

Individual Service Funds

LEARNING FROM INCLUSION'S 18 YEARS OF PRACTICE

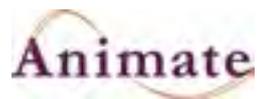
by **Animate**



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Research by



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Animate Research Team:

Jo Kennedy, Duncan Wallace, Sarah Jane Allan, Lesley Jaap, Hugh McIntyre ,
Catherine O Donnel, Dawn Snoulton and Julie Stewart

People Inclusion works for:

Tommy Robson, Fraser Nixon, Linda Rothnie, Mary McKinlay, Sadie Wright,
John Leggatt, Elaine Beaton, Andy Bryce, Pamela Cunningham, Martin
O'Donnell, Billy Mortimer, Glen White, Mandy Twilton, Hugh McIntyre,
Sarah Jane Allan, Morag McArthur, Mark Tazare, Kelvin Conway, Catrina
Ferrie, Leslie Jaap.

Family Members:

Jaynie Mitchell, Irene Haddon, Euan Mitchell and Mrs Twilton

Statutory perspectives:

Isobel Crawford - Social Work Commissioner, Glasgow.

Morris Howat- Senior Social Worker, North Lanarkshire.

Morag Dendy - Social Work Commissioner, North Lanarkshire

Christine Murdoch – Care Manager, Glasgow

CONTENTS

PREFACE	6
SUMMARY	8
INTRODUCTION.....	17
METHODOLOGY.....	18
IMPACT FINDINGS.....	21
KEY FACTORS.....	24
IMPACT RECOMMENDATIONS.....	32
PROCESS FINDINGS	35
PROCESS RECOMMENDATIONS.....	36
OPPORTUNITIES	37
CONCLUSION	40
INFORMATION	41

PREFACE



18 years ago (on 15th February 1996 to be precise) I met with John Dalrymple to agree the creation of Inclusion. So began the most important, exciting and, at times, nerve-racking phase of my career. In a few short years we had helped 50 people escape institutional care and move to their own homes, with their own support and with their own budgets - what we called their Individual Service Fund or ISF.

Some times when you are involved in doing something innovative you can find that, after the initial excitement has worn off, the principles are lost and the reality can be a little disappointing. But not this time. Fast forward to 2014 and I am lucky enough to be able to read how Inclusion has changed, developed and improved.

It is so encouraging to find that:

- ❖ People's lives have improved radically, and they have kept on getting better
- ❖ Inclusion works - people now have friends and family in their life
- ❖ Inclusion is a place of citizenship, where those get support are equal with those who work with them
- ❖ It's efficient - using money flexibly, creatively and positively - reducing paid support by 44%

If I have any disappointment it is that so few people with disabilities or their families get to enjoy the benefits of this kind of flexible support. Today families and individuals are forced to choose between either having to manage direct payments and staffing, all by themselves, or having to accept services that don't don't work in a spirit of true partnership.

Why is this? Why are so few places and so few organisations using Individual Service Funds in order to work differently?

I suspect there are many reasons. Sometimes services are not trusted by local government and the NHS to work flexibly; and sometimes services don't even trust themselves to work differently. So families and individuals simply don't get the chance to get good flexible support - which they can control - without all the complexities of direct payments or employment.

But it's also true that those of us who invented this model have spent too little time explaining it to others. Although I have written much and been involved in many different projects to promote citizenship and self-directed support, I don't think I've done enough to explain the simplicity and the benefits of Individual Service Funds. And so I am thankful to Inclusion and to Animate for giving The Centre for Welfare Reform the opportunity to publish this important piece of independent research.

This report should make commissioners sit up and think. The easiest way for them to promote self-directed support and greater citizenship is to enable service providers to work in genuine partnership with people. They need to free services from cumbersome and controlling contracts and to enable services to manage individual budgets on behalf of individuals and families. This is legally and technically very easy, and it opens the door to a whole range of innovations.

I also hope providers begin to realise the opportunity they are missing. They should be collaborating and encouraging commissioners to allow them to experience a whole new way of working. This will enable them to do whatever is necessary to enable disabled people, people with learning disabilities, people with mental health problems, people with dementia or with chronic health conditions to achieve full citizenship.

Finally I hope this report provides some hope to all those disabled people and families who feel that, in order to do anything good, they are being forced to do everything for themselves. Too often this is still true; but it doesn't have to be true. A real shift in power, with professionals, individuals and families working as equals, is possible. Challenge local organisations to work with you. Challenge the system to allow you control, without having to bear every burden.

We are still at a very early stage in moving power and control to disabled people and their families. But, as Inclusion has shown, Individual Service Funds are one tool that can make a big difference.

Simon Duffy 2014

SUMMARY

The following evaluation report is a wholehearted endorsement of the difference Inclusion has made, and continues to make, in the lives of those it supports. It highlights areas where more reflection is required, and improvements could be made, and it illustrates how the organisation can continue to learn and develop through building a self-evaluation process into the way it works.

The evaluation took place between April – September 2013. Jo Kennedy and Duncan Wallace from Animate, working with a team of 3 ‘peer’ researchers, who receive support from Inclusion, and 3 staff members, carried it out. The methodology was designed to build the expertise held by those supported by Inclusion and by staff and make use of the fact that those known and trusted by an individual are more likely to be able to get the ‘full story’ than an outsider. We aimed to ensure that all learning stayed firmly within the organisation and to analyse the findings and devise recommendations collaboratively, to ensure greater ownership and momentum for change.

The Inquiry Group met 5 times, devising an evaluation framework and a process to test it out, and coming back to together to analyse findings and develop recommendations. The evaluation scored interviewee responses to 7 statements:

- ❖ I have freedom
- ❖ I have choices,
- ❖ I am happy,
- ❖ I make a contribution,
- ❖ I have friends,
- ❖ I am confident and
- ❖ I have a sense of home.

They scored twice, once for before they received support from Inclusion and the second time for now.

Individual interviews were carried out with roughly one third of those supported by the organisation. A further sample of staff members, commissioners and family members were interviewed by phone or in a focus group and another sample of 25 stakeholders was consulted at the Inclusion Showcase event in June.

Findings

It is clear that there have been huge improvements for every individual interviewed, with average scores moving from 2 to 6. One of the few examples where the data pattern changes, was when we looked at some of the newer, younger clients who are still at home. They are already starting from a point of having a sense of home and belonging, yet there are still considerable increases in scores for happiness, choices, freedom and making a contribution.

Those clients who came from Lennox Castle hospital originally had particularly low scores for life before Inclusion. The difference between life in Lennox Castle and being supported to live in the community was so marked that most went from 0 to 7 on almost every outcome.

Those interviewed had a wealth of stories, which illustrated the differences they were experiencing in their own lives, or that they saw in the lives of those they loved or were supporting. Their stories focused around increasing confidence, making friends, being included in the community and making a contribution.

The stakeholders at the Showcase Event were asked to identify what it was that made the difference in people's lives. 32% of the difference was attributed to Inclusion with other significant factors being: family, friends and participation in social activities.

All interviewees were asked to identify what Inclusion does that makes a difference. Their answers included: believing in people, which enables them to believe in themselves; recognizing that those they support need to find meaning and purpose in their lives; being there for the long haul and taking risks.

Inclusion were seen as different from other providers by many carers. Carers noted Inclusion adopted a creative approach, were careful about matching staff, provide consistency and supporting circles of friends. They were keen to promote equity and to enable those they support to be in control as much as possible.

Inclusion has been quick to adapt to changes in the context. Their approach has always been person centred, but in recent years they have sharpened their focus on personal outcomes for individuals. Inclusion is recognized by commissioners as reducing the need for other services such

as criminal justice. Inclusion has managed to reduce the amount of care provided to individuals over the years.

The table below illustrates the reductions in support for 12 individuals who have been with Inclusion for several years. This table compares the current support hours that each person has against the hours that they had in 2008 (or later in two instances). The average reduction is by 44% in 5 years.

