dimensions. We are therefore now extending this approach to support people with autism and people who demonstrate behaviours that challenge. We have subsequently cross referenced our original Customer Journey (Jennie's) to see what other changes we need to make to offer person-centred, flexible services to anyone with learning disabilities or who experiences autism.

## 5. ENSURE LEADERS ARE ACTIVELY INVOLVED

The progress Dimensions has made in the last two years can be attributed to a number of factors, but crucially there was active involvement from some key organisational leaders. As well as the heads of the business support functions, two members of the

executive team were centrally involved during the workshops and also contributed extensively to the work undertaken in between.

Change requires leadership - leadership that engages and energises those involved in the work, ensures decisions are made, makes sure the whole organisation understands and is committed to the journey and most importantly ensures solutions are found to problems and ways found round or through blockages. Two key players, Steve Inch (Deputy Chief Executive and Senior Operational Director) and myself (Executive Director for Marketing and Business Development) both appreciated not only that a difficult journey needed to be undertaken but also that it was important to the future of Dimensions. Our role was both to actively support change management and to communicate with the Board and Chief Executive.

The recent trend in social care is of increasing regulation and scrutiny. Against a backdrop of external expectation that organisations have to get everything right first time, every time, it takes bravery for leaders of organisations to admit that they don't fully understand what needs to be achieved and they don't have the answers. Having two senior managers to drive the project ensured that the Customer Journey stayed foremost on people's agendas, thus ensuring the answers for Dimensions were developed and refined.

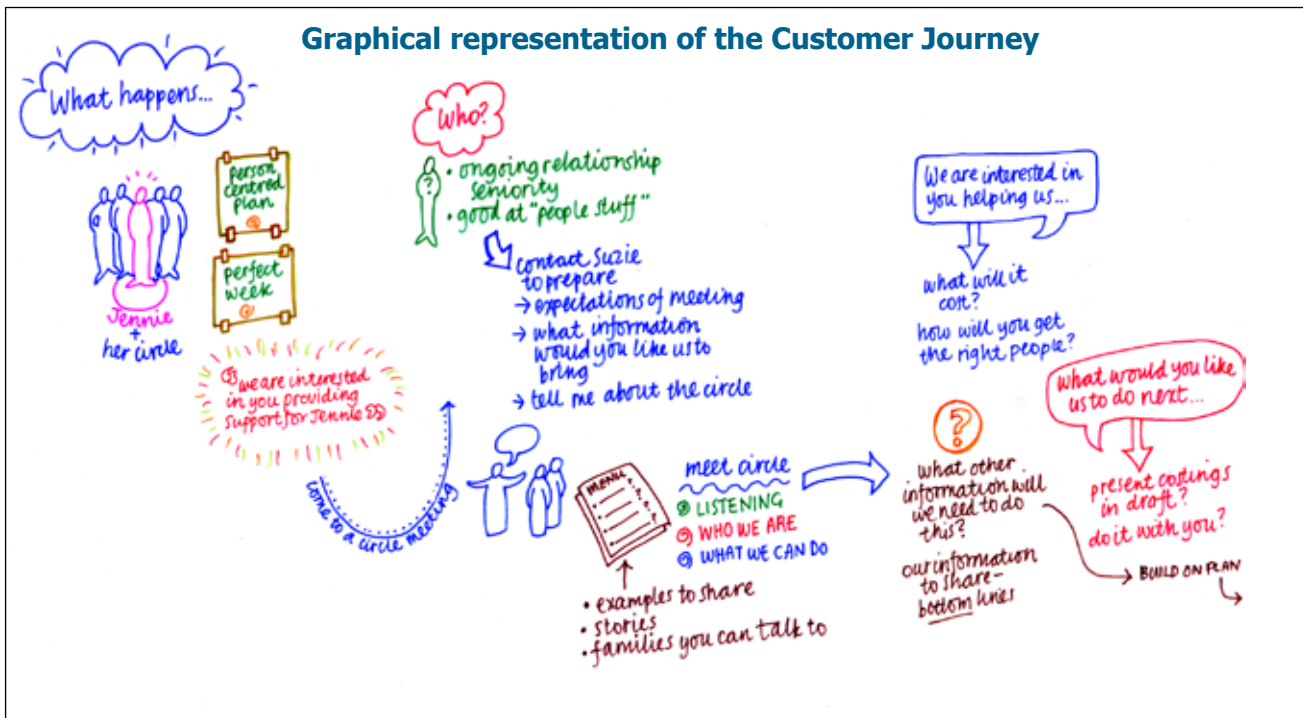
## 6. COMMUNICATE - EARLY, CLEARLY AND GRAPHICALLY

The adage that a picture is worth a thousand words was particularly true for us. The graphical

representation of the Customer Journey as opposed to several pages of text proved to be particularly helpful in sharing the concept and key tasks with the rest of the organisation. We had something that could be put on a wall and talked through - much more useful when trying to get over a new concept to 350+ managers and ultimately the 4,000 people we employ.

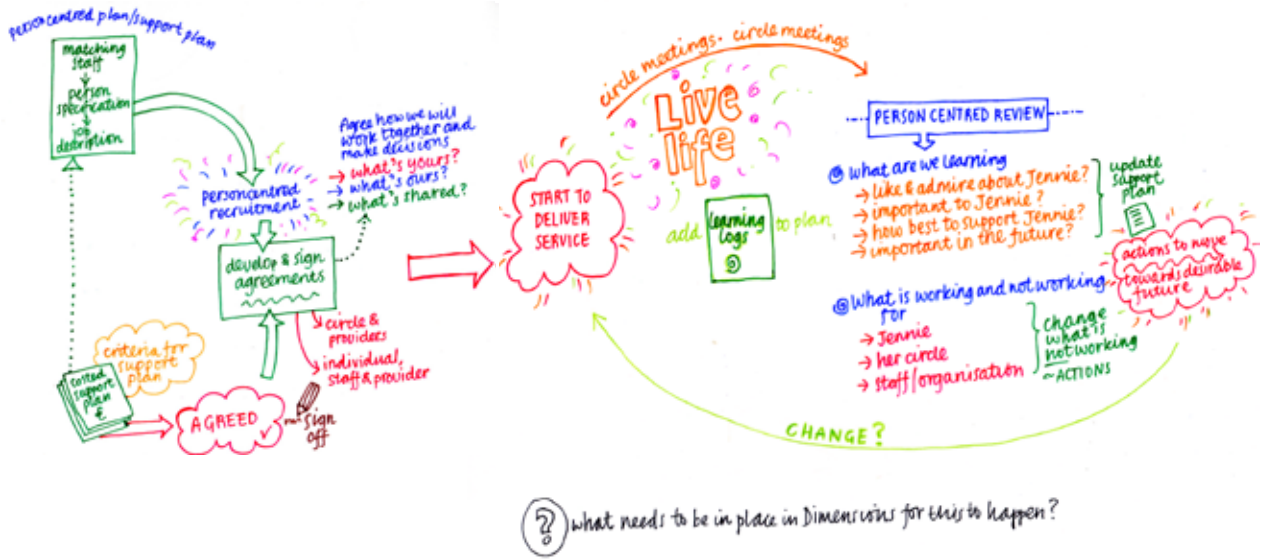
The graphic was simple yet detailed, and this had two advantages; first, once it had been introduced to managers, they were in turn able to introduce it to their own teams. Second, it was visual and thus was more likely to prompt people to look at it and work on it.

Following the managers' conference, David Wolverson (Chief Executive) visited each of our 20 regions and met groups of staff and, using the graphic, started our



'Big Adventure' discussion. In just over four months he met approximately a quarter of our workforce and explained the Customer Journey and its importance to each person we support. These face to face conversations were key in helping people understand how critical it is to change much of how we work. Our current estimate is that there are over 40 copies of this graphic stuck on the walls of offices, meeting rooms and corridors around the country.

Dimensions recognised the need to ensure the Customer Journey was integrated into the broader and transformational Big Adventure. Recognising the value of graphical representations led to the development of the 'messy map', another tool that helped to focus our thinking.



## 7. JUST DO IT AND THEN REVIEW IT

Our final lesson builds upon a couple of others - there being the right time for every idea and the need for a 'must do and can do' approach. Occasionally opportunities arise which, if grasped, can not only accelerate a project they can also clearly indicate the urgency and the organisation's priority.

In our case, the 'just do it' factor was designating a new post and recruiting someone before we had nailed down every detail. Having determined that families would prefer having contact with just one person while discussing options, co-designing the support package, agreeing the contract and price and setting up the package, we concluded we needed to develop and pilot a new role - the Support Advisor.

Helen thought it would take us six months to put everything in place to recruit a Support Advisor. In fact I had been able to take advantage of an opportunity in one region where we were working with a progressive local authority which was already receiving enquiries about personalised services. The restructure, including the appointment of a Support Advisor, was achieved in less than a month. The appointment was made with just the basic principle established and an outline job description. A decision was taken that the systems and processes inherent in such a critical role could be more easily developed with somebody actually in post.

This is a further example of a decision that was not only brave but also challenging for an organisation that usually prefers to have things worked out in advance. In addition this was another signal to the organisation that life was going to be very different in the world of personalised services.

# 4. WHAT WE ARE WORKING TOWARDS

We have now reached the stage of identifying what 'good' will look like in the future. To provide really effective personalised services we need to sharpen our customer-focus, set new standards and even adopt a different ethos. This chapter is Dimensions' manifesto for change, setting out our principles and policies so that everyone can see what we aspire to do and to be.

## OUR MISSION

People needing social care are going to have a far greater say over what they receive and who supports them. Our experience would suggest that people needing social care for the first time, particularly young people moving on from specialist schools and colleges, do not want to move into a residential home. They want something that is designed around their own individual needs and aspirations. Aware of a reducing level of demand for our residential homes, we believe that residential services will eventually become a minority provision. If providers wish to avoid a slow and lingering decline and want to provide person-

centred support, they need to reposition themselves and ensure they are able to respond flexibly to individuals with a budget who want their own bespoke support.

However, while there is an overriding business case for all providers to ensure they could respond to Jennie, for Dimensions, it is much more than the viability of our business. Our purpose is quite simply *to help people with learning difficulties and autism to live the life they want*. This is deep-rooted within the organisation, with consistently high percentages of staff (94% in 2008) believing it is a good purpose for our organisation. This level of ownership is something we hold dear and if we are to retain such high levels of commitment and support from the people we employ, we must be prepared and able to support each person who approaches us. There is therefore a values-driven desire to reposition ourselves and undertake our transformation.

## WHAT WILL 'GOOD' LOOK LIKE IN THE FUTURE FOR DIMENSIONS?

In developing our messy map, Dimensions identified a range of aspirations that together make up our manifesto for change.

### **People and their families with personal budgets will receive appropriate responses and offers**

In the future, people with a personal budget and their families and circles of support will have a choice of provider. Their choice of which provider, and in some cases even whether to pursue discussions with a provider or not, will be influenced by how the provider responds when first contacted and in every interaction thereafter. In addition, they will want something that

is designed specifically for them with their active input and which can change as circumstances dictate.

Dimensions has recognised that the future will require a very different way of responding to and working alongside families. We will need to develop a range of bespoke offers which can be individually designed and tailored for each person receiving support.

### **Dimensions will have a workforce reflective of the necessary skills, talents and diversity**

Given the need for providers to respond differently and to provide different models of support in a far more individualised way, it is evident that there will be implications for the provider's employees. The workforce will need to have different skills and talents for very different jobs and will need to reflect the population it serves.

### **People we support will receive personalised support**

Many of the people Dimensions supported in early 2010 were living in a residential home. Despite the efforts made by staff and the people we employed specifically to enhance the person-centredness of the support offered, it could not in all honesty be described as personalised.

