“I would never have believed...”

Learning from the Individual Service Fund Pilot 2014

thistle Foundation

Contents

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1. Executive Summary

The introduction of the Social Care (Self-Directed Support) (Scotland) Act in 2013 has provided a framework for a brave new world in which to work and live.

For the first time, legislation has enshrined the notion that people who require support should have choice and control over their support, and that the systems set up to provide that support should be as flexible and responsive as possible.

Individual Service Funds are at the heart of the practical application of Self Directed Support.

Shortly before the introduction of the Act, Thistle Foundation and City of Edinburgh Council agreed to collaborate on a pilot of ISFs, an approach to the practical application of Option 2 that was (and still is) far out of the comfort zone of many providers and local authorities.

The pilot tested whether personalised support could be designed and delivered differently by a creative approach to planning and use of funds and whether this approach led to better outcomes for the people involved – as intended by the Act.

This approach lies in stark contrast to a traditional hours-based approach.

With a shared understanding of the leap of faith required to bring about the wholesale change to the traditional approach to health and social care provision, Thistle and CEC embarked on the pilot by identifying a small number of people that were already supported by Thistle and exploring the notion of ISFs with them.

Of the seven participants identified, one dropped out because she felt the process was not for her and another dropped out because the process was more complex than anticipated. The remaining five participants experienced significant and positive change in their lives. Three of their stories are included in this report as they each demonstrate the diverse ways possible of using an ISF budget.

Creative use of the ISFs included a range of purchases, relationships and activities not normally seen in conventional support packages. These included the purchase of sound-proofing for someone's house, a shared-care arrangement with a parent and the funding of a person's involvement in social groups in order to grow their social networks.

Participants achieved a wide range of outcomes, including increased self-confidence, improved health and wellbeing, reduced professional support, improved relationships, increased autonomy and greater self-advocacy.

Health and Social Care Practitioners also benefited from an approach that was more outcomes focused: they experienced more multidisciplinary collaborative working which enabled more frequent, consistent and better informed shared decision making and risk taking with the families and people involved in the pilot.

As well as delivering personal outcomes, the ISF pilot generated significant learning for both the City of Edinburgh Council and Thistle Foundation. The need for close collaboration and solution-focussed conversations between partners was fundamentally important, as was the need to develop a reasonable and straightforward process and framework for deciding how personalised budgets can be spent. The approach to monitoring this expenditure, and the need to factor in indirect costs such as administration, were also highlighted as vital.

It is clear that user choice and involvement are key: the pilot showed that, along with great opportunities, there were great challenges for all concerned in overcoming fear, anxiety and distrust of such a new and different approach to the provision of care and support.

Providers and Commissioners must find a way of working that is flexible enough to be both achievable and workable for those that need support and those that help provide it. It must have the ability to be both widely applied and individually tailored.

There are many opportunities to progress the rollout of SDS and the approach tested in this pilot is just one.

While it is an approach that accepts that the structures and processes already in place in traditional health and social care systems do not make for an easy adjustment in the short term, it is one that balances the need for such structures and processes with the opportunities for change that now exist for supported people.

The hard work of supporting people to have better, more informed choices and to have control and flexibility in the way they use the resources available to them through Self Directed Support on a larger scale is just beginning, but this report demonstrates the significant positive changes that can happen when we work together to do this.

2. Background

2.1 Individual Service Funds (ISF)

The introduction of the Social Care (Self-directed Support) (Scotland) Act 2013 has provided a new legal framework for the delivery of social care in Scotland. Coming into force in April 2014, the Act (which came on the back of the 10 year national strategy for self-directed support) is designed to transform the hierarchical relationship which has previously existed between commissioners, providers and people who receive support. In its place came a more collaborative approach which aims to put the achievement of personal outcomes identified by those who received support and their families at the centre of support and services.

The Act gave those assessed as eligible for support the right to choose from four options of how they would arrange and direct the resources available to them:

Option 1:
They could receive a Direct Payment from the local authority and use this money to arrange their own support

Option 2:
They could select the support they wanted and then ask the local authority or another service provider to arrange it on their behalf (When this is managed as an individual budget on behalf of a person by a service provider it is known as an Individual Service Fund)

Option 3:
The local authority would select and arrange the support on the person's behalf

Option 4:
They could choose to use a mixture of any of the previous three options

Prior to the introduction of Self-Directed Support (SDS), Option 3 had been the default option for most people. Option 1, choosing to take a Direct Payment, was introduced in 1997 and had been reasonably successful in making more choice and control available to some people. The numbers of those receiving a Direct Payment had risen from 1,400 in 2005 to 6,000 in 2014, but this still represented less than 10% of all of those receiving home-care services.

