Reflections on in Control - 2: Lessons for national implementation

John O'Brien and David Towell

The in Control initiative, focusing on self-directed support and individualized funding, has become an important practical intervention in UK social policy. Ideas from this initiative have figured significantly in recent national policy statements and by November 2007, 107 English local authorities had become members of in Control and 10 authorities had committed to in Control Total, a fast track to transforming local capacity so that everyone is able to exercise choice and control in social care. In recent months, policy in adult social care has strongly called for individual budgets and self direction.

As a research and development community, in Control is investing in a number of ways of evaluating this work and sharing the experience widely. As one route to extend this learning, the in Control core team invited David Towell and John O'Brien to convene and facilitate a group representing multiple perspectives to review and comment on in Control's work in a series of three discussions over a year's time and to offer their own reflections on these discussions. We offered a framework of questions to guide the evolution of this dialogue (see Annex A).

The third discussion, held on 23 November 2007, engaged national policy leaders, civil society leaders, and leaders in local systems changes complementary to in Control's work, with leaders in local implementation and members of in Control's core team. This session focused on the lessons for national policy and implementation arising from in Control's experience.

Participants had a background paper prepared by Simon Duffy, Director of in Control (see Annex B) and began with a round of updates on

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emerging policy changes from the multiple perspectives represented among participants. Small group discussions produced reactions, many ideas, and specific recommendations which were noted by the core team members who acted as recorders for the small groups. This document is the third of John O'Brien and David Towell's reflections. It describes our understanding of some of the lessons so far from in Control's experience, offers some commentary, and invites response. It is primarily written for use by the core team and for participants in the discussion.

Our appreciation of the lessons for policy and in implementation from in Control's work may differ from those who are more directly involved. Our knowledge of in Control's work is limited, and the mirror we have constructed here reflects our own experience and vocabulary. We hope any differences of perspective will be interesting for the core team to think about and any misunderstandings will be corrected.

This document includes our description of what seem to us to be important lessons from in Control's experience in this column, with our commentary and some supporting material we have selected in the next two columns.

Shortly after the workshop, Putting People First: A shared vision and commitment to the transformation of Adult Social Care, a concordat among Central Government, Local Government, the professional leadership of Adult Social Care and the NHS, was published. This joint initiative is a major factor in the national and local context for the work of in Control. Its content –focus on personal budgets– and the form – a multi-party agreement to take action– resonate with themes discussed in the workshop. Accordingly, we have used the document in preparing this commentary.

Though we have connected points raised in the workshop to some of the important developments that closely followed it, we have stayed close to the points discussed in the workshop. Much more work remains to be done on how to create transformational change.

A new context

Putting People First makes clear that in Control, among other influences, has succeeded in shaping policy in the direction of self-directed support. The protocol endorses the value of independent living; aims to provide people with control over the support services they receive; identifies personal budgets as the typical means to offer people that control; calls for leadership to mobilize local mainstream services and community associations; acknowledges the key role and expertise of people who receive social care and their carers not only in assessing, planning, and organizing to meet their own needs but also in planning, governing, and evaluating system transformation efforts; promises financial support for system change; and recognizes, in its signatories, that transformation will require a new balance of central-local power, cross-ministerial collaboration, and significant shifts within localities.

Demand for transformation

The public ministerial promise of greater choice and control through personal budgets and the call for and investment in social care transformation signal a shift of the issue of choice and control through individual budgets from the margin of social care policy to the mainstream. This creates a changing environment for in Control's work.

• Those with authority to shape national direction have taken joint ownership of the change process and sought the alliances they believe necessary. Signatories to the concordat include not only ministers, the NHS Executive,

"We recognise that organisations such as In Control, other voluntary organisations and some local authorities have been at the cutting edge of innovation in adult social care for some time… However, national and local leadership is now essential if we are to achieve system-wide transformation. (p. 5)

"Support for individuals and families when they need it is of vital importance to all of us. These proposals for personal budgets will allow all those who would benefit from a personal budget to receive one, putting real control into the hands of those in care and their carers, leading to far more personal and responsive care.

Gordon Brown

"One of my top priorities is to develop a new care system which gives people maximum control over their own support services

This is a groundbreaking concordat because it is the first ever attempt by Central Government to co-produce a major Public Service reform in this case with local government, the NHS, people who use services and their carers.

Our commitment that the majority of social care funding will be controlled by individuals, through personal budgets represents a radical transfer of power from the state to the public. Everyone, irrespective of their illness or disability has the right to self determination and maximum control over their own lives.

Alan Johnson

Quotes from *Personal Care Budgets and Extra £520 M to Transform Care for Older and Disabled People*. DH Press release, 10 December 2007

and regulators but also national bodies representing care home operators and home care providers.

- System transformation is to happen collaboratively and simultaneously with the implementation of a developing framework of central-local working and New Local Area Agreements which aim to increase local autonomy within national policy.

- There is a mighty increase in the scale and pace of change

  By… March 2011, we expect people who use services and their carers as well as front line staff and providers to experience significant progress in all local authority areas. Incremental progress should be evident over a shorter period of time.
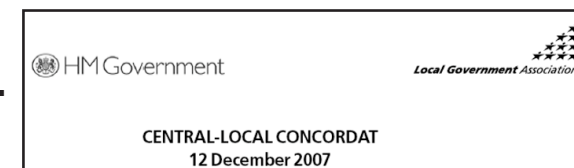 Putting People First, p.5

- History is speeding up. Ideas that only a few months ago seemed beyond feasibility in the intermediate term, such as including NHS resources in personal budgets, are now discussed in *Putting People First* as real possibilities.

