

The Role of Third Sector Innovation: Personalisation of health and social care and services to reduce re-offending

Recommendations

Cabinet Office Advisor on Third Sector Innovation,
Rt. Hon. Anne McGuire MP.

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Cabinet Office Advisor on Third Sector Innovation's Foreword



The cross-Government drive to personalise public services will require innovative services that respond to service users' needs and which engage them in decision-making. I have seen many examples of innovative personalised services already being delivered by third sector organisations. To many third sector organisations, personalisation is just common sense. It is important that Government, at all levels, enables the sector to contribute to the reform of public services. Only by working together will we ensure that individuals and communities receive world class services.

In this report, I explain why I believe the third sector and Government can work together to realise the potential of the third sector to deliver personalised services within health and social care and services to reduce re-offending.

The third sector is generally supportive of the move towards more personalised services. This is most evident within disabled people's organisations that have successfully campaigned for greater choice and control for disabled people. However, it is the move from theory to reality that concerns these organisations. In this report, I address some of the concerns that were raised by the sector and propose possible solutions going forward. I also seek to drive forward personalisation to other client groups who receive health and social care services and to address group personalisation where individual budgets are not available or appropriate.

For services to reduce re-offending, I acknowledge that talking about personalisation is more complicated. This is particularly the case when considering choice and control for individuals in prison and under probation supervision. These people have offended and may not necessarily want to cooperate with their sentences and interventions to support rehabilitation, but they are required to do so by courts and

society. The third sector therefore potentially has a crucial role to play as offenders may be more likely to trust and engage with them, particularly if ex-offenders play a role in shaping and delivering these services.

In this report, I make recommendations about how some of the rehabilitative services that offenders already receive can be personalised in order to ensure they are targeted, effective and efficient. My focus is on the link between personalisation and reducing re-offending, which will therefore lessen the likelihood of future victims.

While I hoped for input from organisations working across the spectrum in the criminal justice system, the third sector organisations which contributed to my work mainly worked with offenders. Therefore, the recommendations do not reference victims or the third sector organisations that support them. I recommended that this gap is considered in the Government response to the report. This should build on the work of the Victims Champion, Ms Sara Payne.

I would like to thank the Prime Minister and Cabinet Office Ministers for asking me to undertake this work. I believe this is a pivotal time for the reform of public services. I also wish to acknowledge the Department of Health and the Ministry of Justice for their contributions throughout this work. I could not have undertaken this work without the excellent support of officials in the Office of the Third Sector and I wish also to thank them.

Finally, I would like to thank the third sector organisations that contributed to this report, either through engagement in the priority setting seminars, through submitting information to the Call for Evidence or by participating in the project visits. Their contributions were fundamental to this work.

A handwritten signature in black ink that reads "Anne McGuire". The signature is written in a cursive, flowing style.

Anne McGuire MP

Cabinet Office Advisor on Third Sector Innovation

Recommendations

Introduction

Who is the Cabinet Office's Advisor on Third Sector Innovation and what is her remit?

The Cabinet Office Advisor on Third Sector¹ Innovation (the 'Advisor'), the Rt. Hon. Anne McGuire MP, was appointed in November 2008 to advise the Prime Minister and Cabinet Office Ministers on the third sector's potential contribution to the personalisation of public services.

The Advisor is making a series of recommendations to Cabinet Office Ministers and colleagues across Government. These recommendations focus on translating the potential of the third sector to personalise services into a reality, to help improve health and social care outcomes and reduce re-offending. The main government stakeholders are the Ministry of Justice and the Department of Health. However, the recommendations are relevant to any department working with offenders or health and social care service users.

The recommendations of the Advisor, including those contained in this report, do not constitute Government policy, but will inform future policy and departmental priorities. A Government response to all of the Advisor's work is planned for publication in March 2010, following the completion of her comparable study of personalisation in education and learning.

What has this project involved?

As part of the Advisor's programme of work, she has conducted a study into third sector involvement in the personalisation of health and social care services and services to reduce re-offending.