Individual	Support hours 2008	Support hours 2013	% reduction
a	67 hours	49 hours	27%
b	52 hours	19 hours	64%
c	43 hours	22 hours	49%
d	98 hours plus sleepover	71.25 hours plus sleepover	27%
e	98 hours plus sleepover	49 hours	50%
f	51 hours plus sleepover	25 hours	51%
g	45 hours sleepover	14 hours	69%
h	15 hours	7 hours	54%
i	130 hours (some 2:1)	105 hours (very little 2:1)	20%
j	28 hours (2009)	24 hours	15%
k	55 hours (20012)	34 hours	39%
l	108 with s/o	30 hours with no s/o	73%
		Total Average	44%

Recommendations

BOUNDARIES

Flexibility around boundaries is one of Inclusion's key strengths. Neither individuals nor families highlighted it as an area of concern, but some staff and commissioners were worried and felt that more work needs to be done by the organisation on 'the friendship policy', keeping in mind both the huge potential for connection provided by staff and their families, and at the same time the risk of 'pretence' and causing undue pain to individuals. *Altrum* is already investigating this issue and it will be important for any findings from its' study to be discussed by the whole organisation.

MATCHING

Inclusion is good at matching and forming balanced teams. As Individualised Budgets become the norm, many individuals will need support to take more control, and attention needs to be paid now to facilitating conversations with all individuals on the sort of team they want. Staff will need to improve their understanding of the new financial arrangements in order to support individuals make informed decisions about their care and support.

REDUCING SUPPORT

Inclusion needs to be clear with commissioners and with individuals and their families, both about where it has made cuts in support (as illustrated in the table above) and where it opposes them in the interests of the individual.

OUTCOMES FOCUS

Inclusion needs to maintain and develop the outcomes focus it has adopted in recent years.

WORKING WITH FAMILIES

Although most families are strongly supportive of Inclusion, there were one or two who voiced concerns. Prioritising listening and giving support to families will become increasingly important as Individual Budgets take effect.

REDUCED USE OF OTHER SERVICES

More work could be done to quantify how Inclusion reduces use of other services, like criminal Justice. By developing a stronger understanding of how Inclusion's impact helps health improvement, there may be more possibilities to do more joint working with other services e.g. health improvement work that focuses attention on those suffering from health inequalities.

BEING A GENERIC PROVIDER

The approach adopted by Inclusion means that it can easily tailor the support it provides to any individual. This is well understood by North Lanarkshire's commissioners, but less so far in other local authorities. As we move into a context where all individuals will be purchasing their own services, Inclusion needs to become more adept at articulating who it is able to support and how.

STAYING SMALL BUT EXPANDING PROVISION

There are opportunities for Inclusion to expand and at the same time, maintain its commitment to staying small. Inclusion could build on its current work on self-directed support with young people in North Lanarkshire, or provide consultancy on the development of person centred practice in other providers, statutory and voluntary.

STAFF SATISFACTION AND STAFF NEEDS

The flexible approach offered by Inclusion could potentially come at a high cost to staff. A staff survey is already being undertaken and the recommendations will need to be built into future organisational planning.

STAFF TRAINING AND DEVELOPMENT

The organisation needs to be aware of outcomes that are being advocated for people receiving support at a national level, and all staff need to understand best practice in outcomes thinking as represented by the *Keys to Citizenship*, the *Senses Framework* and *Talking Points*. This may require specific training and ongoing awareness raising.

REPETITION OF THE PROCESS

The evaluation provides a baseline for the 24 individuals who used the framework. The Inquiry Group recommended that it is used as such and that these individuals are interviewed again at regular intervals, to see how their scores have changed. This will enable the organisation to track continuous improvement.

MEMBERS OF THE GROUP

The peer researchers involved really enjoyed the process and contributed a lot to it. They will want to consider how to build on their experience either personally, or through continuing to contribute to evaluation opportunities, such as *Inclusion Ears*, within the organisation.

OPPORTUNITIES WITHIN CURRENT POLICY CONTEXT

Inclusion has always been a progressive organisation. It has always worked hard at being person-centred and has much good practice to share with other providers and particularly with the NHS. The organisation may wish to consider ways in which it might share build on its reputation and share its expertise with others.

The evaluation demonstrates that working in the way outlined in the Self-Directed Support Strategy is an ongoing challenge and there is no room for complacency, but the principles and values it promotes are built into the DNA of Inclusion and do not require major changes in structures, or culture.

Inclusion is already clearly using a personal outcomes approach, on an individual basis, as demonstrated through the evaluation. The framework outlined in *Talking Points*, forms a useful basis for an organisational logic model in which Inclusion demonstrates how it achieves these outcomes across the whole.

Simon Duffy, the founder of Inclusion, has recently written a paper for IRISS, *Imagining the Future: Citizenship*, in which he asks how can we be a society where everyone is supported to be an active citizen? Inclusion, with its inherent belief in the capacity and giftedness of every individual, is in an ideal position to continue both to work on this challenge itself, and to support others to do so.

Conclusion

Inclusion emerges from this evaluation as an organisation, which is committed to working with individuals towards making the differences they want in their lives. There is a lot of evidence to suggest that it does just that. Inclusion also emerges as an organisation which is 'light on its feet' able to adapt and change as necessary to suit the needs both of the individuals it supports and the demands imposed by new commissioning and funding arrangements. At the same time it has no hesitation in contesting funding decisions, which it feels are unfair to the people it supports.

Inclusion was keen to try a new and different way of undertaking this evaluation, which it felt fitted with its ethos. Throughout the process, it has displayed an attitude of openness and transparency and a real desire to learn. There are areas in which it is essential that the organisation keeps learning. These include: how to address the most difficult challenges for the people it supports and how to take risks in a way that feels safe for individuals, their families, staff and commissioners.

At the same time it might be time to recognize and publicise how much wisdom and experience it has to offer the health and social care sector on current policy requirements such as being person centred and outcomes focused.

INTRODUCTION

In April 2013, Inclusion commissioned Animate to undertake an evaluation of the impact of its work. Specifically the evaluation aimed to provide the organisation with a clear analysis of the difference it makes to the quality of life of the individuals it supports.

The evaluation came at a time when Inclusion is undergoing internal structural changes to meet the demands of an extremely challenging funding context, so that pressure on staff at all levels of the organisation has been increasing and is likely to continue to do so.

The move to Personalisation, Self-Directed Support and Individual Budgets is entirely congruent with the underlying ethos and values of the organisation. However the accompanying budget cuts which have taken place, and the further ones in the offing, require Inclusion to be completely clear about how it makes best use of all available resources to ensure that the quality of life of those it supports continues to improve and that they achieve their desired outcomes. There continue to be significant risks to funding and support for disabled people:

Universal services that are seen as valuable to 'everyone' are protected, while cuts are targeted on those that have less popular support - disabled people, benefit claimants, social services and local government

Simon Duffy, Imagining the Future: Citizenship

Overall, this evaluation report is a wholehearted endorsement of the difference Inclusion has made and continues to make in the lives of those it supports. It also highlights areas where more reflection is required, and improvements could be made, and it illustrates how the organisation can continue to learn and develop by building a self-evaluation process into the way it works.

METHODOLOGY

This is the third external evaluation, which Inclusion has commissioned in its 18 year history. It builds on the finding of *Everyone Matters* (2004) and *Beyond the Ordinary* (2008) and deliberately sets out to gather quantitative data in relation to outcomes for individuals, and what impact achieving outcomes has on their quality of life.

The participative evaluation process used aimed to:

- ❖ build on the knowledge and expertise held by those supported by Inclusion and by staff
- ❖ make use of the fact that those known and trusted by an individual are more likely to be able to get the 'full story' than an outsider
- ❖ ensure that all learning both about the organisation and the process stayed firmly within the organisation
- ❖ analyse the findings and devise recommendations collaboratively to ensure greater ownership and momentum for change.

The process involved inviting 3 people supported by Inclusion (peer researchers) and 3 staff members, to form an Inquiry Group with Duncan Wallace and Jo Kennedy from Animate. Inquiry members were selected, by Inclusion, on the basis that they both had an interest in evaluation and time to put into the project. The group met 5 times between May and September. In between meetings group members carried out interviews with others supported by Inclusion and with staff and family members.

18

1. DEVSING THE EVALUATION FRAMEWORK

The first meeting of the Inquiry Group was dedicated to devising the evaluation framework. All members of the group were asked to tell a story about the difference Inclusion makes in their own lives, or in the lives of someone they know well. Images were used to help them capture the difference visually.