- *Putting People First* explicitly identifies in Control as one among a number of change agents with whom the Department of Health will partner:

  …DH will …seek partnerships with Regional Improvement and Efficiency Partnerships, local consortia, In Control and other 'change agents' to ensure every local authority has access to high quality support for the necessary change programme.

“This landmark protocol… seeks to be the first public service reform programme which is co-produced, co-developed, co-evaluated and recognises that real change will only be achieved through the participation of users and carers at every stage. *Putting People First, p.1.*

HM Government   Local Government Association

CENTRAL-LOCAL CONCORDAT
12 December 2007

Despite this important commitment, no organizations of disabled people are among the signers of the Concordat. The challenge of identifying and engaging credible representatives of those eligible for social care will need to be faced early at both the national and the local level.

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Direct action
There are signs that the policy giving people the power to buy social care services of their choosing is to be extended to the NHS

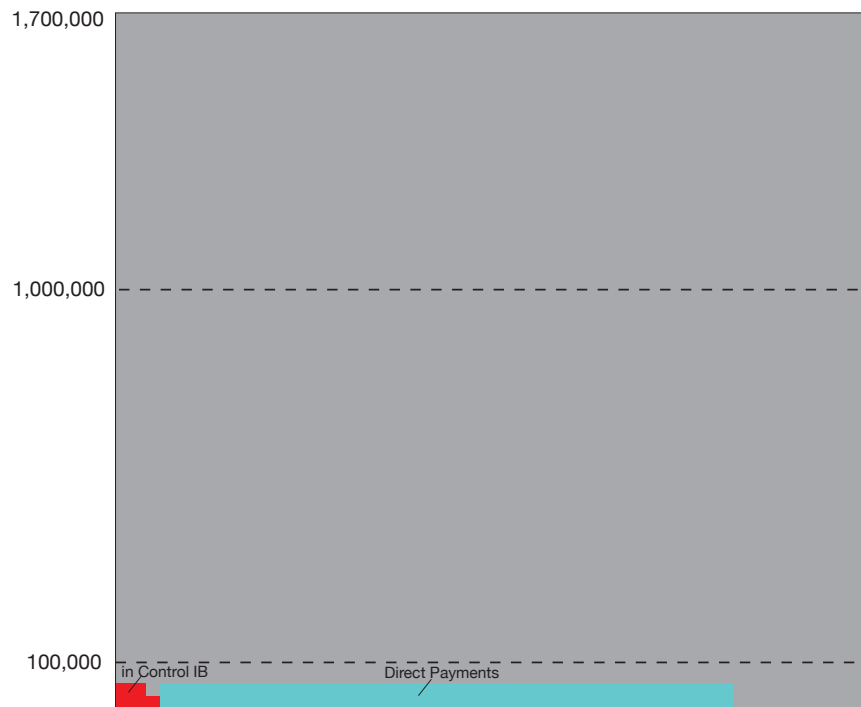28 Nov 07

Relevant uncertainties

Higher priority and greater demand for transformational change attracts attention and the potential for change. It also generates important uncertainties.

Translating endorsement into priority action. On the face of it, *Putting People First* represents wide-spread agreement on the priority of deep change. The degree to which parties to the concordat will back their agreement by concentrating sufficient energy on this priority to drive necessary changes remains uncertain.
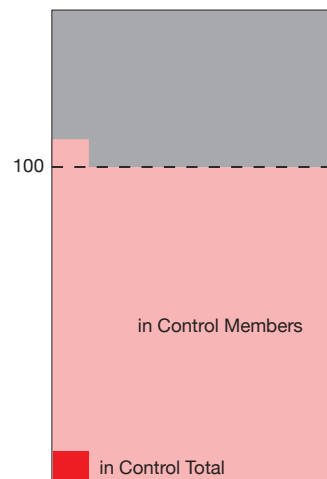
Informed commitment. The degree to which the members of their departments, agencies or associations have a common understanding of the values of independent living sufficient to motivate and guide a common will for change is undetermined.

Shared knowledge of the result. The extent of both central and local understanding of what it takes for people to effectively control social care funding and exercise self-determination is variable, and the extent to which the parties to the concordat want to build from in Control's model of self-directed support is not clear. Moreover, the channels and means by which definitions will be communicated are not specified, though it is likely that there will be plenty of willing interpreters.

Re-balancing power. The first effort to co-produce a public service reform will require a great deal of learning on all sides. An example from *Putting People First*: the central government's desire for visible change in every authority within five years creates a tension with the