¹ The Government defines the third sector as non-governmental organisations that are value-driven and which principally reinvest their surplus to further social, environmental or cultural objectives.

In order to focus in depth on key priorities, the Advisor hosted two seminars in June 2009 with third sector and departmental stakeholders. One seminar focused on health and social care (see Annex A for attendance list) and one on reducing re-offending (see Annex B for attendance list). Both seminars raised similar opportunities and challenges for the sector. Following discussions with the Minister for the Third Sector, Angela Smith, the Advisor agreed four questions and published a Call for Evidence in July 2009 on this basis. The questions for consideration were:

How can the third sector:

...offer real choice to citizens?

...deliver personalised early interventions?

...overcome organisational barriers to personalisation?

...improve outcomes through service user participation?

In addition to information received in response to the Call for Evidence (see Annex C for list of submissions), the Advisor and her team undertook a series of ‘best practice’ visits (see Annex D for list of ‘best practice’ visits). The combination of this information has informed a series of recommendations presented in this report.

What does the Advisor mean by ‘personalisation’?

Personalisation is about providing a service in response to an individual’s needs, rather than a ‘one size fits all’ approach. It means involving people in making decisions about the services they receive to achieve the best outcomes for them.

“What world leading public services have in common is that they make sure users do not have to negotiate various hurdles to get the public services they need. Rather they fit within their lifestyles”

Power in People’s Hands: Learning from the World’s Best Public Services, 2009

The mechanisms necessary for the personalisation of services are dependent upon the circumstances of the individual and the outcomes to be achieved. These can be three-fold and include:

- The **joining up** of existing services to provide integrated packages of care around the needs of the individual;

- The **tailoring** and adjusting of services to meet the level of need of the individual; and
- Giving the service users a genuine level of **control**, for example, through new funding mechanisms such as personal budgets.

This project takes a holistic understanding of the ‘service users’ for whom services should be personalised, including families, carers, victims of crime and wider communities.

What are the Advisor’s Recommendations?

Fundamentally linked to this understanding of personalisation, the recommendations are divided into three sections.

- **Stage 1: Working Towards Real Choice:** providing support to people who often have particular complex needs to enable them to working towards a point where real choice and empowerment is possible;
- **Stage 2: Exercising Real Choice:** making choice genuine, where the available options reflect individuals’ needs and ensures that they are able to access and continue to make their own choices; and
- **Section 3: How can the Third Sector and Government Discuss Personalisation:** the need for a two-way dialogue about personalisation and its opportunities and challenges for the sector.

Stage 1 of Personalisation: Working Towards Real Choice

The Advisor has found that third sector organisations have a contribution to make to the journey **towards** personalisation at an **earlier point** than is currently acknowledged. In particular, those third sector organisations that specialise in working with people with multiple and complex needs are often working with those who have had only limited opportunities to identify the options available to them. This includes, for example, the groups prioritised by the Government’s Public Service Agreement aimed at reducing social exclusion amongst the most vulnerable adults², which focuses on care leavers; offenders under probation supervision; adults in contact with secondary mental health services; and adults with moderate to severe

² PSA 16.

learning disabilities. Often, owing to generational social exclusion, many lack the frame of reference or occasion to develop and make informed choices about how services could be tailored to effectively address their needs. As such, personalisation, and the improved outcomes it can bring, is not achievable.

"It is likely that the young people who we work with would need a significant amount of support to enable them to make these types of decisions – firstly to identify what their needs are and secondly to identify which services will meet their needs."

Catch 22 Response to the Call for Evidence

Despite these challenges, many third sector organisations are supporting some of society's most excluded individuals towards a point where they are equipped to make real and informed choices and assume responsibility for their own engagement with public services. For example, through the Government's £6 million programme for Adults Facing Chronic Exclusion (ACE), 12 third sector-led pilots are developing new types of services and promoting service improvements for people with chaotic lives and multiple needs. Essentially, these organisations are working with people **'pre-choice'** and helping them to work towards a point where real choice and empowerment is possible.

