

Individual **Service Design**

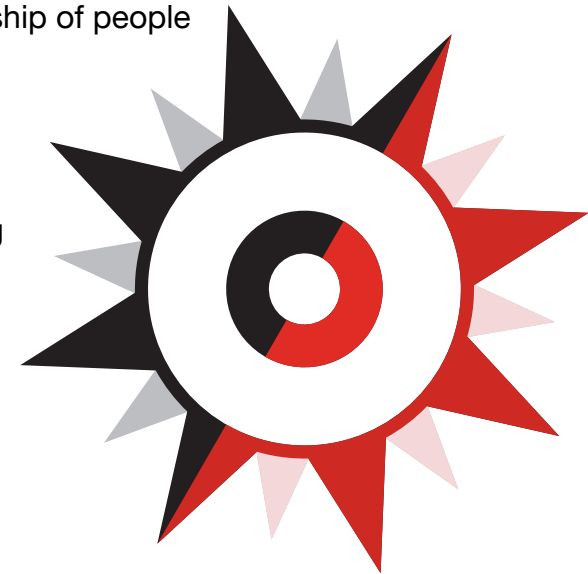
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This paper is being published by in Control to be launched at Care and Health's Conference on The Future of Individual Service Design. The paper draws heavily on the work of in Control, Inclusion Glasgow and also the book Keys to Citizenship.

Thanks to all the people who have let me share their stories, ideas and innovations. My thanks also to Care & Health for inviting me to write this paper, and in particular thanks to Peter Kinsella of Paradigm for allowing me to use some material previously published by Paradigm in this new paper.

In summary this paper argues:

- The proper function of Individual Service Design must be to enhance the citizenship of people who need support.
- Good service design is the creative process by which we organise support so that it suits our life.
- We must co-produce our own Individual Service Design; it is not the sort of thing that can be left to other people to do.
- The current system of health and social care is hostile to good Individual Service Design; we need to move to Self-Directed Support.



Introduction

Design is an increasingly popular concept. It shapes our gardens, homes, furniture and cars. It fills our magazines, television programmes and books. There are even design celebrities. This modishness can be off-putting; but it does make sense to apply the concept of design to public services.

In fact, applying the concept of design to public services is useful because it forces us to attend to the practical reality of how services are improved. These realities are often obscured by the ethical and political debates that frame public services. Better services need to be designed, and better design does not happen just because politicians want it to happen.

However, before we begin to consider the idea of Individual Service Design in detail, it is important to remember one basic principle: **design must serve people**.

Talking about service design is not meant to imply that we all now need our own personal service designers, or that some professional designer will know better than us how to live our life. Design must start and end with the decisions we each make about our own lives; it is for **us** to decide the role played by others - be they designers, professionals or well-intentioned friends or family. Nothing in this paper should encourage us to think that Individual Service Design is something that somebody else can or should do for us.

At the end of this paper I will consider in more detail the role of professionals in the design process and how service design is related to the assessment process; but to ward off any danger that this paper is seen as an encouragement to unnecessary professionalisation I have addressed this paper directly to you as if it was *your life* and *you* needed *individual support*. If you do not think these ideas will apply to you then I think you may be mistaken: some of us need support now to live our lives; many of us will grow old and frail and will need assistance in the future; most of us will be involved in trying to find good support for the people we love. Individual Service Design matters to all of us.

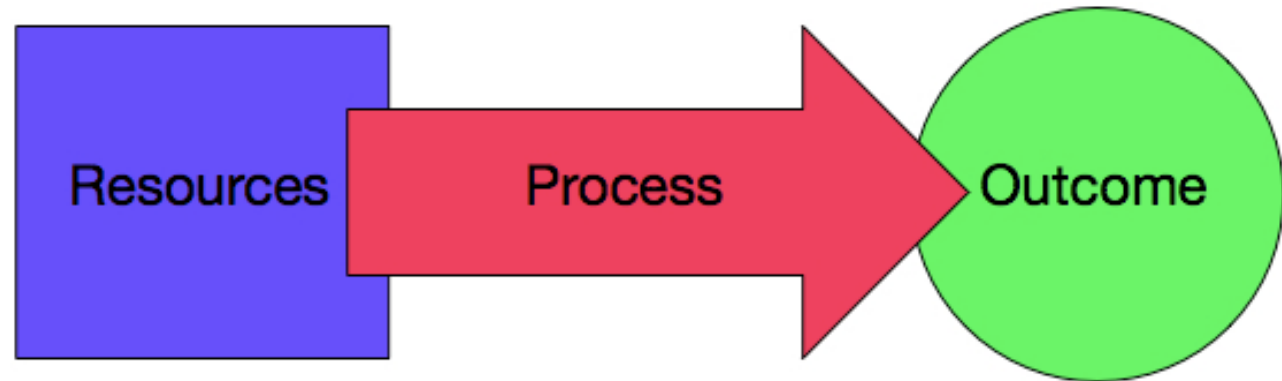
At the most general level there are three basic elements to any design process:

- **Resources** - the materials or elements from which the final design is constructed
- **Process** - the art of selecting and organising the available resources in the right way
- **Outcome** - the function or purpose of the design

The linear relationship between these three elements is usually described as:

Resource → Process → Outcome

However, in the world of design the most important principle is that 'form follows function' - in other words it is much better to begin by considering the purpose of design and then to work backwards, than to begin with either the necessary materials or with the design process itself. In the following sections I will:



1. Define the purpose of individual service design
2. Provide a detailed case study of good service design
3. Describe the stages of the design process
4. Consider the impact of the social care system on the design process

1. The purpose of service design: citizenship

Now, we began with the idea of design; but, as soon as we begin to think about design in the context of social services, then it's clear that our focus must be on *individual* service design. Our focus must be on the individual because:

- Each one of us is unique, and our support must be tailored to respect our unique aspirations, needs and gifts - a solution that works for one person may be torture for you.
- Each one of us comes from a specific community (family, friends, neighbourhood and society) and support must work to maintain and strengthen our presence and role in that community.

The word 'individual' also acts as a reminder that current social care services are not individualised: instead social care services tend to be congregated, segregated and highly inflexible. This is not surprising when we remember that social care has emerged from a dark history of institutionalisation and eugenics.

But where the word 'individual' is necessary the word 'service' must come with an important health warning. In general in Control has preferred to talk about 'support' instead of 'service' because support can come from many sources: professional, family or community. On the other hand 'service' seems to imply the kind of professional organisation over which people have had very little control. However for this paper I will talk about Individual Service Design; partly because it is a term with some currency, partly because I want those of us who work in services to take seriously the challenge of making those services really work for individuals.

And so, before exploring what we mean by the art of Individual Service Design, we need to give more attention to the problem that it is supposed to solve. We need to think about the kind of lives people want to live.

Of course life is too complex to be captured by any simple framework or ideas, but I think one useful term to hold onto here is the idea of **citizenship**; and citizenship can be understood, not

Support: 'Support' is effectively an auxiliary verb, 'I support you to do x' - i.e. you are active. For this reason it is a much better word than 'care' which implies the person who is cared for is passive e.g. 'he takes cares of the dog'.

