

Third Sector Leaders

**ACEVO**

# Developing a 'Person-Centred' Workforce



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A joint initiative to strengthen support services for the third sector



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**ACEVO** is the professional body for third sector chief executives. We connect, develop, support and represent our members, to increase the sector's impact and efficiency.

We promote a modern, enterprising third sector, and call upon organisations to be:

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# Introduction

## Background to ACEVO and the Commission on Personalisation

ACEVO is the Association of Chief Executives of Voluntary Organisations and we are the leading voice for chief executives in the third sector. With over 2,000 members nationwide we support, develop, connect and represent third sector leaders through the events we hold, the publications we produce and the policy work we undertake on behalf of our members.

In May 2009, ACEVO established a Commission on Personalisation to explore ways of making the personalisation of public services work for third sector organisations (providers, networks, brokers and advocates), policy-makers, practitioners and, above all, citizens, across a wide range of delivery areas. There are many definitions of the term 'personalisation', but the Commission has taken it to mean efforts to make public services more responsive to individual citizens' needs, and to give individual citizens and their families greater control over those services. The Commission does not equate personalisation with personalised funding models (such as individual budgets). However, given their ability to achieve change, and the scope of their implications for policy-makers and third sector organisations, much focus will inevitably centre on such funding models.

In more detail, the Commission on Personalisation aims to:

1. Review the personalisation of public services in relation to a range of key social needs and distinct life stages.



2. Engage as widely as possible, above all with citizens so they can shape the new system of personalisation that will best meet their aspirations.
3. Consider the opportunities and risks associated with any large-scale move towards personalisation.
4. Propose practical ways of exploiting the positive opportunities and mitigating the risks presented by the move towards personalisation funding.
5. Build on the knowledge and experience of front-line third sector organisations and other practitioners so as to identify, disseminate and build upon a range of effective practices.
6. Act, where practicable, as a seedbed for the implementation of new approaches.

In November 2009, the Commission launched their interim report, 'Making it Personal: A Social Market Revolution'. This highlighted the five 'building blocks' which form the basis of the Commission's vision of personalisation:

1. **Devolving financial control** – Control over how money is spent on services should be devolved down to a level as close as possible to the service user.
2. **Self-help and mutual aid** – The service-centric model of 'public services' should be turned inside out, with self-help and mutual aid (in other words, community) placed firmly at its heart. We should see people not as 'service users' but as 'service helpers' and change agents.



3. **Building ‘can do’ assets** – Personalisation should be accompanied by a renewed focus on building up the emotional, financial and intellectual assets of service users in a risk-smart and preventative way.
4. **Culture change** – Personalisation should inspire a revolution on the supply side of public services, that frees up public service professionals and that creates an environment in which innovation flourishes.
5. **Social markets** – A new generation of genuine social markets should be created, in which power shifts from commissioner and provider to service users, and in which good performance is rewarded and invested in and poor performance is driven out.

## The method for producing this publication

This publication has been produced following a day-long workshop, developed and delivered by Skills for Health and Skills for Care. This brought together a range of infrastructure bodies, service provider organisations and those providing advocacy and advice. Although personalisation has been advanced furthest in social care, organisations from the health sector were also present, as were those from other fields (e.g. the promotion of environmental sustainability), to allow for a broader debate on the way this change to public service delivery will impact on the third sector.

The discussions, outputs and thoughts from the day are therefore captured in the remainder of this document to give the reader an opportunity to understand some of the workforce issues that arise from the implementation of the personalisation agenda. There are a lot of unanswered questions



about the impact of personalisation and, although this publication offers a range of tools that may be of use to third sector organisations, it should only be seen as initial guidance to those managing the response to such drastic changes to public service delivery. As policy and implementation progresses, this publication will be updated so that it can continue to be a useful resource for third sector leaders.









## Chapter I

# The workshop



## A background to personalisation

The workshop was made up of a mixture of presentations, discussions and practical exercises. Firstly, the delegates were split into small groups to discuss:

- What does personalisation mean to you?
- What challenges does your organisation face in transforming your workforce in response to personalisation?

Most of those attending the workshop said that personalisation meant offering choice and empowering individuals, as well as being consistently responsive to their needs and aspirations. It was generally agreed that the reforms are about far more than the mechanisms used to devolve budgetary power e.g. direct payments, personal budgets, individual service funds etc. They are about embracing a whole new approach to supporting people, in which co-production, self-help and mutual aid and social capital will play a key role.

ACEVO's Commission on Personalisation demonstrated the totality of the shift in power that personalisation will initiate in their interim report (Figure 1 below).