Stage 2 of Personalisation: Exercising Real Choice

Offering choice is one way of ensuring personalisation. However, choice is not exclusively about placing budgetary control in the hands of the service user. It can also involve choosing between services without that financial control.

Even when people have an understanding of their needs and what kinds of services can meet them, choice must be genuine if it is to deliver personalisation. For example, choice between multiple services that are not **tailored** to an individual's needs does not provide personalisation. Choice means that service users must have a strong voice in designing the service options available to them. Furthermore, ability to **access or maintain engagement** with a chosen service is vital. As such, the provision of effective information, advice and brokerage is fundamental.

The Advisor has found that the third sector has a crucial role to play in ensuring that choice is real by offering the following:

- **Multiple Services:** A diversity of service options, including choices for people who require specialist support. There is a particular role for **smaller and community-led services** in ensuring a diverse market.
- **Tailored Services:** The options available must be tailored to service user needs. There is a particular role for **user-led services** in delivering tailored services.
- **Accessible Services:** Information, advice and brokerage is crucial to ensuring choices can be accessed and engagement can be maintained.

Overarching Challenge: How can the Third Sector and Government Discuss Personalisation

There needs to be a two way dialogue between Government and the sector to ensure that both sectors have a common understanding of personalisation. This is especially important when discussing personalisation within different service contexts.

1. Working Towards Real Choice

Working Towards Personalisation for People with Multiple and Complex Needs

1. Recommendation: The Government and the third sector should evidence the value of approaches that enable people with multiple and complex needs to work towards real choice.

In *Building Britain's Future*³, the Prime Minister laid out the next stage in the Government's drive towards world class public services – a system based on entitlements, where citizens clearly understand what they can expect from public services and what they must contribute to society in return. During her work, the Advisor and her team received evidence from and visited a number of third sector projects that are working with some of society's most socially excluded individuals, many of whom have histories of mental illness, substance misuse, homelessness, poor family relationships and offending. During this process, the Advisor considered what an entitlements based system could mean for people with such long histories of complex needs. In particular, she asked what role the third sector could play in supporting people to a point where they can benefit fully from the entitlement to public services.

“Across the public services, the next stage of reform will be characterised by moving from a system based primarily on targets and central direction to one where individuals have enforceable entitlements over the service they receive. It is our belief that world class public services should be a guarantee, not a gamble.”

Building Britain's Future, HM Government, 2009

³ HM Government (June 2009) *Building Britain's Future*.
http://www.hmg.gov.uk/media/27749/full_document.pdf

The Advisor has not been surprised by the important role that many third sector organisations already play in building the confidence, motivation and practical knowledge of society's most excluded individuals and communities. These organisations are supporting people for whom exercising real choice between services and responsibility for their outcomes has simply not previously been possible. Through their engagement with a range of third sector organisations, this is changing and a shared responsibility between the individual and the services with which they engage becomes a realistic option.

The Government recognises that positive changes in behaviour and improved outcomes are more likely when information and support is tailored to an individual's needs⁴ and it is this principle of personalisation that many third sector organisations apply. This is particularly important in a criminal justice context where the very concept of personalisation has generated much debate during this project. In particular, questions about taking responsibility for making choices as part of the **rehabilitation** process can seem to conflict with the role of the criminal justice system to administer **punishment**.

The issue of user choice and control is further complicated by the fact that offenders may not necessarily want to cooperate but are required to do so by the courts and society. Many third sector organisations have acknowledged this sensitivity. However, they have also highlighted the important role the third sector can play in personalising the rehabilitative process and developing an offender's sense of responsibility for their own outcomes. For example, the Social Exclusion Task Force has identified the third sector as key partners with which statutory lead professionals should work to ensure that the needs of vulnerable people with complex needs are fully understood and met.

During the Advisor's work, she has identified two types of services that have significant potential:

⁴ HM Government (Dec. 2009) *Putting the Frontline First: Smarter Government*.

