

# Living the Life You Choose: The Introduction of the Vanguard Method into an Organisation Providing Support to People with Learning Disabilities

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**Abstract** This article describes the work undertaken to apply the Vanguard Method (Seddon, Freedom from command and control: a better way to make the work work Vanguard Education Ltd., Buckingham, 2003) to a not-for-profit organisation that exists to provide support for adults with learning disabilities. As chief executive of the organisation, the author directly participated in the intervention. This article is therefore a personal reflection on the experience of a leader who has been a participant observer and has changed the way he thinks about the way services should be delivered. Along the way, the organisation uncovered and removed substantial waste whilst improving the way services were designed around the individual.

**Keywords** Personalisation · Social care · Person-centred thinking · Vanguard method · Learning disabilities · Social enterprise · Service efficiency

## Introduction: Community Lives Consortium and the Vanguard Method

Community Lives Consortium (CLC) is a non-profit making organisation which was established in 1989. The organisation supports adults who have learning disabilities to live successful lives in the communities of South West Wales. As an organisation, it tries to help the people it supports to be able to take as much control over their lives as possible. Like much of the UK public sector, it is going through a period of significant cuts in its grant funding. In total CLC supports around 230 people, employs about 620 staff, and has an annual expenditure of approximately £13.2 million. The people that CLC provides services to require a range of support to live an enjoyable and safe life. The Consortium provides:

- Just under 15,000 h of personal care to these people every week. Support can be delivered to people in their homes or as part of their lives in the community around them.

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- Housing related support to ensure that people are able to successfully meet the terms of their tenancy agreements or successfully pay their mortgages.
- Personal financial support so that people are able to manage their money and to enter into the contracts that they need to live their lives.
- Help with arranging and maintaining the transport that they need to live their lives.
- Help to secure the technology (such as community alarms or ICT) that can help people to be as independent as possible.
- Clinical help from our team of professionals to manage behaviours that may represent a barrier to successful community living for the individual.

These people may lack capacity in varying degrees to make particular decisions about how they live their lives due to the nature of their cognitive impairment. Moreover, all too often this lack of perceived capacity can be exacerbated by poor self-esteem, limited experience, or under-developed social skills caused by little long-term autonomy or social isolation. Successfully supporting people usually involves working with the individual, their families and other supporters (such as Care Managers employed by social services or the health authority) in a complex partnership of advocacy, collaboration and accountability. For example, a relationship with the parent of an adult supported by the Consortium with limited verbal communication skills may shift from taking advice about their support needs to instead gently advocating on the individual's behalf, if it becomes clear that they desire further independence.

The people involved with the Consortium have understood the organisation's work as existing within a complex web of stakeholders, balancing individual and communal interests. These may include service users, workers, or friends and family members. As an Industrial and Provident Society, the organisation's governance processes reflect the broad interests of the aforementioned stakeholders. Consortium members come from a cross-section of these stakeholder groups and the Board of Management also consists of an agreed balance of tenants, staff, family members, partner agencies and interested community members. The work of the Consortium is funded by grants for social care and housing related support from the two local authorities serving these communities. The commissioning authorities are active participants in the dialogue taking place within the Consortium between stakeholders.

In this article I describe the work undertaken to introduce the Vanguard Method (Seddon 2003) into the way the Consortium collectively thinks, acts and learns. The Vanguard Method is a form of systems thinking that requires organisations to study their services in a systematic way before redesigning them. It has been successfully applied to many public services before and has been documented in detail elsewhere (Pell 2012; Middleton 2010; Zokaei et al. 2010a, b; Jackson et al. 2008; Office of the Deputy Prime Minister (ODPM) 2005) The process has raised many questions for the community of people with an interest in the Consortium, including:

- How do we adopt these ideas whilst working closely with individuals who have greatly varying needs and sometimes very complex communication impairments?
- How is this work helping us to manage the balance of better outcomes for the people that we serve and better financial efficiency of our services?
- How will these methods help to create collaborative and inclusive approaches for decision making and management?
- What impact will regulations act as a limit to creating really person centred services?
- How do we does this work invite us to understand ourselves as an agency and a community of people?

This article focuses specifically on the work we have undertaken to examine our systems for helping people to plan and record their lives. Working to a new purpose and experimenting with new measures, we have:

- Introduced personalised Service Delivery Plans developed with the people we support. This has replaced a paternalistic approach to setting goals for them and then periodically recording progress against these goals.
- Eliminated substantial amounts of waste such as rework and process checking.
- Made an on-going saving of £188,774 (1.3 % of total expenditure) on the amount previously spent, which was a result of replacing tasks that needed to be administrated when apart from service users with planning activities that could be done with them naturally as part of their support.