Proportion of people receiving social care who have an individual budget

Proportion of local authorities that are in Control members

The scale of promised change is substantial. If almost everyone receiving social care is to have a personal budget, the number of people will grow by up to 34 times; the number of authorities committed to transformation by up to 15 times. So far, there is no numerical target that specifies what "substantial progress" is expected by 2011.
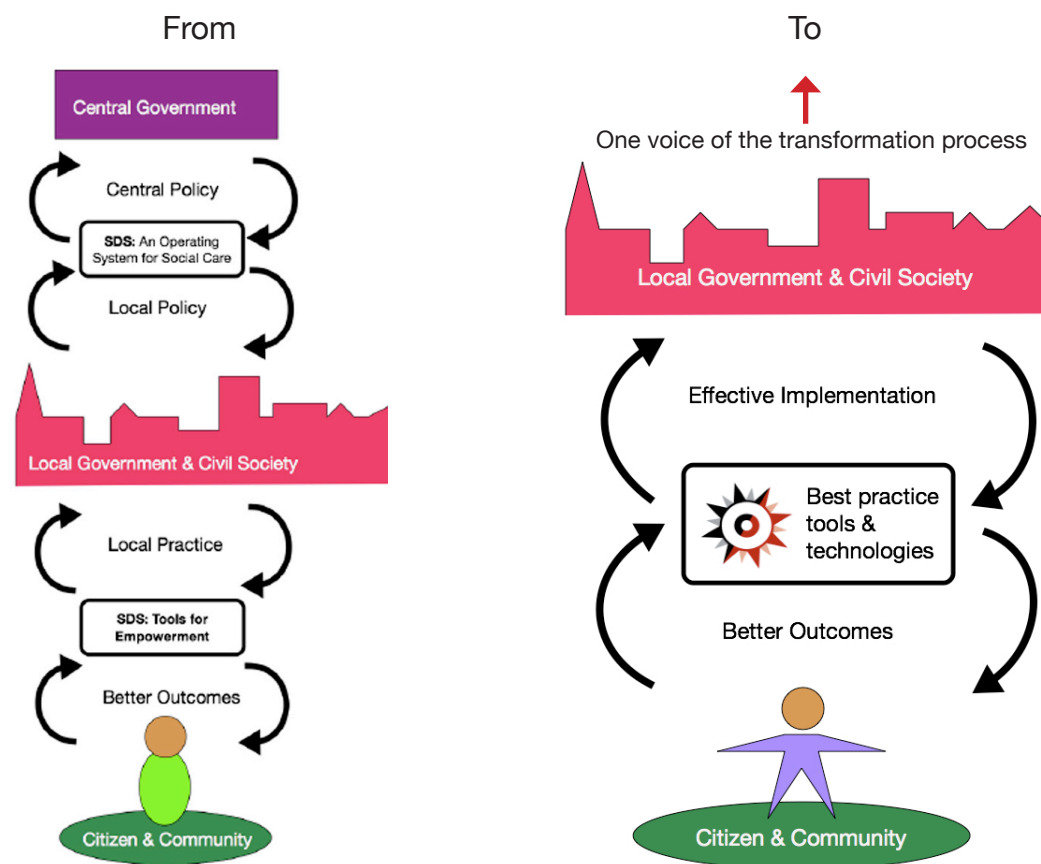
desire to avoid prescriptive specifications. An example from the Central-Local Concordat: New Local Area Agreements play an important role in defining the central-local relationship. To what extent will this process need to deliver priority on transformational change in Adult Social Care and how will these changes be woven into the local story of place?

Effective demand. There is a strong demand for choice and control through personal budgets from the leadership of the Independent Living movement and from a growing number of advocates among other groups of people eligible for social care. However, in some localities there may be work to do to develop an effective demand for choice and control. Indeed, some people and families may initially view the change with suspicion and oppose it.

Paying the costs of change. Implementing social innovations like increasing choice and control through personal budgets poses a short-term threat to system performance. Systems have to be adapted and a new generation of bugs fixed. People have to let go of the familiar and develop new scripts and different relationships. All of this takes time and flexibility and some of it costs money.

Resistance. Clear government commitment to shift power toward people who receive services and their families significantly raises the stakes for those organizations and people who are well adapted to current arrangements. How open their representatives will be to transformation is uncertain as are the effects of their resistance on the way transformation is defined and enacted.

Because those in authority have accepted responsibility for the mission of establishing choice and control and for removal of the obstacles to it, in Control can focus its work on effective local implementation, including providing the center with grounded knowledge of obstacles to full implementation and feasible alternatives for overcoming them.

In Control itself might become a site of resistance as the scale of change attracts the attention of those who feel that they own the policy process and leads them to want to appropriate, revise, and employ in Control's work while marginalizing its influence.

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Series: Second thoughts   Prev

Second thoughts
We should let In Control keep control, says David Brindle

in Control's contribution

Co-production is hard work, not least to build effective relationships among the co-producers. These relationships are necessary if action and learning are to proceed at a pace that produces large scale results that realize the values of independent living.

In Control has many assets to deploy in this effort:

- Clear, well-founded principles to guide judgements at every level of the transforming system
- A tested path to deliver self-directed support that encourages continual improvement
- A functional framework for building local and personal alliances for co-production among people and families and service staff
- A network with experience in framing and solving implementation problems, mobilizing change, and capturing and disseminating learning
- A comprehensive approach to communication that makes information for people who use services and their families, technical documents, policy analyses, instructive and motivating stories, and current news available in a variety of media.

The capacity to continue to produce and disseminate these assets depends on in Control maintaining its identity as a network (one account of which is sketched on the next page) while extending its influence to match the increased pace of change throughout the Adult Social Care System.

The more there is a common central-local commitment to act from a deep understanding of commonly understood principles, the more likely it is that variation in local conditions will shape a fruitful variety of local adaptations and new features. Establishing this understanding may be difficult because it is easy for the focus to fall on the details of individual budgeting processes and neglect the kind of searching inquiry into the principles that will establish common ground.