Option 2, when managed by a provider,known as an Individual Service Fund (ISF), had only been available to a small number of people in Scotland and was seen as an unproven choice. Many questions existed such as how choice and control would be enabled, what barriers would hinder the use of this option, and how finances and risk should be managed.

2.2 The origin of this ISF pilot

Individual Service Funds (ISFs) were first introduced to Scotland by Inclusion Glasgow almost 20 years ago. At that point voluntary sector providers were being given block grants by the local authority. Inclusion Glasgow chose to allocate individual budgets to each person they supported, working with that person to use 'their' money to provide the support they needed. Since then several other voluntary organisations have adopted the model, but ISFs were not offered by local authorities until the introduction of the Social Care (Self-directed Support) (Scotland) Act 2013. This outlines four options for those assessed as needing care and support; including Option 2, which equates to the ISF. Now the local authority itself allocates the individual's budget and the individual can work with their chosen provider to spend it in the way that meets their support needs most effectively. The local authority still approves the final use of funds.

This pilot was developed in 2013 following an approach by Thistle Foundation, a Scottish charity supporting people with disabilities and long term health conditions, to the City of Edinburgh Council. The support provider was keen to trial new approaches with a small number of people receiving home-care services. The prescriptive, task-based, approach formerly used for these services, which focussed on outputs rather than outcomes, wasn't seen to be working. The question Thistle Foundation was interested in exploring with the Council was:

'Could a personalised service be designed and delivered differently by the creative use of a budget pot rather than an hours-based approach?'

There were no other ISF pilots in Edinburgh and the Council was keen to try something new in this area. There was recognition that a pilot exploring ISFs could provide them with an important learning opportunity in the face of the imminent change in legislation and practice.

The purpose of the pilot was agreed by the two organisations to be:

- To create an opportunity to share learning and experience
- To positively influence the implementation of SDS, and the use of ISFs, to provide outcome based care

2.3 Tracking and evaluating the ISF pilot

In early 2014 Animate Consulting was contracted to evaluate the pilot. The approach chosen would follow the participants in the pilot as they developed their Individual Service Plans, in order to:

1. Describe the story of what was involved in the pilot from the perspective of all those involved: people receiving support, staff from Thistle Foundation and the local authority;

2. Understand the difference that planning and managing support using a SDS approach/ISF had made to individuals and to others;

3. Assess and describe the impact of the pilot on participants and their wider organisations; and

4. Capture and describe key learning that could be used more widely as the ISF approach is used in other areas/organisations.

The participants' outcome-focused personal support plans were reviewed and a series of semi-structured interviews conducted with stakeholders involved in the design and delivery of the pilot ISFs. These involved people supported by Thistle Foundation and their families, the service and finance teams at Thistle Foundation, planning, commissioning, finance and social work staff from the Council, an independent consultant and subcontracted service providers.

The learning gained was taken to a stakeholders' workshop, which included representatives of Thistle Foundation, the Council and the independent consultant helping deliver the pilot. Their task was to build on the emerging learning by exploring the key themes, considering the wider implications of the learning for different audiences, and determining the next steps.

3. Developing the ISF pilots

Step 1:

Establishing the project team and identifying potential participants

Thistle Foundation contracted an independent consultant with substantial experience of co-producing ISFs to work closely with its internal project team. This team's first action was to identify a list of people receiving homecare and other support services who would be invited to take part in the pilot.

The service leaders responsible for the services provided to these people were invited to join the project team. They took part in a series of SDS familiarisation and practice sessions to look at the best way of introducing the ISF model.

The project team looked closely at some of the challenges involved in selecting a sample of people to be part of the pilot. They reviewed each person's story to ensure that the pilot would involve people with different levels of need and support requirements.

This research enabled the project team to develop a collective idea of the kind of changes that might suit the person receiving support. It also helped clarify what needed to be done to encourage them to join the pilot and who would be the key links at the project development stage.

Step 2:

Introducing staff teams to SDS, the shift to personalised outcomes and ISFs

The next step was to introduce Thistle Foundation staff to the principles of SDS, to develop their knowledge and prepare them for the change in focus from tasks to outcomes. There was a focus on 'outcome based conversations', equipping staff to help those receiving support, their families and support teams to think in this way.

