



Independent Living: Opportunities for third sector innovation

By Jean Barclay

Introduction

A key part of the vision for the Innovation Exchange is the development of **Innovation Networks**, which will create social relationships between a large number of actors (including innovators, public service commissioners and managers, social investors and policy makers) who are all seeking innovative solutions to a specific social problem. The “market” for addressing social problems is, for many reasons, an imperfect one and so, without help, the areas where buyers and sellers can add value by working together to innovate can remain hidden. This report is part of work by the Innovation Exchange to uncover these hidden opportunities. We hope it will help to spark powerful collaborative innovation.

At the outset the Innovation Exchange has identified two potential areas of opportunity for third sector innovation and aims to set up Innovation Networks bringing buyers and sellers together to respond to these opportunities and develop Next Practice in each area. The two areas identified as opportunities for third sector innovation are Excluded Young People and Living Independently. This report focuses on **Living Independently**.

We need your input. Your feedback on this report will, we hope, start a series of conversations which will enable us to develop a programme which will add value to your work and help us, together, to make a real and lasting difference to the quality of life of people with support needs who are living independently

At this stage the Innovation Exchange is approaching the theme of living independently broadly so as to encompass the full range of relevant activity before identifying more specifically where its involvement could produce maximum impact. The Network will focus on helping adults who use and need support to live their daily lives including adults who use support due to physical disability, learning disabilities, mental health needs, drug and alcohol dependency, or because they need care in old age perhaps due to deterioration in their health.

There is a wide range of public, private and third sector providers operating in this field, many specialising in meeting needs of particular client groups. However, it is clear that many needs are not met or are not met effectively, resulting in very poor quality of life for the individuals concerned.

About this report

The purpose of this paper is to set the scene by identifying major aspects of unmet needs and describing some of the key challenges for providers of services aiming to meet needs by delivering support to people to help them live independently. From this we identify the ‘opportunity space’ for the Innovation Exchange to encourage innovation in the third sector – in this context suggestions are made as to how it might develop its work in this service area in the future.

The report is divided into three main sections:

- (1) What are people’s support needs?

- (2) What are the challenges faced by commissioners in working with the third sector to meet needs?
- (3) Where could the third sector and commissioners collaborate more to encourage innovation?

The issues identified in this report have emerged from qualitative desk research and a series of interviews with experts in the field made up of third sector practitioners, public sector commissioners and other investors. Whilst in no way claiming to be comprehensive, it reflects a range of perspectives which can be used as a starting point for discussions. A total of 21 interviews were conducted, 15 with third sector practitioners, 6 with commissioners and other investors.

Mapping the territory

Policy context

Statutory funding and provision of services for people who need support to live independently is complex and often confusing, in part as it includes many different agencies e.g. health, social care, housing. A big issue is who holds the budget for the different types of care. And how should budgets be allocated between preventative services and services to respond to crises?

A wide range of national and local policies affect the work of all of these agencies. Many people we spoke to commented on the growing gap between “national vision” and “local realities” as money does not always flow to local level to fully support national priorities. Other comments were made highlighting the constant change within the system of support.

“Senior management in public services (eg Supporting People) are out of touch with what the reality of their policies means on the ground – they have to spend too much of their time in meetings”

“Endless reorganisations also eat up management time”

The following are just some of the initiatives aiming to improve the situation for people with support needs:

- The Department of Health published a “concordat” in December 2007, “Putting People First” which aims to promote collaboration between central and local government, providers and regulators to transform adult social care which will include promoting the need for independence.
- In the health sector the “Our Health, Our Care, Our Say” White Paper published in 2006 has led to more emphasis on prevention services, early intervention, tackling inequalities, access to community services and support for long term needs.
- “Promoting Independent Living” is a Department of Health strategy to promote independent living for people with learning disabilities and is supporting local authorities and PCTs in provision of suitable accommodation within community settings.
- In the field of physical disabilities a key government strategy “Improving the Life Chance of Disabled People” was published in 2005.
- Department for Communities and Local Government published a new strategy “Lifetime Homes, Lifetime Neighbourhoods – Housing in an Aging Society” in February 2008 which looks at support needs of older people.
- Ideas from the “In Control” movement within the field of people with learning disabilities are now beginning to be accepted as part of the mainstream agenda for a wider range of individuals with support needs. The fundamental concept is based on the belief that people who need support can control their own lives and be full citizens using

Individual Budgets as part of their Self-Directed Support. We look at this in more detail later in this report.