A family of courses based on Partners in Policymaking has proven effective in building alliances between people and their families and local authorities. Finding adequate investment to scale up this effort without destroying the sources of its effectiveness is a problem that mirrors that of in Control as a whole.

Principles
Right to independent living
Right to a personalized budget
Right to self-determination
Right to accessibility
Right to flexible funding
Accountability principle
Capacity principle

in Control is

Self-Directed Support, a social innovation that delivers a key aspect of the personalization of Social Care, is a local co-production of people eligible for Social Care and their families and friends, Local Authority Social Care services, service providers, and local civil society.

In Control is a social innovation network that links member Local Authorities, partner Consultancies, alliances of people who require social care and their families, and sponsors with national interests in the personalization of social care. This network, served by a Core Team, produces solutions to the technical problems that arise in implementing Self-Directed Support and develops strategies to shape the cultural changes necessary to learn to deliver Self-Directed supports in an effective way.

A group of member local authorities have committed to full and rapid implementation of Self Directed Support and joined together as in Control Total. This tightly linked network generates critical learning about what is necessary to scale-up Self Directed Support.

Implementation of Self Directed Support calls for more than a new way to offer social care. It is also necessary to shape demand by developing citizen leadership among people and their families and to learn how to provide people eligible for social care and their families with useful information and tools to support them. Citizen leadership development begins with bringing people together for intensive learning activities. Information and tools are shared on in Control's website (www.in-control.org.uk) and through a variety of media and workshops.

The Core Team mobilizes a social innovation system by functioning as an intermediary body:[*] connecting people throughout the network to produce solutions and encourage culture change; harvesting and disseminating fruitful ideas, strategies, and ways of thinking; informing the centre of local implementation issues; and continually testing practice against the principles that define self-directed support and the principles against the life experience of people who receive Social Care.

The work of the Core Team is supported by in Control Partnerships, a company limited by guarantee and a registered charity.

[*] See Geoff Mulgan, Rushandra Ali, Richard Halkett, & Ben Sanders (September 2007). *In and out of synch: The challenge of growing social innovations.* London: NESTA

In Control is a working example of co-production. It is a diverse network that functions to generate and answer critical questions about how people eligible for social care can exercise choice and control over the support they require to play their role as citizens. This network connects the people and organizations who can produce relevant knowledge and tools to meet the demands it stimulates. It does this by drawing together people from across the network who have common interests and complementary skills and disseminating the solutions and lessons they produce. It spans the distance "from Caroline's front room to Number 10" (see Annex B). The people at the core of the network exercise leadership based on the belief that, given commitment to explore the implications of shared principles, the network itself contains the competence and boundary-spanning connections necessary to make significant progress toward a transformed system. The aim is a changed common sense of the meaning of citizenship for people who require support, and the in Control network's role is to encourage the necessary reinterpretations.

Putting People First widens the scope and accelerates the pace of change. In Control will serve this change best if it can adapt to the changing context in a way that preserves it's function as a network weaver and maintains its authority to represent the principles of self-directed support in the many debates that rapid transformation will generate. This authority rests on in Control's grounding in the lived experience of the local co-production of self-directed support and the discipline of its spokespeople in thinking and speaking clearly as they interpret change efforts.

"If organisational growth is one of the most visible ways in which social innovations spread, the other main route to impact is subtler, but if anything more powerful. Many of the organisations covered in our case studies changed how societies think. They embodied and promoted radically different ideas – like the idea of lifelong learning, the idea of the very poor being entrepreneurs, or the idea that everyone can produce their own media. These ideas could only be widely understood because organisations demonstrated their practical worth. But their greatest impact came from the ideas being taken up by others until ultimately they became part of a changed 'common sense'. Successful social innovation depends, in other words, on a series of reinterpretations, by practitioners, beneficiaries, funders and the wider public.*

The goal of co-production gives both central and local government the opportunity to learn new ways of relating to each other, to people and families who rely on social care, and to service providers. The pressure to rapidly achieve visible results and a pattern of blaming those responsible for the whole system for performance problems or errors in particular –even individual– situations, will make this learning difficult.

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*Geoff Mulgan, Rushandra Ali, Richard Halkett, & Ben Sanders (September 2007). *In and out of synch: The challenge of growing social innovations.* London: NESTA. P. 22.

The acceleration of change creates pressure on in Control and especially on the Core Team as they learn to work in a formal organization, in Control Partnerships, in response to trustees with responsibility for governance.

While thought leaders and technical experts are in Control's most visible assets, the network of people from member authorities, partner consultancies, and sponsors does not build itself. It is the product of much careful tending by people with gifts for rapidly building working relationships with individuals and groups, people with gifts in communication in many media, and people with gifts for organizing effective meetings. As the network has more work to do and more people and organizations to include, under-investment in people who tend relationships could push the core team into the role of expert dispenser of answers rather than acting as one among a growing number of resource people to the working groups and communities of practice that embody the network for its members.