In addition, the work in this service has led us to study and redesign other aspects of the support we offer as an organisation.

### More for Less-Balancing ‘Personalisation’ and Cost Reduction

Community Lives Consortium’s senior management team made the decision to employ the Vanguard Method in early 2010. People involved with the organisation (including commissioners, people using services, staff and managers) were concerned about the impact of forthcoming public sector cuts on the organisation. This process started with a general recognition of the unsustainability of the existing pattern of service delivery. This I would describe as the Private Frazer<sup>1</sup> moment: ‘We’re doomed!’ Supporting this sentiment was an inter-connected web of lose–lose conditions for everyone with a stake in the service we provided. For the local authority, how could it fulfil its duty of care for a growing number of increasingly frail people with declining resources? For people using services, how could their growing expectations for independent lives (where they would be able to exert control) and personal meaning be met while commissioners were raising the bar for service eligibility which restricted the types of service that could be funded? For staff and managers how could we continue to provide services that meet the expressed need of the people we serve while offering us reasonable rewards and personal development?

The dialogue that emerged out of this gloomy position developed a degree of openness and nervous enthusiasm, stemming from a shared recognition that the existing system served no one well. The academic and activist Bill Torbert discusses ‘transformational power’ and suggests that it requires conditions of mutual vulnerability (Torbert 2006, p. 213). It felt like these on-going discussions between stakeholders offered great potential for change precisely because the status quo was collectively unsustainable for everybody. Alongside these potentially transformational conversations were the day-to-day processes of decision making which typically flip-flopped between how we ‘could’ make services more person-centred and how we ‘had no choice’ to do ‘more for less’. This ‘either/or’ dialogue polarised the discussion between the heart and the head; the heart challenging our values in accepting cuts while the head made the tough decisions about where to impose the unavoidable cuts.

As an agency we were keen to use this available transformational energy to unite both the beliefs about the ‘value’ things we ought to do with the rational actions we needed to take. There were a number of ‘person-centred’ interventions and consultants that we could

<sup>1</sup> A character in the classic BBC sitcom ‘Dad’s Army’.

have used to try to make this shift within the social care community. However, we felt that these may have been ideologically motivated and predicated by a particular argument about service delivery. Our question seemed more general in nature. We wanted to know: Is the most efficient approach to service delivery in an organisation also the most person-centred, and vice versa?

For us, as a piece of cooperative inquiry, this seemed both rational and hopeful. The adoption of the Vanguard Method to explore this question was at once practical and aspirational as it enabled us to capture the transformational power developing from the vulnerabilities being shared by stakeholders. The Vanguard Method also appealed in that it enabled us to take a systemic view of our work, enabling us see how our organisation was performing from the service user's point of view ('outside-in' Seddon 2003, p. 12) rather than from a conventional top-down perspective as staff members.

### What is the Vanguard Method?

As is discussed in further detail elsewhere in this special issue, the Vanguard Method provides a means for service organisations to change from a conventional 'command-and-control' design to a 'systems' design (Seddon 2003). The Vanguard Method has been developed through practice and iterations, some of which have been documented in publications by the organisation's founder, Professor John Seddon. Based on what has been learnt, Seddon has developed his own methods for change which he describes as a combination of systems thinking ('how the work works') and intervention theory (how to change it). There are many features developed as part of the Vanguard Method which are unique: for example, the concept of failure demand; methods for studying different types of services; the systemic relationship between purpose, measures and methods; and systems principles for service design. Interventions follow a 'check, plan, do' model (Seddon 2003, p. 110): 'check' involves the systematic study of a service, as seen from the service recipient's point of view (Seddon 2003, p. 112).

