Shapes of Things to Come

An Executive Summary of *Creating Blue Space*

Fostering Innovative Practices for People with Developmental Disabilities

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INCLUSION

Creating Blue Space: Fostering Innovative Practices for People with Developmental Disabilities [(2013) Toronto: Inclusion Press] explores three core themes:

- The breakdown of the delegated approach to serving people with developmental disabilities and the search for good support forms through innovation in an evolving developmental disabilities field.
- Moving from client-hood and consumerism to citizenship by undertaking a quest for communities of diversity and mutuality.
- The design and delivery of individualized supports through the development of blue spaces that encourage generative action in self, relationships and organizations.

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In the eye of the hurricane the sky is blue and birds can fly there without suffering harm. The eye of the hurricane is in the very middle of destructive power, and that power is always near, surrounding that blue beauty and threatening to invade it…

In a world of moral hurricanes some people can and do carve out rather large ethical spaces. In a natural world and a social world swirling in cruelty and love, we can make room. We who are not pure ethical beings can push away the choking circle of brute force that is around and within us. We may not be able to push it far away, but when we have made as much room as we can, we may know a blue peace that the storm does not know.

–Philip Halle

Our Citizenship Challenge

The challenge to embrace diversity in our communities continues as we seek to support individuals with developmental disabilities in their journey to enact their rights as citizens of the world and neighborhoods. The move towards fully realized citizenship, and the rights that accompany this social status, is stuck locally and globally for those with a developmental disability label. This perspective is not exclusively held by people with disabilities, it is often expressed by family members and support providers alike. Prejudice, devaluation, and assumptions about who is to be included in our communities rain like a violent storm on the heads of those with disabling conditions. Our most benevolent act has been to create special environments for those we see as different from us. Our greatest legacy of the past forty years has been the implementation of sheltered settings in the form of group homes, segregated workshops and day activity centers. Legacy services offered the gift of deinstitutionalization for the mass of people sentenced to a life time of containment for no crime other than having a disability. Alas, this gift has resulted in nothing but a shadow existence for many people who now demand full inclusion in our communities.

As one who has continued to walk inside the system for more than thirty years in professional and leadership positions at The Arc of Rensselaer County, I struggle to make sense of my role in liberating those I support from the service world that employs me. Yet in the calm of blue space I sense new possibilities for relationship and community. In this nurturing place surrounded by the often destructive energies attached to state-sourced funding streams replete with restrictive prescriptions, our company of co-creators find space to unfold new ways of assisting people. This blue space emerges in safe, appreciative places, in dialogue and engagement with others, in generative action, and deep inside our self. I invite those who are passionate about social change and work in or on the system to read what I have learned about what moves us down the evolutionary path to citizenship for all.

Many of us with paid jobs working with individuals with developmental disabilities find ourselves swimming in sluggish bureaucracies and over-organized systems designed to micro-manage. For generations, good people have worked to overcome the social odds by assisting individuals with disabilities experience a typical life. We are baffled by the contradictions of coming so far from monolithic institutions and yet still seeing so many people struggling to enjoy the most basic elements of life: a job, a home of one's own, and an intimate relationship. At the root of this dilemma are our assumptions about disability and a person that is labeled with one. These beliefs emerge from the culture and social dynamics of the time and place. We receive powerful cultural messages about the nature of community and membership which in turn defines who is to be included. Ultimately, this leads us to make conclusions about how we should approach our support relationship with a person.

Our beliefs and expectations about the degree to which a person with developmental disabilities can and should join the commons have evolved. Many would say not far or fast enough to shift people from the margins to the mainstream. This summary explores how the forms and shapes of care and support have evolved over the last fifty years and the assumptions and practices that move away from service contained lives to lives well lived in an eco-diverse community.

The question of how to provide support, and to what purpose, has been of concern to individuals, their families and communities since at least the mid-19th century. With the benefit of hindsight we can see that this question was answered differently given the prevailing assumptions about disability and community over the last century.

Brian's Story

Brian's lived experience spans four major models of organizing and delivering care or support for a person with a disability: Institutional Care, Managed Care, Integrative Supports and Community Supports. These models reflect the various solutions others have designed to "help" persons in need of assistance.

Brian's narrative begins when his parents, upon the advice of their physician, placed him at the age of three in the now notorious Rome Developmental Center –then one of the largest institutions in the world located in rural Central New York State. Institutional Care was designed for a population defined by a medical condition with an attached prognosis of incurable. Brian's care largely consisted of custodial supervision and spending large blocks of idle time with many similarly identified people in common rooms punctuated with small bursts of classroom instruction. The intent of the designers of the institution, though not overtly stated, was to separate those they defined as dysfunctional from their families and communities in compounds often located in rural settings. The aim was to minimize the burden and disruption that caring for people with disabling conditions had on the lives of families and communities. Given his prognosis, there was little commitment to develop, reform, correct, rehabilitate, educate or cure Brian – only to safely contain him. As we know, institutions existing below the radar of the community became overcrowded, and targets of budget cuts and staffing reductions. As a result, the Institutional Care solution once regarded as an innovation, devolved into pits of despair and abuse.