As members of the Inquiry group listened to each other's stories we began to pull out common themes that captured the nature of that difference. These were: I have freedom, I have choices, I have a sense of home, I feel confident, I have friends, I am happy, I make a contribution.

These themes were mapped on to a wheel, with two spurs left blank for individuals to fill in, if they didn't feel the difference made in their own lives was adequately covered by any of the ones identified. We used the data analysis process described in the *IRISS Outcomes Toolbox* to synthesise all the data generated.

Items were rated starting at 1 (lowest score) in the hub and ending at 7 (highest score) at the circumference. Post-its were used to record what made the difference identified in relation to each outcome. Examples included: support from Inclusion staff, the intervention of the care manager, having a girlfriend and living in their own home.

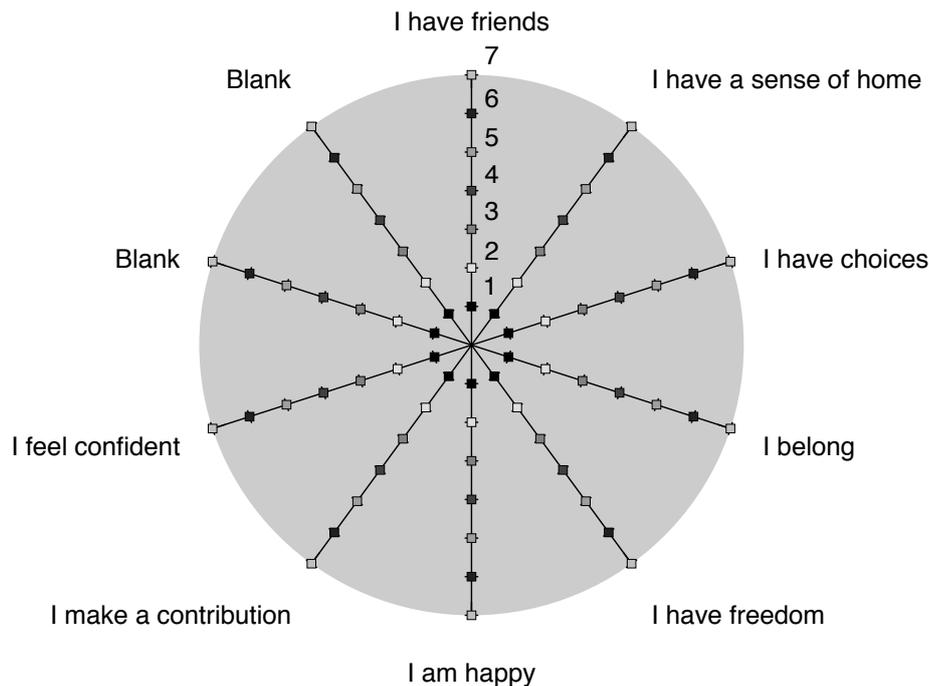


Figure 1 The evaluation framework

Inquiry Group members agreed to use the framework the images and the post-its as the process by which they would gather information during interviews. Each member of the Inquiry Group was sent an interview pack containing A3 evaluation templates, postcards with images on them, pens, and post-its.

2. INTERVIEWS WITH THOSE SUPPORTED BY INCLUSION

The main method used to gather information was face-to-face, in-depth, semi-structured interviews with people supported by Inclusion and their families. These interviews were carried out between May and September. Interview data was discussed and reflected on at each Inquiry Group meeting over the summer, allowing the process to become iterative, with later interviews refining and building on data gathered during the first ones.

Interviewees were selected by Inclusion. They included: people living in North Lanarkshire as well as in Glasgow; people with a wide range of differing support needs; a cross section of ages and gender and people who had been supported by Inclusion for a long time, as well as those who were new to the organisation. Twenty four people were available and willing to be interviewed in the timeframe, representing 45% of the individuals supported by Inclusion..

Interviewees were asked to rate their lives before they were supported by Inclusion, and now, against the spurs of the wheel. They were invited to discuss what had made the difference, if there was one, and to select an image, which captured the difference. Interviewees were also asked what Inclusion could do to increase their score. Although we tried to make the methodology as inclusive as possible, some interviewees needed support from family and staff who knew them well, to participate in the research.

The Animate researchers were not involved in the face-to-face interviews but facilitated the debriefing at each of the Inquiry Group meetings and supported the Group to plan their next steps.

3. STAKEHOLDER INTERVIEWS

The Animate researchers also undertook telephone interviews with family members, circle members and commissioners using a semi-structured interview process. In total 4 family members and 4 commissioners of support, were interviewed.

These interviews sought to gain another perspective on the impact of support on the lives of individuals and included enquiry into who or what was making the difference. We wanted to discover if there was a wider impact in terms of benefits to the community or wider society.

4. MULTI-STAKEHOLDER EVENT

Early on the process, it was decided to use the opportunity presented by Inclusion's Showcase Event on June 4th, to gather further information. A particular ratings process was devised which included asking respondents to analyse the differences they saw in the lives of individuals, and to assess the part Inclusion played in that.

This enabled us to gain a new perspective on what people believed to be the real outcomes (rather than just the ones Inclusion hopes to achieve) and to use the *Social Return on Investment* (SROI) attribution tool to reflect on who was responsible for making the differences identified. 25 stakeholders including commissioners, staff, family members and individuals supported by Inclusion took part in this process.

5. STAFF FOCUS GROUP

As the research went on it became clear that we were not gathering enough detailed information about what really made the difference in the lives of individuals and how much Inclusion played a role in that. We decided to invite staff to a focus group to examine these questions in more depth. 4 staff from across service areas, attended the focus group which was held in August, and built on the findings already generated through the interviews.

The staff in the group came from across the two main geographical areas (Glasgow and Lanarkshire) and were drawn from those who provided the most support to individuals. Their comments are based on first hand experience with a total of 26 service users, of which 18 have lived in long term institutions, 15 are in Glasgow, and 11 in North Lanarkshire. Some of the staff had been with the organisation for a long while, others had joined recently.

6. ANALYSING THE DATA

Collecting the data from different sources meant that we were able to compare and contrast findings. The Inquiry Group acted as the main forum for this on an ongoing basis throughout the 5 months of data collection. We undertook some synthesizing of the evidence and presented our first thoughts on findings to a final meeting of the Inquiry Group on 2nd September. These were discussed and added to and a number of recommendations developed, which are outlined below.

IMPACT FINDINGS

The research found that there had been very significant increases in the quality of people's lives across all areas.

The following chart shows the composite picture of all 24 individuals who used the framework. The red line shows where they were before they were supported by Inclusion and the green line shows where they are now.

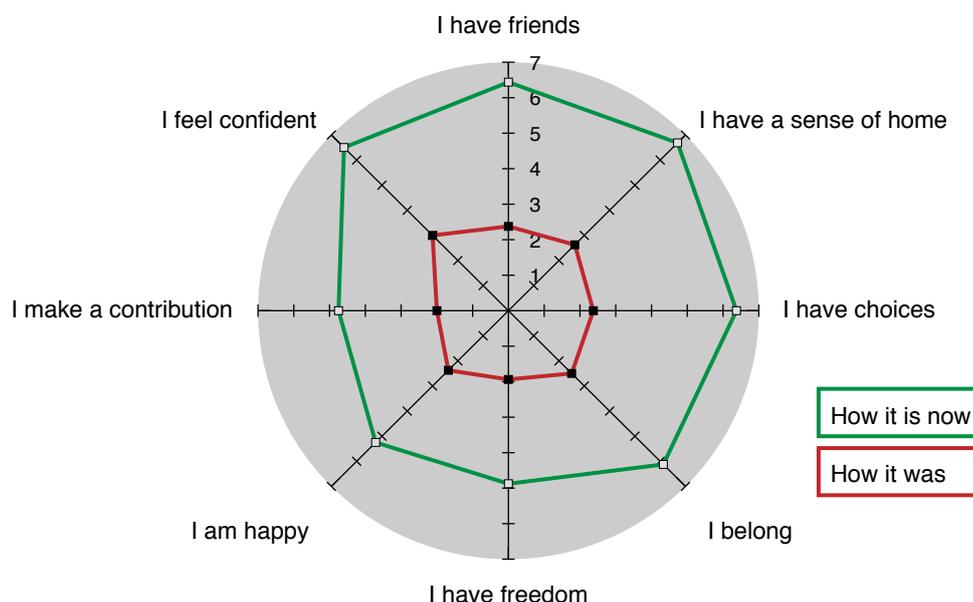


Figure 2 Composite of all 24 evaluation results

It is clear that there have been huge improvements in relation to each one of the quality of life outcomes with average scores moving from 2 to 6. We also looked at whether there were any differences in scores between those who have come from the long stay institutions and have been with Inclusion for a long time, and those who represent the newer clients. Overall the answer was not really, although those who had originally come from an institution were more likely to score a slightly higher difference on I have freedom and those who were newer to Inclusion scored slightly higher both on I am happy and I make a contribution. That said, the sample group was small, so individual opinions carry a strong weight.