### Research Approach

As Chief Executive, I took part in the intervention and have recorded my experiences here. This approach to research could be characterised as participative action research. As Checkland and Holwell say 'In this process the researcher enters a real-world situation and aims both to improve it and to acquire knowledge' (Checkland and Holwell 1998). They go on to say that action research needs to answer the following questions:

- What exactly is being researched?
- Who is researcher, who participant?
- How do you know when to stop?
- How can results be conveyed to others or transferred to other situations?
- Is it recoverable? i.e. 'the aim in AR should be to enact a process based on a declared-in-advance methodology (encompassing a particular framework of ideas) in such a way that the process is recoverable by anyone interested in subjecting the research to critical scrutiny.' (Checkland and Holwell 1998, p. 18)

In this case, the research focussed on the application of the Vanguard Method to the organisation, with the initial question being 'can a more efficient approach to service

delivery in our organisation also be more person-centred?’ Following Seddon’s model for ‘Check’ (Seddon 2003, p. 110) necessitated reflection and self-evaluation before we could move into a position to redesign the way we worked. Although I was a participant, I was also the researcher in this instance, collecting operational data from the intervention which has been written up here. This could be considered to be a weakness of the research in that it is hard to write objectively about a process of which I was part. However, on the other hand, I can speak from first-hand experience of the rich experience gained from studying and redesigning these services. In fact, as many of the things discovered in this process are counter-intuitive, it was essential that they are witnessed at first-hand by me and my senior management team in order that the intervention would be successful and sustainable. For the purposes of this research, we stopped collecting data after a single iteration of the Vanguard Method’s ‘Check-Plan-Do’ cycle, but as an organisation we now continue to return to study and redesign our services as a matter of course. Evidence was collected as part of the intervention, and the operational data is presented here. Results from this intervention are not directly transferable to other situations, but the results were achieved by following the Vanguard Method, a structured cycle of activity which has been demonstrated to be of relevance in a domiciliary care environment. Finally, it can be argued that the process is recoverable by following the structure of the Vanguard Method as laid out in Seddon’s work (2003).

### Starting with ‘Check’

Supported by a Vanguard Consultant, we held an orientation workshop for our senior management team in March 2010 and then pulled together a systems team to start the work in the following September. This 10 person team was made up of a cross-section of people from across the organisation, including both front-line support staff and the Chief Executive.

This work was to be very intensive: 3 days per week in the September and 2 days per week for both the October and November. This commitment of time was both difficult and immersive. For everyone involved, major commitments needed juggling: it was not an easy personal experience for any of us. Initially, the language of systems thinking seemed awkward, as was the growing recognition that we all had different perspectives of the changes that were taking place in front of us.

### A Common Purpose—A Foundation For Commitment

Following the Vanguard model for Check (Seddon 2003, p. 110), the first step was to establish our organisational purpose; this was agreed by the systems team as:

- Supporting people to live the life they choose.

As the Chief Executive this initially seemed too simplistic to me, appearing more like a strap-line on an organisational banner than something that could become the central tenet around which our community could be re-built. I argued for more definition and qualifications. However, the need for something that could be equally owned by the people that we support held me at bay.

Reflecting on this purpose (which was embraced by our Board and the wider community of stakeholders at our AGM in October 2010) I now realise it to be honest and profound. It

is what commits us together as people in the community. The problem is that this was not what we had been doing. I believe in reality our 'de facto' purpose was:

- Support the local authorities to manage their duty of care.

This is not a criticism of our commissioning authorities; we have very good commissioners who are also trying to make sense of their role in these changing circumstances. However, it does offer some explanation for this system that we have created. The system of recording proformas and managerial checking exists to ensure that I, as the Chief Executive, am able to evidence how the Commissioner has discharged their responsibility through us. This process then creates a framework for compliance and accountability that permeates through the entire community. Watching this new purpose being shared with stakeholders was especially interesting, not least because when it is shared with someone for the first time their usual reaction has been, 'Well, of course it is!' This is then followed with a personal list of things that that get in the way of this purpose being realised in practice. This revealed something to me about the necessary shift from compliance to commitment as fundamental building block with organisational systems and communities. I will return to this later.

### **Demand—Understanding What People Want**

Establishing a reliable source of information about customer demand was the next important task within our systems intervention. It was critical to understand what the people we supported wanted on a day-to-day basis. This task was more difficult within our community due to the fact that a significant number of the people we support have extreme difficulty in expressing their wishes either due to their lack of verbal communication skills or because of their low levels of confidence or experience of the choices that people make every day. This means that members of our team or other people who know them well (e.g. family members) need to interpret some people's desires and interests based on their non-verbal behaviour. To start with we began gathering people's demands by interviewing them, and then we asked staff to record people's demands on a paper form. We had gathered 300 demands from people occurring within 1 week. Of the demand gathered at this stage, 86 % of these were 'value' demands i.e. they were consistent with our organisational purpose. A very common example of a value demand was:

- Can you help me with <a range of personal living tasks> ?