Congregation: There is nothing inevitable about the shift to personalisation. In a recent report from CSCI it was noted that there was a growth in congregate living with an average home size of 34 for people over 65 (CSCI: *State of the social care in England 2005-06*)

as some obscure political concept, but as a term to describe the life of an individual, as an engaged member of the community.

Citizenship in practice

Although I know some people find the word 'citizenship' uncongenial I want to offer a definition of what citizenship means in practice. Not a fancy philosophical definition, but a definition rooted in ordinary experience; I propose that citizenship involves six key values:

1. **Self-determination** - making our own decisions, in control of our life
2. **Direction** - having a meaningful life that suits us and the kind of unique person that we are
3. **Money** - being able to pay our way and to decide how we will meet our own needs
4. **Home** - having a place of our own, where we are safe, where we belong
5. **Support** - getting help, when we need it, to do the things we really want to do
6. **Community life** - playing an active part in our family, our circle of friends and our community

Presented with this account there is a temptation to try to think of people for whom it just does not apply. And, of course, there may be some times when these values do not hold for all of us; but I think for most people, for most of the time, these are the kinds of things people want. However, people do not want a standardised version of these values - each value needs to be interpreted in the right way for each of us, in the light of our capacities, needs and preferences. For example, if we just take one key value - self-determination - to make that work for everybody, no matter their circumstances or abilities, is challenging. But it is not impossible:

- For Mary, self-determination means communicating what she wants using sign language.

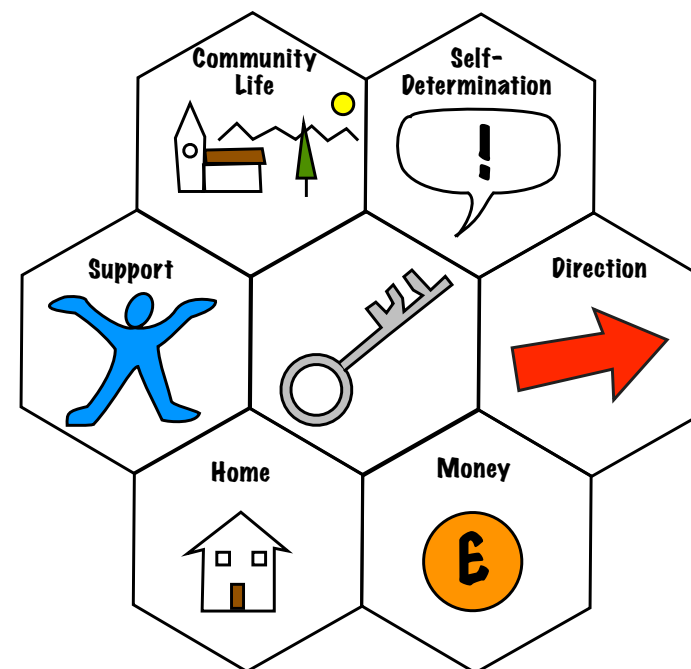
Citizenship: When you want to say something new there may be no ideal term that captures exactly what you want to say. Sometimes an unfamiliar term is useful. Here the term 'citizenship' is being actively commandeered and asked to do a slightly different job to the one it normally carries out in political theory.

- For Jack it means making sure that other people listen to his wife, the person who knows him better than anyone else.
- For Dawn it means that people need to know when is the right time to ask her questions and when to give her space and peace.
- For Joseph it means setting up a Trust that can act as his representative.

Keys to Citizenship: This book describes both the values of citizenship along with offering practical guidance on how to design individual supports for people with complex needs.

In fact there does not seem to be any one of us who cannot achieve all the six keys to citizenship. No matter how significant our impairment, no matter our mental capacity, no matter our social assets, we can each achieve citizenship and support should be organised so we do:

1. Jean could not speak, could not move, he could only blink. But when his friend realised this she developed a system that enabled him to write a book.
2. Trevor, who so feared plans and meetings that he could not abide being part of them, now makes decisions with his friends at the parties and events he organises.
3. Hugh, despite his reputation for being too challenging, now earns money through his artwork and by sharing his stories as a trainer.
4. Patrick was deemed incapable of owning a home in his own name. So a Trust was set up to purchase the house for him, funded by his benefit entitlements.
5. Margaret, who was unloved and institutionalised and seen as ‘difficult’ now lives happily as part of a family.
6. Ann, despite years in an institution, has built up an enormous circle of friends through sharing her gift for sewing and bringing people together.



Each of these individuals, in their own unique way, has been effectively supported to achieve the keys to citizenship. Each solution is unique to them; no level of impairment or difficulty made citizenship irrelevant.

Constructing citizenship

In fact each of these six keys plays their own part in constructing effective citizenship:

Self-determination, the ability to make our own decisions, is essential to being treated as a citizen, as someone whose words and choices have real weight and who must be taken seriously. Of course, some people need enormous support in order to make their choices apparent and meaningful; but everything must be done to maximise self-determination.

Direction, the sense of purpose in our own life, our plan for our future, even our death, is vital to the authenticity of our citizenship. A life that is meaningful must be rooted in our aspirations and our dreams; only if it is meaningful to us can it be treated as meaningful by others. If we do not have our own direction then we will not be taken seriously as a fellow citizen, we will be seen as living according to someone else's plan.

Money gives us the resources necessary to try and carry out our goals and to achieve a critical degree of independence. Without money we are left at the whim of others to decide our food, our clothes, our lifestyles. Sufficient money is critical to citizenship and ensures that people do not become unduly dependent upon others.

Home is where we belong, a place of safety and community, an anchor for us within the broader community. It not only serve our needs it helps others to see us as people who belong with us, who have a common stake in the environment and public good. To be treated as homeless, as a moveable object, a patient or a bed, is to begin to lose a real connection to the common world.

Support, getting help from others, is not a threat to citizenship. In fact being someone who

Waldron: “Above all, I think the idea of citizenship should remain at the centre of modern political debates about social and economic arrangements. The concept of a citizen is that of a person who can hold [their] head high and participate fully and with dignity in the life of [their] society”

Care homes: It is a paradox that we use the term ‘home’ for a care home when everybody knows that ‘to go into a home’ means to give up having a home - to become homeless.

can be served or supported is vital to community life. If people had no needs then they could not be helped and others could not make a connection: provide food, a service, offer help. Without need there would be no community and no citizenship - only atomised independence. The trick however is to support others without making people dependent upon you so that they cannot exercise their own citizenship. Interdependence is the proper character of a community of citizens.

Community Life is how we express our full citizenship: how we build families, community groups, businesses, how we contribute to society and come together in civic and political solidarity.

This last point may not seem controversial; it is easy to see how valuable community life is to our citizenship. But it is critical to see that the route to a genuinely rich and effective community life must come **through** the other five keys to citizenship. There is no short-cut. A community life that is not built on the development of real citizens, with rights, duties and control over their own destiny will be the shadow of a community.

Citizenship is not just an aspirational goal. Supporting citizenship may also be the most effective way of safeguarding people from abuse. As human beings we struggle to respect the innate dignity of each person; we tend to see those who are different, frail or needy as somehow less worthy of respect. By maximising our citizenship we make it more likely that people will treat us with respect.

So the challenge becomes: **how do we design services that protect and enhance citizenship?**

Maimonides: “There are eight degrees of charity, one higher than the other.