Transferred from this dying system in his teens Brian found himself residing in a family care home. Now considered to be a person "to be developed" he became involved in the newly emerging Managed Care model. From this viewpoint care was reengineered into a continuum of services- a set of programmatic solutions intended to assist individuals to graduate to increasing levels of independence and community living. Much smaller than institutions, residential and day programs grouped people in settings within towns and cities. Multiple disciplines brought their expertise to

the table to direct this developmental process. Managed care administrative structures coordinated the services to ensure costs were controlled and that disciplines were not working at cross purposes. Lingering features of the institutional system survive in this second generation care model. Experts continue to call the shots with Brian acting much like a bystander in his own life. In Managed Care, as with the Institutional Care Model, responsibility for person's well being is delegated to special service providers. Funding of services is fueled by identifying and addressing functional deficits, much as the typical health care system does. Once touted as the solution to assist individuals master the skills of community living, Managed Care continues to this day to leave many individuals stalled at the initial steps of the continuum. Brian expressed his frustration about his life as a client by frequently fleeing from the group home.

George, a house manager at his group home, noticed Brian's dissatisfaction. Rather than respond to Brian's "behaviors", George made an attempt to get to the root of his concerns. Acting from a deep personal connection, George sensed Brian's yearning for a more personalized life style. Working within the blue space of our agency and with support from co-workers, George and Brian co-created a home that they have shared since then. After moving in together, George could attend to Brian's interests and dreams as opposed to administering care to a client. A person-centered approach moved Brian's capacities front and center. As a result the service system trappings were peeled away and reassembled uniquely around his chosen life-style. George's process, supported by an appreciative agency, signaled the emergence of the third evolutionary form, Integrative Supports.

After years of living together, Brian and George drifted away from the service world in small, almost imperceptable steps. Through becoming an involved church member, joining an old timey band, and just generally enjoying life, Brian subtly moved from a client to a citizen. As Brian became more actively involved in these settings, something shifted for the total community. It became more diverse, vibrant and acceptant of difference. As community opens up and provides for all its' members – it becomes a healthier and safer place. In this process, the fourth evolutionary support model is born. Community Supports may provide the means and the sensibility to generate a new narrative – one that tells the story of a resilient community that embraces all people in diverse and appreciative ways.

Achieving citizenship requires a model of support that aligns with that outcome. Our inability to see clearly when our actions contradict our rhetoric contributes to our being stuck. This could be a result of being embedded in mind, body, and spirit in a care model while claiming to be person-centered. For example, believing we are acting in person-centered ways while all our services are programmed for groups. Understanding the evolving models of care and support gives a perspective that locates the positions one assumes in thought, principle, relationship, action, and outcome when assisting a person. It also provides a framework to think carefully about each dimension of a care model, which can be an entry way into transformational change.

Evolving Systems of Care and Support

The past sixty years has seen the evolution of thought about people with disabilities, their participation in community life, and the role society plays in assisting them. The table on the next page maps the evolution. New models of care emerge as one form of practice peaks and another develops to address the peak form's dysfunctions. The new support form carries a new narrative about the capacities of people with disability, the nature of our community, and the kind of help we can offer.

How we currently focus our attention, structure our assistance, and express our commitments to individuals is revealed by examining how our services solve nine problems:

1. What is our underlying organizing principle that serves as the foundation for how services are designed and delivered?
2. What kind of helping roles do we take on with individuals? What is the nature of our care or support relationship?
3. How is assistance delivered and experienced (e.g., in programs or in the community)?
4. How is something new created? In what areas do we generate innovation?
5. How complex is our service world? Is problem solving useful or do we need to manage the tensions of competing commitments?
6. What care or support model aligns with the core beliefs of our organizational culture? Are we rules based, efficiency oriented, appreciative or collaborative?
7. Are social innovations encouraged or are organizational actions mostly an extension of government regulations and administrative memorandum?
8. How is our leadership expressed?
9. How are outcomes defined? Which outcomes are consistently pursued and achieved?

	INSTITUTIONAL CARE	MANAGED CARE	INTEGRATIVE SUPPORTS	COMMUNITY SUPPORTS
ORGANIZING PRINCIPLE	System Centered	Outcome centered through care coordination	Person-Centered	Citizen Centered
INDIVIDUAL – PROFESSIONAL RELATIONSHIP	Expert-Patient (professional direction, power-over)	Provider-Consumer (professional responding. power over)	Facilitator/Broker – Self-Directed Individual (co-designing, power-with)	Resource Autonomous Citizen (community supporting with professional ancillary, power-collective)
SERVICE-INDIVIDUAL INTERFACE	Functionally specified services & program models • Model driven • Pull	Habilitation pathways • Coordinating care & services • Service driven • Push	Individualized wrap-around supports • Person driven • Negotiated	Self or co-directed • Home & community located supports & resources • Community driven • Allocation
INNOVATION MECHANISM	Administrative & functional effectiveness & efficiencies internal to system • Make standardized products	Outcome driven, cross-functional & inter-organizational • Deliver cost-effective services in cost-efficient ways	Person-centered, inter-organizational • Co-created personalized experiences	Citizen-centered, community based • Social innovation • Support individual citizen autonomy