14 % of the demands we gathered were failure demands ('demand caused by a failure to do something or do something right for the customer' [Seddon 2003, p. 26]) They occurred as a result of us not acting consistently with our purpose. A typical example of this would be:

- The staff member working today is not <the individual they were expecting>

We have continued to gather demand information, although our methods have developed into the use of simple web-based forms either for people to be able to add their own demands or for staff to do this on someone's behalf. This is supported by simple web-based searchable spread sheets that allow the analysis of this information by the stakeholders involved.

We are seeing demand analysis as a crucial measure for understanding our performance, and it affects our new ways of working in many ways. Locally it is helping people and their



## Check—Becoming Aware of Our Behaviour and How it is Shaped

The process of ‘Check’ (Seddon 2003, p. 111) helped us to develop a rigorous understanding of our practice. Step 4 in the model explores the flow of the work, which is made up of the intricate steps taken to implement the particular process under consideration. Having mapped this, each step is then considered in terms of whether it has value to the recipient and is thus supporting the agency to achieve its purpose, or whether it represents waste because it does not support purpose. The Check process enabled us to establish a dispassionate ‘logic picture’ for the process which considered on one hand the conditions and limits within which CLC exists, and on the other the mental models that shaped our systems and patterns of relationships in executing this area of work.

We initially started Check by looking at the most common area of customer demand. This was in our service delivery planning process. This is the process through which we plan and record how we are going to help tenants to meet their needs. It traditionally starts with the local authority’s Unified Assessment Process, which establishes goals that the service needs to meet for an individual.

The service delivery planning process is enshrined within the Domiciliary Care Regulations in Wales and defined within the ‘National Minimum Standards for Domiciliary Care Agencies in Wales’ which states:

- ‘The care needs, wishes, preferences and outcomes for each individual service user are incorporated in their service delivery plan’ (Welsh Assembly Government, n.d.-a, p. 6)

At the outset of the systems intervention our service delivery planning process was a complex form-based process. It had been designed to be accessible to the wide variety of needs of the people we support. At its centre was a 21 page core assessment and planning exercise which contained 175 questions and fields for information. This process was intended to be highly customisable through the use of 25 supporting assessment and planning tools.

We had long recognised a fundamental contradiction within this process: when people were asked about our planning processes through our customer satisfaction evaluation, over 90 % of people we support would express high levels of satisfaction. However, when our tenant participation team worked with people to explore how they would like their lives to be using approaches including dialogue and conversation, the majority of people would describe ambitious but attainable lifestyles and personal goals at significant odds from those expressed within the service delivery planning process. Clearly the system (although robust and compliant with regulation) was failing to reliably achieve the outcome intended for it.

The Table 1 below identifies the steps that Check identified in the flow of the service delivery planning process. It identifies which of these had value for the people that we support. The value steps are then expressed in terms of their outcome for the recipient. Only three of the steps were seen as adding value for the recipient.

Looking at the waste, there were many examples of:

- Re-work—where work was being re-done by somebody else
- Process checking—this is where the process stopped while a range of people inside and outside this process verified that it was procedurally correct.

Initially we believed much of this waste was caused by the requirements of commissioners or of regulation. However, as we looked in greater detail we found that the majority of the waste was cultural and was actually being caused by fairly paternalistic beliefs within the agency, which in turn were reinforced by instances of overly cautious interpretation of legislation. The discovery that this was the case was a shock, and caused a great deal of reflection in the organisation.



**Table 1** Value and Waste steps identified through the Check Process looking at Service Delivery Planning

Primary steps identified in service delivery planning process.	Value or waste?	Value steps expressed in customer terms
Review of service delivery plan	Waste	
Check unified assessment	Waste	
Contact care managers and others	Waste	
Arrange meeting	Waste	
Preparation for meeting	Value	Making my plan
Meeting takes place	Value	Getting my plan agreed
Update Info	Waste	
Store and circulate	Waste	
Update staff	Waste	
Delegation of responsibilities	Waste	
Work	Value	Living my life
Daily records	Waste	
Archive	Waste	
Admin and shredding	Waste	

The final stage of check was the development of our logic picture, a representation of thinking at different levels of the organisation as gathered through interviews and demand analysis. This was intended to answer the question of what it felt like to be part of this system. This logic picture was important to help surface some of the mental models that existed within the agency. Two key themes emerged from the logic picture which highlighted the contradictory consequences of the system for different groups within it:

- ‘Safe autonomy and ambivalent compliance’ Senior managers believed that they were creating a benign structure through which the participants could act safely and independently within a clear set of prescribed choices. Middle managers said that they were working within and maintaining this system. However, rather than feeling empowered and autonomous, staff reported that they were doing what they were told and felt guilty when they got it wrong. People’s responses suggested that the people using the service felt they were struggling for attention and that the system behaved paternalistically towards them.
- ‘Shared consensus and personal passivity’. The management team in the centre had a very stakeholder-orientated view of quality. This meant that we believed that something was good if the stakeholders (service recipients, families, commissioners, staff and managers) agreed it was. In essence, we were not sure who our real customer was. Of course, it should have been the service user. Nevertheless, middle managers spent a lot of their time negotiating, gathering opinions and information from people other than the service users. Staff reported that they were hesitant in having their own opinions without first wanting to establish that everybody was happy. This in turn resulted in caution and the gathering of huge amounts of information to support action. It was reported that service recipients often felt that their own views were not taken into due account, thus increasing passivity and frustration.

The graphic above (Fig. 2) presents the perceptions of stakeholders regarding the agency’s position at the time of check with respect to 7 key elements of system design.

Traditional Thinking		Systems Thinking
Top Down	<i>Perspective</i>	Outside In
Functional Specialism	<i>Design</i>	Demand value flow
Separated from work	<i>Decision making</i>	Integrated with work
Budget, activity, targets, outputs, standards	<i>Measures</i>	Related to purpose, variation, and capability
Extrinsic	<i>Motivation</i>	Intrinsic
Manage budgets & people	<i>Management Ethic</i>	Act on the system
Contractual	<i>Orientation to customers</i>	What matters

**Fig. 2** The thinking of people in the organisation, as adapted from the table on page 11 of Seddon 2003

This highlighted the agency's position and movement with respect to becoming less traditional and more systems oriented.

It was interesting that our perceptions about our orientation to customers, ethic and sense of motivation were most orientated towards systems perspectives, while design and organisational perspectives were much more traditional in nature. This is undoubtedly true but probably also says something about a collective desire for change that underpinned the decision to engage with systems thinking.

The foundations of our existing systems were laid down about 15 years ago when the agency was primarily unqualified and when the few professionally qualified individuals who were mostly nurses and social workers in middle and higher management roles. The agency at this time was growing very quickly and commissioners and other stakeholders were very concerned with consistency of practice. It is not therefore surprising that ideas of benign paternalism took root within our system. These systems matured iteratively, responding to each crisis by making system-wide adaptations. Alongside this there was a very intensive personal development of an increasingly stable workforce which was working with an equally stable cohort of service recipients.

Now about two-thirds of staff have vocational and professional qualifications. These people are spread throughout the agency and are working with people, many of whom they have known for a long time. The agency has very strong relationships with commissioners, is not growing rapidly and shares a mutual concern with commissioners about the sustainability of our shared work.

Reflecting on the graphic above, it is possible that our methods of working have been growing in contrast with our ability and confidence in working together. This has led to a growing and widespread frustration with our behaviour and a strong desire to behave in another way within which people have greater autonomy to relate together in a more competent and human fashion.

This surfacing of our attitudes and beliefs took place particularly in the final part of our Check process, which then supported the process of redesign discussed in the next section.

Since going through this first intervention, we have examined other areas in detail including demands from service users that could be characterised as:

- How do I get the staff I need to meet my needs?
- How can we use computers to help me to live the life I choose?
- How do the staff team I use get paid for the hours that they work?
- How do I pay for an expensive item where I need help to manage my money?

These areas have been prioritised either because they represent areas of high demand from people who use our support, or they have arisen as issues and obstacles to the effective implementation of the redesign and roll-in for the first area we studied. A similar process of Check-Plan-Do will be followed so as to study and then redesign these areas appropriately using systems principles.

### Redesign and Roll In—Building from the Value Steps and New Operating Principles

Using the knowledge gained during Check, the organisation now moved to redesign its services. Redesign starts with looking again at the organisation's purpose and the steps currently in place which create value for the recipient of the service. In the context of our service delivery planning process, our purpose is to:

- Support people to live the life they choose.

From the Check process we understood that the steps of this process that were of value to the people we serve were:

- Making my plan
- Getting my plan agreed
- Living my life

We then started to develop the operating principles that should govern this area of work. We found that, together with our purpose, these guiding principles were also deceptively important to creating cultural change. The principles that are now used within our agency are:

1. We only do what matters to the people we support.
2. We will focus our best resources on the people that we serve.
3. We will help people to control their work.
4. We will work together to get rid of waste.
5. We will not break the law, but we may challenge it.