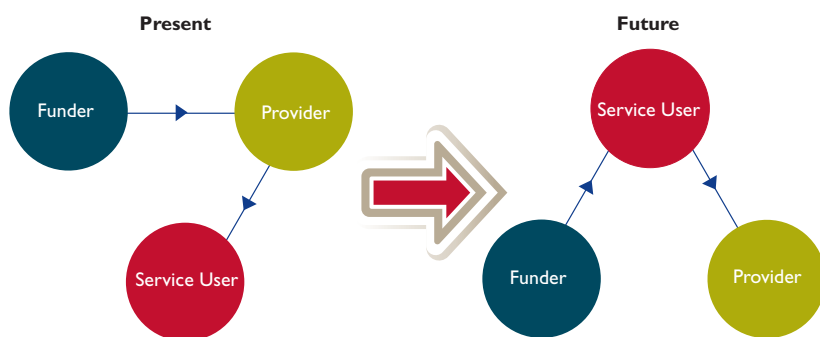
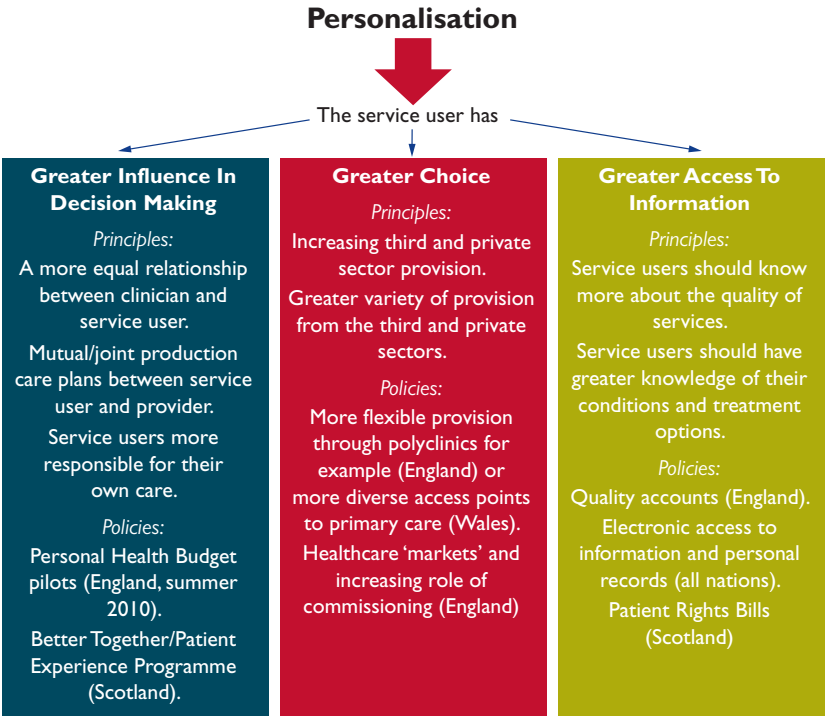


Figure 1: Shifting power



A study by Skills for Health suggested there are three elements to personalisation which will impact on the skills of the workforce and the relationship between staff and service users. Although this focuses purely on health services, its messages are relevant to a range of sectors:











## Chapter 2

# Identifying the challenges for developing a 'person-centred workforce'



Service providers clearly face huge challenges in making the transition to delivering more personalised services and operating more widely with personal budgets. In many cases it is difficult for senior management to know how great the impact will be on their organisation.

One of the key issues for providers will be making the necessary changes to their workforce to ensure they are in a position to capitalise on the opportunities that personalisation could offer in opening up new and diverse income streams and in allowing the development of innovative and outcomes-based services.

This section of the report will outline some of the main challenges that were identified by the delegates at the workshop and start to identify and provide first steps that can be used by organisations to overcome them.

### Recruiting for a truly ‘person-centred workforce’

There is some concern that the personalisation agenda will force organisations to recruit staff, not on the basis of qualifications or previous experience, but by the personal qualities individual service users want from those who deliver their care; for example, recruiting someone with qualifications in art or film to be a personal assistant for an individual who is passionate about painting.

There are risks associated with this:

1. The first is that this could lead to a deprofessionalisation of the care profession, negating the utility of some of the more formal qualifications that organisations have paid for staff to undertake over the years.
2. It could also cause issues if the contract with the individual service user, who has requested support from someone on



the basis of personal qualities such as cultural background/ gender; lapses leaving the organisation liable for paying the salary.