	INSTITUTIONAL CARE	MANAGED CARE	INTEGRATIVE SUPPORTS	COMMUNITY SUPPORTS
DOMINANT TYPE OF COMPLEXITY	Many programmatic & regulatory details to manage	Multi-discipline integration of clinical, financial & functional knowledge	Social integration among key stakeholders from different cultures, worldviews & interests	Unclear & unpredictable futures with understanding & solutions emerging from action-reflection cycles
COORDINATION MECHANISM	Bureaucratic culture • Hierarchy • Command & control • Project management	Rules-based culture • Managed care entities & care coordination	Affiliation based culture • Network facilitated dialogue & mutual adaptation (person-centered planning & future search conference.)	Collaborative culture • Seeing from the whole through a process of collective sense-making & innovation cycles
INFRASTRUCTURE	Government driven •Social legislation (laws, regulations, budget)	Corporately driven • Rules • Norms to make the market place work	Appreciative inquiry driven • Structures for learning & innovation • Person-centered, friendly organization	Collective intelligence driven • Structures for seeing in the context of the whole
PRIMARY & EMERGENT OUTCOMES FOR INDIVIDUALS	Placement • Personal care • Activity & housing • Face to face service	Appropriate service levels • Reduced cost for services in community settings • Customer satisfaction	Individualized supports leading to jobs, home & relationships	Citizenship • Life of distinction • Assumption of valued roles
LEADERSHIP ORIENTATION	Authoritarian Bureaucratic	Technician Problem Solver	Change Master	Generative Leader

Our prevailing worldview informs the principle we apply in organizing each system of assistance. For Institutional Care, the model applied a principle that directed the designers to create a system of care for a designated population. Much like the development of regional hospitals that were intended to serve patients simply based on their geographical location as opposed to uniquely supporting a person – institutions were for anyone with a diagnosed disability. When large contained service settings split into multiple programs, the Managed Care Model applied the principles of coordinating care, managing for outcomes and finding cost efficiencies. When assistance was reframed from "caring" for an identified population's deficits to "supporting" an individual's unique capacities, needs and interests the Integrative Supports Model was designed to be person-centered. The Community Supports Model applies the principles of holism, diversity, and eco-friendliness to create a form for assistance. As we begin to realize that it is our selves and the community that needs to evolve in ways to embrace and support difference and not the exclusive responsibility of the individual with a disability to do all the changing - the form of the Community Supports Model will appear in bolder relief.

How We Operate

When considering the place that we operate from as individuals, organizations, or whole systems, we typically find that we straddle many of the care and support models. This may be a result of exiting an old and dying practice while

birthing a new form of support. Or a new form could be an anomaly provoked by a renegade blazing a trail in undiscovered supports territory in a legacy service environment. New service forms may arise from our reactive response to a tragic event, a top down governmental degree, or an attractive trend in our domain. Finding the innovative edge of practice and thinking suggests an opportunity to create blue space to nourish the emergence of a new support form. A quick way to assess the form our service takes is to notice the messages we are receiving from the people we intend to help. The voices we pay attention to, in turn, shapes the roles and relationships we assume, how people will experience the community and the type of outcomes they will achieve.

Listening and Responding Practices

Noticing how we listen to people alerts us to our operating care or support model. Every person gives voice to many aspects of being human, from sickness to health, to love and greed. If we are primarily wired to hear the voice of a patient saying "cure me", it is a sure bet we are listening from a level 1 bureaucratic perspective attached to an Institutional Care Model. Our listening is constricted by well formed and stable opinions and judgments- what we hear is fitted (sometimes forced) within downloaded frames of reference. We are focused on understanding how a person fits into a diagnostic category in order to prescribe our actions. Here we operate exclusively by way of clinical manuals, system rules and our expert training. We experience the person we are assisting one dimensionally as their disability. Above all we are not surprised by what we hear for we have mastered our domain.

When we hear the voice of the consumer demanding satisfaction with their services, we have shifted our orientation to the Managed Care Model. In this mode we begin to notice novelty and work with difference. Our listening positions us to perform administrative work-arounds to achieve desired results. Our "consumers" are delighted by our nimbleness within the bureaucratic machinery. We are seasoned and wise navigators of the system.

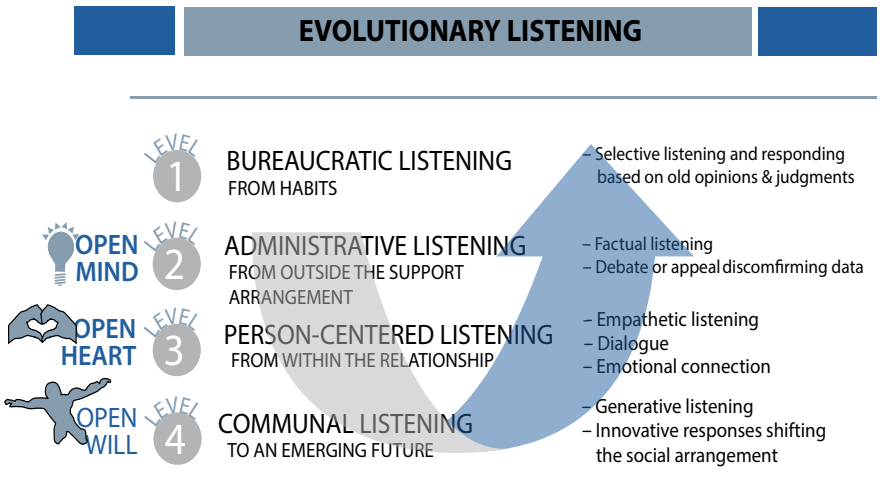
A significant disruption in our perceptual world occurs when the voice of the person emerges and calls us to deeply attend to their expressed interests, needs and desires. Now we have moved into Integrative Supports territory. Through deep and empathic listening, we have entered the lived story of a person, away from a flat diagnosis to the multi-dimensional field of a life lived. We have become partners and allies in this person's narrative.