I will return to discuss these principles in the final section on community; however these principles followed very naturally as a reaction to the paternalistic representation of the organisation offered by the logic picture discussed earlier.

The project team involved in the Service Development Plan then developed a new way of thinking about the Service Delivery Plan. They envisaged a process based on discussion and cooperation with the recipient. This was built around 3 phases of work:

1. **Building a relationship** with the person and any supporters they want to involve. This includes questions like:

- How can we communicate?
- Do we know each other enough to be honest?
- What help do you need?
- What information do you want shared (or not), and with who?

Once these things are in place, then other questions become important:

- What does the person want and need to live the life they choose? Which of these things fit within what the Local Authority will commission?

- How can we evidence these needs?
  - What support is required from other people for this to happen?
  - What are the next steps?
2. **Agreeing the support necessary** to help these things to happen for the individual.
- Can the necessary elements of support be secured for the individual?
  - If this falls outside traditional things that can be commissioned through social care processes, how else can this be organised?
  - How can flexible can we be with the commissioned service?
3. **Making the plan happen** for the person.
- Who does what in my plan?
  - How will we reflect on whether this is going in the right direction for the person?
  - How will we change the plan if necessary?
  - How will we help the person record their own life?
  - How will we share satisfaction or otherwise about the process?

This process was written up in a very simple form in a guide that could be shared with people involved in this new way of working. The project team then went off to practice this new way of working with 4 people that we support all supported by one of our seven Network teams.

The result was instantly very different from our existing process:

- The content of the plans was very different depending on the needs and interests of the person. In effect, we were producing individual, truly personalised Service Delivery Plans.
- The process of development of the plan was primarily conducted with the person; previously the greatest input would have come from the Local Authority Care Manager. In this new process, Care Managers were consulted about the change of process initially but were shown the individual's plan once it had been completed.
- The format of the plan varied; two were produced as videos, one was presented as a one-page written summary, the other was produced as a document made up mostly of pictures and symbols.
- The processes for recording the individual's life and support offered to them was also now highly individual, and used a range of methods, including short video updates.

We then met with representatives of our commissioners and regulators and presented this new way of working, using the four new Service Delivery Plans and a supporting guide as evidence of the change.

The regulators requested that we include a statement about how we had made judgements about the capacity of the person to make decisions included in the plan and how we had taken steps to evidence what was in the person's best interest where they lacked capacity to make decisions. However, aside from these changes, both the regulator and commissioner were willing to support this new way of working across the agency.

We estimated that it was going to take at least 6 months to roll-in this large piece of organisational change. We decided to create a ‘systems champion’ to lead the process. This was the peripatetic network manager who had been part of the project group from the beginning. She worked with other members of the project team in moving to this way of working through the agency, network by network. This process of roll-in continued for around six months in 2011. This work in turn initiated further pieces of change which themselves are now moving towards redesign.

### **Regulation—Accountability, Culture and Being in the Work**

The Consortium must comply with a range of legislation in performing its various roles. However, in this article I am primarily concerned with how it delivers personal care services. In doing this it is registered as a domiciliary care service with the Care and Social Services Inspectorate for Wales. The Domiciliary Care Regulations identify 2 key roles within an agency upon which legal accountability is invested (Welsh Assembly Government, n.d.-b).

- The responsible individual—This is the individual who is legally responsible for the domiciliary care services provided by the agency. In CLC this is the Chief Executive.
- The registered manager—This is the individual who is required to have day to day control of the services provided by the agency. Within CLC this is the manager who manages one of our seven service networks. Each of these individuals manages services delivered to about 35 people and with a network team of, on average, 110 staff and managers. We also have registered an eighth manager at the same level who acts peripatetically and manages some specialist services. This individual became the ‘systems champion’ for the roll in of the Service Delivery Planning work.

In approaching systems thinking we wrongly expected regulation to be a major constraint to us being able to offer a person-centred service. Having conducted a systems redesign of our process of planning and recording, the major source of waste has been cultural rather than legal. The regulatory framework with respect to this area of work has remained unchanged since 2004, however the existing practice framework has continued to grow prior to and since this time. This has occurred as a result of a series of procedural changes agreed with commissioners and regulators implemented across all services as a result of errors occurring in individual packages.

The framework of legal accountability within the regulations is actually quite helpful in terms of the process of cultural change. The Registered Manager is appointed if the Responsible Individual ‘is not, or does not intend to be, in full time day to day charge of the agency’. The scale of the agency means the Responsible Individual does not have the capacity to be in control of how the agency delivers all of its domiciliary services to individuals, thus we have Registered Network Managers.