The highest degree, exceeded by none, is that of the person who assists a poor Jew by providing him with a gift or loan or by accepting him into a business partnership or by helping him find employment - in a word, by putting him where he can dispense with other people's aid.”

Ethics: in Control has published a statement of its ethical principles at www.in-control.org.uk

2. Individual Service Design in Practice

Design implies creativity; not the mechanical production of solutions - the replication of old solutions for old problems. Instead design means finding the right solution for the right problem. In order to explore how the process of individual service design works in practice I will tell the true story of a family who did design, with some help, a much better support solution to meet their needs.

The Smith Family

The Smith family lived in very difficult situation. Two of their sons, Robert and William had very significant learning difficulties and the same degenerative disease. They lived together, as a family of five, in a two bedroom house with only the most minimal support. Eventually, when the family reached breaking point, they put both boys in a hospital unit and refused to take them home.

The NHS and Social Services accepted that they had an obligation to provide a jointly funded service to the two boys and so began by asking an independent organisation, Inclusion Glasgow, to develop two single residential services for the boys (which were each expected to cost £90,000 per year). Their assumption was that the family could not support their two boys and that the 'challenging behaviour' that the boys displayed could only be managed in an expensive residential support service.

The first thing that Inclusion Glasgow did was to gather more information about the boys and their family, using a process called Essential Lifestyle Planning and also to get the family to tell their own story in their own words. Together this had the impact of showing others how poorly the family had been supported in the past, how important the whole family were to each other and how dreadful it would be if the boys were separated from their family for a long period.

The second thing Inclusion Glasgow did was to write a service proposal that set out the assumptions upon which a new service should be designed for the Smith family. Three of the

Essential Lifestyle

Planning: This person centred planning tool uses approaches taken from behavioural psychology to map communication systems and preferences for people with complex disabilities.

Define the right problem:

The initial definition of the problem was wrong. It discounted the family too readily; it identified standard service solutions too quickly.

most important of those assumptions were that:

- The family needed regular on-going support, but support they could control.
- The family needed to move into a new house that was adapted to meet their needs
- The family needed a better respite service.

This service proposal was agreed in principle and Social Work and the NHS agreed to jointly fund the new service, at a cost of £30,000 per year for each boy. This made the package acceptable to the two funders and was a third of what they had been expecting to pay. After this agreement the family wanted their boys to come home. Inclusion Glasgow recommended that the boys should not come home until the housing situation was resolved; but the family were firm and insisted that the boys return home immediately.

The family took their two boys home but had none of the support they needed. So finding the family appropriate support became the first problem that needed a practical solution.

Inclusion Glasgow suggested that the family think about people they knew who might be able to help them. The family identified an uncle of the boys who got on well with the boys and who had just lost his job. Inclusion Glasgow funded the family directly and the family employed the uncle.

The second problem, how to get an appropriate house, was much more difficult to solve. The Council were eager to find a statutory sector solution to the problem, however the family owned their own home and there was very little suitable housing in the statutory sector. Inclusion Glasgow worked with the Council to speedily demonstrate that statutory housing was a dead-end and that another approach would be required. The natural approach to explore was to help the family buy a new house. But buying a new and appropriate house involved solving a large number of separate problems:

1. The family did not have enough income to even merit continuation of their existing

Clarify constraints: It can help to fix resource constraints as early as possible in the process. This encourages creativity and flexibility in the problem-solving process.

Prioritise: Not every problem can be solved at once.

Exploit problems: Solutions are often hidden in other problems. Don't just look in the usual places for solutions.

Focus: Often standard options can become traps, wasting time and energy. Try to narrow your focus and work quickly. Better to learn something by pursuing a dead-end than to waste time at the crossroads.

mortgage if they moved house.

2. Even if the family had a mortgage they would need a significant deposit to make the move affordable.
3. A house needed to be found and the existing house needed to be sold.

The first problem was resolved by persuading Inclusion Glasgow's own bank to provide a mortgage to the family. This was done by explaining that the £60,000 funding could in principle be used to pay mortgage interest and showing how DSS funding for mortgages worked.

The second problem was resolved by agreeing a different payment schedule with the NHS and then by transforming some of the revenue funding into a capital grant that could be given to the family. Legal agreements were also made between Inclusion Glasgow, the family and the NHS to ensure that there was enough security for each party.

The final problem was resolved when Inclusion Glasgow put the onus on the family to both find a new house and sell the existing house. Once the family realised that services were not going to solve these problems they worked effectively and quickly to find a new house and to sell their own. Like any process of buying and selling a home not everything was easy; but eventually everything was completed and the family moved into a 5 bedroom house in the next neighbourhood.

The last major part of the service that needed to change was the respite service. The existing residential respite service cost £1000 per week, per boy, and it refused to take both boys at the same time ('they were too challenging!'). Inclusion Glasgow asked the family to think about the kind of breaks and holidays they really valued. When they realised how expensive the respite service was they replaced it by hire-purchasing a mobile home by the sea; this home gave the family much more flexibility. Sometimes the boys stayed at home while the parents had a break away; sometimes the boys went to the mobile home for a break by the sea.

Change your perspective:

New resources come into view if you look at things from a different point of view.

Split the problem up:

It is vital to break down the problem into the right component parts. The complexity of the problem is reduced when you can separate the different elements so that each can be resolved independently.

Know when to say 'no':

Some people are much better suited to solve a particular problem than others. Don't solve problems that belong to other people.