One of the few examples where the data pattern changes was when we looked at some of the newer, younger clients who are still at home. Then the data shows that they start with a sense of home and belonging, but there are still considerable increases in scores for happiness, choices, freedom and making a contribution.

Those clients who came from Lennox Castle hospital originally had particularly low scores for life before Inclusion. The difference between life in Lennox Castle and being supported to live in the community was so marked that most went from 0 to 7 on every

outcome. The Inquiry Group's reflection was that it will be interesting to use the tool again in a year or two's time, extend the score sheet to 10, and compare their scores then with the baseline established now.

Those interviewed had a wealth of stories, which illustrated the differences they were experiencing in their own lives, or that they saw in the lives of those they loved or were supporting. We have extracted a few which illustrate four of the major themes.

1. INCREASING CONFIDENCE

The most significant change experienced by almost the individuals who took part in the evaluation, was an increase in confidence. This manifested itself in different ways but one young man's story captures much of what was said. The peer researcher who interviewed him had known him for many years. She couldn't get over the difference she noticed in him. 'he looked me straight in the eye'. Staff noted that when they first met him, he had only participated in activities when he had a clear script to follow, his speech pattern was quite repetitive and there was no eye contact.

Now he has greater confidence in speaking on the telephone and uses strong words. And he recognized it himself: 'I now have a circle of friends to go to night clubs.' For staff, 'the fact that he is in a night club is huge.'

One parent clearly attributed her son's increase in confidence to the support of staff: 'The workers brought him out of himself. He has now got a fantastic life.'

2. FRIENDS

For two interviewees having a girlfriend or boyfriend had made all the difference in their lives. Having friends at all was a big difference noted by many others.

I now have a lot of people to talk to, I am now very well connected in the community. I can go out in my local area where I couldn't before.

Some of them commented that they now have new friends, the kind who don't get them into trouble.

I had no friends in Lennox Castle, whereas now I have lots of friends in my life.

Several commented on the fact that they were now more comfortable seeing people in groups and in a variety of settings, rather than just 1:1 in a very familiar setting. We heard several examples of getting friends together, even organising their own holidays or day trips.

3. BEING INCLUDED IN THE COMMUNITY

Many people talked about getting out and about much more, which was also highlighted by families. One young man's brother chose a postcard with a fish swimming with other fish in a pond to illustrate his brother's life now – because it shows how for the first time, he really is part of the community. Another man spoke about how his support worker was getting him out to more places. He now knows bus routes and can go anywhere.

He has developed all sorts of interests, for example he loves his music, he has developed a love for second hand shops and cricket, all of which have been developed by Inclusion's support. (parent)

4. MAKING A CONTRIBUTION

For some people making a contribution figured very significantly in their lives. One young man is a member of the *Youth Parliament* and volunteers at a charity shop. Another interviewee knits cardigans for babies and paints plates to give away. But overall 'making a contribution' was a concept which many of our interviewees particularly related to, and there were not many examples of it. One of the issues this raises is how we define 'making a contribution' particularly in relation to people with very high support needs. It was an area, which we felt we could have explored further, both as a research team and within individual interviews.

KEY FACTORS

Inclusion works with people to bring about positive change in people's lives, but it is not responsible for all positive changes. There are many factors, and Inclusion support changes because of some key factors within its way of working.

The data gathered in the 24 in depth interviews – reported above, correlates generally with the picture painted by the 25 mixed respondents at the Showcase Event in June. They used a rather different evaluation framework, but it generated a very similar picture of what Inclusion is good at, which is illustrated below. There were no before and after scores but participants were asked to rate Inclusion in relation to the outcomes they selected. As the diagram below shows, Inclusion was rated highly across the board.

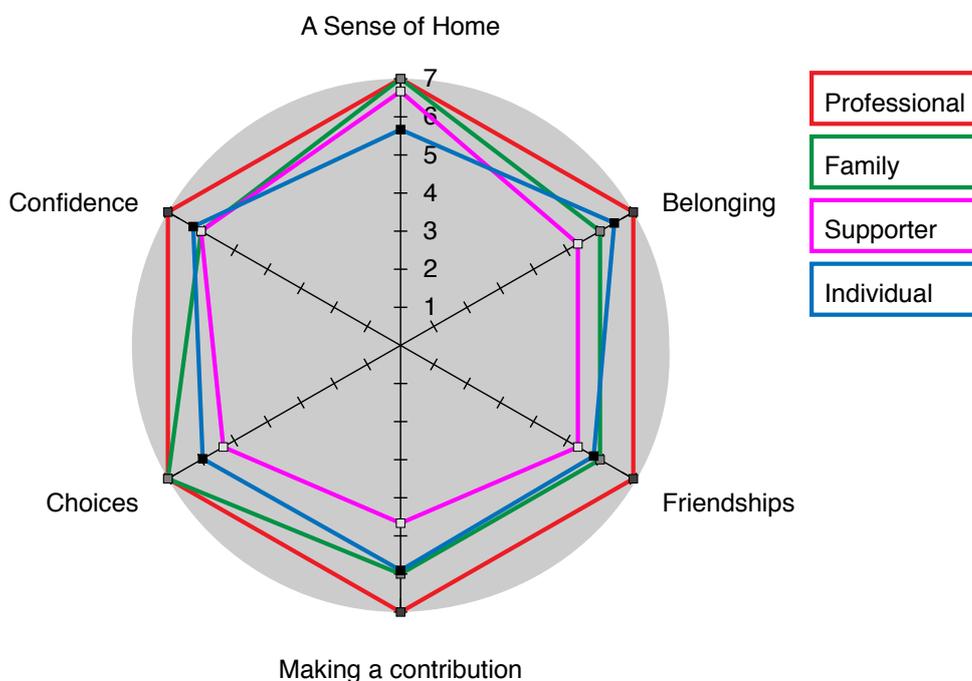


Figure 3 Impact of Inclusion as judged by 25 participants at event

23 of those at the Showcase event examined in some detail what makes the difference in people’s lives. They were each given two attribution wheel diagrams, one of which gave examples of what made the difference, the other of which was left blank for them to fill in. Most people did not follow the categories on the example, but gave specific examples, which were personal to their own lives.

32 % of the difference, by far the biggest share, was attributed to Inclusion. 22% attributed the difference to family and 14% to friends. It is encouraging to see that many people (13%) identified that they themselves should take some credit for their growth. Quite a few people cited their participation in social activities. Examples included art classes, their local clubs (bowling/zumba/live music) and pubs. A few respondents specified voluntary work as a major contribution to what made the difference.