Dimensions has recognised that everyone it supports, irrespective of whether they have a personal budget or where and with how many they live, can have support that is more personalised and tailored to each person's needs and wishes.

### **Dimensions will be customer-focused through a person-centred workforce**

Personalised services have at their core a different customer - an individual or their family and circle of

support and not the local authority. These services will lead to a significant shift in providers' customer bases and consequently, will require a more customer-orientated approach by every person they employ.

Dimensions believes that a focus on the customer will be achieved by a workforce that puts the individual at the centre of everything they do.

**All Dimensions' Care Quality Commission-regulated services will exceed the standards and attain not less than a two star rating**

The importance of the regulators' judgements will become increasingly important for providers. The debate about how appropriate their standards are for personalised services and whether CQC ratings are a true measure of outcomes is increasingly irrelevant. CQC ratings are here to stay and are trumpeted as a way for families to determine quality and consequently inform their choice over who they should approach.

Dimensions recognises that a CQC rating is no guarantee of quality and will not be the sole basis for someone's decision to place a contract with that provider. However, many families will investigate the ratings as part of their research and, given the nature of ratings, they will be an influence in deciding who to contact in the first instance.

**The people Dimensions supports will be listened to and have an influence over the organisation, including the Council**

Dimensions has developed and refined means for the people it supports to have a voice, including its award-winning initiative to create a representative Council.

The Dimensions Council comprises the Board and an elected, representative group of people we support and meets during the year to consider issues raised by people directly or indirectly through our person-centred reviews.

If such an approach is to be more than tokenism, it must result in a tangible influence over our plans and priorities.

**The Boards of Dimensions will actively own and support the necessary outcomes**

The degree of change envisaged is significant and will lead to a very different organisation. The next few years will, in the words of one Board member, be "...a white-knuckle ride requiring the Board to hold its nerve and be courageous."

The scope of change will require the various Boards of Dimensions, strategic and operational, to have not just ownership of these outcomes, but also to be supportive of the actions and initiatives designed to achieve them during the next few years. Such an approach will allow an emerging view of how governance will function in the future.

**Traditional services will be provided and, where possible, modernised into individualised services**

Many of the people Dimensions supports live in what we describe as congregate services. Over the last few years many of these have been changed. Some services have closed to enable people to move into their own home, some have enabled fewer people to live under the same roof, and some have been remodelled into flats with some shared facilities. However, a significant proportion of people are still supported in traditional residential care homes.

However, as these services are purchased by local authorities, the decisions to modernise rest with them.

Dimensions has concluded that personalised services are much harder to provide within traditional congregate services. Consequently we have resolved to place greater importance on working with local authorities to develop mutually-acceptable modernisation plans for all of our remaining traditional congregate services. We are starting to ensure that everyone has a person-centred review, so that we can make the necessary service changes to address what is not working for the person.

Personalised services are much harder to provide within traditional congregate services. Consequently we have resolved to place greater importance on working with local authorities to develop mutually-acceptable modernisation plans for all of our remaining traditional congregate services. We will also ensure that everyone has a person-centred review to address anything that is not working for that individual.

**We are financially strong and viable through value for money, effectiveness, cost efficiencies and appropriate growth**

Every indicator suggests that providers will be subjected to increased financial pressures in future as local authority budgets are squeezed and funding for social care is constrained. However, Dimensions believes that, through providing value for money and continuing to help people achieve outcomes with the levels of funding available, it will continue to be a successful and financially strong organisation.

By continuing to provide support for more people, Dimensions will achieve economies and advantages of scale which will in turn lead to more effective support for people.

**Our statutory purchasers recognise us for the value for money we offer, solving their problems and producing quality outcomes for people**

The pace of transition from local authorities purchasing services to that resting solely with people and their families is unclear. However, it is highly likely that local authorities will retain some direct purchasing responsibility, particularly for people with challenging behaviour and complex needs. The drivers for local authorities can be different from families as often they find themselves seeking a creative proposal which can be provided at short notice.

**Our regulators are satisfied through compliance with the standards and requirements**

We need to ensure a balance between the things we have to do to meet our regulators' requirements and the things we must do to respond to the wishes of the people we support. It goes without saying that you can't respond to customers' wishes if one of your regulators is taking enforcement action because you've failed to meet legal requirements.

Dimensions has a more complicated regulatory framework than many providers. In addition to the Care Quality Commission and local Supporting People teams, as a registered social landlord, we are regulated by the Tenant Services Authority and two of our subsidiaries are registered charities which are also regulated by the Charity Commission. Each regulator has its own standards and inspection regime.

## 5. WHAT IS CHANGING?

The personalisation agenda represents the biggest change in Dimensions' history. Clearly it involves working in a different way with individuals and their families but doing so means aligning our policies, processes and business functions in support of that goal. Everything needs to change - from our financial management to our IT, marketing to governance, evaluation to human resources. This chapter shows how we are re-aligning the myriad components that underpin strategic change.

### ...ABOUT WHAT WE OFFER PEOPLE AND FAMILIES?

#### **Where were we? 24/7 bundled packages of support**

Our 'big' customers like local authorities clarify their expectations through lengthy specifications and contracts. For instance, in one area where we support over 100 people we have five different types of contract with the local authority. However, these contracts are very similar and it's quite a simple process to make sure that our managers know how to keep their single customer satisfied. Historically

families were involved only occasionally in the selection processes that local authorities used when choosing Dimensions. Only once had we worked with a family who was the primary decision maker.

The vast majority of people we were supporting received a holistic support package from Dimensions only, 24 hours a day, 365 days per year. Rather than holistic, we started to use the term 'bundled', meaning a package of support that does not distinguish between different parts and is provided by the same team. Rarely had we offered any specific individual aspect of support. The drive towards personalisation is likely to mean that in future those 100 people will all have a say in how their funding is spent and each one may want something different and tailored to their needs and wishes.

Clearly we were not geared up to working with families in the way that we would have to in the future. One senior executive remarked that he was "... tired of so many staff being at war with families".

### **Where are we now? A menu approach**

By working through the service that was being co-designed by Jennie's circle of support, it was evident we had to completely re-think the way that we worked with people and their families. So we have focused on two things: what sort of services will people want; and what can we offer people that will be right for them (and at the right price)?

Through breaking down every aspect of our 'bundled' support packages, we tried to place ourselves in the shoes of a circle of support for Jennie and a number of other known people. This process helped us distinguish

all the different things we provided and this led to our 'menu'. However it was evident that not everything on the list would be purchased in the same way and we concluded that there were three different categories of personalised support components:

- One-off: a service which may or may not lead to further business.
- Fixed term: support purchased for an agreed period of time or to achieve a predetermined outcome.
- On-going: support purchased without an end date.

Our current 'menu' is detailed in Appendix 2.

Working through these categories helped us to identify a number of issues. Let's consider the following scenario. A circle of support asks Dimensions if we can help John to learn how to travel independently on the bus to and from his place of employment. We conclude that we are able to provide this training and support in one of two ways:

- at an appropriate hourly rate until John learns the skills and can travel independently, or
- at a fixed price, using our expertise to assess how long we expect it to take to help John to learn these skills.

We believe the second option is potentially more attractive for families, but it leads to further questions. If John has not learnt to travel independently in the time we have estimated, should we offer a full or partial refund? Should we offer to continue at a reduced rate until he has learned to travel independently?

This hypothetical scenario is one of many we are working through and at this stage we don't know how radical we can be. However, just by discussing this question with colleagues from finance and learning and development has helped increase everyone's understanding that how we work in the future is going to be radically different from how it has been.

### **Developing a single point of contact**

In thinking how we would respond to an approach from families, we arrived at two very early conclusions:

It would be a great advantage if we could minimise the number of people a family has to deal with and

Knowing that the level of trust a family has in Dimensions will be critical, we must avoid trying to be everything for everyone and be prepared to acknowledge what we can and most importantly can't do.

Our current way of working can involve many different people and as a consequence, communication with families can become difficult and it can be challenging to maintain a consistent understanding of what someone wants. We established a key non-negotiable principle very early on through the customer journey and that was for us to offer a single, consistent point of contact for individuals and families. This led directly to the development of a new role - Support Advisor (see the job profile and person specification in Appendices 3 and 4).

From the customer's perspective, their Support Advisor is their main point of contact for everything until their support package is up and running. By establishing a

single point of contact, we aim to maximize the feeling that families are 'more than just a customer' - we want to travel with and support them through their own unique journey. As well as a single point of contact, we want to have transparent agreements with people about what they can expect from the service they are buying. We developed agreements based on *From a Support Plan to an Individual Service Fund*<sup>9</sup> and our contract documents are found in Appendix 5.

In brief the Support Advisor will:

- make sure we understand what the customer wants
- liaise as necessary with relevant parts of the organisation
- agree what we are able to offer the family
- co-design the support
- negotiate with the family over the financial and contractual issues
- ensure the person and family have as much control and influence as they want over the provision of the support
- when the level of support is agreed, hand responsibility over to our local managers
- maintain contact with the family and be available to them if any issues arise.

Our two Support Advisors understand the importance of 'selling' the organisation to individuals and families. However, foremost in their minds is the importance of building trust, being willing to admit what we can't do and more than anything else acting with integrity.

<sup>9</sup> Helen Sanderson, Ruth Gorman, Michelle Livesley and Owen Copper, *From a support plan to an Individual Service Fund*, 2009. [www.supportplanning.org](http://www.supportplanning.org)

By establishing Support Advisors as a single point of contact, we aim to maximize the feeling that families are 'more than just a customer' - we want to travel with and support them through their own unique journey.

## ...ABOUT HOW WE APPROACH FINANCES?

### **Where were we? A consistent approach to cost**

Working with over 60 local authorities, we had adopted a uniform approach to costing and pricing our services. In a similar way to the 'bundling' of our support packages, our approach to costing and pricing was to similarly bundle all organisational activity, and thus cost, into one simple mechanism.

Our cost was calculated as follows:

Price = direct costs + central management charge  
+ regional management charge + surplus

Direct costs means all activity (costs) that can be directly attributed to the service. Central management charge is a standard percentage of direct costs to fund activities such as finance, human resources, governance and marketing. Regional management charge is a standard percentage of direct costs to fund the Regional Director, their support and local offices.

Some recent developments indicated a need to move away from this bundled approach. Increasingly we are asked for a detailed cost breakdown for every part of the organisation's activity. In brief, no longer does a single percentage suffice for central management

activity. This was consistent with our expectation that we would need to develop a more sophisticated approach to costing our activity in order to offer a broad range of personalised support components.

### **Where are we now? A more sophisticated, flexible approach**

Our costing approach has changed significantly as a result of our Customer Journey work. We have recognised the need to develop different approaches for one-off, fixed term and on-going personalised support components. In addition we have also developed a more sophisticated approach to costing our business support functions which will enable us to offer a choice for families and circles of support.

We have reviewed our business support functions and identified two categories:

1. functions which will support every service we provide and thus will incur a charge within each support package. Finance is perhaps the most obvious. Whatever we provide, we need to raise invoices and account for all the money received and spent, and we may need to chase debtors;
2. functions which people may not use or use only occasionally. An example would be our Behaviour Support Team whose expertise is required by only a minority. Why should non-users of the function help to fund the team?

We have developed a more sophisticated approach to costing our business support functions which will enable us to offer a choice for families and circles of support. We have also learned that 'essential' activities can become 'flexible'.

We realise that increased transparency and choice for the customer poses potential risks to maintaining those activities that offer no direct benefit for the person being supported. An example of this is marketing; this offers no additional value to a customer once they have chosen us, but without it they might not have heard of us in the first place. Therefore there will continue to be such overhead elements in all of our prices.