- A recent government programme of pilots of Partnerships for Older People has attempted to improve quality of life for older people by working across traditional boundaries and promoting healthy lifestyles and independence.
- Other initiatives within the health sector focus on “bringing care closer to home”. These present challenges to innovators as commissioners are looking for solutions which are feasible in terms of the logistics of delivery of support, cost effective and successful in terms of outcomes for vulnerable individuals at risk.
- In March 2008, the Office for Disability launched its Independent Living Strategy which was co-produced with disabled people, organisations for disabled people and other government departments. This five-year Strategy joins current and new policy initiatives to provide a coherent framework for making progress towards the goal of independent living.
- Examples of relevant work of third sector campaigners include Counsel and Care’s “Delivering a Sure Start to Later Life: Exploring new models of neighbourhood services for older people” in February 2008” which also highlights the care funding gap affecting service provision for elderly people with support needs.

The list of policies above is by no means comprehensive but gives a flavour of the complexity of the territory. Unfortunately the difficulties in “joined up thinking” in such a complex environment can lead to unintended results:

“Consultants discharge patients to avoid bed blocking – but they are not interested in what happens to the patient once they leave hospital – a big issue is who holds the budget for the different types of care – so a doctor can make savings on his budget whilst the patient still needs care which then has to be paid for out of someone else’s budget”

Range of providers

At local level provision of support is by statutory, private and third sector providers. It is often difficult to identify the full extent of third sector funding and provision and this varies from one area to another. Typical examples included less than 10% of total commissioning expenditure going to third sector providers. Third sector organisations had higher prominence in carrying out work on the preventative side rather than delivering core services. In the housing sector, non profit providers (Registered Social Landlords – RSLs) made up a more significant part of the whole, with some of these being very large nationally run organisations.

There may be increased change at a local level as there is pressure to create a greater split between commissioner and provider organisations within the statutory sector.

Third sector provision is very uneven throughout the country – with some areas having a wide range of different organisations involved, and others far fewer. Even within nationally recognized third sector organisations or networks local delivery varies hugely – for example an Age Concern in one area may offer an extensive range of services while in another area they may have just a couple of staff working with volunteers.

Some third sector organisations are interested in taking on a greater role in delivery of support services but both commissioners and third sector recognise some of the general barriers to their growth:

- Sustainability of funding for innovative work
- Managing increased complexity of larger organisations
- Lack of sufficient evidence of value added of third sector organisations
- Commissioners concerns about capacity and reliability of small providers

“Part of the problem is not a lot of take up by commissioners/public funders of new services which have been demonstrably successful – so there is not enough replication – this is a huge problem”

Some of our interviewees noted that competition for funding means that third sector organisations are not always willing to share ideas for good practice/innovation, and have little time to engage outside their own geographical area to champion their ideas and encourage replication etc

Some third sector experts consider that social enterprise initiatives can provide some of the solutions to the unmet needs – but, although there are examples of successful initiatives of this kind, they still require someone to pay for the services – the state, the individual or another agency, so their potential for roll out or replication is dependent on affordability.

“For innovators the bureaucracy is a barrier – to spread an idea you might have to talk to about 15 people – and the processes are very wearing “extraordinary bidding processes” and reporting requirements”

“World class commissioning” is about identifying needs and finding appropriate services and competent providers to achieve particular outcomes – the issue of whether the provider is a third sector organisation or not cannot be the commissioners’ primary concern. It is hard for large commissioning organisations to change quickly, but it is recognized that this is a period of change which does present opportunities for innovation.

1. What are people's support needs?

1.1 General

There is recognition that people who need support to live independently may need a range of different kinds of help, from financial assistance and basic information about support available, to physical adaptations to their home, physical support with self care, moving around, taking medication, other healthcare support etc, regular help with housework, shopping and preparing food, home and garden maintenance, communications support, support with personal administration (for example, managing a tenancy) and assistance in accessing services.

