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Voluntary Organisations Disability Group
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Workforce planning to achieve person-centred support

VODG: challenging barriers to personalised support

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This paper – *Workforce planning to achieve person-centred support* – provides unique insights into some of the workforce planning challenges facing social care providers. This paper produced by the Voluntary Organisations Disability Group (VODG), and VODG member Enham Trust describes how the provider has recruited and trained for social care work, helping to build workforce capacity in the organisation.

There is an important golden thread which weaves together the transformation of care and support services with workforce planning. One without the other makes the delivery of person-centred care difficult - if not impossible - to achieve. This paper describes how Enham Trust is redesigning its services by planning for a more flexible and responsive workforce.

This paper highlights the vital role of workforce planning in the implementation of personalisation and the delivery of person-centred care. The learning shared from Enham's experience of introducing a personal assistant workforce will be useful for providers and commissioners shaping a workforce that is equipped to deliver truly personalised care and support.

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Workforce planning to achieve person-centred support

‘Thanks to the transformation in how our workforce operates, Sarah[1], who has a physical disability and is a wheelchair-user, achieved her dream.

Being person-centered means that we not only support Sarah with her personal care needs but also explore “additionality” – things she wants to achieve but may never have told anyone about. As a result, Sarah went up in an adapted hot air balloon after a conversation revealed this long-held desire, choosing a particular member of staff to support her

Her trip would not have taken place without the change in how we work with and listen to the people we support. Our new approach means we support Sarah to fulfill her ambitions as well as her care needs.

Enham Trust is a disability charity providing personalised care, living, working and learning opportunities through services in 10 counties in southern and central England. We have a turnover of around £10 million, employ around 265 staff, have 90 volunteers, manage 319 properties and work with over 3,000 people a year with physical disabilities, mental health needs and learning disabilities.

Drivers for workforce change

Although personalisation was the practical response to this policy-driven change, our starting point was that we recognised all of the people we were working with had the potential to do more with their lives. The traditional culture in care and support involves “caregiving” - making sure the person’s needs are practically met - rather than going beyond that and listening to what support people need to become fulfilled and active participants in life.

We started planning the change in October 2011, began consulting staff the following month and set a tight timetable for implementing person-centred planning in our care homes (56 people) by January 2012. Our main aim was to put the people who use our services - our customers - in the driving seat. The way to achieve that was through the workforce.

The new approach required a number of practical changes as well as a big cultural shift. We were effectively asking staff to change from a rota-based system, where they met someone’s care needs and guided them through their established routines, into being deployed spontaneously as and when individuals require support. This, as we explained to our workforce, would involve transforming attitudes and behavior epitomised by seeing themselves as “facilitators and enablers” rather than “parents and teachers”.

1 Sarah is not her real name

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What we did

The first step was to undertake a comprehensive re-assessment with individuals in relation to their hourly needs for care and support. We used an adapted Barthel[2] scale (which measures daily activities). Once we knew the support time people needed for their daily living needs to be met (like medication or help with getting up in the morning), we looked at the outcomes agreed as part of their local authority funding package.

Next we aggregated the core hours required to deliver safe personal care under Care Quality Commission guidelines and worked out what hours remained available that could be used "flexibly" – for all 56 people – and built these into an Individual Service Fund (ISF).

We wanted to ensure maximum staff flexibility and discussed with them the contract options which would best support this. At one extreme there was the zero hours contract, which we believed indicated our commitment to choice by clients, who would then ask for certain people to provide their care. However during consultation we learnt to balance the needs of both staff and clients to get a result which would ensure service stability but also promote a change in the dynamics of their relationship.

While we consulted staff about contracts, we simultaneously started to embed the principles of personalisation. Employees were inspired through a series of training workshops by an organisation known for its success in personalisation. To underline our expectations about staff roles, we changed job specifications, titles and content, from that of a support worker to a personal assistant (PA).

2 The Barthel Index consists of 10 items that measure a person's daily functioning specifically the activities of daily living and mobility. See: http://www.dundee.ac.uk/medther/Stroke/Scales/barthel.htm

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We re-interviewed senior care staff as we needed everyone to understand what we were doing involved major change, not just the same way of working under a different title. During the process we lost 30 staff mainly from our day service. This was primarily because the new PA role was so different from their current 9-5 job and involved assisting with personal care support. Many felt unable to work in this more intimate and spontaneous role and so decided to leave.