## First steps

Organisations must ensure they have a set of core competencies, skills and behaviours that all staff must adopt and adhere to. These should be flexible and readily adaptable to the needs of service-users. These may include:

- an understanding of ‘person-centred’, informed risk;
- an ability to be aspirational for service-users;
- proactiveness;
- a basic level of IT, numeracy, literacy and communication skills;
- commitment to flexible working.

## Offering real flexibility

To ensure real flexibility, front-line workers may need to start working unconventional hours. Service users could require support late at night, at the weekends or very early in the morning and this will be something that they ask for when wanting to contract with an organisation.

As personal budgets will give service users the opportunity to retract or remove custom from a provider organisation without a significant notice period, support providers may need to renegotiate the contracts they have with their front-line workers.

In some cases, organisations may need to introduce ‘0-hour contracts’ in which they do not guarantee any core hours in a week. If this process is not managed carefully, it could have a profound effect on staff morale and could mean that provider organisations struggle to attract and retain the calibre of staff they currently employ.



## First steps

Key to achieving this will be consistent and reciprocal engagement with ALL staff. It is important to develop a shared definition of personalisation, an understanding of how this will effect your organisation, the services you deliver and the way this will impact your workforce. Staff must feel able to shape these changes and not just feel changes are being forced upon them. Successful staff engagement can take many forms, including:

- setting up a personalisation project team with a variety of staff, service-users and families/ carers to steer the programme of change.
- Set up focus groups for staff to respond to changes being made in small groups.
- Initiate regular internal networking events so staff feel part of a strong, welcoming organisation.

## Creating a sustainable workforce

There was some anxiety that it would not be possible to implement a long-term workforce strategy as service users may remove their contracts without notice, meaning that the number of front-line workers employed could be constantly fluctuating.

Some delegates present mentioned that they have already had some issues with service users poaching workers to become private personal assistants. Some organisations have already felt the need to build agreements into their employees' contracts preventing them from leaving to work for any of the service users they currently support.

Due to safeguarding responsibilities and insurance policies, organisations must put in place restrictions on what support services front-line workers can offer individual service users, whereas in a private arrangement personal assistants can



develop their own boundaries with service users on a case-by-case basis.

## First steps

Obviously safeguarding and insurance policies must be recognised and adhered to by third sector organisation. However, it is important to explain to service users the benefits of linking up with an official, registered and regulated organisation. Hiring a PA transfers some quite significant responsibilities to service users. Becoming an employer confers a large number of statutory obligations, including:

- Keeping records.
- Pre-employment checks.
- Monitoring annual leave.
- Responding to maternity and paternity leave requirements.

For more detail on this, see ACEVO's guide to 'Exploring the Legal Implications of Personalisation'.

## Upskilling service users

Key to the success of personalisation is individuals being encouraged to co-produce services, manage their own budgets and assist in delivering peer support, advice and advocacy. Significant support will be required to help service users develop the skills required to take on these responsibilities.

Questions that organisations need to consider include:

- Who will take on the role of up-skilling service users?
- If it is service providers, will there be any additional funding for this or will this support service (which may be required on a continuous basis) be paid for out of a personal budget?



## First steps

If service users are involved in shaping the changes taking place in your organisation, some of these skills may be developed as part of this process. However, it may be worth contacting a local third sector advocacy or advice organisation to see if you can form a partnership to deliver the best results for your service users.

## Operating in a competitive market

In a situation where providers compete for tenders from individuals in a community, front-line workers will become the face of an organisation. This may require additional skills in areas such as communications, cross-selling and networking.

Producing and implementing a coherent marketing strategy that utilises networks within local communities will become an additional responsibility for third sector chief executives, although in some organisations this may be delegated to a marketing or external relations team. This, again, may require additional training to develop different skills and expertise.

## First steps

It is clear that organisations will need to undertake a skills/training needs analysis for their workforce and use this information to inform the training and development needs of the organisation and the individual members of staff within it. For more information and guidance on marketing, see ACEVO's publication 'Personalisation: A New Approach to Marketing'.

## Workforce development and organisational transformation in a period of public spending cuts

Personalisation could require organisations to invest a significant amount in additional training for staff (both front-line workers and management) and, indeed, service users. However, delegates



at the workshop were unanimous in their belief that funding for this would rapidly diminish as Local Authorities and PCTs are faced with spending restraints.

It is not clear whether it would be viable to build training costs into the price paid by personal budget holders for the services they choose to buy, but there were certainly fears that providing the additional training required could lead to an organisation being priced out of the market by those that value staff training less.