- Type 1: Services that offer **multiple experiences** to service users in order to create a **frame of reference** and strengthen the service user's own understanding of his or her own abilities, interests and needs;

Case Study: David, service user of Cementaprise

David has dyslexia and has a history of mental health problems, which resulted in difficulties communicating with people; periods of heavy medication; and institutionalisation. David felt that, throughout his life, he was consistently told by statutory services that he was not ready to work and never would be.

David has been working with Cementaprise for less than one year. Cementaprise is a social enterprise training and recruitment agency that supports people with a history of mental illness and offending to enter the construction industry.

Cementaprise provided David with a series of 'bite-size' learning experiences in different trades and enabled him to build the confidence and skills to look for work. David is now undertaking an NVQ level 2 in plastering and is actively seeking stable employment as a plasterer.

"I think the hardest thing to realise is that I have got the ability because I had no confidence."

- Type 2: **Information, advice and advocacy** services that support service users to make **informed choices** and **access** the services that they select.

"When I had my first assessment with my key worker I just opened up like she were a counsellor...because I wanted to get the help. I didn't realise there were just so much help available from this place. If I would have had this appointment, like you said, at different locations I probably would never have kept them."

Service User, Together Women Project, 2009

The Government is already supporting the development of a range of information, advice and advocacy services. For example, as part of the strategy to divert women away from crime, the Ministry of Justice has invested £11 million in third sector organisations to provide extra and enhanced community support to women offenders

who are not a danger to the public and women at risk of offending, including a number of women's community projects. More generally however, the Advisor was told that a number of information, advice and advocacy services, working with a range of socially excluded groups, feel that the value of their personalised approach is not fully recognised and, as such, investment is not appropriately prioritised and therefore difficult to access.

In the drive towards the personalisation of public services, the third sector has a clear role to play in equipping socially excluded groups with the skills and opportunities to engage. As such, investing in the types of services that can take people on this journey is vital. A number of third sector approaches appear to hold significant potential. However, the evidence base for the particular contribution of their personalised approach is patchy. As such, **the Advisor recommends further exploration of the potential of this approach and the development of an evidence base to underpin it. This should include consideration of how it can support more targeted and tailored interventions, thereby improving the efficiency and effectiveness of services.**

2. Exercising Real Choice

2.1 Enabling the Third Sector to Support 'Co-Production'

2.1 (a) Recommendation: The Government should create more opportunities for third sector organisations to enable service users to shape the public services they receive by (i) identifying needs; (ii) participating in the purchasing process; and (iii) evaluating the effectiveness of existing provision.

"...instead of an approach that implies that service providers alone have the responsibility for services, the challenge of engaging citizens is to achieve the opposite: to build shared responsibility for services and improve them by harnessing the efforts of both professionals and those they serve."

Tessa Jowell, Minister for the Cabinet Office⁵

Citizen involvement in service design is a fundamental element of personalisation. It is essential to ensure that services are both joined up and tailored to the needs of service users. Furthermore, involvement in service design is one way of transferring an element of control to the service user for the services they receive. Service users need to be engaged throughout the service design process.

Case Study: Partnerships for Older People Projects (POPP) – Rochdale Borough

A Department of Health funded project enabled 29 Local Authorities to pilot projects to create a shift in resources and culture away from institutional and hospital-based

⁵ 'The Mutual Moment: How progressives can capture the ownership agenda' Speech to Progress, December 2009. http://www.cabinetoffice.gov.uk/about_the_cabinet_office/speeches/tjowell/091215-mutuals.aspx

crisis care for older people towards earlier, targeted interventions within their own homes and communities. The involvement of older people themselves in the design, delivery and evaluation of POPP projects was an underpinning principle of the programme.

In Rochdale Borough, the pilot was a joint project between Rochdale Borough Council, Greater Manchester Integrated Transport Authority (GMPTE) and the local CVS. The pilot included the establishment of older people's commissioning groups. Outreach workers identified the need for services for older people in the area. These were aggregated together and presented to the commissioning group to make decisions about which services to support. The commissioning process was developed in such a way as to ensure the older people were able to be fully involved. These groups had responsibility for a development budget for commissioning local activities and promoting older people led/supported initiatives.