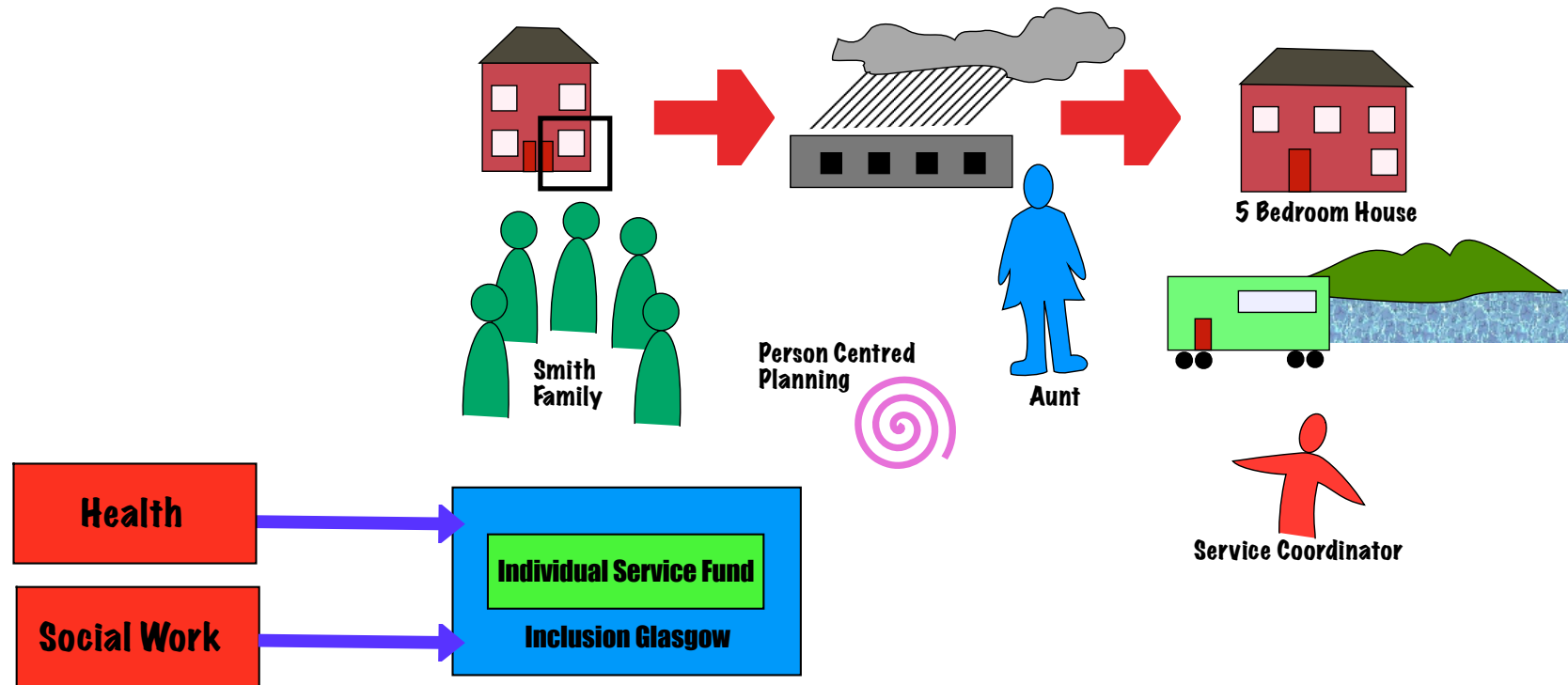
Find the meaning:

Often we can transform a problem by finding a better way of asking the question. So not 'Respite' but a restful break.

The family were able to enjoy life together much more effectively after this package of housing and support was put in place. The family became stronger and no longer merely dependent on others. In their first Christmas in their new home they entertained 23 people for Christmas Dinner. The great strength of the Smith Family was their connected family, and now this was being built on, instead of being taken for granted.

This story is true, although I have in fact simplified the many twists, turns and difficulties of the problem. The boys went into hospital in December. Inclusion Glasgow met the family in May. The boys returned home in July and the new house was bought in November. The previous respite service was terminated at the beginning of the following year.

Individual Service Fund:
 Inclusion Glasgow managed the Smith's money in a restricted account - this is a useful way of achieving Self-Directed Support for people where it's not helpful for them to control their money directly.



3. The Process of Individual Service Design

Bradbury: “Life is trying things to see if they work.”

Using this real life example I think we can begin to see that the process of service design is both a **practical** and an **iterative** process. It is practical because the design emerges through the practical process of trying to bring about change in the world - the process is not a straightforward implementation of a design. It is iterative in the sense that the process takes place in a number of steps and sometimes the process path involves many backwards loops, returning us to where we began.

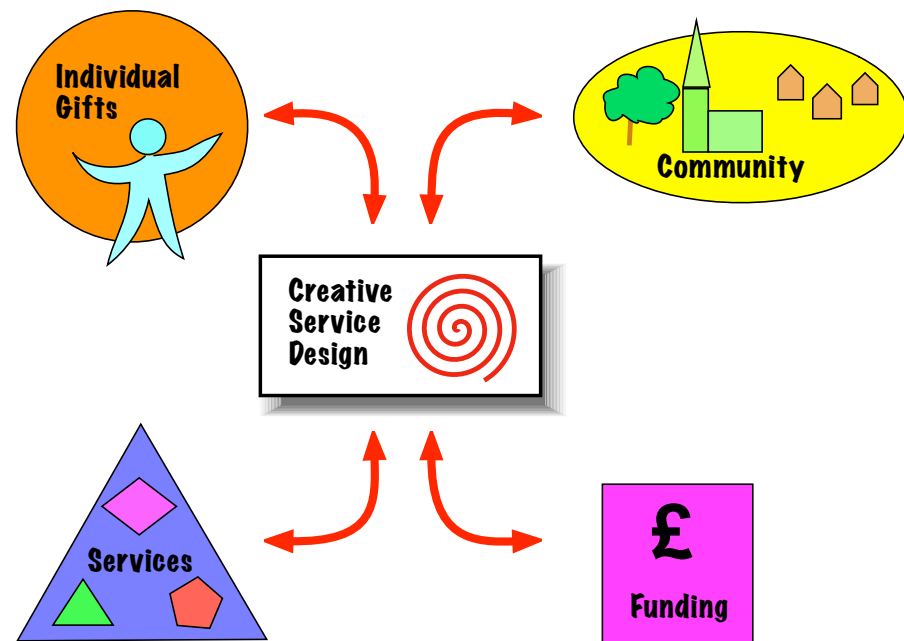
In what follows I have tried to break this process path into nine clear and distinct steps, and I have tried to arrange those steps in a linear process. But it is important to remember that in practice the service design process can sometimes be much more complex - or simple - than this. I will use the story of the Smith Family to illuminate this process as it emerges.

Step 1 - Grow your understanding

A good service design is built on a good understanding of 4 very different things:

1. The individual’s needs, hopes, desires and capacities
2. Their family, their community and connections
3. The supports and services that are available
4. The resources or budget they can use

For the Smith Family this principle meant that it was necessary to develop an understanding of the whole family: their needs and their aspirations. In fact this



was much more important than knowledge of services - in fact it was the failure to understand the needs of the family that had led to past service failures.

It is also important to see that this new understanding had to be shared with the family. In fact it had to be their own growing sense of their own needs and desires, their own ability to articulate and legitimise those needs that would be the key to building their confidence that things might be *different this time*.

Step 2 - Define success

It was essential to understand the Smith Family; but the design process requires more than a good understanding. It also requires that the criteria of success, the precise goal, is understood and agreed. In fact (using rather unattractive language) we might say that a good design is going to be tested by how well it achieves the *individual service specification*. The specification identifies what is either essential or desirable for a successful design. This can be combined with the keys to citizenship to provide a structured account of the criteria for success:

	It is ESSENTIAL that	It is DESIRABLE that
1. Self-Determination	Mum & Dad control family life and make important decisions about how they are supported	
2. Direction	Planning is natural and part of wider family life	Mum & Dad get some independent help and advice with complex decisions effecting their future
3. Money	They don't get themselves into debt or crisis	
4. Home	Everyone lives in the same home as a family, with room for sleep-over support	The family can live as close as possible to their existing home and family networks
5. Support	Get help in the home and be able to have breaks or holidays	Employ people they already know to support their sons
6. Community Life	Live as a family and be able to do simple family things together with their wide family network	Be a positive focus for the wider family's life

Step 3 - Clarify your constraints

Once you have a coherent account of what would be right for the individual (which may include a number of different options) then you must review their circumstances in order to define the initial constraints within which you will be working. For example, for the Smith Family the constraints included:

- Expenditure funding available - set by early agreement with authorities
- Capital funding required - set by the housing market
- The existing mortgage on their home and the family's income
- The neighbourhood and local area where family and friends lived

Constraints are not bad, they are natural and inevitable. Where we find a constraint we must try and make that constraint work for us by asking "So if that is fixed how do we still achieve our goal?" Necessity really is the mother of invention.