Having stated that, we have also learned that 'essential' activities can become 'flexible'. An example of this arose when a local authority introduced us to three families who had each been allocated a personal budget for their disabled relative. Their funding was limited but all were determined that they wanted their relative to receive 24-hour support. Using our standard approach we designed a package of support and calculated the cost; as we (and the local authority) had anticipated, this was more than they could fund. At this point our Regional Director decided to do something different. By asking how much they had, he worked backwards from the cost of the face-to-face support and, after adding the standard management charge, determined what local management support could be afforded. This was then shared with the families. We told them that we could offer up to 100 hours of management support per year, so if the team were able to self-organise and if the families were prepared to undertake some of the management themselves, we could provide what they wanted for the money they had available.

The support started nine months ago and so far it seems to be working well. The three people are happy with the support they are receiving; the families are happy with the service and have worked out how

they will do what they need to do; and we have not exceeded the amount of management support we have budgeted for. There have been some teething issues but these have been resolved through the group supervision sessions for the support workers.

## ...ABOUT HOW WE MARKET OUR SERVICES?

### **Where were we? Focused on local authorities**

Marketing in its simplest form is about understanding your customers and their needs and then identifying how best your organisation can meet those needs. Dimensions has understood the importance of marketing in its broadest sense for some years and our approach has been based upon our business-to-business model. Our printed material, website and marketing materials have generally been aimed at a corporate audience.

Personalisation is going to introduce a different model, one of business-to-customer, and this will require a very different approach to marketing. Dimensions has not historically been a family-friendly organisation. In recognising this needed to change, we were also very aware that it would take far more than a change in marketing materials to achieve this. For many of the people we employ, it would require a very different approach to their everyday work.

We have undertaken a brand review which included talking to families and other stakeholders so we could identify how to appeal more to families and individuals and be more approachable.

### **Where are we now? Focused on both families and local authorities as customers**

We have developed a new marketing strategy, the key thrust of which is to raise our game with families and individuals and establish relationships which are based upon mutual trust. This approach requires a very different starting point - one based upon listening to what people have to say and want. We can no longer assume we have the answer or even know the question and must accept that everyone has something to contribute.

We aspire to be a far more family-friendly organisation and recognise that we have a steep learning curve ahead to understand much more about what families want and need. Apart from recognising families as a key audience, we realise that families come in all shapes and sizes and that we will need to 'segment' them appropriately. For example, we are aware that we have two very different groups of families - those who are connected to people we are already supporting and those who have no current connection with Dimensions. It is reasonable to assume their respective expectations of Dimensions are very different.

**The key thrust of our new marketing strategy is to raise our game with families and individuals and establish relationships which are based upon mutual trust. This approach requires a very different starting point - one based upon listening to what people have to say and want.**

We also work with families who are well connected to the various existing formal and informal networks such as National Valuing People, Families Forum or

Partners in Policymaking, as well as families who may feel 'lost' and disconnected. Some families have had limited contact with the social care world and may be reluctant to engage with any formal provision, having managed independently without state support. These different groups will probably need and expect similar information; however, they may also have very different questions and priorities regarding information and may have different expectations about their level of involvement in support for their disabled relative.

We've set up a Family Reference Group which is chaired by a family member and consists of members of families who have a connection with Dimensions and some who do not. The purpose of the group is to oversee and inform the development of a family-friendly way of working. This will pull together a variety of strands, help us develop an organisation-wide approach to working with families of people we currently support, plan a structured approach to working with new families and define how we market ourselves to reach and communicate with families with a budget looking for a provider.

We are holding a series of events for parents/families to provide information about how Dimensions supports people with autism. These are designed to be friendly and accessible and will focus on networking, sharing information and breaking down barriers to encourage parent participation and involvement. We started off thinking about hosting formal conferences with speakers but our consultation with families is helping us to shape the events to meet their particular interests.

### **'Signposters'**

Another key new target audience for us is those we call 'signposters' - the multitude of professionals and knowledgeable people that families may call on for help and support in finding information and referrals. They include social workers, brokers, health professionals, teachers and so on. We are working to understand more about these relationships and will then target our different audiences with information and messages appropriate to their needs. It requires us to be able to tailor what we do, recognising that one size no longer fits all.

An example is our work with Treehouse, a London-based charity for autism education. They are currently developing their own parent participation strategy and contacted Dimensions for further information and advice about best practice for transition reviews, planning and post-19 provision for students with autism and related communication disorders. The ethos and values of both organisations are very similar and we are jointly exploring themes for upcoming information sessions for families and will support the Transition Parent Support Forum based in North London. We are working together to establish an appropriate training programme to support person-centred transition reviews.

This and other similar partnership initiatives will take some time to work through. Already they have reaffirmed the importance of changing how we operate in a number of key areas, in particular how we promote and market Dimensions to new audiences. We will update our website and develop separate areas for families and professionals.

## ...ABOUT OUR IT SERVICES?

### **Where were we? Supporting processes and systems**

We recognised many years ago that information technology would play an ever increasing role in everyone's lives - both at work and at leisure. Consequently we have invested quite heavily during the last two years in our IT infrastructure.

Ray Fletcher, our IT lead, likened our need to invest as follows: a company using juggernauts to make big deliveries to supermarkets wouldn't use them to make home deliveries of our groceries; it would invest in a fleet of small delivery vehicles. Hence if we are to work for individuals with budgets as well as local authorities we'd need an IT equivalent of a fleet of juggernauts and small vans.

Our recent focus has been on maintaining systems to support our business functions such as finance, human resources and payroll. The only part of the system that has traditionally been 'customer facing' has been the invoicing and accounting parts of the finance system - for a relatively small number of very big customers.

We've been anticipating that personalisation will demand major changes to the way our business processes work - and a completely new set of IT systems to support them. One simple illustration is that we anticipate our customer base could increase in the next 10 years by a factor of up to 100. We also think we'll be expected to provide very different information for people with a budget and their families/circles of support than we have been asked to provide for local authorities.

## **Where are we now? Supporting people we employ and families**

Recent investment has taken us small steps forward; to our average IT user the main benefit has been better and more robust connectivity to our IT system. In the next few years I think Dimensions will make significant leaps forward, including providing 'live' information for families on the support we provide. These advances will also help us achieve significant improvements in the efficiency and cost effectiveness of our business support functions.

As a result of our Customer Journey work and the thinking it prompted, our IT strategy has evolved to focus on getting the right information to the right person, when they need it, in a way they can easily understand.

Information will be accessible via a secure website (we're calling this the Dimensions portal) which went live for internal IT users in January 2010. The idea behind this is to make access to information as easy as possible. Everyone - staff, the people we support and their families/circles of support - will all ultimately be able to access their specific information. This, by its very nature, will ensure we are a truly transparent organisation.

For example, staff will be able to view their personal schedules via the portal, request holidays, book training and receive personalised communication.

**Our aim is to make access to information as easy as possible. Everyone - staff, the people we support and their families/circles of support - will all ultimately be able to access their specific information via a secure website.**

## **Reducing the paperwork**

As part of our approach to providing information to our customers, we are developing a Time Management System (TMS). This will offer a number of benefits, including providing real-time information for managers on their expenditure on staff costs and removing the need for paper-based timesheets, which will in turn reduce our costs by eliminating the month-end data entry of shifts into our payroll system.

However one benefit in particular stands out. Many employees support more than one person during a period of work. Our system to date has only allowed their activity to be allocated to one cost centre which meant that if we needed to calculate the costs of support a person received, it had to be manually calculated by the manager. The TMS will include the allocation of work to individual people we support and eliminate time-consuming manual calculations.

From the perspective of our future customers and the people we employ, these improvements will emerge during 2010 and we believe will enhance the information we can provide. They will also lead to improved efficiency and improve the value for money we can offer our customers. We're by no means all of the way there yet!

**A Time Management System will remove the need for paper-based timesheets, which will in turn reduce our costs by eliminating data entry into our payroll system.**

## ...ABOUT THE PEOPLE WE EMPLOY?

### **Where were we? Good practice - but not everywhere**

At the outset of our journey we were quite advanced in some of the human resource areas identified in *Progress For Providers* (see Appendix 1). We regularly had people we support involved in many stages of recruitment and in some areas in every stage; most staff had a performance review every six to eight weeks and an annual appraisal. We had started to encourage managers to ask members of families and circles of support to comment on staff performance.

We had developed our performance management system and based it upon five key competency areas which the people we support had identified as being the most important (working in partnership, communications, team working, motivating and developing self and others, planning and organising). Our managers use individual support plans and person-centred plans to evidence staff performance against the competency areas and then create SMART goals (specific, measurable, attainable, relevant, time-bound).

However, few of these advances were embedded in all parts of Dimensions and we were some way from achieving a systematic involvement of people we support, their families and circles of support in the areas we felt would be necessary in the future.

### **Where are we now? Giving the people we support more control**

While our systems have continued to evolve during our Customer Journey, there has been a noticeable change of mindset and expectation. There is now a greater

emphasis on the involvement of people we support and their families/circles of support at the decision-making stage, rather than informing people of our decisions.

This perhaps can be best illustrated by our conclusion that when recruiting someone to provide support to a person we should enable them and their family/ circle of support to be involved as much as they want, including even the decision to employ. In brief our pledge is:

You choose - we employ

With ever increasing regulation, there are obvious challenges in fulfilling this commitment. However, we are clear that the challenges are ours to solve and not reasons to side-step the pledge.

To assist people with a budget and their families we have developed a guide to recruitment. The tool provides explanations and guidance that will help people decide where and how they want to be involved in the process and what they would like Dimensions to do. In addition we have developed a web-based tool to create job descriptions, person specifications and interview questions based upon an individual's person-centred plan or support plan. Our Support Advisors will have these as part of their toolkit when meeting families in their home. By being able to work with them through the various stages and develop these key documents, we aim to place people and their families at the centre of our recruitment process.

When recruiting someone to provide support to a person we should enable them and their family/ circle of support to be involved as much as they

want, including even the decision to employ. In brief our pledge is: “You choose - we employ”.

Person-centred approaches have been included in the mainstream of all our learning and development activities including our values-based induction programme; as evaluation and coaching tools at meetings, encouraging better staff involvement; and within our organisation-wide programme of introducing person-centred review tools.

We have begun to introduce a new and person-centred performance management system. This will greatly increase the contribution of people we support and their families to the performance management and appraisal of the staff who provide their support.

### **A new approach to risk**

Finally, one of the significant changes that reflects our person-centred ethos is our new approach to risk. This focuses on what people we support are telling us is important to them. We believe that while it is important to keep people safe, it should not be at the detriment of real life experiences. We recognise how important it is for people to pursue the things they want to do and we endeavour to support them to achieve their wishes. When people’s wishes are in conflict with others, we need to work with all parties to ensure a positive outcome is reached. You can see the paperwork for this, and how it includes person-centred thinking tools, in Appendix 6.

We have developed a new approach to risk. We believe that while it is important to keep people safe, it should not be at the detriment of real life experiences.

## ...ABOUT HOW WE LEARN AND MEASURE PROGRESS?

### **Where were we? Meeting the standards set by purchasers and regulators**

Quality can be described in many ways but simply it is to do with intention and expectation. What level and type of service do you intend to provide and how well does that match up with the expectations of the recipient?

Our approach used to focus on defining and managing the intention and measuring how well it matched the expectation of the local authority customer. As outlined earlier in this book, local authority customers define their expectations within lengthy contracts and specifications. The regulatory framework is also clear, although somewhat prone to change and reorganisation. Both of these 'expectations' are relatively easy to communicate to managers of support services and design systems around. However, and this may be somewhat controversial, how well the service met the individual expectations of each person we supported wasn't always very clear.