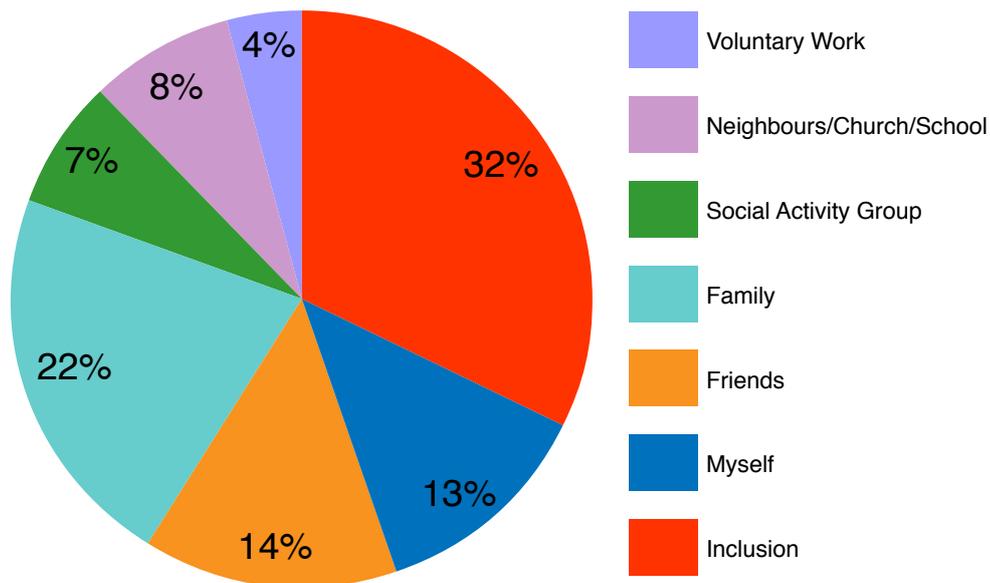


Figure 4 23 judgements about who made the difference

All interviewees, including families and commissioners, were asked specifically **what Inclusion does that makes a difference**. Their answers have been grouped under the following headings.

1. BELIEVING IN PEOPLE

Several people spoke of how Inclusion believes in the people it supports. One young woman summed it up: Believing in the person you could be – that’s what is different about Inclusion. Having Inclusion believe in her allowed her to believe in herself. Now she has a boyfriend, a house and a completely new circle of friends. She attributes much of this to one particular worker who helped me come out of my shell. For one Care Manager Inclusion are always positive.

2. MEANING AND PURPOSE

Many of the stories we heard showed how Inclusion was constantly seeking ways to promote a sense of meaning and purpose in people’s lives. One man, who has been supported by Inclusion for 15 years, was treated to a surprise flight in an aeroplane as a celebration.

He described this incident in some detail and concluded:

I felt like I had died and gone to heaven, I put my faith in Inclusion, I found my soul.

3. BEING THERE FOR THE LONG HAUL

Some of the individuals supported by Inclusion have very high support needs and behaviour that really challenges services.

Inclusion don't give up as one Care Manager explained:

It's round in circles... not necessarily with any progression. Six years on we are in the same place as at the beginning in terms of goals. But.. she is able to be in the same tenancy, and has sustained that life.. and that's been a struggle. She doesn't know what she wants. Inclusion are imaginative, very available and come up with ideas of how to support her. There isn't a solution for her, it is really about supporting her and protecting her from it getting worse... She is secure in the knowledge that Inclusion is there for her and they go out of the way in celebrating her assets

4. TAKING RISKS

Inclusion encourages those they support to take risks, to move beyond their comfort zones and to stretch themselves. The organisation is innovative when it comes to managing risk. For example with one person who was unable to manage their own tenancy, and was therefore being constantly moved from house to house, Inclusion took the risk of becoming their landlord. Since that the time Inclusion has supported the individual to maintain their own tenancy.

This attitude to risk taking is highly valued by several parents:

They don't wrap him in cotton wool – they don't treat him like a baby. Because of the risks they take, the difference they have made in him is 100%

At the same time one of the commissioners, found the risk-taking, particularly around friendships, concerning:

At times they have been promoting risk to a worrying level. Inclusion in general is a risk taking organisation.

This view was balanced by another commissioner who stated:

They are really good at about risks and desires, wanting to push the boundaries, and doing it in dialogue with the Council.

However one parent told us that she really struggled with how her daughter was being challenged and stretched.

5. BEING IN CONTROL

Many individuals talked of being in control of their lives now. Inclusion have a number of ways of making this happen including supporting individuals to interview their own staff, ensuring that staff have flexible working patterns to be able to fit in with what individuals want to do.

Staff in the focus group described this clearly and their comments are paraphrased below:

If the individual wants to change what they are up to at short notice, because it is sunny and they want to go to the beach, or want to eat later, or decide to do something with friends, staff are expected to juggle their own diaries. Because most teams are quite small, the conversation about juggling shifts doesn't have to go through managers, it can often be done directly, giving the individual more confidence that they are at the centre.

As much as possible individuals are given information so that they can make their own decisions. For some this isn't possible and it is clearly staff who are making decisions, and for a few it is a real source of contention with Inclusion taking decisions to keep an individual safe which the person themselves finds difficult.

6. MATCHING AND CONSISTENCY

Inclusion pays a lot of attention to matching individuals with people who could support them well. This includes thinking about age, gender, current or potential interests and so on. Consideration is also given to a balance of roles within the team. If the match doesn't work then team members are changed. This is not seen in any way as a failure either on the part of the individual or the support person. At the same time every effort is made to maintain consistency so that staff can journey alongside an individual and pay attention to small changes in their behaviour or attitude. In that way they are able to notice what is working and not, reflect and adjust.

Matching was commented on by almost everyone we spoke to, and particularly by the peer researchers, one of whom felt it was the key to Inclusion's success.

Staff in the focus group commented on team balance in the following way:

If it is a younger person being supported there are mainly younger staff members so it seems normal and folk can relate, but it's also important that an older staff member is in the mix too, so that they have the viewpoints of people who know its important to wash your socks.

7. A REAL FEELING OF EQUITY IN INCLUSION

Inclusion work hard at fully including the people they support and at promoting a sense of equality across the board.

At the Showcase event one MSP said:

I can't tell who is being supported and who is giving the support.

9. SUPPORTING CIRCLES OF FRIENDS

Several people supported by Inclusion have a *Circle of Friends*, which was very important in their lives. One commissioner spoke of her neighbour being involved in someone's *Circle*. She had noticed how much the individual at the centre of that *Circle* benefited from the inclusion and support she got.

Circles are undoubtedly transformative when they work well, but they are hard to set up. The staff who took part in the focus group highlighted this as a particularly challenging area 'circles are hard and it takes a long time'.

They also highlighted that helping people develop genuine friends is an ongoing struggle.

There is some concern about staff becoming people friends:

Staff shouldn't be saying to people "I'm your friend".

One commissioner expressed concern about this and the emotional risks involved when staff become too close to individuals and then move on. On the other hand it is clear from the stories we heard that some staff and their families develop genuine mutual friendships with the people they support.

One staff focus group member said:

There is more work to do in the organisation to work out how to express all this.

The need to investigate these issues further has been recognized by Inclusion and other organisations with a similar value base and ethos. Altrum has been asked to undertake some research and provide recommendations.

10. BEING CREATIVE

Inclusion were seen as very creative in their approach. One of the peer researcher's spoke about how he gets tangled up and is supported to get untangled. This support isn't always provided face to face. Staff commented that they spend a lot of time 'de-escalating situations' and chatting on the phone.

Creativity was commented on by commissioners too.

There is a lot of thinking and ideas creation for contributing to the world that goes on in Inclusion.

11. BEING DIFFERENT

Inclusion are seen by individuals and families as different to other providers. One peer researcher who had interviewed several providers argued strongly that she chose Inclusion because they offered support which really focused around her.

One family member commented:

It's like chalk and cheese. They look after my son the way I would look after my son.

12. ADAPTING TO CHANGE

Inclusion have a strong record at being flexible enough to adapt to change very well. There is a continual expectation of staff that they will keep learning and questioning their assumptions about individuals, adapting their approach as they learn more about the person and as that person changes. Staff and the organisation in general are very open to new ways of doing things. One woman talked openly about changing her support arrangements so that she can pay her friend instead of being supported by Inclusion. Although this is yet to take place, it is being considered.

Inclusion are also good at adapting to changes in the context including those which have accompanied Personalisation and Self-Directed Support.

One commissioner said that

Inclusion handled the change really well, producing self-evaluations and outcome based support plans, in the short timescale.

Another commissioner commented:

Inclusion are really good at taking Direct Payments and helping people manage budgets. Of the organisations who have been around for a while they have really grasped the nettle.