But it is also vital that we do not imagine constraints that are not there or imagine that the fact that we don't know *how* to do something is a constraint. Our own ignorance should not be treated as a constraint and we will only stop being ignorant if we learn to do something we've not done before.

Step 4 - Draft your service design

The service specification defines the problem you are trying to solve within the given constraints. The service design is your attempt to solve that problem. The ideal service design will therefore:

- Meet all of the criteria (or at least all of the essential criteria) within the service specification

Stravinsky: "The more constraints one imposes, the more one frees one's self. And the arbitrariness of the constraint serves only to obtain precision of execution."

Einstein: "Imagination is more important than knowledge."

- Be a feasible and workable solution for the individual and all concerned

If you can draft a service design which meets both of those criteria then you are doing well. Your only major challenge is to then implement that plan. However, in practice, it is not always the case that you know how to meet all the specification; in which case it becomes necessary to identify both the likely shape of the design and the unresolved issues that require further work.

So, for example, we knew that the Smith Family must all must live together and that meant they should have a suitable 5 bedroom house in or close to their existing community. The challenge was then that *we didn't know how to find that suitable housing*.

Step 5 - Prioritise: first things first

Using your draft service design you now need to work out which issue to tackle first. There is no one component that should always be treated first. Possible criteria include:

- What is the most *important* issue to resolve?
- What is the most *urgent* issue to resolve?
- What would it be better to leave until later?

It is far more important to decide to focus on **one** thing than it is to focus on the right thing, or worry how to define the right thing. If you focus on the wrong thing then you will find out. At that point you will just need to go back and try another tack.

In the case of the Smith Family Inclusion Glasgow proposed that housing should be the priority in order to maintain pressure on the authorities. However the Family decided getting support was the priority as they wanted their sons back home as soon as possible; so that's what happened.

Say: "The entrepreneur shifts resources out of an area of lower and into an area of higher productivity and greater yield."

Choice is your enemy:
Often we are stifled by having too many choices open to us. Narrow down your options so that you can pursue a limited range of options. You can always review your initial choices if it turns out that your initial decisions were faulty.

Step 6 - Identify opportunities

In order to generate options it is important to both clarify constraints and to explore possible opportunities. To make this process as effective as possible you may find it useful to both generate a shared list of known constraints and unexplored opportunities. The richer your understanding and the broader the group who are generating these lists the more effective the exercise.

The process of brain-storming - coming up with lots of ideas quickly without worrying about which are the best ideas - is almost always an effective means of exploring a large number of possible opportunities. Notice however that this requires discipline; it is easy to get lost in evaluating the one idea without first generating your list of options.

For the Smith Family the list of possible opportunities included:

- Uncle out of work could support family
- Inclusion Glasgow's good relationship with its bank could be followed up
- Suitable house on market at fixed price could be pursued
- The family's caravan holidays are enjoyable
- The boys' committed aunt could be used more
- Money can be channelled through Inclusion Glasgow to form a deposit for a house

Step 7 - Take your best shot

The next step is to review the possible opportunities in order to identify those that are worth further research. As at step 4 it is not necessary to make the *right* decision here; for if you make a mistake you can simply come right back and try another approach.

Einstein: "The only sure way to avoid making mistakes is to have no new ideas."

Possible criteria for selecting the most likely opportunity include:

- It's what is left after eliminating more unattractive opportunities
- it's the groups favourite
- it's the least worst option
- its the easiest to research

Sometimes the service design may throw up genuine conflicts or contradictions. If this happens it is possible to help the individual to recognise this and seek some compromise by helping the individual think about what is most important to them. It can be useful to spell out contradictory options, list positive and negatives for the person and then let them choose. For example, Jane wanted time to review and pick her preferred housing option; so these were set out for her in pictorial form and she reviewed them over time and then made the decision when she was ready.

Step 8 - Research your options

Unless you are lucky enough to have all the key decision-makers in the room then exploring your most likely opportunity will probably involve going and talking to somebody else or finding out information from somebody else. This should not be seen as a disadvantage. In fact it is the very need to go out and talk to others, especially others who do not come from the service world, that indicates you are attempting to do something both creative and good. If the solution lay immediately at hand then it could be the kind of easy but impoverished solution that services readily arrive at.

The key is to work out how best to research the possible opportunity to stimulate the response you want. Research may not be the right word, for it suggests that what you want to do is rather passive or academic. Instead your role may be more like that of a good salesperson, a networker or a persuader.

Edison: "Opportunity is missed by most people because it is dressed in overalls and it looks like work."

Be sure that you know who it is that you need to persuade and make sure that you have a good case. Ideally you want all the key decision-makers on board with you. Ideally you are trying to give somebody a problem that they are ready-made to solve. Bankers like to lend money. Lawyers like to write contracts. Public authority's like to believe they are saving money. Play to their strengths and offer them problems that they will find satisfaction from solving.

Edison: "Genius is 1% inspiration, and 99% perspiration."

Each plan or decision you come to will involve work, research or further actions. Creativity arises out of the combination of thought and action and you need patience and commitment to be creative.

Step 9 - Review your research and decide

Once you have brought together the principles of the service design and the resources that appear as constraints or opportunities then you must decide the best way forward:

If the likely option is agreed then you can go back to step 4, add in a new service design component and then move on to step 5 and find the next best problem to resolve. With the Smith Family this meant solving the support first and the housing second.

If there is no immediate solution to the problem then you might go back to step 6 and explore other opportunities. For example, after finding out that there would be no attractive statutory housing options available in the short-term Inclusion Glasgow began to explore home ownership.

If you continue to find no solution to your preferred problem then go back to step 5 and find a different unresolved issue to use a starting point. For example, if you have decided that live-in supports are attractive but you have made no progress in identifying how to recruit them you may find it better to begin with the housing issue and seek housing that would make live-in support attractive.

If you really continue to find no solution to any of your unresolved issues then you need to go back to step 3 and alter draft service design assumptions. For example, you may find that you

Ford: "Indecision is often worse than wrong action."

need to alter your assumptions about how the individual's decision-making needs to be supported before you can continue.

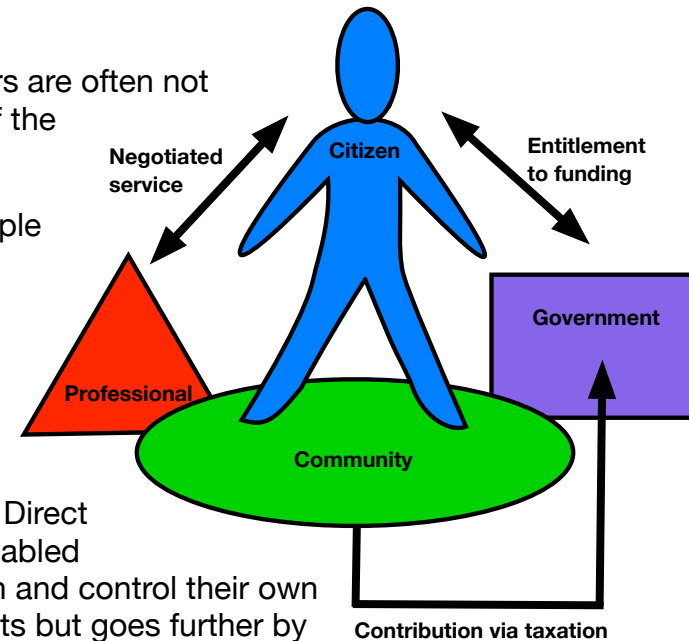
Clearly this process of making decisions about service design is complex. For each individual the order in which problems are solved can change and there is little likelihood that you can resolve these matters in one go. But in reality this process is not actually difficult to go through and any errors tend to be self-correcting. This process is also much closer to the ordinary process of making big life decisions that we all go through. We do not sit in a room, look at some information about ourselves, and then decide how everything in our lives needs to be organised. We do it bit by bit, focussing on the things that seem to make the most sense to solve first.