Our approach to measuring progress and quality had evolved as a balance between ensuring we met the expectations specified by purchasers and regulators and finding ways of determining how well we were meeting the individual expectations of people we were supporting. Our initial walk through Jennie's journey had reinforced the need to improve our understanding of the latter. However, what was confronting us was not a rebalancing of effort or focus because we could not ease up on the purchaser/regulator front, if anything we had to raise our game on both fronts.

### **Where are we now? Meeting the standards families and individuals expect**

As we commenced our Customer Journey, we had already started to roll out outcome-focused, person-centred reviews across Dimensions and had committed to ensuring that each person we support has a person-centred review by March 2011. We have now embarked on a development programme that enables all front-line managers to facilitate these reviews using the person-centred thinking tools and a coaching approach<sup>10</sup>. The reviews ensure that each person we support and those close to them are at the centre of the review.

The outcomes of the reviews will be evaluated and the findings that are in our control will be used to influence our strategic direction, using the *Working Together for Change* process. This is a huge task and requires Dimensions to adopt a truly person-centred culture. You can find material on person-centred reviews in Appendix 7 and more information about Working Together for Change at [www.dhcarenetworks.org.uk](http://www.dhcarenetworks.org.uk)

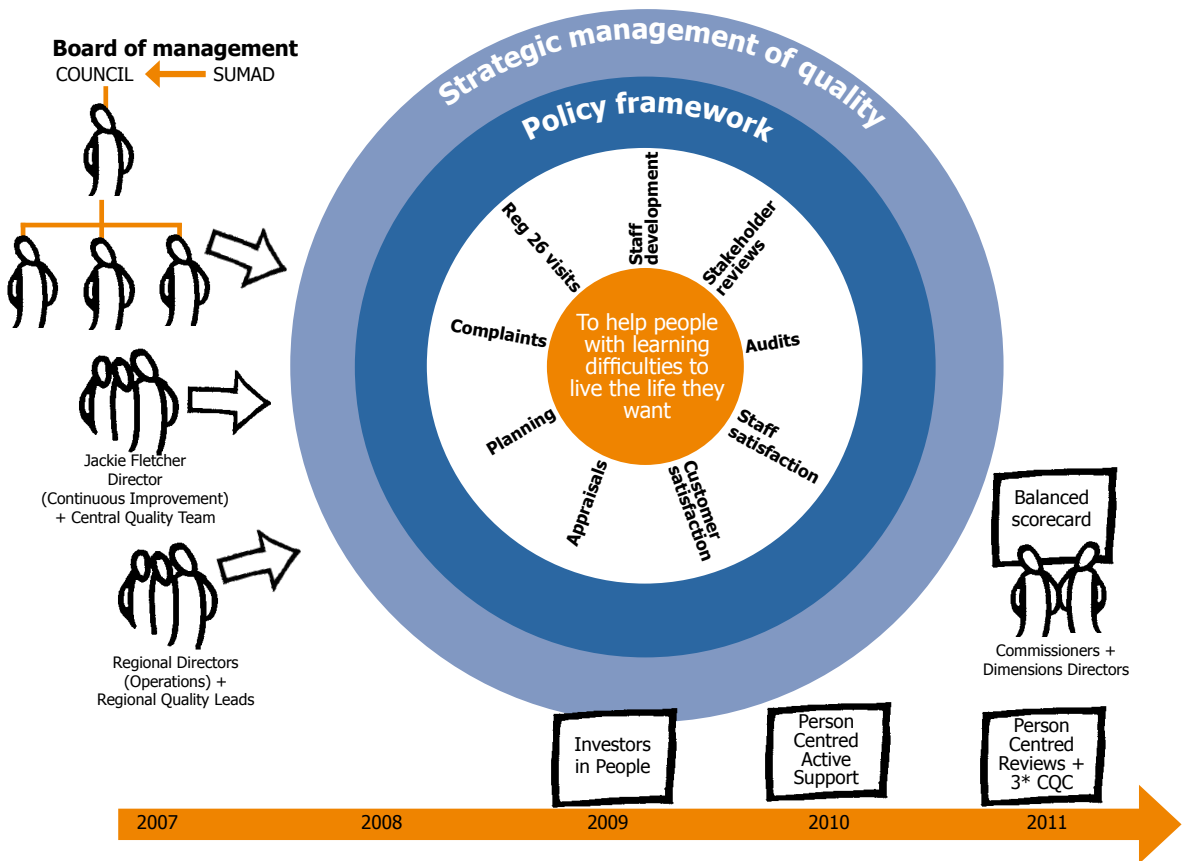
We had determined these reviews would measure not only how well we were meeting individuals' expectations, but also how well our organisational systems, processes and priorities were supporting the meeting of individuals' expectations.

The outcomes of the person-centred reviews will be evaluated and the findings that are in our control will be used to influence our strategic direction, using the *Working Together for Change* process. This is a huge task and requires Dimensions to adopt a truly person-centred culture.

<sup>10</sup> For a description of person-centred reviews and person-centred thinking go to [www.helensandersonassociates.co.uk](http://www.helensandersonassociates.co.uk)

## The 'quality wheel'

The implementation of our person-centred review programme led indirectly to the development of our 'quality wheel'. The wheel metaphor is helpful as it offers a visual representation of the different quantitative and qualitative strands (spokes) which together achieve robust tools to improve how well we can meet the expectations of others (travel forwards).



During the Customer Journey we have refined and developed a number of the spokes of our wheel. For example, we have adopted a new complaints policy to improve the openness of our response and our willingness to admit when we've got it wrong and say "sorry". In this age of increased litigation, there are many perspectives which shape an organisation's approach, not least insurers and lawyers. However, if we get things wrong, we have to acknowledge that and do whatever we can to put it right and ensure it doesn't happen again. Our new approach was developed as a direct result of advice from a group of family members in Sheffield. Our collation of complaints and consequently our ability to learn and improve is more efficient as a direct result of our IT investment allowing live capture and instant reporting.

We have also started a regular customer survey for the people we support and have established a baseline of satisfaction. It is not the finished article and will continue to evolve as we learn how easily it is understood by the people we support. Some of the issues we are exploring via this tool were determined by Council representatives of the people we support.

Feedback from the survey has already proved useful at a range of levels in the organisation. Ceri Meloy, our Regional Director in South Wales reports: "The customer satisfaction survey helped to inform our region PATH plan. The most recent survey results have been discussed with our local involvement groups to help prioritise what is important for people we support so we can be sure we are taking the right action".

All of the 'spokes' have impacted at different levels of the organisation and are influencing our way forward.

A couple of examples are described below.

### **Our balanced scorecard**

This is a web-based performance management and strategic planning system that has been designed specifically to support our complex organisation. One of our organisational facts of life is that each of our regions provides different support services and works with purchasers with their own priorities who are all at different places in terms of personalisation. Our balanced scorecard is probably not recognisable to someone used to working with them and has been developed so we can monitor regional performance without falling into the trap of comparing an apple with a pear.

Our 'balanced scorecard' is a web-based performance management and strategic planning system that has been designed specifically to support our complex organisation. It enables us to monitor regional performance without falling into the trap of comparing an apple with a pear.

All our monitoring systems link up and are trackable via the objectives in the balanced scorecard. We have mapped key performance indicators, regulatory standards and best practice standards to key objectives.

### **Listening to the people we support**

However, progress is achieved through more than systems and surveys, it requires listening to people and responding to what they say. Historically people with learning difficulties have not always had opportunities to speak up and be listened to. To understand how well we are meeting individuals' expectations, we

need to build on our work on representative structures and help people acquire the skills to speak up. The following initiatives are consistent with this aim:

1 Person-centred reviews, as described earlier.

2 Speak Up and Make A Difference (SUMAD)

This development programme for people with learning disabilities focuses on developing people's skills and confidence to speak up. The programme is facilitated by Dimensions in partnership with Values into Action.

3 The Dimensions Council

Having recognised that the governance structure of Dimensions was not fully representative we decided in late 2008 to restructure it to be user-directed not just user-led and to ensure accountability at the highest level. The elected Council members comprise nine people with learning disabilities (six of whom completed the SUMAD programme) who meet with the Board twice yearly.

## 6. WHAT ARE WE PLANNING TO DO NEXT?

This book shares our work in progress and we are acutely aware that much remains to be done. We also realise that parts of our approach may not work out as envisaged and we must be as committed to reflect, learn and adapt as we have been to date on our Customer Journey. The need to remain flexible is vital because at the time of writing it is unclear what impact the Care Quality Commission and their as yet unpublished regulations will have on personalised services in England. However we do know that the Government expects all new entrants to social care to be given a personal budget by April 2011. This milestone is helping us to focus on what we need to do over the next two years.

### PLANS AND PRIORITIES IN 2010/11

Inherent within Dimensions, and many other provider organisations, is the desire to respond positively when asked if we can provide what somebody is seeking. It can be really hard to say "I'm sorry but at the

moment we can't provide what you're looking for". One of the biggest challenges facing us is to ensure that we develop our ability to respond positively when people with a budget approach us, but not to make the mistake of over-promising what we can do.

In brief, by the end of 2010 we intend to:

- put all business support systems in place to fully support and enable personalised support services;
- evaluate the work and progress made by our first two Support Advisors and decide how we provide this service across all the areas Dimensions currently works in;
- complete the development of our web-based toolkits for recruiting and selecting personal assistants for people with a budget and for costing our personalised support components;
- establish a presence on the increasingly diverse range of internet 'personalised support' shopping sites (such as shop4support and you2choose);
- develop our understanding of where we have competence and capacity to hit the ground running when approached and where we will need to start at a slower pace. This will require a localised adaptation of our earlier organisational learning about energy, commitment and the right time.

The next year promises to be particularly challenging. Our Progress for Providers review highlighted not just how far we have come, but also how much we still have to do. We have set ourselves the target of achieving the top rating in no less than 14 areas in the next 12 months. (These are detailed in Appendix 1.) In broad terms, by December 2010 we aim to have completed

the review and modernisation of all operational and business support services so that, from a systems perspective, we can respond to the demands and expectations of people with a budget who are seeking a provider.

Using Progress for Providers as our agenda for transformation, the following provides an overview of where we plan to be in the next 12 months.

### **Leadership and strategy**

Our Council will be more established and detailed research findings into the aspirations of families will have a visible influence over our strategy and Business Plan for 2011/16.

### **Changing the culture**

We will start introducing our coaching strategy which will reinforce a shift away from a traditional line-management structure so that staff will be working for and to people we support with a personal budget.

We will evaluate our new person-centred approach to risk assessment and enablement and determine if it has helped shift the emphasis onto enablement.

### **Community focus**

We will identify potential organisations who provide what we cannot and commence discussions about joint working. Our aim is to be able to say - "we can't do that but we can introduce you to a trusted organisation which can help".

### **Support planning and review**

We will complete the introduction of person-centred approaches into every department and team within Dimensions.

We will complete the roll out of person-centred reviews so that everyone who Dimensions supports will have had a review or have one scheduled by April 2011.

### **Finance**

We will complete the implementation of the Time Management System and will be able to produce individualised invoices efficiently.

We will be able to provide current information on demand about people's budgets.

### **Human resources**

We will complete the review and modernisation of our learning and development activity that more fully incorporates the inputs from people we support and families.

We will engage people we support in helping to determine which policies we really need (and which we can dispense with!) and how they should be written and disseminated.

### **Business support**

We will complete the key stages of our IT modernisation and all aspects of our systems will be geared up to responding in a person-centred way.