Now that people with formal authority have taken responsibility for transformation, it is worth carefully considering how in Control best positions itself to influence the whole change effort. A good position will allow members of the network, including especially people who rely on social care and front line staff, to act influentially as an informed and credible voice of the process.*

Possibilities	Considerations
More members. Much greater activity by members. Increased demands for support	Meet demand by strengthening network: invest in communities of practice; working groups; member-to-member matches. Resist pressure for core group to act as consultants.
Drift in understanding of self-directed support that decreases relevant demand by compromising options for choice and control.	Stay grounded in actual experience of local people: don't give up "Caroline's (and many other's) front room" in favor of spending much more time closer to "Number 10". Keep the principles alive. Assure that the Editorial Board is an effective safeguard: solicits, tracks & reviews local revisions & explains its judgements in ways that build understanding. Support development of citizen monitors of local implementation of the conditions for self-directed support.
Increased numbers of consultants and other helpers interested in assisting implementation of personalized budgets	Clarify conditions for partnership. Consider ways to reduce demand for external consultancy by strengthen members (e.g. School for Local Change Agents; cross member support). Minimize competition with and criticize consultants outside the network only when necessary to keep principles clear.
Financial viability threatened. Pressure to assure funds by incorporation into a central structure, perhaps as a consultant, threatens both independence of voice & identity as network.	Preserve ability to serve the network and maintain local connections. Resist pressures to retreat from identity by becoming a consultancy.

Key points from reports and posters recording small group discussions during the workshop.

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*"Voice of the process" is a term borrowed from the discipline of quality improvement that refers to one important source of guidance: what the functioning of a process tells those responsible for it that allows them to make wise adjustments.
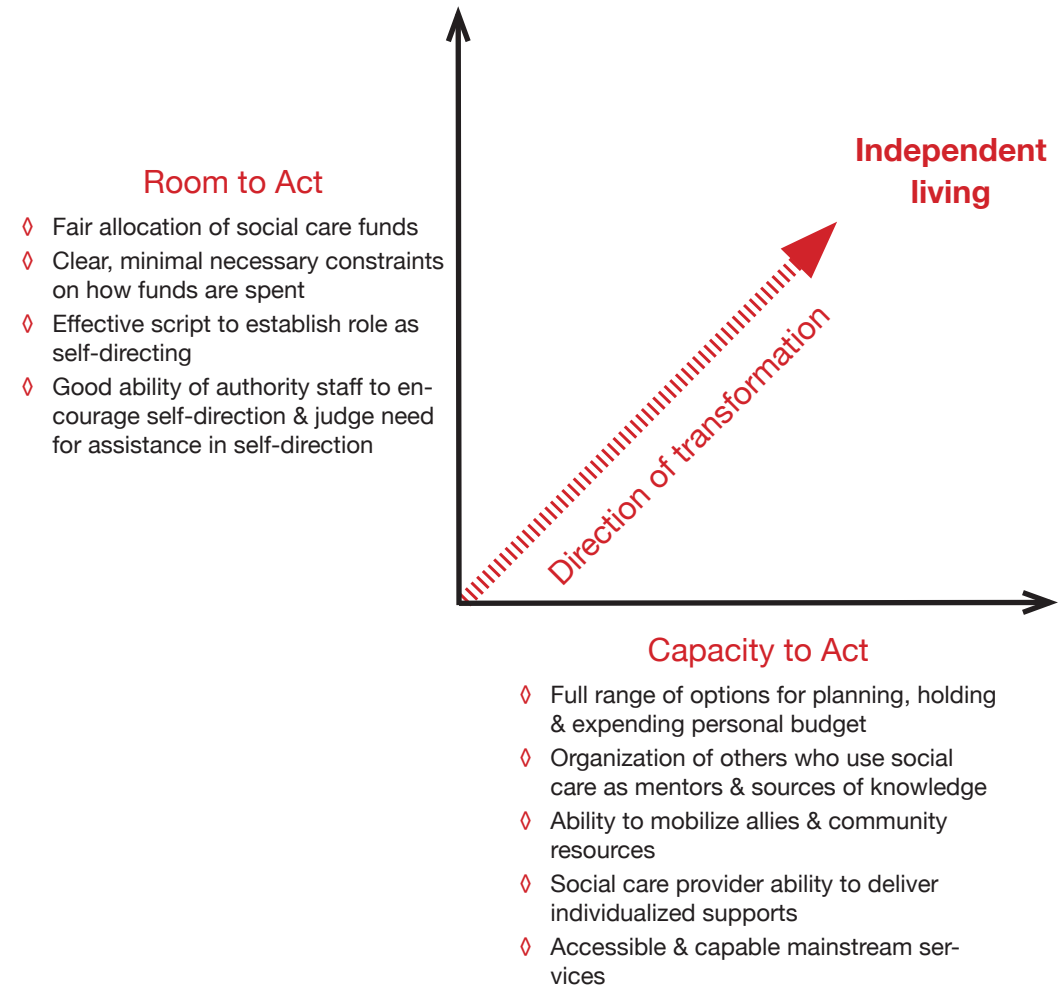
Conditions for co-production

Putting People First's aspiration to be "co-produced, co-developed, and co-evaluated" indicates the need for people responsible for different levels of action –personal, local, and central– to establish "co-" relationships that are effective on their own level and coherent with the mission of enabling the other levels to deliver independent living.

Room to act and capacity to act

Emphasis on co-development acknowledges the absence of a necessary condition for managing change from the top-down: compliance is not sufficient. By the nature of what is desired, those responsible for setting the policy of providing choice and control through personal budgets can't simply command the details of implementation because the point of the policy is to unlock the resourcefulness of those who rely on social care, their allies, and their communities. This policy depends on the kind of engagement that happens when people act from a sense of shared and supported responsibility. People need both room to act and capacity to act.