Capra: "A hunch is creativity trying to tell you something."

4. The Conditions of Creativity

We have so far explored the concept of Individual Service Design without any reference to the idea of Self-Directed Support. And it is true that it is possible to do Individual Service Design in the current system - but it is **very, very hard**. For the current system creates significant barriers to Individual Service Design:

- Most local resources are largely pre-committed to a range of services, often segregated, congregate and inflexible - these are hard to shape to meet individual needs and are not used to seeing themselves as accountable to the people they serve.
- When people are deemed more complex and hard to support by any of the standard service options the tendency is to seek an 'out-of-district' placement into a 'specialised service'. However this frequently seems to be only a way of avoiding the problem of designing a more personalised service.
- The assessment process is highly professionalised and decision-makers are often not close to the person and will not naturally have a good understanding of the person or their situation.
- There is no clarity about the budgets people are entitled to use, so people cannot begin to make meaningful plans.
- The monitoring and regulation of services creates no incentive to encourage innovation, better outcomes or flexibility. Standardisation seems to have its own momentum, without any evidence that we started with a helpful set of standards.



However these conditions are weakening. The Independent Living Fund, Direct Payments and the Independent Living Movement have all shown that disabled people, older people and people using mental health services can design and control their own support. The move to Self-Directed Support builds on those achievements but goes further by

demonstrating how control and individuality can actually be achieved by everyone.

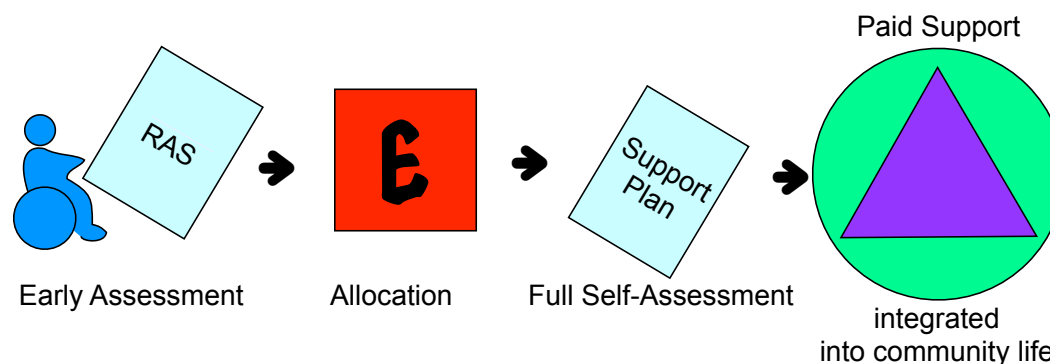
Overall I think we can identify at least 4 key innovations within Self-Directed Support that will encourage or support better Individual Service Design.

Innovation 1: Knowing your budget up-front

When in Control began its work in 2003 one of its earliest innovations was the Resource Allocation System which enabled local authorities to tell people up-front how much money they had to plan with. At first there was incredulity that such a process could be designed; many people felt that it would be impossible to find a coherent rational framework for understanding needs and allocating resources. Moreover there was a significant fear that any open and transparent system would end up being abused and could not adequately control budgets.

Today there is still some scepticism about the role of a Resource Allocation System, but the evidence of its effectiveness is growing daily. Local authorities using this approach are finding that it does allow them to tell people what they are entitled to in a way that is both fairer and more efficient - but the biggest gain has been for the people who can now be told how much is in their personal budget.

The primary reason for developing the Resource Allocation System was nothing to do with local authority finances and everything to do with Individual Service Design. In Control believed that it was much more likely that people could plan well and creatively if they had a budget to work to. Without a budget you constantly look to the care manager or social worker to 'find a solution' - there is no meaningful framework for developing your own plan and often people are forced down one of two inappropriate routes:



1. To **negotiate** - This usually takes the form of defining your needs and the urgency of those needs in ways that are likely to be most effective at getting some support - this often means encouraging people to seek traditional services (because you can see that such services do attract funding) or encouraging people to create the crisis which will trigger some kind of support.
2. To **give in** - Some of us just don't want to start demanding support: we may be simply grateful for whatever we get (however deficient it may be), or we don't like anything that is on offer, or we become frustrated by the process of multiple assessments and the implicit 'begging' for support.

The personal budget (and the Resource Allocation System which underpins it) cuts through this problem in two different ways:

- With a personal budget you are sending a very different message - not 'let's negotiate' but 'you are entitled to support'. And whatever the amount of money that it is fair to give you is **your money**. This message helps begin a very different approach to planning and service design - it says this is your life, your money and your support - let's figure out something that works for you.
- In addition to creating a helpful sense of entitlement the personal budget simply creates a better opportunity for good planning. As we saw above knowledge of your constraints is vital to effective planning. It is nearly impossible to plan creatively without a budget to work to; without that constraint there is a natural tendency to rely on traditional solutions - however inappropriate they may be.

It is no accident that the design programmes that we see on television are always setting participants a budget, for the budget creates the framework for innovation and creativity. Sometimes the budget may turn out to be 'wrong' - and in Control has found that a small number of people do say that the budget was insufficient and a small number say it was too

in Control: Our website www.in-control.org.uk has a number of resources designed to help people develop their own services:

- Keys to Citizenship
- In the Driving Seat
- Top Tips
- Resource Guide
- in Control Stories

much - but it is better practice to have a budget to work to that turns out to be wrong than to have no budget at all.