Community Supports Model is in play when the listeners broaden to hearing the voices of inclusion and empowerment in the whole community. Through this process, both individuals and the community connect to a higher purpose, a more evolved state.

We have seen that the birth of a new support form often occurs when our listening practices have opened and

deepened. The following graphic charts the deep drive into evolutionary practices.

The process tracks the U form described by Otto Scharmer in *Theory U: Leading from the Future as It Emerges*. Theory U postulates that innovation follows a trajectory that begins with shifting our attention away from deeply ingrained thoughts, beliefs and routines to engage our world through the practices of open mind, open heart and open will. It is the archetypal path to higher purpose, creative energy and generative change. Just the journey, I believe, that is necessary to transform our world to a diverse supporting eco-system. One in which people with disabilities can truly enact their rights and relationships as world citizens.



Shifting Roles and Relationships

As our listening evolves, our roles and relationship have potential to move in tandem. Operating within the Institutional Care Model, individuals with developmental disabilities are patients to be cured, fixed and protected. This orients us to be diagnosticians and treatment experts, not in a dynamic sense but more as mechanics. We are sought for our expertise not for partnership. Given our level of knowledge and position in the system, we hold all the cards in a power-over arrangement.

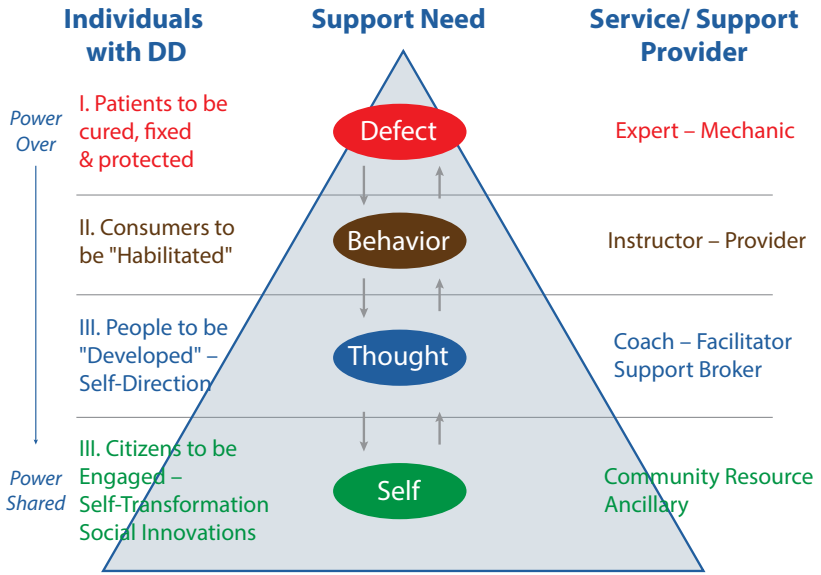
In Managed Care, consumers approach us to be "habilitated." It is our services, programs and techniques that will teach them the skills to live in the community. We are now instructors and service providers with intentions to share some power given market dynamics. This arrangement models itself after the market place where consumers have product and service choices and can walk away if dissatisfied. Unfortunately, our legacy economic system is often one-dimensional because service providers (often unintentionally) have captured the market in their region leaving consumers with little or no choice, and therefore with low power.

As we perceive that people can grow and develop towards the possibility of directing their own lives and supports, we assume coach, facilitator, and support broker roles. Finally the power is shared in partnership structured roles and relationships. The depth of the relationship is reached through an organic process of negotiation, authentic caring and love,

and the give and take of most functional relationships. Here we understand life is not a program and the pursuit of the most fitting placement, but a journey with all that life has to dish up- the highs and lows.

As the form of citizenship takes shape and new and socially innovative relationships emerge, service providers assume an ancillary place in a person's life. We now become community builders and a holistic health resource. It is truly a different world, as each role and relationship is called for when functionally necessary, as we dance between being an expert, instructor, coach or ancillary community resource.

Use this chart to locate your current relational support orientation and identify the future roles and relationships you need to develop to align with a support model.



The Experience of Community and What We Can Achieve

As we listen and respond in more empathic and connected ways, the people we support have a different experience of community. From the walls of institutions, inmates catch glimpses of the community life from a window. In Managed Care, the consumer goes on outings into the community as a program participant. Allies and partners facilitate community connections and match-make as circles of support build bridges to jobs and relationships in the Integrative Care Model. In the shape of supports to come, individuals directly experience community as active citizens. It helps us to locate where we are in the evolutionary process by identifying how people we support experience and define community.

Naturally, as we begin to open our hearts and minds to the felt experience of a person, perceive the capacities of people with disabilities, assume partnership roles and redefine community as acceptant of difference, the outcomes we seek will change as well. Typically in Institutional Care, we believe that providing safe haven, personal care, and some program distraction is the best we can achieve. With level 1 listening, a dead-end clinical prognosis, and an expert role, a person's disabilities and vulnerabilities drive our interventions. In Managed Care, our service mind-set and business model declares that we must match assessed degree of disabling conditions to levels of care. We feel accomplished if the care is efficiently coordinated: right service at the right

time. For Integrative Supports the circle discovers of what works for the person around job, home and relationships. For Community Supports we strive for valued roles, a life of distinction and citizenship through social innovation. How deeply we are invested in a care or supports model can be determined by the outcomes we seek and results we achieve.