In order for people to experience room to act and capacity to act, local social care systems must do the work of developing methods, negotiating boundaries, and creating a culture that supports independent living. Given a history of practices that many people and families and front line workers experience as disincentives and barriers to choice and control and good reasons for distrust, change will take strong and well aligned leadership. While there are effective tools to adopt (e.g. the Resource Allo-

Room to Act

◊ Fair allocation of social care funds
◊ Clear, minimal necessary constraints on how funds are spent
◊ Effective script to establish role as self-directing
◊ Good ability of authority staff to encourage self-direction & judge need for assistance in self-direction

Independent living

Direction of transformation

Capacity to Act

◊ Full range of options for planning, holding & expending personal budget
◊ Organization of others who use social care as mentors & sources of knowledge
◊ Ability to mobilize allies & community resources
◊ Social care provider ability to deliver individualized supports
◊ Accessible & capable mainstream services

cation System), and common issues to address (e.g. legal counsel coming to terms with the implications of control of individual budgets), each locality starts in a different place with different capacities. Each locality needs room to act and capacity to act if all are to find their particular paths to the common destination.

It will take strong and discerning central leadership to support the growth of effective demand for choice and control and developing forms of assistance and regulation that accelerate change while giving localities as much room as possible to act and offering assistance that increases local capacity to act. In Control's experience makes it a valuable resource to those who want to exercise capable leadership that results in people and their families experiencing social care in a significantly different way.

Excursion: A pattern for co-production

Reflection on the experience that in Control's members have had with change suggests a metaphor from geometry that might be useful in thinking about the kind of system-wide coherency necessary to deliver choice and control. A **fractal** is a geometric figure that reproduces a similar structure at different scales. Think of breaking a head of broccoli into smaller and smaller whole pieces: each smaller bit has a similar shape to the bit from which it was broken. Consider that repeating a similar pattern at different scales describes the whole. A potentially useful exercise for thinking about the transformation of social care is to identify the pattern that can generate a system

After the workshop, John had the opportunity to spend time at two of the in Control Total sites. This metaphor occurred to him as he was reviewing his notes on those visits. Those who attended the workshop need not bear responsibility for this excursion. To learn more about fractal geometry, visit http://classes.yale.edu/fractals/.
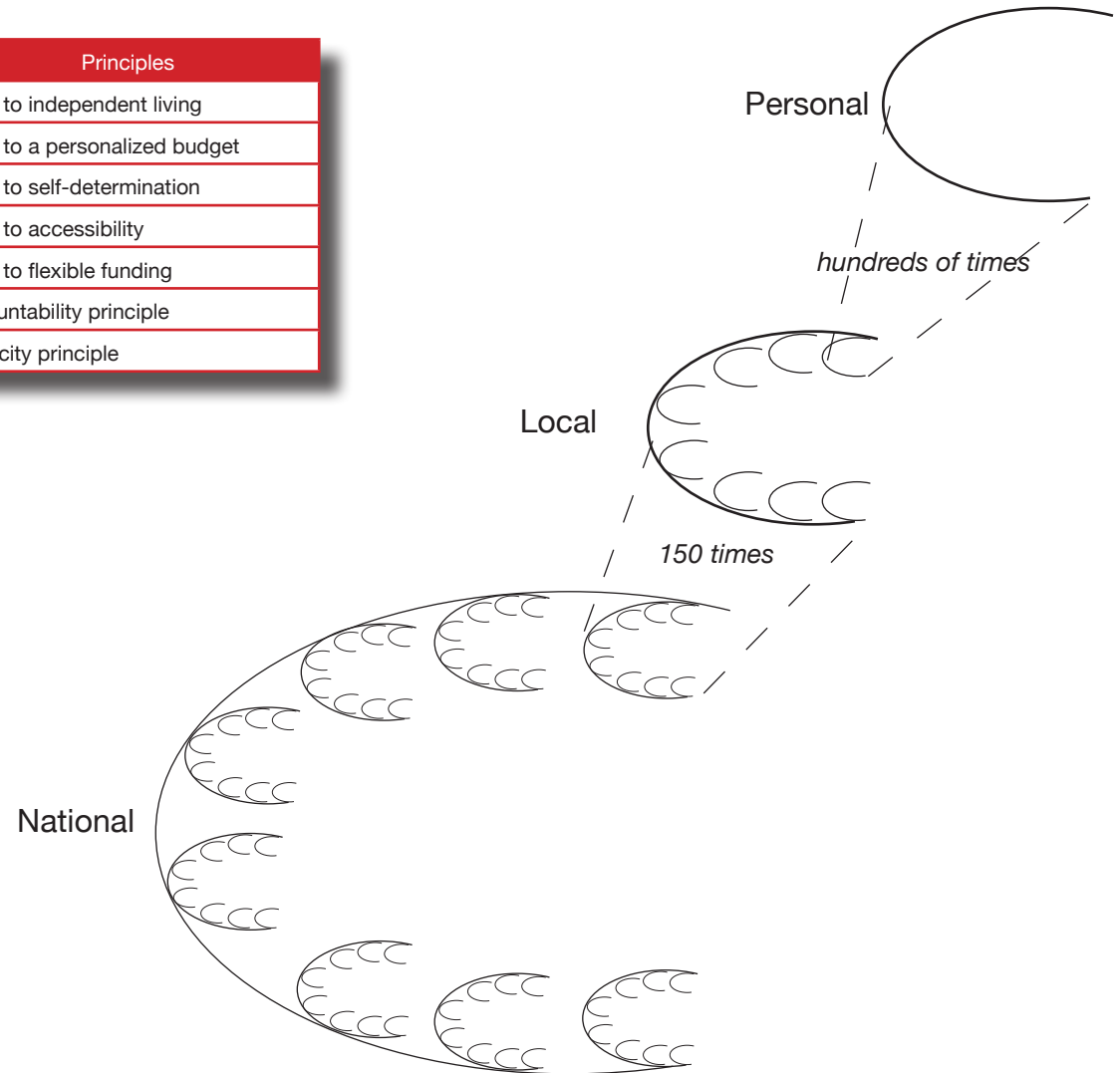
capable of promoting choice and control as it is repeated across the system's levels.