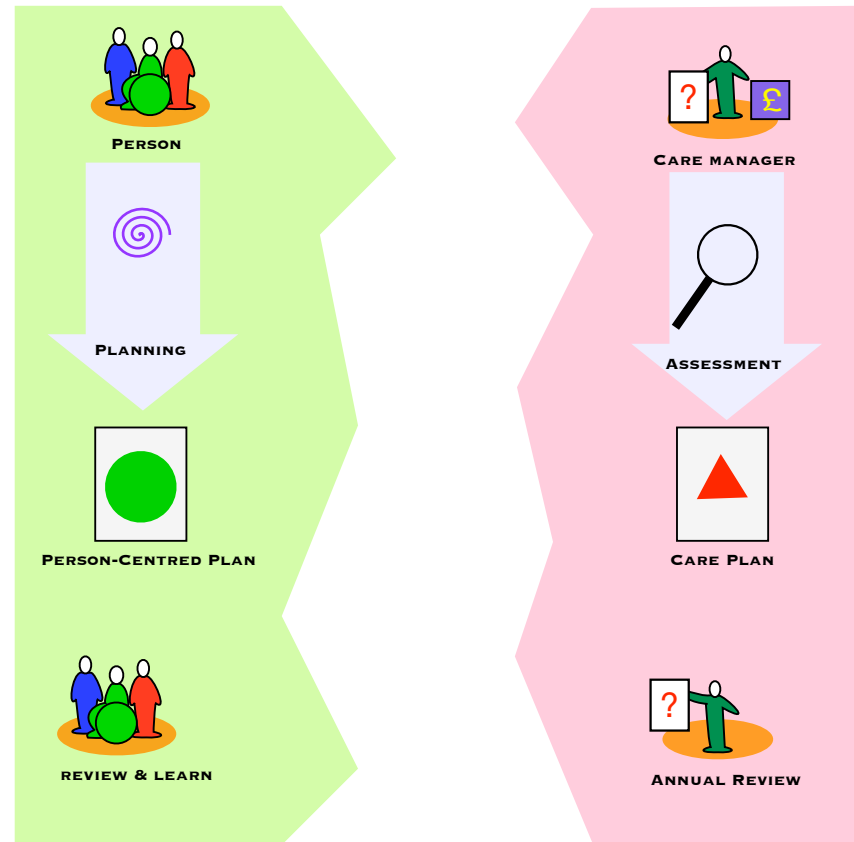
Innovation 2: Self-assessment and support planning

The second key innovation for in Control was to rethink the current, professionally dominated, assessment process and to demonstrate that this process could be reorganised into a Self-Assessment process, based on a productive dialogue between the person, their allies and the local authority.

Currently there is an enormous gulf between people, families and communities and the care management system that has been set up to serve them. Although care managers are encouraged to consult with and involve the people they serve the actual system demands that the care manager carries out a number of critical functions, each of which has the impact of weakening the meaningful involvement of the person.

1. Care managers, and others, complete the assessments of need
2. Care managers write the care plan
3. Care managers go and seek funding from the local authority for their care plan
4. Care managers check that the services they commission are working

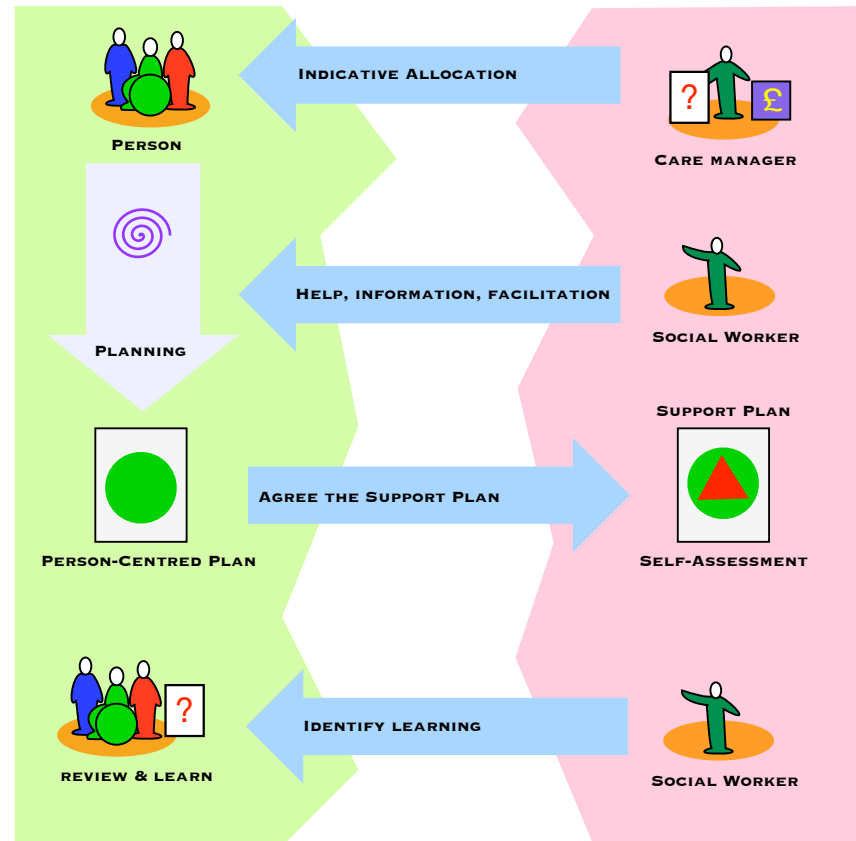
But this whole process ignores the fact that the best service designs must be co-produced with people themselves. We want support that builds on and supports our own talents and



capacities. We want support that not only embraces the contribution of family, friends and communities but that actually makes our community stronger. This kind of Individual Service Design can only emerge through a process of co-production led by the person who needs support and those who know them best. It is for this reason that in Control recommends that the future care management process is radically restructured into the following steps:

1. Telling people what they are likely to be entitled to - the indicative allocation of resources - this can be done with a Resource Allocation System.
2. Letting people develop their own support plan, but offering help and guidance where necessary. (Obviously some people will need a lot of help and we will discuss some of the issues raised by this fact in our discussion of brokerage below.)
3. Checking and agreeing the support plan which is proposed by the person or the Agent. (Where people need someone to act on their behalf in making this agreement the authority needs to find a suitable Agent - this remains a central role for the authority.)
4. Helping people review their own successes and difficulties and, if things are not working well, terminating the agreement and putting in place a different arrangement for Self-Directed Support.

The test of a good design is what the person thinks of it and how the person uses it. TV programmes on design always end by asking the homeowner what they think - without input and validation from them the process is worthless.