### **Marketing**

We believe that seeking accreditation for Customer Service Excellence will be an effective way of helping all 4,000+ staff to understand the importance of adopting a true customer focus. We aim to have secured accreditation well before April 2011. We have undertaken our first customer satisfaction survey aimed at families and circles of support and will incorporate learning from that in our marketing strategy.

### Reviewing and improving our service

We will establish a mechanism for families to make their views known within our governance structures.

## EXTENDING THE VISION TO RESIDENTIAL SERVICES

Our Customer Journey to date has focused on ensuring we can provide personalised support for people with a personal budget. However, important as that undoubtedly is for Dimensions' future, it is equally important we can provide individualised support for people in residential homes and group living services, not least because these services will continue for some time. As outlined in Chapter 4, our ability to modernise our traditional services is determined in partnership with our local authority purchasers.

So, having outlined the closing stages of our Customer Journey for somebody with a personal budget, we are now planning the Customer Journey for someone living in a residential home. We are starting by ensuring that we know what is important to each person, what they want in the future and what is working and not working from their perspective. This is where change needs to start.

We are now planning the Customer Journey for someone living in a residential home. We are starting by ensuring that we know what is important to each person, what they want in the future and what is working and not working from their perspective. This is where change needs to start.

It would be naïve to believe we will be able to implement all of the approaches we have outlined in this book within all of Dimensions residential services by 2011. Our next step will require some creative thinking about how we can allocate our financial resources fairly within a residential home to reflect people's needs rather than a simple pro-rata allocation. We believe this will lead to a number of core background hours which are shared and hours which are individualised. Once residents know that, we can support them to think about how they want to use their individual hours to reflect what is important to them and what they want in the future. When residents have made their decisions, we can then use person-centred thinking tools such as 'matching' to identify who from their existing team should support them.

This first stage will inevitably be complicated by the approach our purchasers wish to adopt. We anticipate that local authorities will want to use their own system so our pace of change will not be uniform, but will vary across the country. When residents and their families are aware of their share of the resources their expectations will inevitably and rightly change.

However, developing our individualised approach does not all depend upon allocating financial resource. Our web-based recruitment and selection toolkit can easily be adapted so that it enables group decision making.

# 7. CONCLUSION

## THE VALUE OF THE JOURNEY

My final thought in looking ahead is prompted by a reaction I encountered when sharing some of our learning at a workshop for other providers in Barnsley. At the workshop I described our thinking about developing fixed-term personalised support components and shared our thinking about the potential for refunds or extending our support at a significantly reduced rate. I was struck by the comment, "Wow - that really is outcome-based provision".

Adopting a radically different and to be honest somewhat scary model in one part of the organisation will inevitably shift thinking right across Dimensions. In other words once the genie is out, you can't put it back in the bottle. And that's why, irrespective of how quickly your journey progresses or how radical your aspirations, it is the undertaking of the journey itself which puts the organisation into a better place.

# APPENDIX I

## PROGRESS FOR PROVIDERS: WHERE WE STARTED, WHERE WE ARE NOW AND WHERE WE WANT TO BE BY APRIL 2011

*Progress for Providers*<sup>11</sup> is a tool developed by providers and commissioners to help providers think about their progress in responding to the personalisation agenda. The tool particularly focuses on delivering personalised, individually costed services.

It is divided into nine sections corresponding to key indicators, such as 'leadership and strategy', with five gradings to choose from. Users choose the grading that best corresponds to progress to date. The gradings are:

- 1 suggests you are becoming aware of the issues
- 2 you are getting started
- 3 you are making some progress
- 4 you are making good progress
- 5 progress is excellent/goal achieved.

The following shows how Dimensions scored on this exercise when we started, where we will be in March 2010, and when we will get to 5.

<sup>11</sup> Progress for Providers: a self assessment tool for providers focused on delivering Individual Service Funds.  
[www.progressforproviders.org](http://www.progressforproviders.org)

## 1 Leadership and strategy

### Strategy

Tick one box ✓

1	We have not considered the impact of the personalisation agenda and don't know if this will impact on our organisation.	
2	We think that personalisation will have an impact on our organisation although we are not sure what this will be nor how we need to respond. We are not sure that all of our senior managers are convinced of the need to develop a strategic response.	✓ Jan 2008
3	We have identified some of the areas of our business that we think will be affected by the personalisation agenda. We have also started to engage with local commissioners and other stakeholders, including people who use our services, in order to work in partnership on these changes.	
4	Following discussions with all stakeholders, we have developed a strategic plan for delivering the changes we think we need to make. This includes the impact on all staff, including finance and back office functions. The senior team (and trustees if relevant) has signed up to this and are supporting it.	✓ March 2010
5	We have a clear vision and strategy for delivering personalised support and for remodelling our business to ensure we have a sustainable model for the future. Our strategy is based on a good understanding of where we are now, and on the aspirations of the people we support and other stakeholders. We have considered the resource implications of these changes and planned accordingly. The senior team actively supports the strategy and we are all held accountable for delivering on it. Person-centred approaches inform all activities, including our back office functions and finance.	By April 2011

## 2 Creating a person-centred culture

### Changing the culture

1	We don't think that we need to think about changing the culture of our organisation.	
2	We think that personalisation will have an impact on our culture and the way we operate but are not sure if this goes beyond some changes to the way we organise our finances and who we contract with.	✓ Jan 2008

Tick one box ✓

3	We have started to think about what personalisation and what being person-centred will mean for our culture and the way we operate, both in terms of the delivery of support and our systems. We have had some discussions with managers and support workers and think we know how to proceed. We have not yet included our back office staff.	
4	We understand that personalisation will have a significant impact on our culture, systems and processes. We have a strategic plan to implement this change and are working with all staff across the organisation to help them understand what this means (including back office staff). We have lots of opportunities for discussion within a range of staff about what this means for them.	✓ March 2010
5	We have worked with our staff, the people we support and other stakeholders to identify the culture change that needs to occur throughout the organisation and ensure that our leaders are modelling the change we want to see, and actively support our managers to do the same (through training, coaching and problem solving). We have looked at all the ways that we communicate in the organisation and have made sure that we are giving the same key messages.	By April 2011

## A person-centred approach to risk

1	We try to ensure that staff and people avoid taking risks. This is a major focus of our work and all potential risks relating to the people we support is recorded in detail and authorisation is needed before we support people to try certain activities.	
2	We realise that we need to adopt a new approach to risk to ensure that people have a chance to do the things they want. We are not sure how to put this into practice.	✓ Jan 2008
3	We have decided to review our approach to risk, in relation to the people we support, and want to develop an approach that takes account of individual circumstances and aspirations.	
4	We have developed a new approach which is based on the premise that people should have the chance to do the things they want and that we should support them to do this.	

Tick one box ✓

5	We developed our approach to risk in conjunction with the people we support, their families and other stakeholders and believe we have an approach to risk that is based on listening to what is important to people. This approach is embedded across the organisation and all staff are clear about their responsibilities in this respect. Positive risk taking is rewarded and we accept that this will not always be successful. We have a no blame culture and learn from successes and mistakes as an organisation.	✓ March 2010
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### 3 Community focus

1	We focus very closely on certain support tasks like keeping people healthy and safe and think that this is our primary responsibility.	
2	We are aware of the need to promote community connections and citizenship but are not sure where to start and how to go about this.	
3	We have begun to think about promoting community connections and citizenship and understand why this is important for both the organisation and the people we support.	✓ Jan 2008
4	We are actively looking at how we promote community connections and citizenship and recognise that this needs to be a clear priority for our work. We have some examples of supporting people to make community connections and we are learning from this. We are beginning to support our staff to work in this way and are learning from others.	✓ March 2010
5	We have a clear commitment and focus on community and understand the importance of working alongside the entire community to effectively support people to become citizens. We undertake specific community development activities as an outcome of people's support plans and aspirations. We also engage with a range of community resources on a corporate basis and have a demonstrable local commitment.	By Oct 2011

### 4 Support planning and review

#### Person-centred planning and support plans

1	We provide support to groups of people, according to the specification provided by the local authority or primary care trust.	
2	We realise that we need to provide support to people as individuals but are not sure how to move from the current arrangement.	✓ Jan 2008

Tick one box ✓

3	We are beginning to make efforts to translate the care plan into a more person-centred document. We are introducing person-centred thinking to some of our staff.	
4	We are committed to person-centred support planning and ensure that all the staff in the organisation are trained and coached to use person-centred thinking, tools and approaches. Individuals have up to date person-centred support plans that are acted upon by staff. We use person-centred thinking tools and reviews to record what we are learning and to continue to develop and update the support plan.	✓ March 2010
5	We use person-centred thinking extensively and ensure that everyone we support has a costed person-centred support plan that is outcome focused. Plans have clearly identified outcomes, linked to the funding available. We use person-centred approaches across the organisation, including non-operational functions, and person-centredness is embedded in all that we do.	By Oct 2011

## Outcome focused reviews

1	Our reviews are focused on services and contracts. We discuss services with the local authority or primary care trust.	
2	We realise that we need to focus on outcomes when reviewing services but are not sure how to do this or what needs to change.	✓ Jan 2008
3	We have begun to identify outcomes with people and have tried to do this with some people we support. We have begun to train staff in person-centred reviews that focus on outcomes.	
4	We ensure that all the people we support have person-centred reviews that are outcome focused and that the person and those close to them are at the centre of this process. People review how they are spending their money.	✓ March 2010
5	We use information from person-centred reviews to help us evaluate how well we are meeting people's outcomes and what we need to change in the way we work and support people. We involve stakeholders in this process.	By April 2011

## 5 Finance

### Costing services

Tick one box ✓

1	We cost our services as locations/building/groups and the service is delivered through aggregate contracts with funders not individuals.	
2	Even though the majority of the services we deliver are funded through aggregate contracts, we realise that we need to understand what it costs to provide support to individuals. We are not sure how to do this.	
3	We cost our service on an hourly rate that includes what it costs to run the service (e.g. management charges) as well as the direct cost of support. We can explain how we have calculated our hourly rate and have begun to develop individual costs for people we support.	✓ Jan 2008
4	We know what it costs to deliver each individuals support package, and we provide people we support with information about how much their support costs. If someone is interested in buying a service from us, we can provide detailed individual costings based on their support plan.	
5	We provide detailed costs for each individual we support and for people who may want to buy our service or products. We are clear with people that they can use their money flexibly, and not just to buy hours of support. People can buy as much or as little of our service as they want.	✓ March 2010

### Contracts

1	We have contracts with the local authority or primary care trust, a mixture of block and spot, which are generally focused on hours delivered and/or tasks.	✓ Jan 2008
2	We think we might need to adopt other contractual models but are not sure where to start.	
3	We have contracts with local authorities and some with people who control their funding and are beginning to explore what this means for the way we do things. We are trying to make our contract documents easy to understand and read and want to talk with our commissioners and other stakeholders about creating Individual Service Funds for other people we support.	✓ March 2010

<p>4 We offer an individual contract to all of our new customers, based on their support plan and their personal budget. We are actively working with our commissioners and other stakeholders to move people we already support from a block contract to Individual Service Funds. We are looking at 'virtual budgets' within our block contracts to give people more flexibility.</p>	
<p>5 All of the people we support, regardless of whether they control the funding or not, have an individual contract with us based on their person-centred support plan. The contracts we use are easy to read and understand. We have individual contracts with a range of individuals, trust circles, and family members.</p>	<p>By April 2011</p>