Here is an initial sketch of a pattern of action which, repeated many, many times, would result in a system capable of supporting independent living.

- People experience the social care system and its representatives as striving to embody commitment to these principles
- Support focus on citizenship in setting criteria for decision making and evaluation
- Convene person and allies (carers and friends), connect as necessary with civil society, system representatives (e.g. care managers), support providers, mainstream service providers
- Connect with sources of knowledge and support (e.g. peer mentors, partners in policymaking)
- Build capacity to pull necessary resources from a variety of sources.
- Offer multiple options: a range of ways to plan, hold and expend funds, and receive support that people can choose among
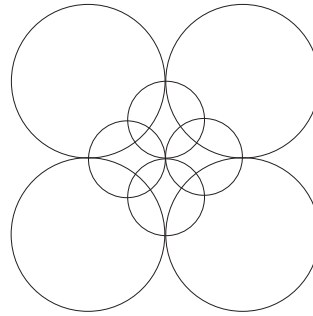- Invest in learning and continual improvement and share the results

As numbers grow, new difficulties and new positive possibilities will emerge. For example, the move to personalized budgets opens a broad field for social innovations in the ways support is provided and the way people are supported to exercise control. This will surely intersect with the growing interest in social enterprises to stimulate

Principles
Right to independent living
Right to a personalized budget
Right to self-determination
Right to accessibility
Right to flexible funding
Accountability principle
Capacity principle

Personal

hundreds of times
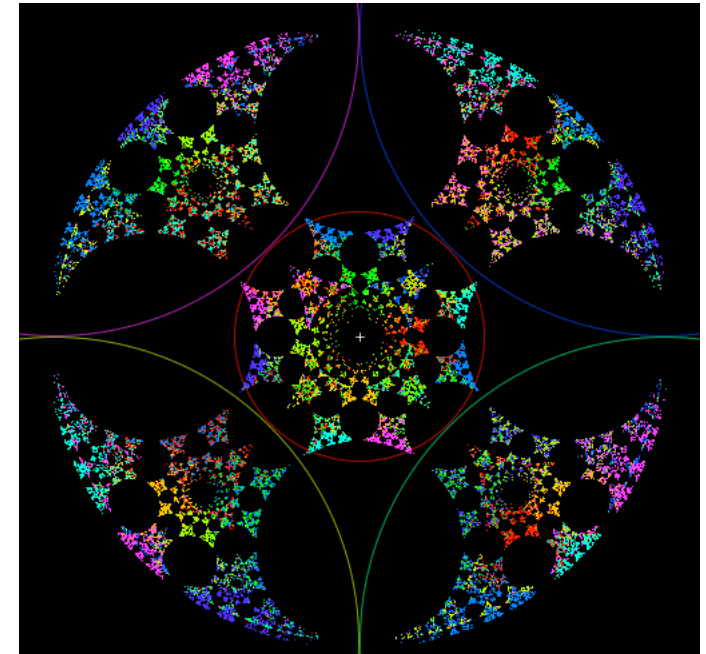
Local

150 times

National

the emergence of new kinds of organizations offering new types of services.

One common way that fractals grow is by many repetitions of a pattern. As hundreds and thousand of different people in different localities use the room to act and capacity to act offered by *Putting People First* to repeat and refine the pattern for self-directed support, they will shape a different local and national capacity to support people. As every local authority learns to adapt its systems and culture to enact this pattern the whole system will transform.

This pattern repeated 1 million times (and colored) …

…becomes this pattern

Annex A: In Control: A framework for systematic reflection

David Towell

1. What are the goals of the in Control initiative and what elements in the programme are designed to achieve these goals?

2. More specifically, what are the outcomes in people's lives which in Control is seeking to help individuals achieve? What do different stakeholders (as represented in our discussions) see as the strengths and limitations in this definition of outcomes?

3. What does experience to date suggest about success in relation to these outcomes? What is being learnt about the conditions and processes required to optimise success?

4. What are the strengths and limitations in the in Control definition of best practice in organising self-directed support, as this has emerged to date? How far is this likely to work well across all (potential) users of social care? What are our views on the mission of in Control to achieve the complete transformation of social care into a system of self-directed support?

5. What is the distinctive change methodology guiding this initiative? What does experience to date suggest about the strengths and limitations of this methodology for implementing the in Control approach in many localities? What might be needed to do better?

6. What issues is spread of the in Control approach raising for wider systems change in local government and more widely? How might these issues best be addressed?

7. What are the lessons for national policies and implementation arrangements emerging from experience in the in Control initiative, especially as it spreads more widely?