Thus within the agency this community of managers, who are in day to day contact with people being supported, have always had legal responsibility for the work that is being carried out. However, as middle managers they have often not had the necessary autonomy to vary practice so as to meet individual needs outside the scope of company policy which has been set by senior management. In legal arrangements, this offered a solid platform for re-thinking our management and decision making processes in the light of our new operating principles.

## Management and Measures

Our existing governance structure has a senior management team primarily made up of departmental heads. The majority of these heads represented central departments with our Operations Manager representing the network managers responsible for service delivery.

This was overseen by a board of managers made up of service users, family members, staff and community members elected by the AGM and representative forums. Supporting the board are 5 subgroups each focusing on a major aspect of the agencies work, including:

- Tenants lives
- Supporting staff
- Providing quality housing
- Managing the consortium
- Health and safety

Each group is made up of a cross-section of people involved in this domain, and has authority to review the policy, business objectives, and performance information for this area of work.

The introduction of systems thinking within our organisation offered a profound challenge to our existing approach to agency management. Our existing board and sub-group system, although very collaborative and inclusive, was primarily concerned with setting policy and monitoring compliance. Our newly developing systems contain much higher levels of variation within them and were underpinned by more fundamental measures of what demands people were making and whether we were successful in meeting them. Service recipients themselves were also keen to tell their stories as evidence of their success using a wide range of media which was difficult to aggregate. This could be seen at our AGM where people were supported to tell their stories as an active part of our 'collective' annual report. The senior management team did not now involve the right people. Our Network Managers now had a lot more autonomy and were adjusting our policies to ensure they helped us to achieve our new purpose with individuals. They were also overseeing the gathering of demand and identifying the issues that were getting in the way. In addition they also carried the legal accountability through care standards legislation together with the Chief Executive. They were clearly central to our decision-making process but not part of our senior management team.

We have addressed these challenges through some collaboratively developed action research proposals. There are now 18 people who make up our management team. These people represent our heads of department and our Network Managers. They all meet for a day every 2 months.

We are now managing a shared system for gathering and analysing demand from service recipients alongside how capably we are meeting them. We have also established an open system through which everybody can highlight issues which were getting in the way of us achieving our purpose. These measures are now the foundation upon which we take action.

This is a large group of people some of whom have specialist areas of concern and expertise like service development or financial services, and some of whom have overall responsibility and accountability for the services offered to particular groups of people like the Network Managers. It was important to build a structure for these meetings that enabled the group to form and also develop mechanisms for it to set its own agenda and methods of working. We have used Open Space Technology (Owen 2009) which is a highly collaborative method of supporting large changing groups of people to self-organise

and work together. Over the last 8 months the group has formed and has now agreed a hybrid meeting style with both traditional round table sessions and bookable presentation slots.

We have also recognised that there are both important and urgent issues that need to be addressed. Thus we have also established a weekly coordination meeting to pick up issues that need to be resolved quickly. This group is open to the whole management team but is typically made up of the Chief Executive, deputy and heads of operations, business and human resources.

This wider management team has worked with the Board and people trying out these new ways of working. We have held open space meetings with large groups of stakeholders to explore what people's experiences are of the process and to deepen our understanding of the measures that will be embedded within the agency.

We have agreed a number of inquiry processes with the board to look at measures over the next 6 months. These will build on our foundation measures of demand and capability and bring together:

- The naturally occurring structured observation taking place by managers and other stakeholders engaged in people's lives and the delivery of their supports.
- Together with the emerging desire of service recipients to share their stories and experiences using a range of multi-media and social networking tools.

The discussions we have had with stakeholders so far suggest that these measures will come together most effectively where the community of these stakeholders most naturally meet. At the moment this would appear to be:

- Around groups of individuals living at the same address
- Around the 7 networks of services around which the agency is currently structured.

I will return to this theme of developing community in the final section; however I just want to return briefly to a more prosaic discussion.

### More for Less-Revisited

If the initial question this research was required to answer was 'can a more efficient approach to service delivery in our organisation also be more person-centred?', then the answer is an unambiguous yes. We have improved the way we work such that each person we support now has a person-centred Service Delivery Plan drawn up fully in conjunction with them, and recognised as such by the regulator. In addition, we have made demonstrable savings with the belief that the waste designed out of the system will reap further rewards in the future. In an earlier section I discussed the difficult financial conditions public services are facing. In the last financial year we have faced a loss of income of £273,000 (3 %). We agreed with our stakeholders at the beginning of the year that we would manage these reductions by prioritising expenditure that:

- Promoted person centred working.
- Protected quality employment.
- Met our legal responsibilities.
- Maintained our financial stability.
- Helped us become more socially and environmentally sustainable.