## Invoicing

<p>1 Our invoicing processes are designed to meet the needs of contracts with funding authorities. We struggle with deviations in billing.</p>	<p>✓ Jan 2008</p>
<p>2 We realise that we need to look at how we can adapt our invoicing system so that we can invoice individuals but are not sure how to start.</p>	
<p>3 We can produce a mixture of invoices, including those required for block contracts and for individual services and have cost centres for each of our services. We are developing systems for individual invoicing.</p>	
<p>4 Although we currently have a mix of block contracts and personal budgets, our invoicing system can produce individual invoices. We have cost centres for each individual with a personal budget and self-funders.</p>	<p>✓ March 2010</p>
<p>5 We invoice personal budgets holders and have systems that can be flexible, taking into account the different ways that people want to spend their personal budget. We can offer people different ways to pay us, through invoicing, direct debits and through systems such as Shop4Support. We have developed a range of accessible invoices.</p>	<p>By April 2011</p>

## Accounting

<p>1 We track the money we spend on a service-by-service/cost centre basis.</p>	
<p>2 We realise we need to account for support individually but cannot do this within our existing systems and processes.</p>	<p>✓✓ Jan 2008, Mar 2010</p>

<p>3 We have begun to work on monitoring staff time and what we are spending on people's individual support. We are beginning to understand what changes we need to make to our accounting system.</p>	
<p>4 We can show links between what people are spending their money on and the outcomes identified in their support plan. We are working on how we can make our financial information on how people are spending their personal budget easy to understand.</p>	
<p>5 Our monitoring and accounting systems mean that we provide information for each individual about how they are spending their budget, how this relates to what is in their support plan, and whether they are under or over budget. We provide this in ways that people find easy to understand and use, and have worked with people and families to achieve this.</p>	<p>By Dec 2010</p>

## 6 Human resources

### Selecting and recruiting staff

<p>1 Managers and paid staff select and recruit staff for our organisation based on formal job descriptions that we have developed.</p>	
<p>2 We think we need to find a way of involving people in recruitment and selection but are not sure where to start</p>	
<p>3 We are exploring ways to involve the people we support and their families in selecting staff and developing job descriptions. Some people have been involved to date.</p>	
<p>4 We have trained some people who we support and families to be on interview panels with us and worked with them to improve our job descriptions, adverts etc. They help us recruit staff to the organisation.</p>	<p>✓ ✓ Jan 2008, Mar 2010</p>
<p>5 We work closely with individuals and their families in all aspects of the selection and recruitment process. People are involved as much or as little as they want to be, with some people/families leading all aspects of the process with appropriate support. Each job advert and person specification is based on the person, including their interests, and interview questions are mostly taken from the individual's person-centred support plan. Adverts are placed locally in a range of ways (post office, local radio etc) and we actively recruit local staff. Staff are always recruited to an individual not to a pool of staff employed by the organisation.</p>	<p>By April 2011</p>

Tick one box ✓

## Supporting, supervising and appraising staff

1	Staff support, supervision and appraisal is based on the manager's feedback only.	
2	We supervise staff through meetings. We think we need to take people's views into account but are not sure how to do this.	
3	Managers have frequent, regular supervision sessions with each staff member and conduct annual appraisals. We have made efforts to give people and families a voice and role in this and plan to do more.	✓ Jan 2008
4	Managers use people's person-centred support plans when supervising and appraising support workers, to check the progress being made in delivering the support people need and want. Support workers are clear about their core responsibilities and where they can use their creativity and judgment. People who use services are given the opportunity to get involved in this in a way that makes sense for them.	✓ March 2010
5	We use person-centred support plans as the foundation of how we support and supervise support workers. Before supervision and appraisal, we ask the person (their family or trust circle) about how the support worker is doing and ensure that supervision and appraisals focus on how we can deliver the best service to the people we support. Supervision sessions also recognise what is important to and for staff, and are opportunities to consider what is working and not working and to think and problem solve together. We have a way of feeding back to people and families in a positive way. Listening to individuals and families forms part of our performance management system.	By Dec 2010

## Workforce development

1	We have some training days in our organisation and these are based on statutory requirements such as lifting and handling and food hygiene. We meet minimum legal and regulatory requirements.	
2	We have begun to think about how we might talk to staff about the changing culture of the organisation, their role in this and what new skills we might need to develop to meet new demands.	✓ Jan 2008

<p>3 We have begun to think about the impact of becoming more person-centred and have started a programme of training that helps support staff and their managers to understand what they can do to make sure people have more choice and control in their lives. This has included practical tools like person-centred thinking tools, and helping staff to understand what Individual Service Funds are and the wider context for the organisation.</p>	
<p>4 We understand that personalisation means that we need to review all aspects of the service we provide. We are working with senior managers across the organisation (including back office, non operational functions) to help them think about what personalisation means to them and their role and what new skills and knowledge they may need. We are developing an in-depth training programme as part of our workforce plan.</p>	<p>✓ March 2010</p>
<p>5 We have developed a detailed workforce strategy and training programme based on input, ideas and involvement of staff, individuals and their families. This includes what will need to change about the way we train, support and deploy our staff, and the way we organise and govern ourselves if we are to be a truly person-centred organisation.</p>	<p>By April 2011</p>



## Policies and procedures

<p>1 We have policies and procedures on how we work. We meet minimum legal and regulatory requirements and don't take into account personalisation.</p>	
<p>2 We recognise that our policies and procedures will need to change to reflect personalisation and being person-centred but have not started to make changes.</p>	<p>✓ Jan 2008</p>
<p>3 We have begun to review our policies and procedures to make sure that they are person-centred and reflect personalisation. We are working on ways of making sure people have a voice in this process.</p>	<p>✓ March 2010</p>
<p>4 We are working with staff, people we support and other stakeholders to identify where our policies and procedures need to change to ensure that they actively promote people having more choice and control in their lives. We are trying to streamline them so that we have as few as possible.</p>	
<p>5 We have changed our policies and procedures to ensure that they are person-centred and actively promote enabling people to have choice and control in their lives. We worked with people who use services, families and staff to develop these, and they are presented in a way that is easy to read and understand. There are as few of them as possible.</p>	<p>By April 2011</p>



## 7 Marketing

### Customer focus

Tick one box 

1	We see our customers as the local authority or primary care trust.	 Jan 2008
2	We say that our customers are the people who use our services and their families, but the ways that we provide our services do not always match this. We know that the local authority or primary care trust are also our customers.	
3	We have started to rethink how we work with people and their families, and understand what their 'customer journey' is, and how we need to change.	
4	We have started to make changes to our service to reflect the journey that we want people to have with us. We are working on how people find out about us, how we tell them what we can offer, how we learn about people in a person-centred way and design and deliver individual costed services. We have also thought about the customer service we provide to the local authority or primary care trust.	 March 2010
5	We put people at the centre of what we do. We recognise that we have a variety of customers and partners and work with each of them in an individual, person-centred way. We don't always get it right but we learn from our mistakes, and make sure we reflect and learn from this.	By Dec 2010

### Communication and promotion

1	We are focused on selling our services to the local authority or primary care trust.	 Jan 2008
2	We know that we need to think about how we communicate with people who may want to buy our services themselves (individuals or their family) or who want information on our services (for example care managers, brokers, user led organisations, peer advocates or others) but are not yet sure where to make changes.	
3	We have begun to think about how we might market ourselves to people better, and what we need to change about our information. We have made some effort to communicate directly with people and families, and other people who may be interested in our services (care managers, brokers, user led organisations, peer advocates or others).	
4	We have begun to develop information for different people and we are aware of the need to do this in a way that is meaningful, accessible and meets people's needs. We are also considering new marketing methods like Shop4Support.	 March 2010

<p>5 We have a clear strategy/approach to communicating with and marketing ourselves to individuals, families and circles, and everyone who may be interested in our services. We use a range of accessible and user friendly approaches, which we have developed in consultation with people and families. We actively seek feedback from people about how we are doing and have developed processes to make sure this happens and is acted upon.</p>	<p>By Oct 2010</p>
--	--------------------

## 8 Reviewing and improving our service (quality)

### Mission and standards

<p>1 We focus on achieving our regulators standards.</p>	
<p>2 Our organisation has a mission and standards, but they do not very clearly connect with each other. We do not measure whether we are achieving our standards and are not sure how to measure this.</p>	<p>✓ Jan 2008</p>
<p>3 We have a mission, vision, values and standards. We measure progress on some of our standards and are thinking about how these things connect and want to do more work on this.</p>	
<p>4 Our mission, vision and values are connected and reflect our commitment to personalisation/person-centredness. We have a set of standards that we regularly measure against. We set actions based on this to improve the way we deliver person-centred services.</p>	
<p>5 Our mission, vision and values were developed with people we support, families and staff. They reflect the ideas behind personalisation in everyday language and we use them in our training and our meetings, and everyone knows them. We evaluate our services in partnership with individuals and families, and share information from this and what we are going to do to become more person-centred. Our approach to governance includes listening to and involving people and families.</p>	<p>✓ March 2010</p>

### Improving people's lives and achieving their outcomes

<p>1 Staff are busy keeping people healthy and safe.</p>	
<p>2 We try to help people change things if they want to and to have a fulfilling life, but we do not use a process for doing this nor do we understand how to adapt our approach.</p>	<p>✓ Jan 2008</p>

Tick one box ✓

3	Most people have some sort of review of the support they receive. We have thought about outcomes and are beginning to work with people to identify what they want to change about their lives.	✓ March 2010
4	Everyone has a person-centred support plan and a review that focuses on what is and is not working for them, and what they want for the future. We focus on supporting people to achieve their outcomes and make sure we can demonstrate this.	
5	We use person-centred support plans and reviews to enable people to think about their lives and what they want to change. We work together to make these changes happen. We support people to move towards their aspirations and contribute to their communities. Managers see themselves as responsible for making sure great planning takes place, that actions happen, and people are supported the way they want to be.	By April 2011

## Learning from individuals to inform strategic change

1	We do not have a way to systematically and strategically review our business/organisation.	
2	We undertake a strategic review of our organisation and involve employees in this review and decision-making about what we will do the next year. We realise we need to try to involve the people we support, families and other stakeholders in this process.	✓ Jan 2008
3	We have begun to consult with and directly involve people who use our services, families and other stakeholders when we review the service we provide. We then use this information to influence strategic decisions.	
4	We have established a range of mechanisms to enable people to comment on the performance and strategic direction of the organisation. We make sure that we use feedback from people's experiences to inform our future plans.	✓ March 2010
5	We have a way to ensure that everyone's experiences count when we review our progress. People who use services, their families and other stakeholders contribute their view about what is working and not working for them through person-centred (or outcome focused) reviews. We aggregate information from these reviews together with people and their families. This information sets the direction of the organisation and provides important information for our business and strategic planning. We feedback to people about the changes we have made in a way that makes sense for them.	By April 2011

# APPENDIX 2

## PERSONALISED SUPPORT COMPONENTS

### **One-off**

- Person-centred plan facilitation
- Service design
- Support design
- Benefit review
- Health and safety environment assessment
- Assistive technology assessment
- Housing brokerage
- Holidays

### **Defined term**

- Life skills training
- Social skills training
- Active support coaching
- Person-centred reviews
- Accessible communication
- Short breaks
- Behaviour assessment and consultation

### **On-going**

- Personal care and support
- Management of personal finances
- Sleep-in
- Waking night
- Housing-related support
- Staff management
- Staff training
- Staff recruitment
- Quality assurance
- Live-in support

# APPENDIX 3

## SUPPORT ADVISOR: JOB PROFILE

### **Reporting to:**

Head of Business Development

### **Job context:**

To support Dimensions to achieve the objectives laid out in the Business Plan and more local Regional Strategy, which underpin our growth agenda.

To be the key interface between Dimensions and existing/new customers linked to the regional modernisation programme and enquiries and referrals for personalised, individually funded packages of support.

To develop new partnerships, identifying, promoting and implementing opportunities for Dimensions to grow and diversify.