“The Joseph Rowntree Foundation’s Older People’s Inquiry identified that older people value ‘that little bit of help’ to enable them to retain choice, control – and dignity in their lives”

Across the spectrum, regardless of what is causing an individual to have support needs, it is important to understand that they may find it hard to keep on top of the day to day chores of living independently as they have additional challenges to deal with. There was a consensus that people need:

- Information about services and support to be easily accessible
- To be in control /be able to change things as they go along
- To be able to afford help
- Access to reliable and good quality services - for many people it’s actually more about quality assurance than affordability

All our experts recognised that needs change over the course of the life of an individual and increased support needs for living independently may arise at key life stages such as:

- A child living with family or in care moves into adulthood and would like to live independently
- The onset of a specific disability or physical or mental illness
- Gradual general decline in health and increasing frailty due to old age
- Development of problems related to dependency on drugs or alcohol
- Bereavement of a partner who was providing support

1.2 Greatest aspects of unmet need

There was agreement amongst all the experts we talked to that, in spite of the wide range of services available to support people living independently, there remain very significant unmet needs. There was significant consensus amongst our experts around what the priorities were:

- **Social isolation of people in all client groups**

Time and time again, our experts highlighted the seriousness of the problems of social isolation which were rarely addressed by statutory services directly in relation to any of the client groups. Funding for support for independent living tends to focus on meeting practical needs. Cuts in services such as meals on wheels failed to recognise and value the social benefit provided by regular services of this kind which reach people in their own homes.

“Many organisations provide practical support –but for quality of life we need to meet people’s social needs – Social Services Departments don’t do much for this”.

“With nothing to look forward to, or recent social contacts to look back on many people struggle to make conversation with their relatives who ring to see how things are”

Several experts noted that focusing on the “social isolation” of individuals is missing the point – the point is that there is a broader need for “healthy communities”.

“Lack of community is a major issue – people have to make their own communities but for many people with support needs this is particularly hard to do – for young people who have grown up with support needs they may have no idea at all how to go about this as they become an adult”

In some cases perhaps greater clarity is needed that living independently does not necessarily mean living alone. Independence means different things to different people and, as with the general population who don't have particular support needs, some individuals might prefer to trade off some aspects of 'independence' in order to gain companionship – but there may be few options to enable them to do this without feeling they are 'surrendering control'.

“Life for vulnerable people is not an easy ride – but if you don't have any friends either it's so much worse”

“Unable to leave the house on your own, your world shrinks over time and you have so much time to contemplate your loneliness”

- **Need for more holistic and flexible responses**

For those individuals who have succeeded in accessing support, our third sector interviewees noted common issues were that service responses were not flexible enough and did not deal with the individual holistically – so their needs are met in a piecemeal way “fitting the user into the service” rather than the other way round.

An elderly woman could not afford to have her broken shower fixed so her carer had to spend additional time helping her to use the bath. The local authority service meant that the time of the carer could be funded but they could not pay for the shower to be fixed.

- **People needing lower level support**

In order to ensure limited budgets go to those most in need, the qualifying criteria for state funded support have become increasingly restrictive. This means that those with lower level needs – which are in many cases still very significant – cannot access support services and receive no financial assistance. Many people in this group will not be able to afford to pay for support themselves. So whilst national government policy highlights the importance of prevention of crises and supporting people to live independently, at a local level, local authorities in many cases can only fund crisis intervention services.

“Sometimes needs are not identified as part of an assessment because the care manager knows that the statutory sector will not be able to afford to meet the need and is afraid that by formally identifying a need it will create an obligation for it to be met”

- **People in transition**

When people are moving from one situation to another, there can be many needs which are not addressed. For example, many people with learning disabilities may need to move from being very dependent on their family or residential care to living independently and face many personal challenges in addition to dealing with practical issues around running their own home. In such cases they may need emotional support, possibly over a relatively long period of time as there will be many risks of rushing the transition process.

“Some individuals will demonstrate difficult behaviours during the transition from institutionalised living to independent living. One man moving into his first flat kept his possessions in his socks when he went to bed as he was so used to having to guard his own things. He needed time to adapt to his new world.”

Other groups such as ex-offenders may experience a similar need for time to adjust – but this adjustment time is not always taken into account in services provided.

As we have already noted, at the other end of the spectrum, where people have lived independently all their lives and in later life are moving into a phase where they need support, there are also many unmet needs around the time of transition.

“People need supported opportunities to try things out to find out what best meets their needs. This may take time – and trial and error”

- **Elderly people whose needs are not recognised**

The problem of elderly people living independently has been continually underestimated, as individuals in need are not identified and may not have the awareness, inclination or ability to seek access to services. A downward spiral can develop as their increased social isolation makes it even less likely that their needs are identified until there is a crisis. People may adapt, for example as they gradually lose their eyesight, but in many cases this is simply by not doing things, like cooking or going out. With an ageing population the number of people in this group will continue to grow, along with increased needs relating to dementia, mental health and support for carers.