As this new method of working moves across the services that we provide, it is certainly helping people to be more in control of their services and it is also helping us to be more efficient. We have agreed with our front-line management team to reduce their management time on average by 30 % by October 2011. As a result our front-line managers will spend more time directly working with the people they support. Our frontline managers are very experienced staff who have a strong relationship with particular tenants or groups of tenants who live together. Their primary role is to ensure that the pattern of care and support offered to these tenants is tailored accurately to their needs and desires. They are contracted to work 37 h but in each week they have allocated a particular number of management hours to do administrative and management tasks associated with this care delivery. The remainder of their time they are delivering direct support to these tenants and working with them planning and recording their lives.

The introduction of the redesigned service delivery planning process has established approaches to planning and recording that are typically done with the tenant. We are currently removing waste processes that took these managers away from tenants. This team of managers are deciding how to remove these processes on a scheme by scheme basis.

An annual saving of £188,774 has been made because we have needed to deploy fewer hours of support staff's time, as the managers have been able to take on an additional 373 h of support per week. Across the agency our 370 support staff members deliver about 2500 h per week over their contracted hours meeting additional support needs as well as covering staff absence. Thus this change has reduced this available overtime by about 15 %. To reduce the effect of this we decided to reduce recruitment over this period.

This has been a direct result of not only the process of check (identifying capacity and waste and prioritising value work), but also the necessary increased autonomy of practitioners deciding how to adapt their work around the individual demands of the people supported. We have had no choice but to trust each other to all act differently together so that our so that we can continue to achieve our shared purpose.

### **Community—Principles, Contribution and Collaboration**

In this final section I want to return to a discussion of our new operating principles, the cultural change occurring as part of the systems work and the way we may be starting to re-visualise ourselves as a result of the process

We developed a new set of operating principles as part of our redesign process. These five principles were:

- We do only what matters to the people we support.
- We will focus our best resources on the people that we serve.
- We will help people to control their work.
- We will work together to get rid of waste.
- We will not break the law, but we may challenge it.

These principles were as subtle as our new purpose: they are easy to state but, if taken seriously, both challenge us and support us to be different together. However, at this point in our journey I suspect their efficacy will depend on how we define what we are.

If we define ourselves as an organisation in a corporate sense with 'a top and a bottom', or even 'an in and an out' then these principles over time will at best govern the development and the creation of enlightened policy. This policy will be owned by the centre and applied to the rest. However, if we are able to re-visualise ourselves as a community, then



our purpose and these principles have the potential to become something else. It is early days, but I have seen team members turn to each other and say something like; ‘challenge the law, don’t break it’ and then nod their heads and then get on with the decision in front of them. Our purpose and principles can become ‘guiding ideas’ within our community both inferring rights and seeking contribution from community members.

The next apparent question is who are the ‘we’ mentioned in the principles above? It is clearly our staff team, however within our newly developed service delivery plan it is also the people we are supporting as they are not only using our services but also determining the methods we use to create them. This process is also inviting their friends and family members to move into a relationship of co-creation with us, and this also extends to the social workers, nurses and other professionals in commissioning and partner agencies also working with the people we are serving. The system work is inviting us to recognise and work with this wider ‘We’ understanding that it is a collection of growing, developing ‘I’s.

In this vision of ‘us’, the proper place for our purpose and principles should come to define what it means to be a member of this community, rather than being imposed only from senior managers at the centre of the organisation. It is interesting in that this is in accord with work on the promotion of intrinsic motivation within systems. Dan Pink (2009) suggests that there are 3 qualities that need to be present in a system to maximise personal commitment rather than compliance:

- Autonomy—the ability for individuals to be able to act with choice.
- Mastery—the individual having a clear sense of the developing personal competence and contribution to the whole.
- Transcendent purpose—The individual’s clear sense of a purpose larger than themselves to which they make their contribution.

These themes are central to our direction of travel supported by our work with the Vanguard Method. For us at this time of public sector austerity it is not only desirable but absolutely necessary to create a ‘better kind of efficiency’, which is sparing in its use of resources, liberating in its development of people, and powerful in its creation of community.

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