### **Job summary:**

To lead on the assessment, design and costing of individual packages of support, working in conjunction with the Regional Director, Business Development and Finance teams.

**The post holder will be required to fulfil the following:**

**Representing the organisation with existing/new customers**

- Following up initial enquiries and referrals by making contact and determining whether it is a referral we should pursue.
- Promoting Dimensions with the aim of generating enquiries and referrals.
- Meeting individuals, their families and circles of support to determine what support they may want and their available funding.
- Determine at an early stage the decision maker(s) re funding and contract terms.
- Develop a relationship with individuals, their families and circle of support to explore potential support options.
- Complete Expressions of Interest to potential customers of individual packages of support.
- Use the range of person-centred thinking tools and other relevant assessment and support design tools and resources to develop an understanding and 'picture' of what people want/need.
- To establish and maintain knowledge and understanding of the national and local external environment, identifying how Dimensions should respond.
- To establish and maintain an understanding of Dimensions' limitations in delivering personalised services within the area and of other providers with whom we could work to provide a holistic range of options.

### **Developing creative service designs with customers**

- Develop the service design based upon the information gathered and a comprehensive understanding of the customer's wishes and needs.
- Develop a framework for decision making that incorporates the wishes of the individual, their family and circle of support.
- Facilitate with the individual, family and circle of support an initial support plan and risk assessments using the service design and an understanding of the customer's wishes and needs.
- Facilitate the person-centred planning work.
- Liaise with Dimensions' in-house specialists as necessary for additional specialist support (e.g. Behaviour Analysts; Transitions Manager; Housing Team; Assistive Technology Officer).
- Develop the proposal and costing in accordance with the service design, support plans and risk assessments.
- Work with the decision maker(s) to reach an agreement re price and contract terms, negotiating within predetermined boundaries and using the Dimensions' templates.

### **Setting up of service**

- To project manage the development of new individually-funded packages of support, based upon the agreed service design, support plans, risk assessments and decision making framework.
- Draw upon Dimensions' resources, both specialist and business support as necessary, in order to develop the support package in accordance with the agreed service design, support plans, risk

assessments and decision making framework.  
Co-ordinate the inputs and contributions from all parties in the establishment of a person-centred support package in accordance with the individual's wishes.

### **Managing the critical relationships associated with the individual's support**

- Act as the hub both internally and externally.
- Nurture positive relationships with and between other professionals, family, Regional Director and operational staff, the Big Adventure Project Director, Community Contacts, Dimensions' business support departments etc.

### **Practice development**

- As a result of the newness of the Support Advisor role and the continued development of the Customer Journey initiative, to contribute positively to the on-going development of this work. This will include generating information to support the evaluation of the Customer Journey pilot work, active participation in Action Learning Sets and presenting information to internal stakeholders.
- To play an active part in the work of the region supporting joint working and developments across Dimensions.

### **The post holder will evidence the following behaviours through their daily work:**

- Ability to relate to families, including building trust, and being able to acknowledge Dimensions' limitations and acting at all times with empathy and authenticity.
- To develop own expertise, professionalism and credibility, keeping abreast of developments in the social care sector.

- To set personal challenges at work, producing personal action plans, reflecting and learning from mistakes, encouraging personal feedback as a tool for personal development.
- To influence others through appropriate leadership styles, interacting with others confidently and in a self-assured manner; demonstrating excellent interpersonal and communication skills to outline outcomes.
- To work flexibly as required, meeting the objectives of Dimensions.
- Working arrangements can include regular home working and may include significant travel and occasional stays away.

# APPENDIX 4

## SUPPORT ADVISOR: PERSON SPECIFICATION

### EXPERIENCE

- |  |           |
|--|-----------|
| 1 Significant experience in social care at a leadership level                            | Desirable |
| 2 Experience of supporting people with a disability                                      | Essential |
| 3 Experience of coordinating priorities and delivering outcomes                          | Desirable |
| 4 Experience of working with families  | Essential |
| 5 Significant experience of working with people with learning disabilities and/or autism | Essential |

### SKILLS

- |  |           |
|--|-----------|
| 6 Excellent communication skills, able to build positive relationships with internal and external contacts | Essential |
| 7 Skilled in assessment and service design   | Desirable |
| 8 Excellent project management skills and experience   | Essential |

9 Able to use person-centred thinking and planning tools Desirable

**KNOWLEDGE**

10 Knowledge of the social care sector Essential

11 Knowledge of best practice and individualised budgets Essential

12 Understanding of and commitment to equal opportunities and diversity, especially in relation to people with disabilities Essential

13 Knowledge of different models of support and their application Essential

**CIRCUMSTANCES**

14 Able to work flexibly when required, including undertaking significant travelling Essential

15 Ability to travel regularly across the region (public transport costs met) and less frequently to regional and national social care forums Essential

16 Hold a full driving licence and have access to a car (Essential car user allowance available) Desirable

# APPENDIX 5

## CONTRACT FRAMEWORK



### Customer Journey

#### Contract Framework

Individual Service Fund Agreement  
Individual Support Agreement  
The Dimensions Commitment  
Your Commitment

Approved Feb 2010

# Individual Service Fund Agreement

## Parties to the Agreement

Your name

Name of nominated person

Name of Dimensions Manager  
responsible for the service

Name of Support Advisor

**We are making this agreement because:**

- You are using your personal budget to buy services from Dimensions
- The Local Authority is buying services from Dimensions for you.

**Dimensions agrees to:**

- Only use your individual budget to support you, except for Dimensions' management costs which are:
- Keep some money for emergencies and this amount will be:

## Dimensions Contract Terms

### Service Details

Description of service to be provided

Cost of service to be provided

Approved Feb 2010

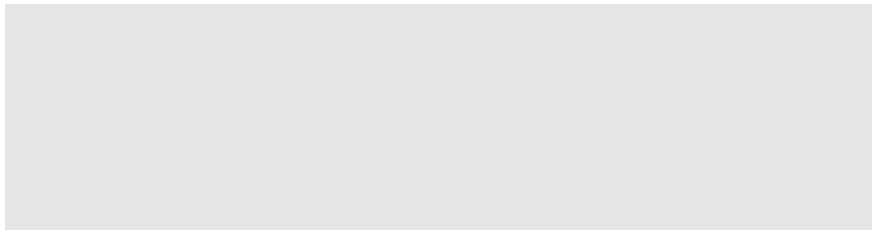
# Individual Support Agreement

There are notes in **red** which help you to fill in this agreement.

**This agreement says how I want to be supported and the responsibilities of Dimensions and the people it employs in providing this support.**

This Agreement is made between:

**Person we support:**



**(please write in your name and address here)**

and  
**Dimensions**

# The Dimensions Commitment

## **Dimensions agrees to do the following things for you:**

Always treat you, your family, circle of support and anyone who you choose to speak up for you with respect and courtesy.

Do *all* the things that are in your Support Agreement and Support Plans.

Work with anyone you choose to speak up for you. This could be your family, friends, advocate or someone from your circle of support.

Review your support with you every year. You can invite the person who speaks up for you and other people you want to invite.

- At this meeting you can make changes to your support plan and think about how you use your personal budget.

Keep records on the service we provide you up to date and to keep this private and confidential.

Keep up to date records on how your money is being spent and share them with you at each review or when you ask.

Review your support with your support staff and their manager regularly.

## **Help your staff support you well by:**

- Having a one-to-one meeting with every team member of your support team every 6 weeks.
- Have team meetings for your support team every 2 weeks.
- Providing training for your staff so they can support you well and keep you healthy and well.
- Having rules and ways of doing things that help staff support you well.
- Helping staff to think about things that Dimensions does well, what it could do better, and how to improve the support you receive.
- Providing opportunities for you to be involved in the supervision and annual appraisal of your support staff

Have insurances in place to cover our staff when they are supporting you.

Approved Feb 2010

## Your Commitment

### You agree to do the following things:

Tell the people supporting you what you think about your service.

- What is working for you
- What is not working for you
- What you would like done differently

Tell the people supporting you if you think your support needs to change.

Tell us a week in advance if you choose to cancel some aspects of your support.

Use our complaints procedure when you are unhappy with the support you are receiving. We will provide you (and your family, circle of support) with our booklet "how to make a complaint."

Use our easy to understand questionnaire which will ask for your views on how we can improve how we support you and communicate with you and your family/circle of support.

# APPENDIX 6

## RISK AND OPPORTUNITY

### POLICY

#### **1 Introduction**

- a** Dimensions strives to adopt a person-centred approach in its work. An important point of our work is to increase choice for people with learning difficulties. Our commitment to Person-Centred Planning emphasises our need to recognise and respond to the needs and aspirations of the people we support.
- b** The aim of this Policy is to create opportunities and to encourage risk taking by the people we support and by staff, as it is true that taking risks helps self-reliance and self-development. This encouragement must be balanced with the need to ensure the health and safety of our employees, the people we support and anybody else who might be affected.
- c** No potentially dangerous activities should be undertaken without first conducting a thorough risk assessment. In any event, support plans should be followed at all times.

#### **2 Taking risks - opening opportunities**

Taking risks is about everyday life. Walking around a town centre can involve a risk of traffic accidents. Playing sports carries a risk of injury from broken bones or pulled muscles etc. Holidays abroad could result in a plane or train crash. Nonetheless, people go shopping in town, play sports or go on holiday because of the benefits gained.

- a** Some people choose to take extreme risks because of the opportunities for self-development or for what social scientists call self-actualisation; what ordinary people call 'living life to the full'. The sorts of risks which people will take for this reason include things like bungee jumping, stock car racing, mountain climbing and so on.
- b** Dimensions as part of its individual approach to providing support will:
- always act to increase the opportunities available to people
  - support people in taking risks if this is needed to improve opportunity
  - never discount an activity as 'too risky' without good evidence that this is true
  - carry out an assessment of any new planned activity; these should adhere to the support plan and should be reviewed every 12 months or earlier if there is a change in health or circumstances.

### **3 Risk assessment as a tool for opportunity**

- a** Whenever a person with a learning difficulty has the capacity to make their own decision, they will be supported to do so, and the role of Dimensions' staff will be to support them if this is required. If staff feel that a decision is based on insufficient understanding of the risks involved, guidance can be offered, but there must be no attempt to coerce or restrain them, or otherwise forcibly change someone's mind. Everyone makes bad decisions as well as good ones and the right of every individual to do this must be respected.

- b** Some decisions that involve assessing risk may be made in advance while others may need to be made immediately. This policy is not meant to get in the way of the natural spontaneity of people's lives.
- c** Risk/Decision Making Assessment Form is to be used and is available via the intranet. Each assessment should be carried out by at least two people, so that it is based on more than one individual's perception of the risk, one of whom should be the person's keyworker where possible. The Home/Team Manager or the Area Manager should approve the assessment before the activity is carried out.
- d** If the risk outweighs the expected benefit this does not mean that the activity will be automatically ruled out. If the expected benefit has been identified as an important personal goal then staff are to look into introducing safeguards that will change the risk, as the activity might still be judged to be beneficial to somebody's self development. In some cases the risk will still outweigh the benefit. In these circumstances it can be helpful to consult with others who might be close to the person we support, such as relatives, friends or advocates, but ultimately the decision to carry out the activity will be decided by the Home/Team Manager or the Area Manager.
- e** If, following the consultation process, staff feel that the person they are supporting's best interests will be promoted by taking a risk which family, friends or advocates disagree with, then the managers should be prepared to support staff.

**f** One consideration which must be borne in mind is that most people are not required to be risk assessed, even when carrying out extremely dangerous activities. It is only where other people may be put at risk, for example the actions of a driver, that tests are required to be passed before they are able to carry out this activity. Therefore the aim should always be to respect the rights of the people we support and try to enable them to do the things they want to do.