### First steps

Organisations need to be clear as to what their priority will be in terms of workforce development. It should be noted that a comprehensive workforce strategy that takes in to consideration staff development needs is seen as an important tool in managing any organisation. However, there may be ways of teaming up with other local organisations to provide training for your staff. Personalisation also provides greater opportunity for peer-to-peer learning to develop some of the 'softer' skills many service users say they find important.

### Driving culture change

Many at the workshop believed that front-line staff would find it very difficult to relinquish the caring and, to some extent, controlling role that they currently play in the lives of those service users they work with. This includes directing and inputting into the choices that users make over which services they access, what they spend their time doing, and what they spend their money on.

Delegates were keen to emphasise that this was not due to any kind of 'control-freakery', but because of the caring relationships they have developed with service users over many years. Re-



shaping this relationship with an additional 'customer-provider' element will not happen quickly and will require all involved to make changes to their practice and behaviours.

## First steps

Driving culture change is a huge challenge for third sector leaders. However, a really simple and effective way of starting this process is by sharing stories showing some of the huge differences having control and feeling empowered has made to individual service users' lives. Organisations like In Control and Together have built up libraries of user experiences which are available on their websites.

“Change requires leadership - leadership that engages and energises those involved in the work, ensures decisions are made, makes sure the whole organisation understands and is committed to the journey and most importantly ensures solutions are found to problems and ways found round or through blockages.”

Steve Scown, Chief Executive, Dimensions

Dimensions: A Provider's Journey from Tradition to Transformation









## Chapter 3

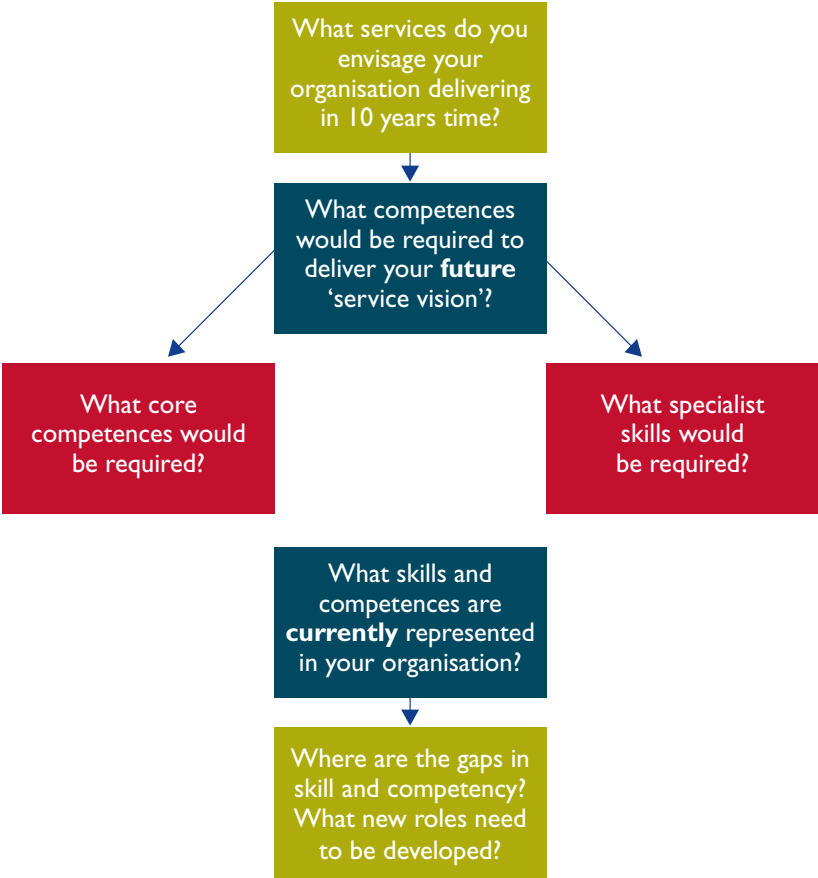
# Mapping your future workforce vision



In order to ensure the transition towards working more widely with personalisation is as smooth and efficient as possible, third sector chief executives need to decide now on:

- a. The strategic vision they have for their organisation over the next 10 years.
- b. What steps they need to take in order to achieve this vision.