The project team met with the support teams every four to six weeks. Discussion sessions on SDS and ISFs were led initially with service leaders and then with their teams. The familiarisation/training process developed organically, using a holistic experiential learning ('learning by doing') approach, rather than an expert model.

Part of this programme involved looking at how Thistle Foundation itself might need to change to support the pilots. This highlighted the importance of having the organisation's finance team involved to work out issues such as how to cost a much wider range of staff roles, what charges might apply, what constituted direct support staff costs and how to cost for non-staff elements of the budget.

The finance team also recognised that new systems would be required to ensure systematic learning across the organisation from the ISF pilot. This would be a big commitment from Thistle Foundation.

Step 3:

Inviting potential participants to join the pilot

A range of people with differing levels of support needs were invited to take part in the pilot. Not all of those invited chose to take part. There was recognition from Thistle Foundation's staff that their early inexperience in explaining what would be involved in establishing an ISF, and how participants might benefit, could have contributed to some saying no. Over time, with more experience, they refined their approach with great success.

The pilot involved the following:

A young man diagnosed with ADHD, autism and a mild learning disability with a 24-hour, 7 day a week, 1:1 care package who was becoming increasingly frustrated and aggressive living within a heavily controlled supported living environment.

A young, disabled, single parent with two children – her mother lived upstairs with the older child, while she lived with her younger child.

A young man who required intensive support for his complex needs, whose mother played a central part in the arrangement of his support.

A woman who had had a stroke a number of years ago who was experiencing loneliness and isolation and wanted to extend her social networks beyond her family and paid carers.

A man with enduring mental health /psychiatric problems and limited capacity who was living alone and who had only been out of his flat on a handful of occasions over the previous 18 years.

A young man with cerebral palsy who needed some support to live independently.

A young woman with complex conditions, with a primary diagnosis of severe ME.

Step 4:

Developing personal support plans that meet core needs and encourage creative flexible use of budgets to achieve the desired outcomes

The project team was careful to use a flexible approach to developing each person's personal plan. They used an asset-based, inclusive and accessible approach, always taking the supported person's capacity and personal communication preferences into account.

For some, the approach taken to producing and refining the plans was straight forward. It involved outcome focused conversations followed by drafting and amending plans by email. For others, the approach was very visual. This involved, for example, drawing plans on the floor, identifying where the person's life was going and where they wanted to go, and then producing a written-up copy and budget.

In all cases the outcome-focused activities that resulted were matched against the relevant Talking Points outcomes, as a standard frame of reference.

Step 5:

Using budgets creatively in line with personal outcomes

The Scottish Government's light touch approach to SDS legislation had led to very different applications of the Act's principles in different places. The City of Edinburgh Council was therefore keen to establish how each person's experiences of ISFs could be used to develop and challenge accepted practice.

In particular, there was seen to be a need for real and practical examples of expenditure to encourage debate. Such a debate was seen as helping the process of developing learning as to who should pay for what under which circumstances.

The pilot delivered a range of examples not normally seen in a conventional Option 3-type local authority and service provider relationship:

- The purchase of sound proofing for a person's house, a personal trainer and equipment to set up a car valeting business;
- The purchase of a more user-friendly washing machine and therapeutic counselling;
- The purchase a freezer and microwave, and the funding of a deep clean of a house;
- The facilitation of a shared-care arrangement between a person's mother and Thistle Foundation, enabling the creation of a flexible funding 'pot' which funded a high-tech bed and a week's respite for the parents – their first in 4 years; and
- The development of social networks and friendships through the funding of involvement in groups including 'get2gether' and Neighbourhood Networks.

4. The Effect on Individuals of ISFs

Three of the participants have agreed to their experience being shared with others.

4.1 Callum Callum is a young man in his early 20s whose package of support has now reduced dramatically. Thistle spent a significant amount of time and resource in the planning phase of Callum's move to an ISF. The impact of the changes that have occurred as a result of implementing an ISF can be seen below. It shows what is possible when the right support is in place and when all of that support is working collaboratively towards achieving an individual's outcomes.