## **RISK ASSESSMENT**

Ref. Number:

Personal Assessment \_\_\_\_\_ Date Assessed:  
\_\_\_\_\_

**Please use the risk assessment matrix when carrying out any risk assessments**

**What is the risk?**

**Risks identified:**

**Who might be harmed? (person supported, staff, contractors, public etc)**

**What is important to the person we support?**

**What is important for the person we support?**

**4+1 Questions**

**What have you tried?**

**What have you learned?**

**What are you pleased about?**

**What are you concerned about?**

**Given what you know – What next?**

**Do you consider this a deprivation of liberty?**

**(Yes – see separate guidance, No – No Action)**

--

<b>Consequences if we do nothing?</b>			
	<b>Impact</b>	<b>Opportunity lost</b>	<b>Severity of risk</b>
<b>To the person we support</b>			
<b>To friends / family</b>			
<b>The community</b>			
<b>The company</b>			

***Are there any triggers to the risk occurring e.g. behavioural traits?***

--

**What support measures are in place (what are you going to do to prevent things going wrong, include training etc)? Also add any additional support you find when you review the assessment.**

<b>Who</b>	<b>Will do what</b>	<b>By when</b>

<b>Evaluate the residual risk after all support measures are in place (how much risk is left now?)</b>	<b>Severity of residual risk</b>

**How will you monitor this/What would success look like?**

**Review as appropriate to the person's needs, Please circle the box below (Yes or No) if there was a change or not**

Change yes or no	1 Yes or No	2 Yes or No	3 Yes or No	4 Yes or No
------------------	-------------	-------------	-------------	-------------

1. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
3. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
4. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS TO STAFF** (continue on separate sheet if necessary)

Completed by: \_\_\_\_\_ Review risk on (date): \_\_\_\_\_

**THE MANAGER SHOULD CONSULT WITH THE RELEVANT PEOPLE AND RECORD THE RESULTS BELOW**

CONSULT IF APPROPRIATE: (to secure where possible acceptance of risk)	INDIVIDUAL	FAMILY	AREA MANAGER	MEMBER OF CARE STAFF TEAM	CARE MANAGER	OTHERS (State who)	OTHERS (State who)
--	------------	--------	--------------	---------------------------	--------------	--------------------	--------------------

SHOULD THIS PERSON BE CONSULTED (Y/N)							
DATE OF CONSULTATION							
STRATEGY AGREED (Y/N)							
SIGNATURE OF PERSON CONSULTED							
Signature of Manager: _____ Date : _____							

# APPENDIX 7

## PERSON-CENTRED REVIEWS: FROM INDIVIDUAL TO STRATEGIC CHANGE

Author: Paul Pargeter, Best Practice Manager

### INTRODUCTION

There is an expectation from all quarters for more and more individualised services for people with learning disabilities. The same desire comes from within Dimensions; find a way to listen to the people we support, help them to have a better life and adapt the way our services are delivered according to what they tell us.

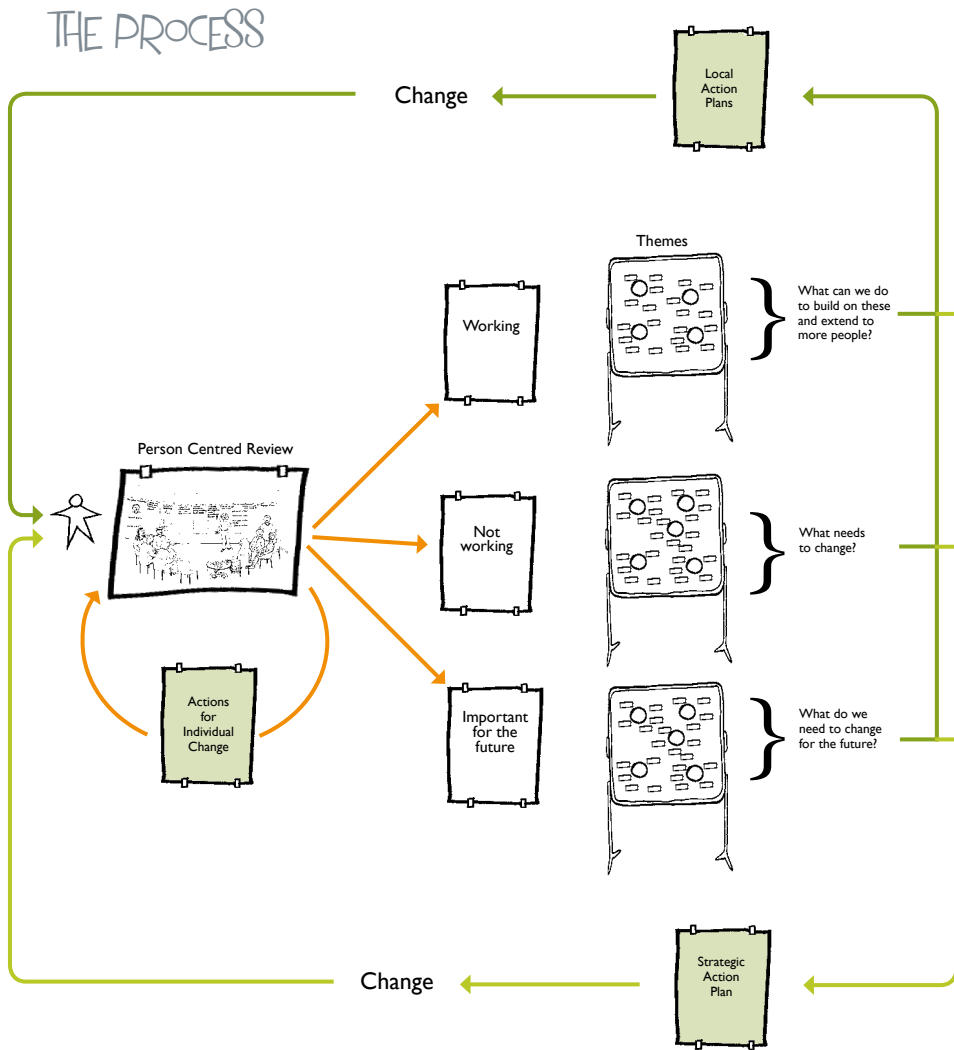
Person-Centred Plans battle away with the systems in place, so it is clear that we need to inform our systems of person-centred information that will help positive change, so that individuals' goals and dreams do not seem so far out of reach. One quite simple and practical way of doing this is through the use of person-centred reviews. Developed by Helen Sanderson Associates, person-centred reviews is a different way of doing reviews, using person-centred thinking tools and the principles of person-centred planning to ensure people are heard and actions move the person towards a better, more inclusive, life.

Over the next two years Dimensions is training all managers in how to facilitate person-centred reviews. The expectation is that individuals will be supported to take more control of their review, and consequently

their life and support. Furthermore, the information coming out of person-centred reviews will directly influence strategic change: within a service, within a region and across the organisation, using the *Working Together for Change* process.

This paper outlines how this intends to be done and adds clarity to some of the practicalities that require attention.

Taken from 'The working together for change' process, Helen Sanderson Associates



The process is designed under the shadow of the big question: "How do we listen to everyone - including those who do not use words to speak - and not only help them plan better lives for themselves, but use this information to design how whole services are designed and delivered?" If well executed, it is a potential solution.

### **The Review**

Using person-centred thinking skills and tools, the review results in us seeing the person more deeply and help us listen carefully to how best to support them and act on what we have learned. The questions in the review draw out what is working and not working in the person's life and focus on what is important now and in the future. The aim is to safeguard or build on what is working and correct or stop what is not. There are different ways to do this, but in the end what we hope to have is some really person-centred information on which to base our forward movement. The most obvious is that the individual and those around them get on and plan how best to improve life for the person.

### **Make the information usable**

At this stage we begin to gather the important issues from people's reviews. The most important points from the questions: what's working? what's not working? and what's important to the person? need to be gathered together in a clear form.

### **Gather themes**

The information then needs to be clustered together or themed. This is usually done in a workshop setting where a group of the people involved can decide themselves what to name these themes. We now have a set of different headlines that represent what people are experiencing and prioritising.

## **Analyse**

Now we have the information grouped together, we need to understand it and act appropriately. This depends on the information you have of course. 'What's working' information will mean that we may need to look deeper in order to find out the key to success and use this to replicate it elsewhere, or it may mean we simply share it across the organisation so others become aware of it. 'What's not working' will no doubt raise issues to resolve.

## **Action plan**

If this information is to generate real outcomes, then we need to action plan, and this action will be intended to drive our strategy, regionally and centrally.

## **Share information**

Figuring out who needs to know will take place at the end. A crucial part of the process is to complete the loop and feedback to those from where the information came.

# THE TRAINING

## **What is the content of the programme?**

This is a four-part programme that begins by setting person-centred reviews in a local and national context and introduces person-centred thinking tools and reviews to inform better lives and services for people (1). Managers will be trained as facilitators (2), and then coached through their first review (3). It ends by sharing progress and learning with managers and action planning to identify the next steps for the organisation (4).

### **Who is involved (attends, facilitates, organises)?**

#### **Part 1:**

We start with a vertical slice of the region. Senior managers, managers, plus some support staff and a local authority representative may be invited (up to 20 people in total).

#### **Part 2:**

The person-centred review training is attended by all managers, region by region.

#### **Part 3:**

The coaching takes place on one day with all managers invited to share and review their experiences, with time taken to consider improvements and celebrate successes. We will randomly select individual managers to coach throughout the process.

#### **Part 4:**

The same group as those in part one get together to see what the reviews are telling us on a collective basis, with time taken to analyse outcomes and action plan. This is a day that can be arranged as part of the regional management team meeting or can be a larger celebration event that is hosted and paid for by the region.

The whole programme is facilitated by Dimensions' trainers (Leanne Geritz, Paul Pargeter and Liz Black), having completed the HSA train the trainer course. Administration is undertaken by the Dimensions' Learning and Development department.

### **Where will it take place?**

The training will take place locally as each region takes up the training in turn. Some regions have been grouped together for practical reasons.

## CONCLUSION

Our aim is to help everyone we support have a person-centred review by April 2011. Of course, some will begin before that as the training is rolled out and some have already experienced person-centred reviews through smaller programmes and initiatives across the country.

The process, I'm sure, will develop and refine as it progresses. We are embarking on a course that will hopefully pull together real issues from real lives and have a meaningful impact on the strategic course of the organisation. The real aim - to help people have better lives.

Social care is undergoing a radical change. Government policy, set out in Putting People First, made it clear that services must be provided in a personalised way in future. Moreover, the Government has also announced that, from April 2011, all new entrants to social care will be offered control of their own personal budgets. For service providers these shifts in policy are welcome but pose a big question: how should they respond?

As a major provider for people with learning disabilities and autism, Dimensions is now transforming its services to ensure it can respond flexibly to people with a personal budget who want bespoke support. That transformation will however, require nothing short of root and branch changes to its policies, practices and culture. This book describes the journey Dimensions has embarked upon to tackle this major programme of change, from early faltering steps to a clear, focused strategy involving all sections of the organisation from family support to staffing, governance to marketing, finance to IT.

Dimensions shares this honest and frank account of its journey in the hope that it will help other service providers to venture more confidently on their own journeys of change and renewal.

**"Making it Personal** offers insight into leading edge practice that may help other organisations better understand the implications of personalisation. Dimensions have comprehensively set out how they have started transforming their systems, which if followed through, may help them achieve better outcomes for the people who use their services."

Dr Sam Bennett, National Personalisation Advisor for the Putting People First Team, Department of Health