As far as the workforce is concerned, a useful thought process is encapsulated in the flow chart below:











## Chapter 4

# Views from 'Skills Third Sector'



Skills Third Sector is one of the Sector Skills Councils. They are working on outlining some of the ways third sector organisations can overcome some of the challenges outlined above. Their provisional recommendations are summarised below:

‘Managers and chief executives of voluntary organisations will have a critical leadership role to play in directing strategy towards personalised service delivery. Personalisation requires cultural change across all levels of an organisation, encouraging continuous learning and a person-centred working culture. Policy, planning systems, and governance arrangements within voluntary organisations must promote this cultural change, and there must be a clear strategy in place for continuous improvement in line with service users’ experiences. The training and development needs for staff at all levels will need to include basic knowledge; technical skills such as commissioning/contracting, financial management; and “soft” skills such as respecting individuality, flexibility, enabling and empowering. It is essential that managers, employers and commissioners all recognise the value of the changes that personalisation entails and have the necessary skills and flexibility to deliver them. To ensure a smooth transition towards personalised services, leaders of voluntary sector organisations can take a range of practical measures, which include:

- Being clear about what personalisation means, so that everyone involved has a shared understanding of its values and implications.
- Developing an explicit ‘personalisation vision statement’ with service users, carers, families, staff and advocates to outline what a personalised service would look like and how it would work.



- Encouraging staff to review their roles and approach to service delivery in the light of the agreed vision statement, identifying what areas need 'to change.
- Reviewing how service users and their supporters are involved in staff recruitment, deployment, and wider decision-making about service operation.
- Ensuring all staff development is underpinned by the principles of personalisation.
- Ensuring management systems and financial processes reinforce personalisation through person-centred planning, quality monitoring and back office functions.
- Developing outcome-driven service improvement plans based on user feedback with clear targets.

Personalisation will also depend upon front-line workers improving their advocacy skills in addition to acquiring new skills in marketing in order to spread information and sell services effectively to potential clients. Meanwhile, back-office staff will need to improve their skills in finance and contract management in order to calculate the volume and type of service provided as well as the unit costs of services. Furthermore, trustees and Senior Management Teams will have to develop risk management skills in order to adapt to the increased competition around service delivery following the creation of a social market in services, conceiving strategy in relation to market position.

Predicting future demand for services under the personalisation model is difficult and relies upon more intelligent commissioning practices. The introduction of individualised budgets, care plans and service contracts may affect service stability and security. A personalised commissioning process will depend upon commissioners



being willing and able to take calculated risks and providers may need to learn to collaborate more with each other to reduce competition over scarce workers.

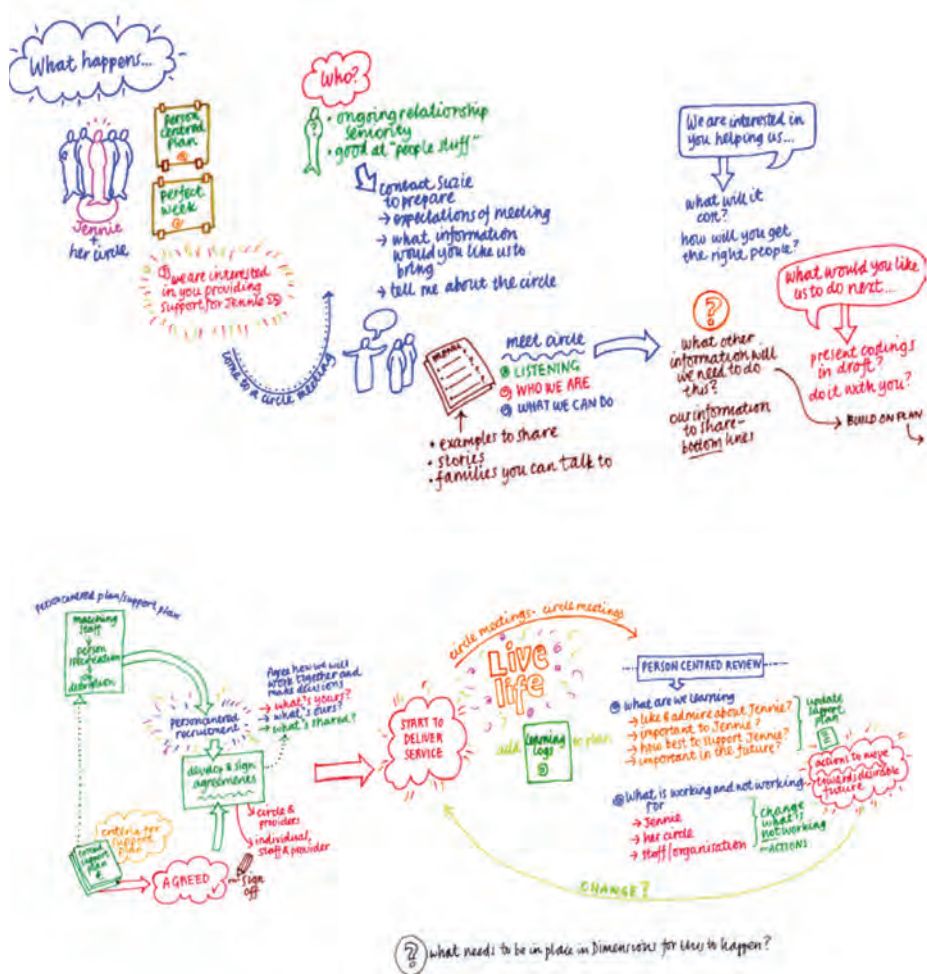
The shift towards service users taking control of their own care means that professionals will have to adapt to new roles as advisers, advocates, solutions assemblers, and brokers of services rather than direct service providers. The Skills for Care New Types of Worker programme suggests that potential new workforce roles required by personalised services include 'hybrid roles' such as social care workers doing tasks that have traditionally been done by other professionals and 'experts by experience' whereby long-term service users or carers are enabled to contribute to the running of social care such as recruiting and training workers, assessing quality, commissioning services, planning changes to service delivery and service regulation.'