Direct involvement of older people in the design and implementation of POPP projects was an underlying principle of the programme. Evaluation of the 29 sites indicates 77 per cent of projects involved older people in the design of the project and 93 per cent involved older people in the governance of the project. The findings also estimate '...that for every extra £1 spent on the POPP services, there has been approximately a £1.20 additional benefit in saving on emergency beds.'⁶

Commissioners are increasingly engaging with third sector organisations to facilitate representative service user involvement in service design. However, the Advisor found that there is a widely held view amongst third sector organisations that some commissioners still continue to view service user involvement as optional. While initiatives such as the Office for the Third Sector's National Programme for Third Sector Commissioning⁷ are improving commissioner understanding of the importance of third sector involvement at all stages of the commissioning cycle,

⁶ Personal Social Services Research Unit (2010) *The National Evaluation of Partnerships for Older People Projects*.
<http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm>

⁷ The National Programme for Third Sector Commissioners is a four year programme, which aims to improve commissioners' understanding of the potential of the third sector in designing, delivering and improving public services.

levels of awareness and the quality of commissioner/third sector relationships remain patchy.

A recent review by the Government's former independent volunteering champion, Baroness Neuberger, of volunteering in health and social care,⁸ found a clear need for the prioritisation of the third sector's empowerment, enabling service users to have a voice in public services. Building on this conclusion, the Advisor has identified the particular value of user-led organisations in providing a vehicle for service users to contribute to service design. The Department of Health has recognised the value of user-led provision and will have invested £1.446 million between 2008-2010 in developing the capacity of user-led organisations to realise their potential contribution to more personalised service design and delivery.

The Department of Health's User-Led Organisation Programme

In *Improving the Life Chances of Disabled People* (2005), the Government stated that each locality⁹ should have a user-led organisation modeled on existing Centre's for Independent Living. To support the delivery of this commitment, the Department of Health established the User-Led Organisation Programme and has since funded 25 action and learning sites. These sites share knowledge and learning widely to ensure every locality has the chance to develop and have access to a user-led organisation.

Living Options Devon – A User Led Organisation (ULO) project

Living Options Devon, is the Lead Agency for 'Fusion', a consortium of local ULOs which supports disabled people and carers to have a voice in their local services. For example, they were commissioned to 'co-produce' the local authority's Engagement Strategy. They have been involved from the start, conducting the initial research on local engagement and ensuring the user's voice was heard as part of the decision making process. They also provide services to fill gaps in existing provision. Living Options Devon works in partnership with other third sector organisations and local statutory organisations.

⁸ Baroness Neuberger (2008) *Volunteering in the Public Services: Health and Social Care* http://www.cabinetoffice.gov.uk/media/cabinetoffice/third_sector/assets/neuberger.pdf

⁹ Defined as that area covered by a Council with social services responsibilities.

2.1 (b) Recommendation: The future spending and strategic priorities of the Cabinet Office, Department of Health and Ministry of Justice's capacity building programmes should explicitly consider how to ensure that user-led organisations can more easily access the support they need in order to drive forward personalisation. Consideration should be given to what support could be provided locally and regionally via Primary Care Trusts, Strategic Health Authorities, Directors of Offender Management and third sector umbrella organisations.

In the last ten years, the Government has made a considerable investment in building the capacity of the third sector more widely, including investment in its contribution to the design and development of public services. For example, by 2011, the Government will have invested over £230 million¹⁰ in ChangeUp¹¹ programmes, now delivered by Capacitybuilders. This has resulted in a range of advantages, which include enabling third sector organisations to increase their focus on activities which benefit the public, increasing the quality of services and improving access to facilities.

The National Survey of Third Sector Organisations carried out in 2008 did not distinguish user-led organisations. However, it shows that organisations whose beneficiaries have particular physical or mental health needs are much more likely than average to access capacity building support from local third sector providers. Their satisfaction with support from third sector providers is much higher than for support generally available to them¹². Despite this investment and these improvements, some user-led organisations do not feel that the Government's existing capacity building programmes are sufficiently tailored and responsive to their

¹⁰ These figure only relates to ChangeUp and Capacitybuilders. It does not consider expenditure through other capacity building initiatives.