Annex B: Implementation of Self-Directed Support

Simon Duffy

This paper outlines early thoughts on the possible hazards and opportunities for the implementation of Self-Directed Support.

Update

Since we began this series of reflection events a year ago there have been several key developments:

◊ in Control Partnerships has been set up as a Company and will shortly be registered as a Charity

◊ in Control and NCIL have agreed a joint statement about Independent Living and SDS

◊ The Government has further strengthened its intent to promote SDS as part of a shift towards 'personalisation'

◊ 107 authorities are now members of in Control and 2300 people are using Individual Budgets, latest data shows life improvements and economics still seems to be working.

◊ Government has acknowledged the need for a new look at the financing of Social Care

Other symptoms of change are also apparent: there are tensions about the roles that different organisations will play (including in Control itself) and as the seriousness of the change process grows those who feel outside it in some way are increasing their resistance.

Tensions in Implementation

in Control's mission is to change the current social care system to a system of Self-Directed Support. The drives for such a shift might be:

◊ **Values** - you think that the system is right and ought to be implemented

◊ **Performance** - you think it will make your system appear to perform better

◊ **Economics** - it makes good economic sense to change your system

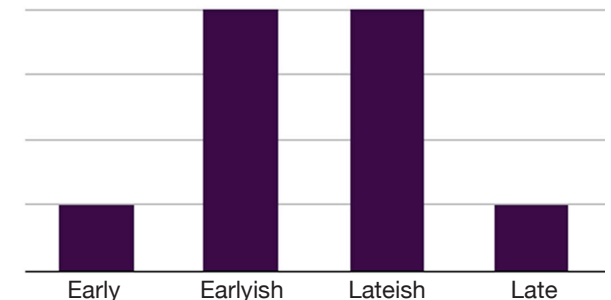◊ **Regulation** - government says you should do it

With a strong and sustainable conception of Self-Directed Support, these four forces can work in harmony. However if the conception of Self-Directed Support is confused or in dispute then it is possible that these four forces will compete with each other.

A further tension emerges when we consider the level of implementation required. For there are three goals in implementation - all of which pull in different directions:

Quality - Self-Directed Support at its best means disabled people and families being in control of their lives, and getting personalised support, including support to plan and organise their support. There is a risk that this might be eroded and that people end up receiving inadequate funding, inappropriate services or poor management support.

Pace - Self-Directed Support has been designed so that it can be implemented as a universal replacement for the current social care system. There are two risks: (a) it may be implemented too slowly, increasing confusion, conflict and cynicism and (b) it may be implemented too quickly, in a shoddy and confused manner, encouraging an overly mechanistic understanding.

Universality - Self-Directed Support is designed to provide a universal framework that could apply for all groups and in all parts of the country. However a natural implementation process is almost bound to mean certain groups or areas will move towards Self-Directed Support at different paces. The primary risk is that early natural diversity is perceived to be a problem too early and inappropriate measures are applied to 'speed up' the process.

| Early | Earlyish | Lateish | Late |

in Control has broadly worked to a model which assumes that different areas will be motivated by different factors to different degrees and with different levels of urgency and that the implementation support process should reflect these different factors.

	Predominant Motives	Supported by	Dampened by
Phase One	Search to realise moral values	Stories, inspiration, spirit	Regulation, control
Phase Two	Desire for high performance, better value, best practice, up-to-date	Recognition, evidence, standards	Poor communication, competing paradigms
Phase Three	Need for increased efficiency, competitiveness	Lower prices, savings	Increased costs
Phase Four	Ensuring compliance, avoiding complaints or perceived failure	Regulations, ratings	Innovation, risk-taking

To date in Control has biased towards helping the shift to Self-Directed Support by focusing on the earlier moments of change. However, inevitably there will be a tension as other forces come to play who seek to regulate and control the implementation process.

Help or hinder

Many things will help or hinder progress towards full implementation

May help	May hinder	Uncertain
A clear account of SDS	SDS becomes fragmented or confused	Competing paradigms (e.g. personalisation)
Inspiring stories of change	Stories of problems & mistakes	Emerging debates on key issues
Good data on outcomes and costs	Bad data or data based upon confused hypotheses	Growing interest in SDS in health, education, drugs etc.
Exhortation by 'leaders' at all levels (political or otherwise)	Cross-party conflict about SDS	Support from DH/CSIP or similar agencies
Technology to make it easy (e.g. Shop4Support, Support Planning tools, eRAS etc.)	Charlatan consultancy	Performance targets from regulator
Helpful, reliable and cost-effective support (accreditation?)	On-going confusion in legislation, regulations and information requirments	New economic framework for Social Care
Self-transforming providers, brokers et al.		
Demand from real people and families		
Good policy and legislation		

In Control's role

Currently in Control is positioned to operate independently of government. Although upon its Board of Trustees government, local government and the voluntary sector are all represented equally. in Control has three main areas of work:

System Change - looking at how local authorities (and other public bodies) can change how they work to promote Self- Directed Support

Communication - developing and sharing in Control's model of Self-Directed Support with the whole community through the internet, publications and supporting leadership communities.

Consumer Support - helping people and families demand and make best use of Self-Directed Support with tools, information, and systems of peer support.

Effectively in Control has created a framework for coproducing Self-Directed Support 'From Caroline's Frontroom to Number 10'.

However this model of working is highly unusual and is itself untested within public policy making. It threatens older patterns of policy development, implementation and power. It will require determination and support from key allies to make this model work.