“The range of support available is highly complex and varies a great deal from one local authority area to another so many individuals, and their families, have no idea what is available and what they are entitled to.”

- **Other unmet needs**

Our experts identified other aspects of needs not being met effectively across most client groups including:

- Need for more appropriate and affordable housing
- Support needs of those with multiple or complex conditions e.g. needs of ex-offenders with drug dependency and mental health issues, people with learning disabilities combined with severe Aspergers
- Vulnerability of people who may be at risk of exploitation
- Dealing with anti-social behaviour/stigma within the community
- Support in addressing low self-esteem
- Access to transport (problems include disabled parking bays being used by other people)
- Balancing the need to protect people from risk with the need for them to be in control of their lives

1.3 Opportunities for innovation

So, in order to address the extensive unmet needs of individuals living independently, we've identified some of the key areas of opportunity where innovation is needed to bring about changes in service provision:

- Increased support for community and service responses which address social isolation
- Simpler and more easily accessible entry points for support services
- A more holistic and flexible approach to service delivery
- Cost effective solutions for lower level support provision
- A specific focus on how to support people in transition
- Better identification of vulnerable individuals
- Support for individuals in managing their support budget – see box insert.

Introduction of Self Directed Support and Individual Budgets

On the “customer” side of the market (sometimes referred to as the “demand” side), the market “failure” is caused by various factors including lack of sufficient information about entitlement and services available, the split between the funder and the end user, and perhaps most of all, by overall financial constraints – neither the individuals in need or the commissioners acting on their behalf have sufficient funds to purchase services to fully meet the needs. The introduction of Individual Budgets represents an attempt to make demand for services more “effective” by putting the financial power in the hands of the end user to purchase their own self-directed support. This is a major opportunity to improve at least some aspects of how the market for support operates in directing resources to more appropriate services. It is creating a new need for support - which we have added to our list.

Issues which need to be addressed in order to make Individual Budgets work include:

- The new “market” will not work effectively unless individuals have sufficient information to make choices about how to spend their budget and they may need support in their own individual “commissioning” – this needs a different mindset from traditional care management support.
- Challenges in pulling together and sharing learning from pilot schemes across the full range of client groups
- Lack of skills and experience of commissioners as market managers where the financial power is delegated to thousands of individuals. Without the direct financial power, how do they ensure a range of flexible and good quality services are offered by providers in each local area e.g. quality assurance schemes
- How can commissioners take a strategic approach to service provision e.g. by encouraging development of new innovative solutions by providers?
- How to address inflexibilities in current provision e.g. staff are employed in roles which now need to change significantly. How to ensure there are enough suitable people in the workforce, happy to do flexible, possibly low paid jobs?
- Finding finance to develop new services before old services are withdrawn – possible need for double funding in the short term
- What learning can be drawn from child care market management by Local Authorities?

“There won’t be one kind of solution”

“Some solutions will need to be very light touch, whilst some individuals may want a “manager – the third sector may be appropriate to provide some of this support”

A report on the piloting of individual budgets will be published in Spring 2008 by the Individual Budgets Evaluation Network.

2. What are the challenges faced by commissioners in working with the third sector to meet needs?

“At the top you need a strong commissioning lead to change things – and this needs to be backed up with money”

Turning now to the commissioners and third sector providers, what lies behind some of the challenges in meeting needs effectively? In this section we look at some of the supply side barriers which our third sector interviewees and commissioners highlighted, looking in turn at each of the aspects of service orientation we have already identified.

2.1 Increased support for community and service responses which address social isolation

Assessments and service responses often fail to consider social isolation as a priority. Some of the barriers to this are:

- Money is in the hands of the commissioners – but addressing isolation needs a community response based in local neighbourhoods. Third sector organisations trying to do this have found it difficult to obtain sustainable funding, even where their activities have been demonstrably successful.
- Funding issues are partly due to the fact that commissioners' performance indicators tend to focus on practical needs and rarely address things like "loneliness", but sometimes the best outcome for an individual who has, say, been on a computer course, is that they made a friend on the course and it is this which contributes positively to them living independently.
- Procurement processes do not allow for a community answer – only a service answer, with set hours and outputs.
- There are new technologies (such as video telephony) which can provide part of a solution, but commissioners have yet to support take up of these on any significant scale across the full range of client groups
- For simplicity and economies of scale commissioners often choose to contract with organisations covering their whole geographical area – this tends to work against responses offered by smaller more community based organisations. There may also be fear of risk of sub-contracting to smaller organisations.