Use of Health and Social Care services prior to ISF

- Refusal to take medication and increased non cooperative and aggressive behaviour, with regular emergency appointments/callouts required from Learning Disability Nurse / health nurse, psychiatrists and social workers.
- Long term high use of medication (4 times daily) as part of community treatment order (which includes social workers, mental health workers and a psychiatrist)
- 12 month forensic assessment in Prudhoe Hospital
- 24 hour a day support with 1:1 support and sleepovers

Use of new budget

- Set up costs for car valeting business
- Part time cleaner
- Personal trainer to help him achieve his goal of losing weight
- Soundproofing walls to minimise disruption to neighbours

Current use of Health and Social Care services

- Significant reduction in support package – down to 27 hours per week with no sleepovers
- No emergency appointments/ callouts with Learning Disability Nurse or psychiatrist
- Significant reduction in use of medication (down to once per day)

Contribution to personal health and wellbeing and wider community

- Manages own medication
- Acts as spokesperson and ambassador for ISF/Option 2 by sharing story at SDS awareness events
- Volunteers for Thistle
- Setting up small business (car valeting)
- Member of local gym
- Increased involvement in community and neighbourhood
- Gone from problem neighbour to active, friendly neighbour
- Able to live independently as a young man with a social circle of friends and family,

What might have happened without a more creative approach

- Avoids need for 2:1 support in future
- Avoids need for sleepovers
- Reduces need for support from 24/7 to 27 hours per week
- Avoids placement in long term secure accommodation

4.2 Kerry

Kerry is a young mum with a mild learning disability and physical impairment with a young son of school age, a teenage daughter and a new baby. Kerry's mum lives nearby and provides lots of support in her family life. They had a Direct Payment for a homecare service from Thistle and used this money for task-based support for Kerry. The change to an ISF enabled conversations and planning with Kerry and her family and the support around her to think about how the pot of money could be used to help Kerry think about her life and future as well as receiving the support that she needed to maintain her home and family. Using the money differently enabled Kerry to grow in confidence, develop her life skills and achieve her aspirations. Through the process, Kerry and her mum made a decision to transfer the Direct Payment into an ISF which is now managed by Thistle – meaning they get all of the benefits of the decision making around having an ISF without any responsibility for holding and managing the budget.

'I would never have believed a year ago I would be talking to people on the phone to sort out my own household bills and things. At first choices were hard, but now I am clearer at thinking about what I need...so much better since last year, it's made me stronger and more independent. I'm using the money in ways that make sense for me and my family.'

Use of Health and Social Care services prior to ISF

- Functional support provided by Thistle through homecare service

Use of new budget

- Purchase of accessible washing machine which Kerry could use herself, eliminating the need for support workers to do her washing
- Getting regular massages to help with her sore back whilst pregnant
- Able to explore wants and needs for the future – more possible because of change of focus from task-based to outcomes and an acknowledgement that additional resources could be used for cost of therapeutic counselling
- Employed a cleaner for several hours a week enabling her to maintain her home.

Current use of Health and Social Care services

- Specialist therapeutic counselling funded through ISF

Contribution to personal health and wellbeing and wider community

- Stopped smoking, drinking less, eating more healthily
- More able to look after her family on her own
- Employing a cleaner
- More confidence to make better decisions in relationships
- More able to manage own affairs, e.g. dealing with banks and utilities
- Managing her own budget (with support)
- Focus on improving relationship with teenage daughter
- More able to focus on planning support for the future including arrival of new baby

What might have happened without a more creative approach

- Social services involvement with children
- Pressure on mum may have eventually caused health issues
- Kerry not engaging with support available leading to deterioration of her living circumstances and potential crisis around her relationships and her children

4.3 David

David is in his mid 20s and requires intensive support for complex needs. Brenda and David came to Thistle following a protracted period of difficult relationships, where traditional services failed to meet his needs and the support arrangement broke down. An upfront allocation of funding was given to David along with existing arranged day services which continued (SDS mix and match Option 4).

This allowed an opportunity for a different conversation, which built trust and partnership working with the family and encouraged creative thinking about how to use that money to meet David's needs in a way that Brenda felt respected the role of the family, as well as meeting David's needs and personal outcomes. This has dramatically improved the quality of both David and Brenda's lives.