Staff commented that although they thought that the change had gone smoothly in some areas in others it had been, accompanied by stringent cuts, which had caused problems for individuals and their families.

The changes in funding arrangements, which will take place when Individual Budgets come in, will enable Inclusion to fully utilize the individualized funding system it has operated since its inception. It is currently piloting a computer based method that enables everyone they support to have real time decision making at their finger tips. So that as a person decides what they need or want to do, the computer can instantly give them a break down of the impact that decision has on their budget. At the moment many staff are struggling to understand the new system.

In North Lanarkshire Inclusion is well understood and valued. The commissioner spoke about Inclusion being able to achieve 'bonding' not just 'bridging' social capital. He explained that Inclusion are first of all, very good at helping people with transition, and then settling, helping people build a sense of home and belonging. These are the building blocks of bonding. Secondly Inclusion is very good at helping people make the most of their lives, developing friends, choices, freedom and contributing to society in the best way they can. In other words being all that they can be. This could be understood as 'bridging' work in a social capital paradigm.

Within North Lanarkshire Inclusion are seen as a generic support provider able to work with anyone. But there is no evidence to show that they are considered in this way by Glasgow commissioners, who strongly identify Inclusion with people with learning disabilities.

13. AN OUTCOMES BASED MODEL

The focus on meeting outcomes for individuals, rather than simply providing person-centred support has sharpened in recent years and is well-illustrated in *Talking Points*. Every individual supported by Inclusion has an *Outcome Based Support Plan* and it is notable that staff really understand the distinction between being person centred and the personal outcomes approach, and how it challenges their practice.

Staff said:

We never had to think about it before, under the older support plans, the outcomes were there, but now it is at the fore of our mind. It all has to be evidence based to prove why the budget is needed, and helps the person we support to advocate for their needs. With budgeted outcome based support plans forming the contract, we are more focused.

14. BENEFITS ACROSS SERVICES

We did ask commissioners in particular whether the cost to other services was reduced as a result of Inclusion's work.

One was clear that the criminal justice system benefits and used one individual as a particular example:

Criminal Justice Social Workers, the Court, Probation and the court social work service - they all benefit from being given information when its needed. Inclusion are available to support people through the court process and to liaise with about arrangements. The Courts are often faced with difficult situations about discharge, and its not always easy. So there is a consistent network there. It reduces police time, and speeding up discharge. They can say - 'no she doesn't need to be taken home in a police car she can take the bus. They do use excellent consistency of approach.

In the same example Inclusion have done a lot of effective work with neighbours to reduce conflict.

In the staff focus group they commented that they work with individuals around promoting a healthy lifestyle, potentially reducing the need for health improvement or medical interventions.

15. REDUCING LEVELS OF PAID SUPPORT

There is a constant emphasis within Inclusion on promoting independence and a gradual reduction in levels of paid support, as people grow more confident in doing things for themselves. Staff clearly see themselves as working towards this.

The current economic climate and the resultant pressure on budgets, particularly in Glasgow, means that the focus on this has sharpened over the last couple of years.

One commissioner commented that Inclusion hasn't done enough to achieve this:

The support levels haven't dropped for any of them over the years, so it doesn't really indicate independence – or becoming more independent. Mind you no other provider has reduced support levels either.

So as a research team we looked into the statistics. The table below illustrates the reductions in support for 12 individuals who have been with Inclusion for several years. This table compares the current support hours that each person has against the hours that they had in 2008 (or later in two instances). The average reduction is 46% over the past 5 years.

Service User	Support hours 2008	Support hours 2013	% reduction
a	67 hours	49 hours	27%
b	52 hours	19 hours	64%
c	43 hours	22 hours	49%
d	98 hours plus sleepover	71.25 hours plus sleepover	27%
e	98 hours plus sleepover	49 hours	50%
f	51 hours plus sleepover	25 hours	51%
g	45 hours sleepover	14 hours	69%
h	15 hours	7 hours	54%
i	130 hours (some 2:1)	105 hours (very little 2:1)	20%
j	28 hours (2009)	24 hours	15%
k	55 hours (20012)	34 hours	39%
l	108 with s/o	30 hours with no s/o	73%
		Total Average	44%

Table 1 Reducing support and costs for 12 individuals

One person parent's are very angry about the reduction in support experienced by their daughter and feel that Inclusion did not do enough to contest it.

IMPACT RECOMMENDATIONS

At our final meeting with the Inquiry Group as a team, we considered the findings and came up with a series of recommendations.

1. BOUNDARIES

It was interesting that this was not an area highlighted by either individuals or their families, but it was an area that gave both several staff, and one commissioner, cause for concern. They felt that more work needs to be done by the organisation on ‘the friendship policy’, keeping in mind both the huge potential for connection provided by staff and their families, and at the same time the risk of ‘pretence’ and causing undue pain to individuals.

The Inquiry Group felt that it was time that this issue was looked at again ‘with fresh eyes’. The context is important and has changed. In the early days when people were moving out of Lennox Castle, staff were explicitly encouraged to use their hobbies, interests and connections to help the people they support to develop networks and friendships. However now, most of the people coming to Inclusion are not institutionalised and have more community, family or network connections to build on. There is still a significant need to develop these, but less need to provide them.

It is our reflection that flexibility around boundaries is one of Inclusion’s key strengths, part of what makes it ‘cutting edge’ and most importantly, part of what has the most impact on the lives of individuals.

Altrum is already investigating this issue and it will be important for any findings from their study to be discussed by the whole organisation. A time-limited inquiry could be initiated, based on a system of ongoing reflection at every level of the organisation on what is being learned about supporting individuals to find love and friendship, keeping safe whilst still experiencing the joy and pain which is a natural part of life. In this way the voices of staff, families and the individuals themselves would all be heard.

2. MATCHING

The Inquiry Group was struck by the strong evidence, which shows how good Inclusion are both at matching and at forming balanced teams. Looking to the future, as Individualised Budgets become the norm, the individual will have more choice and control over their team. They felt that many individuals will need support to take more control, and attention needs to be paid now to facilitating conversations with all individuals on the sort of team they want. Staff will need to improve their understanding of the new financial arrangements in order to support individuals make informed decisions about their care and support.

3. REDUCING SUPPORT

One care manager was not convinced that the levels of support provided for some individuals were needed. This is obviously a sensitive area both for individuals and their families. Inclusion has been a strong advocate, opposing cuts in support, which it thinks would damage individuals. This work needs to continue. But it needs to be balanced by the distribution of evidence (like the table included above) which shows that wherever possible, cuts are made to support levels in the best interests of the individual.

4. OUTCOMES FOCUSED

The Inquiry Group members were pleased to note that staff understood their support as being focused on outcomes and thought that this is a cause for celebration.

People Inclusion work for don't talk about 'outcomes' but more about 'things I want to be doing' and these are often expressed as activities or tasks. So it is not always easy to see what impact taking part in these activities on a daily basis, has in the long term.

We felt that it is important for staff to take time to reflect on the outcomes they see being achieved for individuals both with the person themselves, their family, and with others in the organisation.

This kind of organisational review needs to be built in on a regular basis. It enables the organisation to really reflect on what changes are happening what is the impact of the changes.

For instance recently an individual achieved one of their goals to go up in a helicopter. This was a huge achievement, in its own right. However it is the resultant growth in the person's confidence and self esteem, and their perceptions about their status and ability, which are also remarkable.

5. WORKING WITH FAMILIES

Although most family members we spoke to were very supportive of Inclusion, there were a few who expressed concerns about their loved ones, and reservations about the creative ethos of the organisation. Inclusion could do more to prioritise its work with families, to ensure that it really hears their anxieties and does its best to allay them. Those members of staff and board who are carers themselves can use their own experience to good effect here. As Individual Budgets become more common, families will become commissioners in their own right and will really need to understand the values and ethos which underlie the support provided by Inclusion.

6. REDUCED USE OF OTHER SERVICES

Although we heard some evidence about the preventative work that Inclusion does, and the support it gives to other services (eg. Criminal Justice), it is hard at this stage, to put any figures to this. One area which we felt could do with more exploration, was the work staff do with people they support on health issues. Those supported by Inclusion are people who would be seen by health improvement professionals as suffering from health inequalities, and it might be possible that there is more support available to address these from the Community Health and Social Care Partnership.