We also undertook a lot of consultation through group meetings and one to ones, talking not only to clients and families but to commissioners as well. This included having some challenging training sessions from other organisations, disabled people themselves and a PA for someone with a direct payment. This helped broaden the understanding of the modern support workers' role and the evolving social care arena.

We regularly updated staff, individuals and families through newsletters and made sure everyone knew it was "open door" access to the project leadership team. Our message reflected how the approach we were embedding would ensure the organisation was fit for the future - that the change was inevitable.

Although the new system was launched very quickly - three months from conception to adoption – we knew we had to set a deadline that was not so distant as to risk people losing interest or building up resistance.

The effect on staff has been dramatic in that we effectively created an internal market for employees where staff members on 21-hour contracts were in competition with each other for PA hours. Staff quickly understood that their income was dependent on delivering great customer service, good relationship building skills with clients and showing evidence that outcomes were being achieved.

The traditional hierarchy and "power balance" of care staff has changed – staff have to feel empowered enough to make decisions and act on requests direct from clients, without recourse to managers every time.

What we learned

Change cannot happen without strong leadership. No one disagreed with the end goal of personalised care and the small leadership team of five shared our vision. We had great support and involvement from our human resources manager, who was part of the project leadership team. We had regular meetings in which we were able to challenge and support each other, sticking firmly to our end goal.

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Setting out with a clear goal whilst not knowing exactly how we would achieve this was daunting. Allowing things to unfold during the process was something unfamiliar for many staff, clients and families who found it uncomfortable as it was not a traditional approach. However, we knew that we couldn't possibly have all the answers before we started and that we had to trust each other enough to find solutions along the way.

Amongst the challenges was the fact that we unsettled our workforce, who were looking for continuity and certainty, and as a result we increased our use of agency staff. In future we would anticipate this likely extra spend in advance and set some limits on the cost of agency cover.

We also adapted our approach to families during the process as we started to get feedback about their worries, by taking a more proactive communication approach with those who were most involved. We had anticipated some resistance and in future would identify much earlier on specifically where to put our efforts in gaining their support.

Organisations embarking on a similar exercise must consider how to communicate uncertainty with confidence and how to balance this with clear outcomes, in order to reassure staff who might be worried by the process. Likewise, it is always useful to manifest the reality of the intended change in tangible action, such as rewriting job specifications, closing a building, or taking down timetables.

Ultimately, always coming back to ask "is this person living the life they choose?" proved a great touchstone for the leadership team, underlining for all stakeholders a clear rationale for what we were doing.

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The key issues for Enham Trust have been keeping focused on outcomes, the introduction of an internal market for PA staff and ensuring the theory and lessons of managing change is reflected in practice. It is worth stressing, that all of these elements of change are interdependent and continue to need reinforcement and support daily at what is still a relatively early stage in the cultural shift of our organisation.

Next steps

Next for Enham Trust is the fact that we want to get better at linking financial input to outcomes, using impact measurement to show the value of our approach. We have seen that lives have been transformed and want to be able to fully demonstrate the qualitative and quantitative benefits of the approach we have taken. One clear measure has been that our person-centred approach over the last 18 months, has encouraged seven out of our 56 people to fulfill their dream of moving out of residential care and into a home of their own.

One couple who got married and moved into their own bungalow with PA support recently told us: “It’s the combination of support and services and flexibility here which has worked so well for us. So far nobody has said ‘no’ to anything we’ve asked.” Their words prove the process has been worthwhile.’

Find out more about Enham Trust:
www.enhamtrust.org.uk

Find out more about the VODG:
www.vodg.org.uk

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The Voluntary Organisations Disability Group (VODG) is a national grouping of not-for-profit social care providers. The VODG brings together the separate skills, experiences and knowledge of individual member organisations to share learning, challenge barriers, influence social care policy and promote best practice. Our members support people of working age with a wide range of physical, sensory and cognitive impairments. Our vision is of a world where everyone with a disability has full choice and control.

Membership of the VODG is open to registered charities and not-for-profit organisations which provide services to disabled people.

If you are

- Passionate about delivering services that people with disabilities want and respect?
- Keen to have an influence and say in the wider sector?
- Open to exchanging ideas with like-minded peers?
- Looking for reliable information and early notice of forthcoming change?
- Enthusiastic about your senior team and opportunities for them to meet with their peers?
- Carrying out interesting work you would like others to learn more about?

If you can say “yes” to all the above and your organisation is not-for-profit why not join us?

Find out more about membership at www.vodg.org.uk

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