Use of Health and Social Care services prior to ISF

- Core and Cluster arrangement with previous service provider before relationship breakdown.
- High level of social work resource required to deal with Brenda and issues around lack of trust and control.
- 2:1 support several times per day
- Heavily medicated for epilepsy

Use of new budget

- Bespoke team of personal assistants trained by Brenda to provide for all David's support needs
- Brenda meaningfully involved as a shared caregiver as part of arrangements to support David
- Flexible thinking around how to provide additional 2:1 supports creatively
- Using support team resources to try new things and keep him safe
- More opportunity in future to meet David's personal outcomes, rather than just meet his support needs, including:
  - a potential holiday for David with his family, with support
  - reconnecting with his love of horses
  - camera and video to record David's experiences to support his independence and give Brenda confidence that he's safe
- Higher level of knowledge and involvement and transparency of budget process and costs enabling Brenda to make informed, good decisions on David's behalf
- More control over use of resources in way that make sense for David including:
  - purchase of high tech bed to help improve David's mobility and independence

Current use of Health and Social Care services

- Continues to attend New Trinity Centre four days per week
- Needs 2:1 support less frequently due to new bed
- Medication only used when needed because support workers are well trained by Brenda and know him so well
- Physically well and thriving – meaning seizure activity has reduced dramatically

Contribution to personal health and wellbeing and wider community

- Living independently: happier, calmer, more settled
- Increasing connectivity with community through outings
- Able to communicate better with support team and others
- Able to independently move around flat more

What might have happened without a more creative approach

- Brenda and family caring full time for David at home, creating an unsustainable situation where pressure and stress on the health and wellbeing of the family would have been inevitable
- Potential deterioration of David's health without the right support mechanisms in place
- Increased cost/resource for CEC/ social work in dealing with Brenda and her anxieties
- Increased likelihood of David entering into a residential care situation, resulting in David's separation from his family
- 24/7 support, potentially 2:1

5. Understanding what Underpins a Successful ISF Approach

Outlined below are a number of key factors that acted as enablers to the ISF pilot from the outset.

5.1 The ethos and commitment of the support provider

Over a number of years Thistle Foundation has developed an enabling and person centred culture and ethos with an emphasis on identifying and building on people's strengths and gifts along with a solution focused approach. This helped create a powerful underlying value base and culture which proved a receptive and fertile environment for the pilot.

5.2 The support provider's willingness to holding a budget

Conventionally, support providers have been contracted to deliver a set number of hours of support for someone. To facilitate the ISF pilot, Thistle Foundation instead held an agreed budget for each person. This enabled a more holistic and integrated approach to be undertaken across the pilot.

5.3 The local authority's commitment to the experiential learning approach

The role of the City of Edinburgh Council's lead for the pilot proved to be critical. They supported and enabled the ISF teams to address and overcome differences in interpretation and expectations of how ISF budgets can be used in designing and implementing person centred creative support packages.

The role was also fundamental to resolving the occasional communication difficulties, system mismatches and a divergence in the developmental timescales between Thistle Foundation and the Council.

5.4 Risk taking, creativity and good planning

Each person's use of the ISFs has involved differing levels of complexity and capacity. The sums involved have also differed, from two very large budgets to several smaller ones.

These differences have required a range of approaches to risk taking and creativity. In particular, however, good planning and support in beginning to think about ideas of what might be possible was important in helping people to achieve their goals in new and creative ways.

5.5 The assembling of an experienced 'change team'

Thistle Foundation's team was formed of an external consultant with a substantial external experience of co-producing ISFs and two internal staff members with experience in the organisation's Home Care and Health & Wellbeing/Training & Consultancy teams.

This team trained and supported service leaders, support teams and supported people/families to co-produce creative personal plans and support packages.

Some of the key elements of the change team's approach included:

- Working in an open and holistic way and designing 'fit for purpose/ person' tools and approaches, not 'one size fits all'.

  The pilot included a wide range of supported people with differing levels of capacity and varying preferred means of communication. Finding the balance between making the process accessible and meaningful without making it patronising was challenging.

- Using Talking Points as a standard framework and an external point of reference and quality benchmark.

- Using an asset-based participatory approach involving the participants and their family members fully in the process.

- Learning by doing and implementing changes.

- Adapting the approach in the light of initial mixed experience of uptake.

5.6 The model of a 'virtual ISF'

The pilot did not required initial assessments of each participant. This gave social workers the freedom to work within an existing budget. This approach encouraged social workers to be creative and to develop a supportive relationship with the support provider.

5.7 Involving skilled facilitators

The Council's lead on the ISF pilot worked closely with individual social workers to develop a shared understanding of an outcomes-based approach and supported Thistle to better evidence the need for particular courses of action or the purchase of equipment.