### Engaging your workforce from the outset

During their transformation process, Dimensions used a graphical representation of their customer journey to share the concept of personalisation and key tasks required to make the transition towards being more person-centred with all employees in their organisation. They felt they benefited from this as it gave them something that could be put on the wall and discussed openly among all members of staff. The graphic is simple yet detailed, and this gave them two advantages. Firstly, once it had been introduced to managers, they were in turn able to introduce it to their own teams. Secondly, they believed that because it was visual it was more likely to prompt people to look at it and discuss it. They built on this by starting a 'Big Adventure' discussion. In just over four months the Chief Executive



met a quarter of the workforce to explain the customer journey and ask for feedback. They also used the 'messy map' technique to focus the staff's feedback and frame it in a way that meant it could be included in the graphical representation below.











## Chapter 5

# Workforce development resources



The table below includes a variety of resources that can be accessed free and online by all services aiming to address their workforce development needs for personalisation.

Workforce Planning	Skills Development
<p><b>Labour Market Intelligence</b> – Skills for Health develops a range of regular assessments of the current and future skills needs of the health sector.</p> <p><b>NHS Benchmarking Database</b> – a one-stop access point for information in relation to the acute sector; mental health, PCT, plus new ambulance and maternity NHS data sources.</p> <p><b>Six Steps Methodology</b> to workforce planning.</p> <p><b>Workforce Evaluation Tool</b> – an online balanced scorecard to support the six steps methodology.</p> <p><b>State of the Social Care Workforce</b> – a workforce report which provides a statistical overview of the workforce providing adult social care in England in 2006-7.</p> <p><b>NMDS</b> - The National Minimum Data Set for Social Care has been designed to gather information about services and information about the social care workforce.</p>	<p><b>Learning Design Principles</b> – help ensure that health sector education provision meets employer needs with these principles.</p> <p><b>Extending Participation</b> – find tools to help asses the literacy and numeracy of staff.</p> <p><b>Apprenticeship Frameworks</b> – more information on apprenticeships and the frameworks available.</p> <p><b>14 – 19 Diploma in Society, Health and Development</b> – more information on this new qualification for 14-19 year olds that is available in schools, colleges and other education institutions.</p>



Competences and Other Frameworks	Change Management Principles
<p><b>Suites of National Occupational Standards</b> which cover health and social care.</p> <p><b>Career Framework</b> – a model which describes jobs in terms of a Career Framework level and the competences required to undertake it.</p> <p><b>Nationally Transferable Roles</b> – A common template for new role development.</p> <p><b>Common Core Principles in Self-Care</b> – enable organisations and all those who work in health and social care, whether as commissioners, service provider or educators to make personalised services a reality.</p> <p><b>Knowledge and Skills Sets</b> – are sets of key learning outcomes for specific areas of work within adult social care.</p> <p><b>Qualifications and Credit Framework</b> – background info.</p>	<p><b>Principles of Workforce Redesign</b></p> <p><b>Employment Guides and Reports</b> – which support workforce change.</p> <p><b>Direct Payments Research</b> – This survey, conducted in 2007, is the first large scale survey of recipients of direct payments as employers.</p> <p><b>New Types of Worker Website</b></p>









## Chapter 6

# A case study: look ahead – housing and care



Look Ahead Housing and Care is a specialist supported housing association, which provides residential care to vulnerable people - homeless individuals and families, people with mental health difficulties and learning disabilities- across London and the South East. They worked in partnership with the London Borough of Tower Hamlets to pilot a personalised model that increased choice and control for 20 customers with a range of complex mental health needs at their Coventry Road accommodation-based service.