Nothing Less Than Transformational Change

Moving beyond a system organized for care to supporting an individual in full pursuit of citizenship is nothing less than transformational. Implementing change at this level requires shifts in thinking, behaving, and a realignment of power and influence in the support relationship. Working towards this purpose is less an exercise in problem solving in a predictable and stable context and more a matter of navigating uncharted territories. We have tried our hand at redesigning policies, organizational structures and job descriptions, but the move towards citizenship remains stuck. We have engaged in strategic planning, set goals and project managed –again a no-go. Slowly it dawned on us, though the purpose and passion seemed clear, the way to get there was not. We needed to invent the new.

As we evolve towards Integrative and Community Supports, dynamic complexity increases. Lots of detail to manage continues to dog us as the process of co-designing and co-implementing of supports calls for intensely interactive relationships with individuals and families. We intuitively and practically understand that forming and reforming supports through trial and revision makes for a more complex support arrangement than a simple program placement. Along with the inherent complexity of the work come the competing commitments that we all experience especially in legacy services. On the one hand we are obligated to play by the rules of the game set by our funding streams and expectations of our community to keep a vulnerable group of people safe, and on the other hand we are committed to our vision of inclusion. As we straddle care and support models these competing commitments can bind us to status quo. This is not a job for rational management tools, moving to the outer edges of support models requires new types of relationships, conversation, and methods to innovate ourselves to a new world.

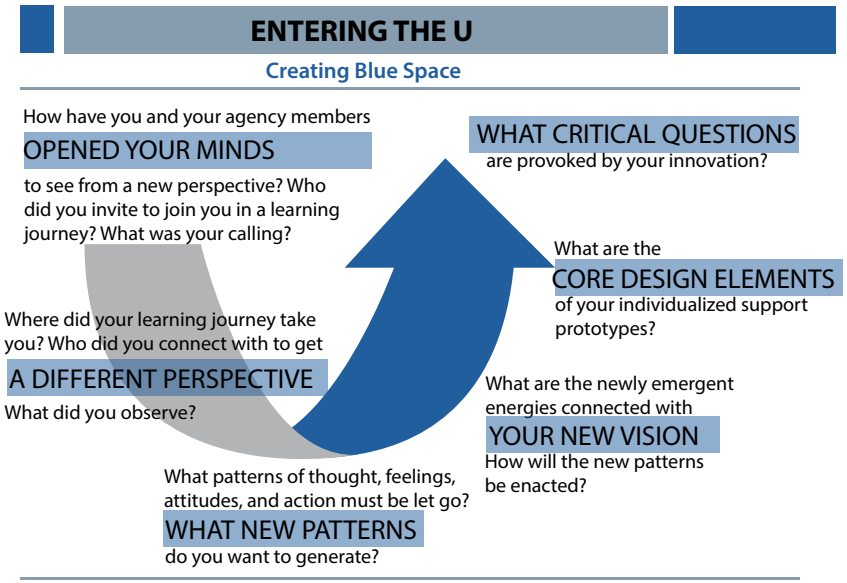
First Steps Out of Gridlock

As we experience the breakdown of the delegated approach to serving people with developmental disabilities, we must find a way to bring forth a new, more enlightened support arrangement for active citizenship. This is not about reengineering a system, incentivizing providers to change, or goal setting. The design and delivery of supports models (as opposed to traditional care models) is brought forth by the development of a blue space that encourages generative action in self, relationships and organizations. Transformational change requires considerable work at five levels: the individual, relational (including the support relationship and the team), the organization, the government system assigned to disability, and the community. Though shifts are needed at

all these levels, one can get paralyzed thinking about initiating change in all these environments at once. Therefore, it makes sense to start where you can: with yourself, your teams and your organization.

Those interested in transformational change at the local agency level can start by initiating a learning process. Invite individuals, their families, direct support professionals, community members, and government funders to join you on a deep dive into the U.

The learning process is greatly enhanced by engaging in a real-life project of individualizing a person's supports. Find a way to create the necessary blue space to try on new ways of perceiving, relating and acting around supporting an individual. Collectively develop strategies to walk your group



through the U process. The journey's purpose is to develop good form in your relations with others and the ways your organization supports people with disabilities. What you learn on the way will ultimately serve the creation of good form in our communities.

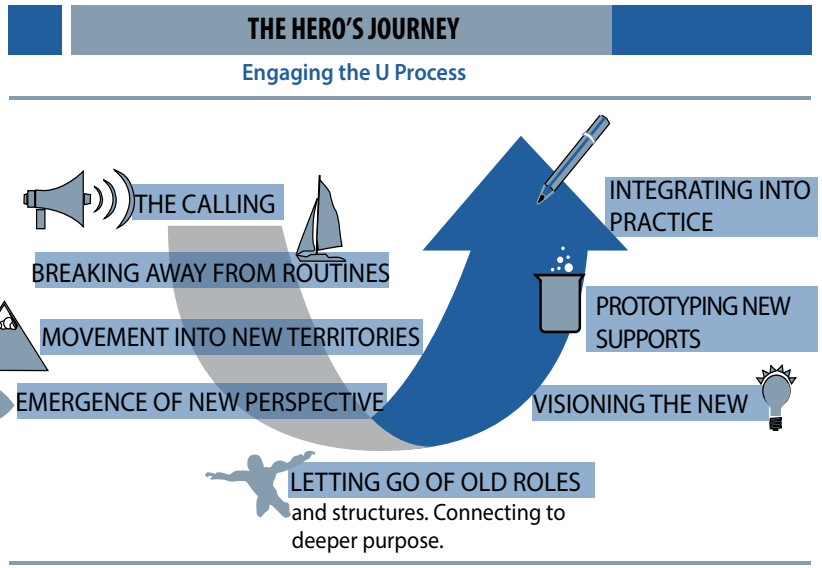
Preparing for the Journey – Self as an Instrument of Change