Social workers' decisions to decline or challenge budget items were also supported. These included requests for therapeutic counselling (seen initially as an NHS responsibility), start up business costs (seen initially as an employability responsibility), and household cleaning equipment (seen initially as the individual's responsibility).

It was vital that the Council's lead team was interested in, and supportive, of co-productive approaches. Combined with the lead's experience and background, and network of relationships within the Council, this enabled effective interventions to take place.

5.9 Encouraging new thinking and a new language around risk

There was a clear intent to develop different conversations in the support planning phase; a change of language was important to this. For example, exploring questions and concerns about risk taking were introduced such as 'what are we worried about?', 'how worried are we?' and 'what do we have to do to worry less?'

Outcomes of the ISF Approach

The ISF approach enabled and empowered the majority of participants to have more choice and significantly more control over their care and support. The outcomes for each were different and, although the approach did not suit all participants, those it did achieved a transformational change in the way they lived their lives.

The Key outcomes recorded were:

Increased self-confidence

A number of the participants gained noticeably in their self-confidence to make choices and decisions. They made choices to try things out that they perhaps didn't feel able, or previously weren't allowed, to do.

Reduced support

Two people reduced their support, one very dramatically and another by reducing their need for 2:1 support.

Improved health / lifestyle

A number of participants improved their health and wellbeing. They lost weight, ate more healthily, drank or smoked less and generally focussed more on looking after themselves.

Improved or enhanced relationships

Most participants improved or enhanced their relationships with others, perhaps most importantly by increasing and developing their relationships with family and friends; those not paid to be in their life. Others gained more from their relationships with paid staff.

Increased autonomy

A number of the participants were facilitated to take greater control of their lives, through managing their home and medicine, moving around more independently or using transport independently.

Increased collaboration

Members of the, often multidisciplinary, support teams worked closer together, and with the person being supported and their family. They attempted to gain a better understanding of what the person wanted to achieve and how to enable this within the restrictions of budget and risk.

Greater self-advocacy

Most participants became more able to independently vocalise what they wanted, what was not good for their wellbeing and what they saw as important in their lives.

Less risk aversion / more shared risk taking

Both the people being supported, and those supporting them, chose in a number of cases to take and share risks within the boundary of the ISF.

Conclusions - and Questions

A workshop for key partners from the City of Edinburgh council and Thistle Foundation was held to reflect on the outcomes and build on the key learning points emerging from the pilots. This led to the following recommendations:

7.1 Putting the supported person at the centre - how do we build on, and improve, collaboration to agree and achieve outcomes?

It is necessary to build and maintain a collaborative, trust-based, partnership that includes the commissioner, provider and supported person/family round the table. All must be prepared to take risks, keep the communication channels open and persist in having solution focussed conversations - and to celebrate success.

7.2 Appropriate Expenditure – how do we develop a fair and equitable process and approach to deciding how the budget can be used to achieve the desired outcomes?

It's important to both encourage discretion at local level and share enabling examples of 'signed off' support plans that link planning to outcomes and demonstrate creative and innovative ways of meeting them.

7.3 Monitoring expenditure – how do we deal with underspending, planned and unplanned, with respect to flexible budgets and changing needs and outcomes?

It's vital that a tolerance level for under/ overspend is set and monitored quarterly. A nine-month budget review should be performed and a forward plan developed into the new financial year. It's important that a support provider's financial systems and software enable, rather than constrain, the flexible ISF approach.

7.4 Costing – how do we ensure the full cost of delivering /providing the support is covered sustainably?

If the ISF approach is to be sustainable, administrative costs must be quantified and agreed with the commissioning authority.

7.5 SDS live – how do we help one another to fine tune, calibrate and review the assessment system to engender on going learning

Regular feedback from staff using the assessment tool will enable and inform its continuing development and refinement. Real examples of what does and doesn't work should be shared to support learning.

7.6 User choice - how do we encourage more individuals and their families to choose an ISF?

It's important that positive stories and good practice examples of ISFs are collected and publicised. The importance of creative, collaborative, partnership working with supported people and their families at the centre should be emphasised.

7.7 How do we empower supported people, who are clear about what they want, to engage creatively in co-producing ISFs?

The ISF approach is at the leading edge of the changing culture of social care. Working things out through co-production, for example overcoming resistance to change and anxiety about loss of control, is challenging for both staff and people using services alike.

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