The basis for the model was to introduce a 'core and flexi' approach to delivering services. The 'core' referred to the fixed range of support required by all customers in order to run an accommodation-based service, while the 'flexi' referred to individual support that enables service users to meet outcomes and aspirations that they have specified themselves.

The shift in approach was achieved by freezing vacant support worker posts, thereby saving the resources spent on salaries. This carried a number of risks, including the possibility of employing insufficient numbers of staff to provide proper care and demotivating a workforce that was stable and experienced. However, it also freed up resources that could be used to provide greater innovation to Look Ahead's model of service delivery.

### What did the new approach offer to service users?

'Core' support: Coventry Road requires a minimum of two staff on shift and on site 24 hours a day, providing routine support, responding to crises, dealing with unplanned events, ensuring health and safety is met, witnessing medication etc.

'Flexi' support: The pilots introduced a new 'flexi' level of support which had two central elements:



1. Each individual was allocated £40 per week to purchase support externally. Individuals were encouraged to spend this money creatively and very little was restricted as long as there were positive outcomes associated with the choices they made. It was also possible to save up the allocation over a number of weeks to make a bigger purchase.
2. Each individual was offered 3.5 hours of one-to-one support time a week with a support worker of their choice. Individuals were free to decide how this time was spent. This changed the role of the support workers as they accompanied those they cared for to restaurants, city farms and music lessons.

During the pilot, each individual created their own personalised plans detailing how they wanted to change their lives and how they intended to use the flexible support hours and cash to achieve this. Under this approach, what constituted support was interpreted broadly - as long as it was legal, affordable, reasonably practical and, most importantly, met the customer's assessed and eligible needs.

### How did Look Ahead prepare for such a significant change?

At Coventry Road, a mixed group of customers and staff met several times to help steer the direction of the project. They jointly advised on the customer personalisation handbook, chose the person-centred planning tools that were used and were fundamental in reviewing the trial as it progressed.

Before the pilot project got underway, one-to-one interviews were conducted with all customers and staff. Quite a lot of time was allocated to this as it became apparent that neither customers nor staff had prior experience of articulating their ideas and experiences around choice and control.



It was clear that staff needed to be consulted on this before any final decisions were made to ensure that their reservations were addressed and their motivation levels were retained.

## What was the impact on the workforce?

The Look Ahead report recognised that workforce transformation will be one of the main challenges providers need to overcome in the transition to personalisation and identifies four key elements that need to be addressed:

### 1. Culture change

The Look Ahead pilot was a major change management programme and required an effective leader who had some experience and understanding of what this might entail. A training and development programme was established for staff, covering the following areas:

- Principles and background of personalisation.
- How the service is funded and how resources can be reallocated to increase control.
- Staff and customer approaches to choice and control.
- Developing a personalised model to suit the customers, their specific needs and aspirations and the environment in which they live.
- Staff skills for personalisation.
- Risk: moving from defensive to defensible decision making.
- Person-centred planning and thinking, and support planning.
- Outcomes-based person-centred reviews.

### 2. Terms and conditions

Although there were no real changes to staff terms and conditions, formal consultation still needed to take place. The pilot had the potential to lead to increased customer demand for support staff at the weekend or evenings, or for their shifts to



be arranged with less notice than they had on the previous four-week rota.

### 3. Recruitment and selection

Look Ahead are now attempting to build on the pilot by giving customers the widest possible choice of support worker, offering a broader mix of backgrounds, age, gender, religion etc. A new approach needs to be adopted to encourage customers to express how they wish to be supported, and the background, approach and experience of their ideal worker. It may be that Look Ahead changes the way they recruit in future to require a personal commitment to the principles of personalisation.

### 4. Central services

Clearly, it is not just support staff that are affected by the introduction to a more personalised model of delivering support. There are far-reaching impacts on central services, from finance and policy to HR and IT. All staff need to be involved at some level in the change programme in order to be able to make sense of and commit to new ways of working.

Look Ahead's pilot did require some specific financial system adaptations, such as changes to billing and financial processing. In the next stage of the programme, they are looking at ways of reducing transaction costs through the use of prepaid cards. It may be that, as more providers adopt similar models to Look Ahead, a system can be developed to share transaction costs across organisations.