Making the move from a care to a support model requires much personal change. Yet we can only start where we are. Locating the dominant model from which we personally operate establishes the starting point for change. If you are reading this paper, more than likely you are experiencing some of the disconfirming features of your dominant operating mode and an emerging sense of a support model. The tensions you feel can be traced to competing commitments which are tied back to the two different care and support models you have engaged. If you are authentically attracted to the support orientations, you hear a call for social change. Choosing to respond to that call is a well-placed step out of gridlock. You have begun your hero's journey.

As our internal (and more than likely outer) world is disrupted, we find ourselves in uncharted territory. Shaking us to the core, our basic assumptions are challenged, as we are presented with foreign worldviews, new expectations and relational shifts. Joseph Campbell describes this as "the hero's journey." The pattern typical of the hero's journey includes; letting go of traditional roles, beliefs, and relation-

ships; moving into new perspectives and experiences; and emerging with new insights and practice for the benefit of the community. Otto Scharmer's U process follows in step with the archetypal hero's journey in a sequence of movements that result in innovative solutions to today's toughest problems, including assisting marginalized people assume citizenship roles.

Another way to frame the hero's journey is to view it as a leadership development process. Practicing leadership in the support models requires developing personal capacities and skill sets beyond what is typically applied in legacy settings. With great dynamic complexity, more nuanced relational interactions, and a more pressing need to manage competing commitments, we must move from a bureaucratic level of competence toward change mastery and beyond

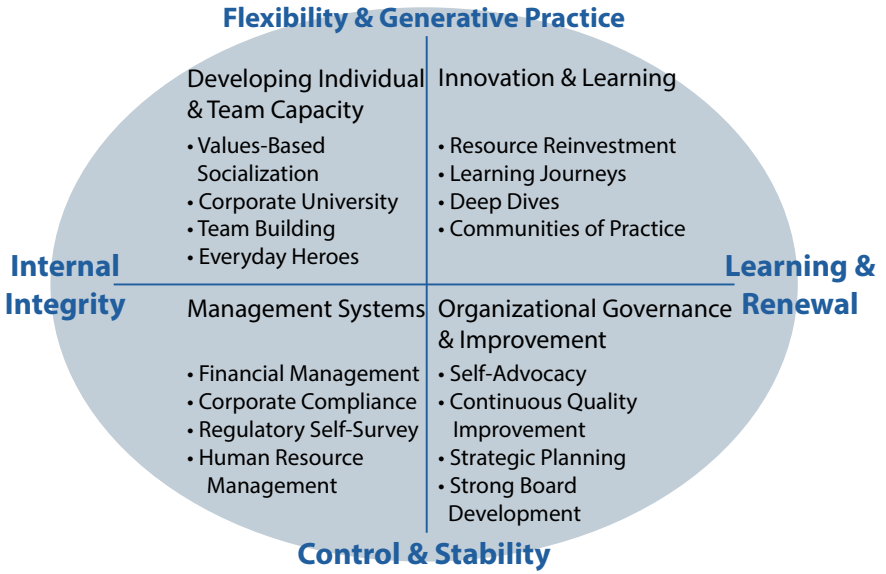


to generative leadership. Transforming our legacy services from programs to individualized supports calls for cultural change in our organizational communities, for us it is about personal development. The leadership journey tied to this evolutionary pull is new and strange. There is no blueprint, no instructional manual or curriculum to build our capacity, it takes inspired commitment and an intuitive adventure to the edge of chaos and the unknown. Most importantly, the generative leader creates and nurtures the blue space to support the creation of new forms of support.

Evolving The Appreciative Organization

An appreciative organization creates integrative and community supports. It is flexibly designed for continuous adaptation of supports, negotiated roles and innovation. As supports assume a more organic quality, the organization is friendly to the discontinuity involved in morphing support forms. Adjustment and disruption of arrangements with individuals and families is the stuff of organizational life. Continual learning by individuals, teams and the organization generates new support forms and relationships. The creation of blue space is imperative for this challenging task. Within the blue space we unflinchingly, yet appreciatively, assess our capacities and try new things. As leaders we assume a generative orientation stemming from deep listening and enlightened relationships with individuals and families. We are passionate about social change so we work on creating a learning organization.

Organizations with investments in care models have a challenge. In this situation, the learning organization must be ambidextrous. Generative leaders interested in moving their organization from a care model to a support model have the task of balancing innovation and stability. One foot steps into a new support form, the other is planted in the soil of a legacy environment. Competing commitments linked to each model must be managed well. Relentless supports innovation can create instability that causes an opposing reaction from legacy defenders. This can result in overcorrection and regression to a care model. Conversely, paying attention only to shoring up command and control structures can petrify the organization.