"In cutting costs, Commissioners sometimes remove the specific element which makes a project effective in addressing social isolation."

2.2 Simpler and more easily accessible entry points for support services

Aspects of commissioning and provision of current services which make access difficult include:

- There is a wide and complex range of services on offer but many services are specific to a local area which means provision is very diverse –noone (sometimes not even the commissioners) has the whole picture and family who don't live locally will find it hard to help signpost etc
- In many areas commissioners do not provide a single, central portal for information on the kinds of support available – or if they do, it is poorly publicised among all potential services users
- The intrusiveness of assessment processes puts off some vulnerable people from seeking help from statutory providers. They may also feel uncomfortable about being "categorised" rather than being treated as an individual and so may not identify with the way that services are structured and promoted.

2.3 A more holistic and flexible approach to service delivery

Barriers to the provision of holistic and flexible services include:

- Staff in statutory bodies tend to work in specialist "silos" e.g. focusing on mental health, learning disabilities, health, social care etc. There is not enough joined up thinking – there are so many bodies making decisions without the full details of the facts or the full picture the solution for the individual person is often unsatisfactory.
- Support interventions are often piecemeal e.g. a handrail is fitted. These individual interventions do not address the whole need and are also expensive. Driven by targets rather than the whole picture, one respondent said *"it's all over the place"*.
- Working together is difficult because each organisation must prioritise its own performance indicators
- Increased bureaucracy, in part because of risk aversion. One of our interviewees spoke bitterly of *"having to fill in 28 forms for a £300 grant for an individual in need"*.
- Many third sector providers receiving small amounts of funding tend to focus on a single issue/aspect of need so are unable to offer a holistic approach.

- Assessments are rarely holistic – and some of our third sector experts were cynical about these saying they were more about economics rather than true assessment .

They only assess what needs they think they can meet – scared of ending up in court – so they don't know what the unmet need is – what people really need to live independently”

- In some areas there were perceptions of poor management and training of care workers militating against holistic and responsive interactions with vulnerable individuals. In the search for cheaper staff solutions providers were using lower grade staff to give more presence, but poorer service, at the front line.
- Lack of sufficient user involvement in service planning

“In spite of the personalisation agenda, it's not really about people...it's mainly about how to manage your budget and minimize potential political flack”

2.4 Cost effective solutions for lower level support provision

Barriers to meeting the needs of those requiring lower level support include:

- Financial pressures on budgets so commissioners and providers respond to critical need not substantial need
- Criteria for funding of support does not include all vulnerable people – many fall below the threshold for means tested support
- Not enough emphasis on prevention – and those involved in community support schemes found outcomes hard to measure making it difficult to prove that their interventions offered value for money to commissioners
- Where individuals have no choice but to pay for support themselves, there is a lack of signposting to quality assured flexible services.

“Sometimes getting the right care/support NOW means less support needed in the future”

2.5 A specific focus on how to support people in transition

Barriers in addressing the needs of people in transition included

- Lack of joined up approach by service providers and commissioners – insufficient coordination of the transition process
- Lack of time and flexibility of services to adapt

‘Joined up thinking is lacking in statutory housing support agencies. For example, targets for minimizing voids in accommodation mean they require a quick turnover of tenants. For people with support needs there is often insufficient time to get their physical adaptations and new care package in place before moving in’

People set up to fail as things are too rushed”

2.6 Better identification of vulnerable individuals

Barriers to identifying all those in need, particularly among elderly people included

- Social isolation not being addressed – lack of a community based response
- Complexity of responsibilities – need different groups of people to get on board – eg GPs, nurses, community development workers, churches etc – all of whom could help trigger a response to individuals in need
- Balancing offering help with respecting individual's wish for independence
- The system is off putting so people do not seek help

3. Where should the Innovation Exchange support collaboration of the third sector and commissioners to encourage innovation?

A move away from contracts focused on outputs towards outcomes based commissioning does provide a real opportunity space for innovative third sector responses, particularly where

they can achieve outcomes other organisations may struggle with e.g. improving outcomes through user involvement in service development and monitoring.

Considering each of the themes identified above, how can the Innovation Exchange work programme accelerate the process of meeting needs more effectively?