7. BEING A GENERIC PROVIDER

The outcomes based, person centred approach adopted by Inclusion means that it can easily tailor the support it provides to any individual. This is well understood by North Lanarkshire commissioners, but not by Glasgow commissioners, who still see the organisation as focusing its support on people with learning disabilities. As we move into a context where all individuals will be purchasing their own services, Inclusion needs to become more adept at articulating who it is able to support and how.

8. STAYING SMALL BUT EXPANDING PROVISION

Inclusion has built its reputation on person centred support for individuals and it is respected by commissioners for turning down work it feels it couldn't do well. The Director told us that she "needed to know everyone – you can't hold more than 60 people in your head." However there are opportunities for Inclusion to expand and at the same time, maintain its commitment to staying small. This could be through developing the brokerage pilot currently being undertaken with young people in North Lanarkshire, or by providing consultancy on the development of person centred practice in other providers, statutory and voluntary.

9. STAFF SATISFACTION AND STAFF NEEDS

The flexible approach offered by Inclusion could potentially come at a high cost to staff. Managers have already expressed interest in undertaking a survey with staff, to hear their views on what is working in the organisation, what could be improved and what support and training would enhance their performance.

PROCESS FINDINGS

The participative Inquiry Process was structured both to gather as much information as possible on the impact of Inclusion's work, and to ensure that all those who took part, learned from the process and enjoyed their experience.

The peer researchers contributed a huge amount, both from their experience, from the way they were able to relate to those being interviewed, and from their analytic skills. Their passion and support for Inclusion was evident throughout. They were not always able to attend every meeting but there was a sufficient representation throughout, except in the last meeting when their absence (for a variety of reasons) was really felt.

It was clear that they both learned from the process and enjoyed it:

The interviewing process can be quite overwhelming to hear where people were at. I didn't know how bad the institutions could be. (peer researcher)

I had a spring in my step... I am still talking about him. (peer researcher)

On the whole, the people interviewed enjoyed being asked. Everyone was experienced as forthcoming, open and positive.

It was a good experience to conduct the interviews for services that aren't ones one knows.

It was a privilege to hear directly from people we work for. (Inquiry Group member)

The evaluation framework was a bespoke tool, developed by the members of the Inquiry Group to reflect what they perceived to be the outcomes of the work Inclusion does in 2013. It was tested through the evaluation process itself and was well-received. It allows for some flexibility in that outcomes that are important to individuals can be added.

It also has much in common with the *Keys to Citizenship* and tracks well against the values and principles outlined in the *Self-Directed Support Guidance* (Self-directed Support: A National Strategy for Scotland, Scottish Government, 2010) and the *Senses Framework* developed by Nolan and colleagues in Sheffield.

PROCESS RECOMMENDATIONS

Building on the experience of this third evaluation of Inclusion there are some important lessons for future research.

1. STAFF TRAINING AND DEVELOPMENT

It is clearly essential that individual outcomes should be generated, by individuals themselves, as in the Outcomes Based Support Plan already adopted by Inclusion, and that an outcomes framework should be tailored to the organisation, as it has been for this evaluation. At the same time the organisation needs to be aware of outcomes that are being advocated for people receiving support at a national level, and all staff need to understand best practice in outcome thinking as represented by the *Keys to Citizenship*, the *Senses Framework* and *Talking Points*. This may require specific training and ongoing awareness raising.

2. REPETITION OF THE PROCESS

The evaluation provides a baseline for the 24 individuals who used it. The Inquiry Group recommended that it is used as such and that these individuals are interviewed again in 18 months – 2 years to see how their scores have changed. This will enable the organisation to track improvements on an ongoing basis. For those who had previously lived in institutions the scores this time were against what many perceived to be a very low baseline. In 2015 individuals will be asked to assess progress in relation to support provided by Inclusion itself in 2013. In this way the organisation will be able to make a judgment about how well it does on continuous improvement. The tool could also be used with other individuals supported by Inclusion at that stage.

3. MEMBERS OF THE GROUP

The peer researchers involved really enjoyed the process and contributed a lot to it. They will want to consider how to build on their experience either personally, or through continuing to contribute to evaluation opportunities, such as *Inclusion Ears*, within the organisation. The peer researchers were not paid for their time during this process, which was seen as a learning and development opportunity, but remuneration would need to be considered for any future contribution.

OPPORTUNITIES

Reflecting on Inclusion's history, experience and the emerging environment it is possible to identify some important opportunities for the future.

1. BEING PERSON CENTRED

Inclusion has always been a progressive organisation. It invented the Individual Service Fund approach many years before it was enshrined in legislation. It has always worked hard at being person-centred and has much good practice to share with other providers and particularly with the NHS, where the drive for person-centred practice is now a key part of the Quality Strategy.

The organisation may wish to consider ways in which it might share build on its reputation and share its expertise with others in the sector, particularly those working for statutory services. This would have a number of benefits including: improving awareness of what real person centred practice means across the sector; promoting understanding of what Inclusion stands for within the local authority and health and potentially being a source of income generation for the organisation.

2. SELF-DIRECTED SUPPORT

The *Scottish Government Strategy on Self Directed Support* (2010) has choice and control as underlying principles. The values it espouses are respect, fairness, independence, freedom and safety. And it advocates moving from task and time approaches to better outcomes and focused goals, doing with rather than doing for and maximizing people's long term independence and quality of life as well as appropriately minimizing ongoing support and therefore the whole life cost of care.

The evaluation demonstrates that working in the way outlined in the *Strategy* is an ongoing challenge and there is no room for complacency, but the principles and values it promotes are built into the DNA of Inclusion and do not require major changes in structures, or culture.

3. AN OUTCOMES FOCUS

Talking Points identifies outcomes based assessment as the foundation for self-directed support. It advocates increased independence, personalisation, enablement, prevention, improved integration and a shift in the balance of care from hospital to the community. For organisations providing support to individuals in the community, it specifies the following fifteen outcomes, which have been tested out in practice and research settings with thousands of people across a wide range of services.

Quality of Life	Process	Change
Feeling safe	Listened to	Improved confidence/ morale
Having things to do	Having a say	Improved skills
Seeing people	Treated with respect	Improved mobility
Staying as well as you can	Responded to	Reduced symptoms
Living where you want/as you want	Reliability	
Dealing with stigma and discrimination		

Table 2 The *Talking Points* framework for outcomes

Inclusion is already clearly working to these outcomes, on an individual basis, as demonstrated through the evaluation. The framework could form a useful basis for an organisational logic model in which Inclusion demonstrates how it achieves these outcomes across the whole.

4. PREVENTION

Prevention is a key part of public sector reform. Inclusion promotes health and wellbeing throughout its work. Although it clearly prevents several of the individuals it supports from using mental health and in some cases criminal justice services, it is hard to evidence this. Nevertheless it is worth watching out for and documenting wherever possible, particularly in cases where a clear reduction in the use of other services over time, can be tracked.

5. ACTIVE CITIZENSHIP

Simon Duffy has recently written a paper for IRISS on Citizenship and Human Rights in relation to people with disabilities - *Imagining the Future: Citizenship*.

He outlines a vision for social policy in Scotland, which is founded on three principles:

- 1. Equality** - all citizens are equal, not by being the same, but by being equal in status, equal in dignity, within the community.
- 2. Difference** - citizens are different, they bring together different needs and gifts, and it is from the respectful combination of these that community is built.
- 3. Justice** - citizenship is achieved by a shared commitment of community to treat each other as equals and to found its laws and institutions upon that equality.

He asks us to consider:

How can we be a society where everyone is supported to be an active citizen?

This is a crucial question that could be applied to Inclusion. How could everyone who is supported by Inclusion be supported to take up their role as an active citizen? How would we need to redefine our understanding of making a contribution for this to be the case. Inclusion works with many people who still need to find their place in our society and be seen as contributors as well as receivers of support.

Inclusion with its inherent belief in the capacity and giftedness of every individual is in an ideal position to continue both to work on this challenge itself, and to support others to do so.