Socially Innovating In a Legacy Organization

We have found that it is possible to increase the level of individualization in any setting, including legacy services that offer care models. Applying the change principle, start where you are, to the process of transformation to support models produces the question that initiates the journey, "How do we begin personalizing supports? "

Depending on the level of organizational defensiveness, the process may begin with small, incremental steps, perhaps involving only one person. The appreciative leader does not criticize the starting point but seeks ways to create the blue space that allows something unique to emerge and then finds ways to build on that step to move the organization in the direction of a supports model.

Institutional Care	Managed Care	Integrative Supports	Community Supports
Menu of services in provider program settings	Customized services in provider program settings	Decoupled services & individually designed supports outside provider settings	Completely self-directed or co-designed supports in person's own home, job & civic life

The concept of individualized supports assumes different forms when operating in each of the care and support models. The table identifies the type of innovation likely to be found inside each model of care. Stretch goals aim to im-

plement practices from farther to the right in the table with willing people and families.

There are three levels of individualized supports:

Level 1: Low Working in the box of traditionally structured programs with quality improvement processes and strategies.

Level 2: Medium Re-engineering the box by taking apart some legacy programs and reconstructing the supports around the individual. Medium levels of individualization are achieved through redesigning and reinvesting a traditional resource to implement a person-centered plan.

Level 3: High Operating out of the box by avoiding the use of traditional programs and partnering with individuals and families on co-desiging and co-implementing their budget and set of supports.

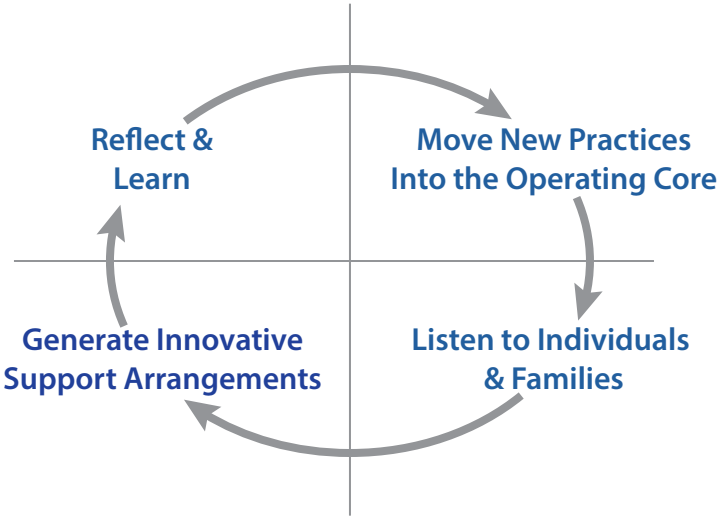
The design elements of individualized supports include the ingredients of a good life:

- Choice –options from which to choose
- Decision making –a role in making decisions
- Control over aspects of one's life space and resources
- Involvement in the settings where people spend their lives and their community

The purpose of individualizing supports is to assist a person to experience a typical life in natural community places rather than exclusively in programs. For legacy providers operating within a care model, the higher the degree of individualization desired, the greater the need for investment in innovation. Given the continued dominance of the care models, the development of individualized supports may need to be unfolded in degrees to open a pathway to change. This approach helps to: increase the readiness of key stakeholders, test the assumptions of service provision and develop expanded mind-sets and competencies to support increases in self-directed and self-determined life experiences.

The Nature of Socially Innovating

We are mistaken if we believe that we will move to Integrative and Community Supports by only making changes in internal structures, processes and practices. Without realigning our relationships and consciously revising our assumptions, we will miss the mark and people will not have the support they need to assume their rightful place as full citizens. Legacy environments can produce improvements, but innovations that produce new social arrangements, are quite different. This kind of newness is generated in the blue space, outside the assumptions, roles and boundaries that define how the individual usually meets providers, public officials, employers and others.

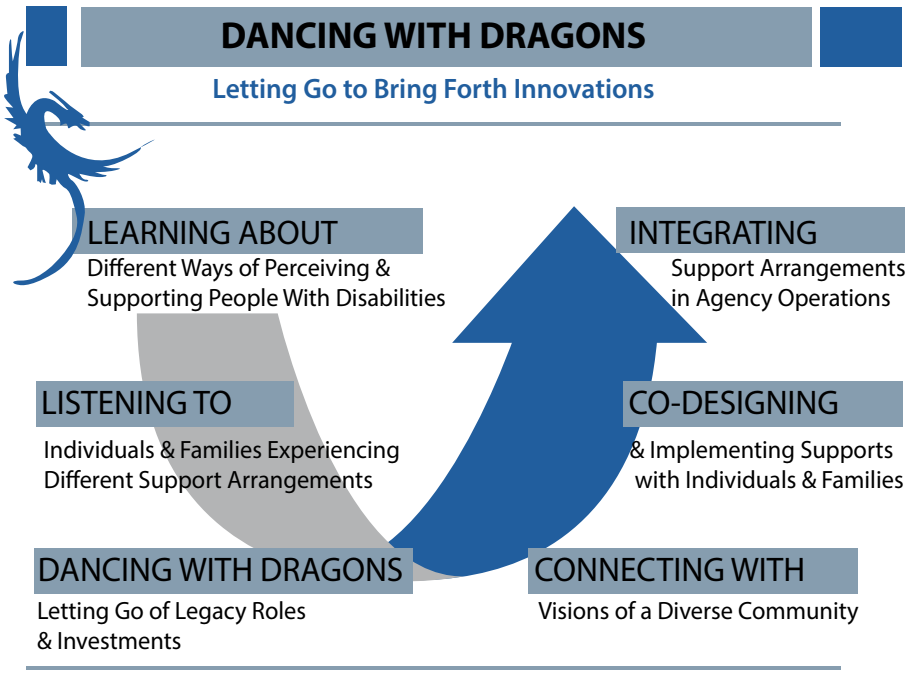


We Dance with Dragons in the Blue Space

Safe organizational containers support the dialogue and thoughtful action for the deep dives into personal and collective confrontation with what limits us most: our own fears about change. As we create new support practices, the proverbial beast is provoked. We are knocked off our center as we move into unknown territory, at times without the anchor of our legacy services. The creative act involves letting go and opening our will to our highest purpose and future self. This requires that we find the quiet center of blue space so we can, as Rebecca Chan Allen says, dance with our dragons.*