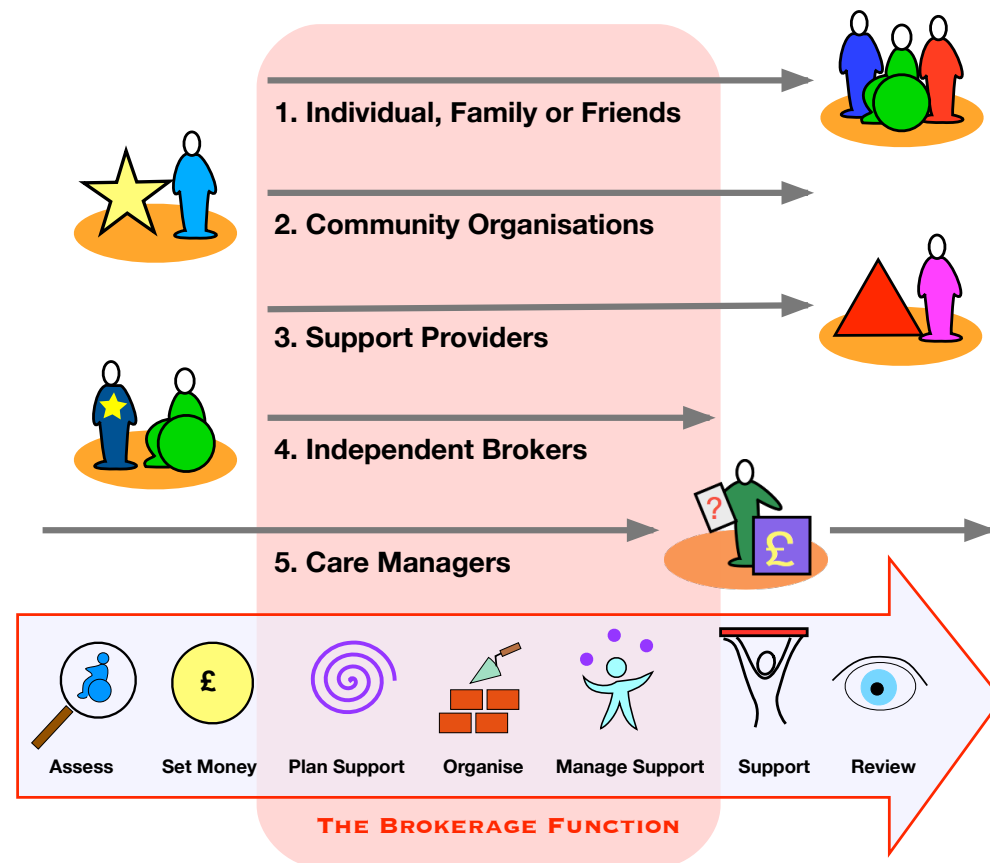
Innovation 3: Brokerage

One of the most interesting questions that social and health care services will face in the next few years is: do we need professional designers? In fact early signs are that the natural tendency of government and the professions is to try and quickly populate the Individual Service Design space with new ‘brokers’ ‘system navigators’ etc.

This seems like a real hazard. It cannot be helpful to make the practice of Individual Service Design the monopoly territory of professionals. It would be the equivalent of saying we all need our food cooked by professional chefs. So in Control has put significant effort in to trying to make sure that as much as possible it is people themselves, with help from family, friends or others who become the leading designers.

Having said this we should not fall into the opposite trap of ignoring the positive role that professionals can play as service designers. Moreover in Control believes it would be an error, particularly at this early stage, to spend too much time determining which professionals should play which roles. Rather we should encourage all professionals to play the role of designers - if people are in control of the money, including the money that pays for brokerage or design, then there will at least be some process in the medium-term to see who flourishes in this role and who does not.

This is not to say that there will never be a role for



regulation or guidance here. But any regulation should flow from a period of real learning about what is working and not working. It would be a significant implementation mistake to regulate something that hardly exists in a coherent form. What is required is a period of development and in Control is doing this by:

- Making sure as many people as possible have access to useful guidance that makes design seem possible
- Building strength, competence and skills for older people, disabled people and their families
- Bringing together networks of people, families, brokers, social workers and service providers to learn and experiment together

Again, as we learn from other parts of ordinary life there is likely to be a role for both professional expertise and community learning. But, given the highly professionalised history of health and social care, it is much more likely that the balance will tip towards over-professionalisation rather than under-professionalisation. So we must learn from other areas and ensure that the idea of individual service design becomes a subject of TV programmes, newspapers, magazine articles and radio shows.

Innovation 4: Flexibility and outcomes-focused social work

The final innovation that I want to draw attention to is the need to ensure that funding can be used flexibly and that the social work function begins to shift its attention from 'how someone is being supported' onto 'how people are living'. At present the current systems tends to focus exclusively on process issues, for example:

- What qualifications do your staff have?
- What size is your bedroom?
- What salary did you pay your personal assistant?

But the duty of the local authority is **not** to see that money is spent in a particular way - instead it is to make sure people are safe and living the best possible life they can do - in fact to ensure that they are achieving the outcomes of citizenship. This tendency to slip away from thinking about the intended outcome and to instead focus on process is very damaging to the effectiveness of social care. Imagine that you ask someone to build you a house and, when you turn up on site to take possession of the house the builder points to a pile of bricks and says 'there you are - it's your new house!' But this is how social care works - we focus on the bricks and not the house. We count processes, but we don't know how people are really doing.

It is for this reason that in Control has argued strongly that to impose any unnecessary rules on how a budget should be used is to fetter the discretion of the person who is managing the budget and is in conflict with the authority's duty of care.

This issue is closely linked to the changing role of social workers. The care management reforms of the early 1990s seem to have led to more and more focus on the assessment process. However in Control's works suggests that the key role for social workers in future should be at the review-end of the process. We are moving from a world where people are 'placed' to a world where people are in control of their own on-going journey. A service design that seemed to work a year ago may not now work, but people who are in control can change that service quickly and make it meet their new understanding of their needs. In this environment the correct question for social workers to ask is **not**:

- Do I know enough about you to make sure I put you in the right service?

Instead the **right** question to ask is

- Do I know enough to be sure that your life is going well and that you are in control?

This shift in focus will require a radical rethink of the care management function; but it may also allow social workers to return to the values and skills upon which social work was founded.

Conclusion: The Future of Individual Service Design

To conclude I want to make some final general observations about some misunderstandings that might emerge through this focus on Individual Service Design.

One mistake might be to believe that there will be no role for general services and general innovations. For example a general service is the alarm system that helps people who are living at home alone. There is no reason to believe that such general innovations, (requiring capital investment, forward planning and significant levels of organisation) should not flourish just as well, if not better, in a world of Self-Directed Support. In fact it is arguable that the pace of innovation has been held back by the undue role played by government in social care.

However what will be required is a different kind of 'marketing' which focuses more strongly on giving information and advice directly to older people and disabled people. If the £19 billion social care budget was under the direction of people themselves, this together with the significant self-funder contributions (at least £3.5 billion, but probably a lot more if all forms of social care and support were counted in) would constitute a significant market in which innovation and creativity could be encouraged. Good service provision is likely to play a significant and positive role in this market but only if it plays its part in making itself fully accountable to older people and disabled people.

A second mistake is to think that there will be no role for commissioners or social workers in this new world. Their role will change and it will change radically. Overall their focus must shift to creating the right environment for innovation, Individual Service Design and Self-Directed Support. There are many talented people within local authorities who are ready to make this shift; but they will also need to ensure that older people, disabled people and all those who use social care services start to play a much greater role in local and national governance.

Finally we must learn to start sharing more stories of success. This is perhaps the biggest challenge for social care - at times there is a punitive and negative culture in social care which focuses a disproportionate amount of energy on worrying that something might 'go wrong' and

almost nothing on celebrating what is going well. But innovation does not flourish when we only focus on the negative: we need be able to spot successes and build upon them.

Of course there is a reason for this negative culture. Our society still tends to see older people and disabled people as somehow 'not us' - perhaps deserving of care - but not really a full human being with a proper role in society. In a sense we seem frightened of our own mortality and our own frailty - hoping against hope that we will never be in need of help. Social care cannot solve this deep problem on its own. But it can at least try to think about how it works in a more 'universal' spirit. A focus on self-funders, community education and the mainstream media will all help to raise the general profile of social care as a positive part of life: something we must all take seriously and a natural part of our shared humanity.

The concept of Individual Service Design will not make everything better, but it has a useful role to play. It reminds us that we are all individuals and unique: that we all need love, family and friends and that each of us has our own unique community that is vital to our well-being. Support, worth its salt, must help us live our lives as full citizens.