## On the road to a 'person-centred' workforce

In Control have developed a tool which allows third sector bodies to audit their organisation against the requirements for personalisation. Progress for Providers is divided into sections: leadership and strategy, marketing, HR and recruitment. The ladder for developing a 'person-centred' workforce is below. Each third sector organisation must set their own, realistic targets.

1	We have some training days in our organisation and these are based on statutory requirements such as lifting and handling and food hygiene. We meet minimum legal and statutory requirements.	
2	We have begun to think about how we might talk to staff about the changing culture of the organisation, their role in this and what new skills we might need to develop to meet new demands.	Jan 2008
3	We have begun to think about the impact of becoming more person-centred and have started a programme of training that helps support staff and their managers to understand what they can do to make sure people have more choice and control in their lives. This has included practical tools like person-centred thinking tools, and helping staff to understand what Individual Service Funds are and the wider context for the organisation.	
4	We understand that personalisation means that we need to review all aspects of the service we provide. We are working with senior managers across the organisation (including back office, non operational functions) to help them think about what personalisation means to them and their role and what new skills and knowledge they may need. We are developing an in-depth training programme as part of our workforce plan.	By March 2010



5	We have developed a detailed workforce strategy and training programme based on input, ideas and involvement of staff, individuals and their families. This includes what will need to change about the way we train, support and deploy our staff, and the way we organise and govern ourselves if we are to be a truly person-centred organisation	By April 2011
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## Chapter 7

# Overview of key literature



There has been a range of general guidance publications and practical tools which organisations can use to understand the personalisation agenda, analyse the changes needed and make the necessary upskilling arrangements. These include publications which offer a comprehensive description of personalisation such as the Demos report, 'Personalisation Through Participation' (2004), 'Personalisation: a rough guide' by the Social Care Institute for Excellence (2008), and the ACEVO report 'Making It Personal' (2009).

In terms of practical tools, the Social Care Institute for Excellence has produced a range of briefing papers on how workforces may respond to personalisation which includes short guides on the implications for commissioners; home care providers; housing providers; carers; advocacy workers; voluntary sector service providers; personal assistants; user-led organisations; residential care homes; community mental health services and nursing homes.

The Department of Health Care Network has also produced a Personalisation Toolkit – an online resource to support Local Authorities to plan and deliver the transformation of their social care systems. This includes information and resources available on aspects such as Direct Payments; Programme Management; Communications; Equalities; Involving People and Families; Support Planning; Brokerage Advice and Information Support; Customer Journey; Research and Evaluation; and Commissioning.

Among the practical tools developed by the Department of Health are the guide, 'Working Together for Change', produced by a group of councils, providers, community organisations and people using services to test and refine methods for collating and analysing person-centred information for use in strategic commissioning. This is to be used to ensure that active partnerships with local people and families are the driving force



behind social care transformation programmes, as a vehicle for ensuring effective community engagement in the joint strategic needs assessment and as a tool for strategic commissioning and service development. A similar guide has also been produced by a group of disabled people, family carers and people from eight councils to develop a new way to carry out reviews – “outcome-focused reviews” – which focus on the outcomes, changes that individual disabled people or older people and their families want to achieve. A further resource available is the Commissioning for Support Planning and Brokerage guide - a resource tool designed to help councils, local people and other key stakeholders to identify what brokerage resources are available in their community, recognise where there might be gaps and determine priorities for commissioning.

Skills for Health and Skills for Care working with the Department of Health (England) have developed Seven Common Core Principles for Supporting Self-Care to provide employers, managers and workers in health and social care services with a common language for sharing plans and information about practice outcomes. These seven principles are:

- i. Ensure individuals are able to make informed choices to manage their self-care needs.
- ii. Communicate effectively to enable individuals to assess their needs, and develop and gain confidence to self-care.
- iii. Support and enable individuals to access appropriate information to manage their self-care needs.
- iv. Support and enable individuals to develop skills in self-care.
- v. Support and enable individuals to use technology to support self-care.
- vi. Advise individuals how to access support networks and participate in the planning, development and evaluation of services.



- vii Support and enable risk management and risk taking to maximise independence and choice.

The principles aim to support staff to empower service users to gain the skills and knowledge necessary to take responsibility for their care provision and ensure that those delivering services have the skills and knowledge to deliver personalised care.

Practitioners are encouraged to ensure support for self-care is built into personal and team objectives and to discuss the principles with supervisors and line managers to ensure shared understanding of job roles and working practice.





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