CONCLUSION

Inclusion emerges from this evaluation as an organisation, which is committed to working with individuals towards making the differences they want in their lives. There is a lot of evidence to suggest that it does just that. Feedback from individuals themselves, from staff, from commissioners and families was, on the whole, highly positive.

Inclusion also emerges as an organisation which is 'light on its feet' able to adapt and change as necessary to suit the needs both of the individuals it supports and the demands imposed by new commissioning and funding arrangements. At the same time it has no hesitation in contesting funding decisions, which it feels are unfair to the people it supports.

Inclusion was keen to try a new and different way of undertaking this evaluation, which it felt fitted with its ethos. Throughout the process, it has displayed an attitude of openness and transparency and a real desire to learn. Staff and managers have given a huge amount of time and energy to ensuring that peer researchers had the support they needed and that enough data was gathered from a wide range of interviewees.

There are areas in which it is essential that the organisation keeps learning. These include: how to address the most difficult challenges for the people it supports around real love, meaningful friendships and making a contribution as citizens and how to take risks in a way that feels safe for individuals, their families, staff and commissioners.

At the same time it might be time to recognize and publicise how much wisdom and experience it has to offer the health and social care sector on current policy requirements such as being person centred and outcomes focused.

INFORMATION



Additional links

Altrum

www.altrum.org

Keys to Citizenship

www.keystocitizenship.blogspot.co.uk

Senses Framework

<http://shura.shu.ac.uk/280/>

Talking Point

<http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement>

Imagining the Future: Citizenship

www.centreforwelfarereform.org/library/type/pdfs/imagining-the-future-citizenship.html

Inclusion

Inclusion Glasgow has been offering personalised services since 1996 and has led in providing individually tailored supports in creative ways, demonstrating how this person centred, flexible approach can be achieved within limited resources, while enabling people to meet their outcomes of real and rich lives.

We believe that we should embrace the world's diversity, a world made up of unique individuals, each with their own gifts and talents, each worthy of respect and each with their own potential to develop and have the life they choose.

Inclusion has always worked to help people develop and manage their own individual supports with their individual service fund; so embracing Self Directed Support is second nature to us.

Inclusion Glasgow originally worked with people who had been in long term institutionalised care and who had challenging learning difficulties or mental health problems, but over the years we have realised that our bespoke services suit anyone who has support needs. We now work in many other areas in the West of Scotland, but we continue to firmly believe that the people we work for are equal citizens and should have control over their own support to help transform their lives.

www.inclusion-glasgow.org.uk

Animate

Animate is a new consultancy which aims to support organisations seeking to make a real difference in the world to do so both more efficiently and more effectively. We know that the right kind of organisational development interventions, which include training, coaching, facilitation and evaluation, can be extremely useful for both leaders and their teams. Our lead partners are Jo Kennedy, Ian McKenzie, Joette Thomas and Duncan Wallace. We each have over 20 years experience of organizational development and have worked together successfully in organizations and communities, both in Scotland and internationally, since 2004. In 2012, we decided to pool our experience as organizational leaders and consultants to create an impact that is greater than the sum of our parts.

Our approach is participative, which means that we undertake our work in the spirit of partnership and co-creation, so that learning and the ownership of plans for future action is embedded within the individuals and organizations with whom we work. We are committed to delivering high quality work on time to agreed outcomes and within budget.

We were delighted to be asked to research the impact of Inclusion's work. We have an active and ongoing interest, in the journey of values led organisations. We know that it is the way values are lived out throughout an organization, that enables all of us, as vulnerable people, to have the confidence to live our lives to the full. The bold way in which Inclusion has re-shaped itself and is continually innovating in line with its person centred principles, is both an inspiration, and a model of dynamic leadership for the sector.

www.animateconsulting.org.uk

The Centre for Welfare Reform

The Centre for Welfare Reform is an independent research and development network. Its aim is to transform the current welfare state so that it supports citizenship, family and community. It works by developing and sharing social innovations and influencing government and society to achieve necessary reforms.

To find out more go to www.centreforwelfarereform.org

We produce a monthly email newsletter, if you would like to subscribe to the list please visit: bit.ly/CfWR-subscribe

You might like to follow us on twitter: [@CforWR](https://twitter.com/CforWR)

Or find us on Facebook here: [centreforwelfarereform](https://www.facebook.com/centreforwelfarereform)

Relevant Publications



TRAVELLING HOPEFULLY

There is no ideal model of self-directed support - the innovation is still at an early stage. This report draws together lessons from international best practice to support change and innovation in South Australia. .

<http://bit.ly/travhope>



PERSONALISED SUPPORT

Service providers often help people with disabilities in ways that too inflexible. This report describes innovative work to provide genuinely personalised support for people with the most complex impairments.

<http://bit.ly/personalised-support>

44



A FAIR BUDGET

How to set the right budget for people to control is subject to a lively debate in Scotland. This discussion paper offers thoughts on the principles that should underpin a fair and reasonable system of personal budgets..

<http://bit.ly/fair-budget>



NEW SCRIPT FOR CARE MANAGERS

This discussion paper outlines how the role of the care manager can be better designed in order to be more realistic and empowering.

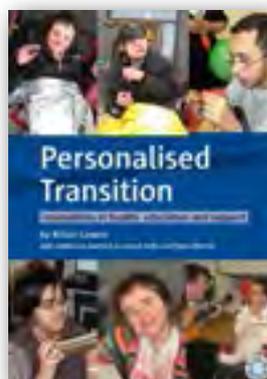
<http://bit.ly/newscripctm>



A FAIR START

Families with children with disabilities describe the kind of system that could really work for them. They do not just want budgets - but meaningful partnerships with professionals. The real wealth model is also explained..

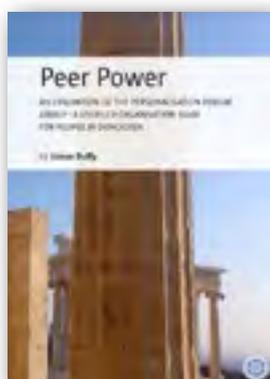
<http://bit.ly/a-fair-start>



PERSONALISED TRANSITION

Perhaps the most radical forms of personalisation in the UK gives families control of social care, health and education budgets. The impact is to radically improve outcomes for young people with disabilities.

<http://bit.ly/personalised-transition>



PEER POWER

As a community group in Doncaster campaigned to control their own mental health budgets they found that the most powerful form of support was the support that they gave each other - peer power.

<http://bit.ly/peer-power>



KEYS TO CITIZENSHIP

Citizenship is for everyone. This guide is both practical and philosophical. It shows that people with intellectual disabilities can be full and active citizens if they get the right support and the chance to be in control.

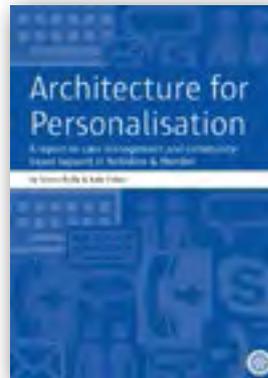
<http://bit.ly/buy-keys>



PERSONALISATION IN MENTAL HEALTH

Despite the evidence that personalisation's impact in mental health is more positive than in any other field progress has been too slow. This guide offers some practical ways forward.

www.bit.ly/p-mentalhealth

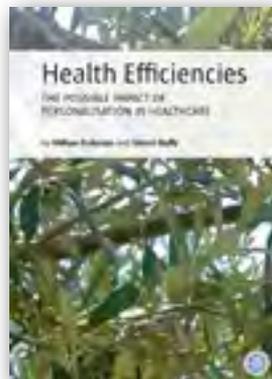


ARCHITECTURE FOR PERSONALISATION

Personalisation requires a supporting architecture. Too often this turns into a professionalised industry. This report shows that an alternative, community-based approach is both more empowering and efficient.

www.bit.ly/architect-pers

46



HEALTH EFFICIENCIES

Personalisation could not just transform our experience of mental health services it could improve support to people with chronic health conditions and bring real dignity at the end of life.

www.bit.ly/health-efficiencies



PEER SUPPORT

Peer support comes in many different forms and this publication describes a range of different models that are currently helping people stay in control and to get high quality support beyond the professional system.

www.bit.ly/peer-support



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design: henry iles & associates / design@henryiles.com