* Rebecca Chan Allen. (2001). *Guiding Change Journeys: A Synergistic Approach to Organizational Transformation.* San Francisco: Jossey-Bass

Dancing with dragons recognizes the necessary interplay of chaos and order in transformational change. To release our energies as generators of innovation, we must dance with our dragons, not be consumed by them. In the Eastern tradition, dragons characterize the energies that exist within and outside our self: potentially destructive on the one hand and offering opportunities on the other. Psychically, dancing with dragons taps into energies present within us. With this strategy we avoid creating our own personal hell of self-deprecation in which we deny aspects of ourselves and our situation that don't seem to fit our self image. As we venture into a new supports model, we may lose a role we



are comfortable with or even our livelihood because a legacy service is being closed. Dancing with dragons allows us to surface our fears and acknowledge them from a witnessing perspective. When we expand blue space, we tap into the spirit present beyond our ego.

From Fossil Fuels to Renewable Energy

We recognize that transformative change is necessary to secure citizenship for people with disabilities, yet our competing commitments paralyze us. How do we bring forth the new and innovative without disrupting services for a largely vulnerable population, some who are satisfied with the delegated arrangement?

At times as a legacy agency CEO, I can relate to the manager of the largest coal burning power plant that provides energy to east coast urban centers. Even though he is aware of the negative impact of burning fossil fuel, the manager believes that shutting down the coal-burning plant without an alternative energy delivery system in place would create disaster.

Our question is: **how can service providers, individuals and families co-create the right mix of learning, risk and security until a tipping point is reached and Integrative and Community Supports become the new normative practice?** The answer lies in part with an ambidextrous capacity to balance stability with innovative action. We can become instruments of this kind of change through deeply connecting with the inner source of our intentions and aspirations. Lastly, we need our communities to evolve into eco-systems that promote integrative and community support models. We must push back the threatening storm and expand the blue space at the individual, organizational, and societal levels to hold and protect our newly generated social forms as the master gardener would nurture a growing plant.

Read More

Hanns Meissner (2013) *Creating Blue Space – Fostering Innovative Support Practices for People with Developmental Disabilities*, Toronto: Inclusion Press.

Meissner, H. (2011) How the Shift to Individualize Supports Gets Stuck and the First Step Out Of Gridlock. *Journal of Intellectual and Developmental Disabilities 49*, 5: 383-387.

John O'Brien & Beth Mount (2015) *Pathfinders – People with Developmental Disabilities and Their Allies Building Communities that Work for Everyone*. Toronto: Inclusion Press.

Otto Scharmer (2009) *Theory U: Leading from the Future as it Emerges*. San Francisco: Berrett-Koehler Publishers.

Hanns is the Chief Executive Officer of The Arc of Rensselaer County in Troy, New York, where he has worked to promote the inclusion of persons with disabilities in all aspects of community life since 1979. His interest is in promoting social innovation as a way to bring forth vibrant, diverse communities at the local, state, national, and international levels. Over the years he has assumed leadership roles with such groups the National Rehabilitation Association, New York State Rehabilitation Association, a local Community Services Board, the NYS Capital Region Council for Young Children with Special Needs, and Partners of the Americas.

He has a Ph.D. in Organization Development and has applied much of what he learned in his studies at his agency. As an independent consultant he has also used his expertise in management, organization development, and person centered approaches to assist profit and non-profit organizations and government agencies on a state, national and international level in the area of strategic planning, team building, conflict resolution, and leadership and management training. He was an Academic Director with Antioch Graduate School in the Department of Organization and Management, where he advised students and instructed on a variety of management related subjects for over 17 years. He has taught at Sage Graduate School in the Doctoral Nursing Leadership Program. He routinely presents at State and National conferences on management and disability related issues. He recently partnered with Beth Mount and John O'Brien in the designing and facilitating of a multi-phase learning institute on innovations in individualized supports in multiple states.

Dr. Meissner has recently published an article in the J*ournal of Intellectual Disabilities* and a book called *Creating Blue Space – Fostering Innovative Support Practices for People with Developmental Disabilities*. His doctoral dissertation focused on *Factors that Promote Inter-organizational Collaboration Between Private Non-Profit International Voluntary Organizations*.

He is married for over thirty years to Linda Munro and has two grown daughters. He loves to hike and listen to music.

SHAPES OF THINGS TO COME explores three themes:

- The breakdown of the delegated approach to serving people with developmental disabilities and the search for good support forms through innovation in an evolving developmental disabilities field.
- Moving from clienthood and consumerism to citizenship by undertaking a quest for communities of diversity and mutuality.
- The design and delivery of individualized supports through the development of blue spaces that encourage generative action in self, relationships and organizations.

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