From our discussions we have concluded that the third sector can add most value by focusing on the following areas for innovation:

- Responses which address social isolation
- Support for individuals in managing their support budgets
- A more holistic and flexible approach to service delivery
- Better identification of vulnerable individuals

It is clear that even focusing in on just these four areas represents a very broad opportunity space for third sector innovation.

Priorities for the Innovation Exchange

Our intention here is to identify a set of actions for the Innovation Exchange and its Innovation Networks to take forward. From our analysis of the opportunity space, we have considered where we think there could be most added value in bringing together the third sector and commissioners. We propose that there are three specific areas which the Innovation Exchange should prioritise, as follows:

- (i) **Community based responses which address social isolation**
Drawing together examples and learning from “community hub” responses which incorporate service provision and combat social isolation in order to:
 - Consider how community based responses can best complement statutory service provision
 - Better understand what measurable outcomes can be achieved
 - Identify how this approach can be supported and rolled out to meet needs of all client groups
 - Consider how best to ensure that the fragmentation which could arise from the move to individual budgets does not work against community responses

Examples of third sector innovation:**Keeping House**

Keeping House is a partnership programme sponsored by Leeds City Council. It has created new ways of developing and supporting local organisations to provide domestic services in Leeds in order to help elderly people and disabled people to maintain their independence in their own home for as long as possible. The organisation offers domestic support and help with tasks like cleaning, shopping and gardening. The central idea is that these services are run as social enterprises, charging for work done but putting any profit back into the business for the benefit of the community and those using the service. The services are run by local people who know what is needed in their area.

For further information: www.keepinghouse.org.uk

KeyRing Living Support Networks

KeyRing's support was designed for supporting vulnerable people to make the best use of network members' own abilities. A small number of ordinary properties are scattered around a small neighbourhood. One flat is for KeyRing's Community Living Worker who works part-time on a flexible basis. This arrangement enables KeyRing to build layers of support around the network members.

KeyRing works hard to build links with the local community and believes that these community connections are an important part of independent living. KeyRing's vision fits with the values and commitments of the Government's Supporting People initiative. Evaluation of the service has shown the outcomes to be very positive.

More recently the approach has been applied on a bigger scale, encompassing a broader range of vulnerable people – this has brought greater benefits as bigger networks lead to bigger possibilities. The organisation has also been addressing the implications of a shift from block contracts to personal budgets.

Adapted from: www.keyring.org

(ii) Applications of communications technology to address social isolation

Drawing together examples and learning from technological responses to addressing social isolation in order to:

- Identify which technology has most potential to provide cost effective and user friendly solutions
- Better understand what measurable outcomes can be achieved
- Identify how these approaches can be supported and rolled out to meet needs of all client groups
- Consider how technological solutions can be combined with community based responses to social isolation

An example of third sector innovation: Telesupport from United Response

United Response has been piloting the use of a new integrated telephone/video system as a means of supporting people with learning disabilities or mental health needs. This is enabling them to provide a flexible, 24 hour form of support which complements face to face provision. Support workers, friends and peers are just the touch of a button away. Additionally, by reducing some unnecessary home visits, overall costs are reduced. Initial feedback has been very positive with users finding the system easy to use and has also shown that it could

provide an excellent channel for peer to peer communications and support, as well as family contact.

Early findings have shown that, in addition to the flexibility of the service, telesupport could provide additional benefits including visual support for those who find verbal communication challenging and also assist with specific mental health conditions in a way that just isn't possible with an ordinary telephone.

Adapted from www.unitedresponse.org.uk

(iii) **Support for individuals in managing their ‘individual budgets’**

Learn from pilot schemes and identify where third sector organisations can add most value in supporting people with individual budgets and ensuring the shift of financial power genuinely benefits vulnerable individuals

Example of third sector innovation: in Control

in Control was set up as a social enterprise by a number of partners including the Department of Health to explore ways of reforming the current system of social care. Its work initially focused on developing self directed models of support for people with learning disabilities but it has been a major influence on government policy and its ideas are now being applied much more broadly. It is based on the principle that vulnerable *people* have a right to exercise maximum control over their own lives.

in Control has developed tried and tested models for use by individuals and commissioners which have been shown to lead to better outcomes which are also cost effective. This includes, for example, a seven-step approach to self directed support which covers from the allocation of resources to reviewing the ongoing support plan. People who want to direct their own support can use in Control materials free by downloading them from their open access website. Commissioners and others wanting to use in Control materials must become a member or partner of in Control. The work has been evaluated and the evaluation and learning report is available on their website.

Adapted from: www.in-control.org.uk