¹¹ These investments aim to improve the overall system of support available to all frontline organisations. For example, it helps local support providers coordinate with each other and with statutory partners, and improves the quality of support they provide in key areas such as governance and income generation.

¹² For example, 41% of organisations whose key beneficiaries have mental health needs reported that they currently get support from local third sector providers (the average across the whole survey is 18%). See www.nstso.com.

needs. As such, this part of the third sector may not be not adequately supported to contribute to the design of personalised services.

The main areas of concern expressed by user-led organisations are:

- If management committees/trustees are to reflect the organisation's users, the organisation may need to invest in skills development and training for potential committee members and trustees;
- As typically smaller organisations, ULOs often lack the capacity and resources to engage on an equal footing with the complex network of local commissioning bodies, such as Local Strategic Partnerships, Local Involvement Networks and Children's Trusts; and
- The practicalities of enabling people with specialist needs to be involved can result in additional costs (e.g. transport costs), and practicalities (such as additional time required to involve users in developing tenders), which are not always recognised by commissioners.

While the Department of Health is considering the needs of user-led organisations in its national level capacity building and investment programmes, this commitment is not consistently mirrored locally and regionally¹³. However, neither the Cabinet Office nor the Ministry of Justice have undertaken any specific consideration of the capacity building needs of user-led organisations within the context of its programmes.

2.1 (c) Recommendation: Consideration should be given to the transferability of the Department of Health's User Led Organisations (ULO) project to other public service areas, including other areas of health and social care and services to reduce re-offending.

The current Department of Health User-Led Organisations Programme is focused on organisations run and controlled by disabled people and other users of social care (such as family carers). However, there is significant potential to explore the

¹³ Through the User Led Organisation Programme, the Department of Health has funded some regional capacity building.

transferability of this model of service user involvement to other areas of health and social care and the services to reduce re-offending.

The Advisor acknowledges that models of involvement and levels of service user control need to take into account the context in which the criminal justice system operates. However, there is scope to build on existing good practice to improve the way that offenders, ex-offenders, their families and victims of crime inform interventions and the Offender Management model¹⁴. For example, *User Voice* is piloting Prison Councils in three prisons¹⁵ and providing a forum for discussion with prisoners on a wide range of issues. The Councils offer a inclusive structure to evaluate and improve rehabilitative services and improve the personal and communication skills of prisoners¹⁶.

The Ministry of Justice has developed the Offender Management Feedback Questionnaire to obtain information about offenders' experiences and perceptions of their treatment, and relationships with Offender Managers during their time on probation; and work is in progress in National Offender Management Service (NOMS) to set up a programme of research to explore the quality of offender engagement in probation practice. Furthermore, the third sector is actively engaged with NOMS' service design through its Specification, Benchmarking and Costing Programme, which has informed plans for prison visitor centers.

"[Prison Councils] will offer a channel for the hidden people at society's extremities to articulate how they can help, and be helped, to change."¹⁷

Mark Johnson (Guardian Article October 2009)

¹⁴ The NOMS Offender Management Model describes an evidence-based, one offender: one manager structure, which impacts on offenders and on re-offending because of the personal relationships which are developed by providing an end to end process of supervision.

¹⁵ HMP Isle of Wight: Albany, Camp Hill and Parkhurst

¹⁶ An evaluation of the model is currently being undertaken, with the results to be published in Spring 2010.

¹⁷ Guardian (2009) *Prisoners are ready for a taste of democracy*.

<http://www.guardian.co.uk/society/2009/sep/16/prisoners-involvement-rehabilitation>

Case Study: UNLOCK

UNLOCK (the National Association of Ex-Offenders) was founded in 1999 by a group of reformed offenders, each of whom, in their own way, successfully rebuilt their lives after serving prison sentences. UNLOCK has over 4,000 members and offers a range of services, including acting as a channel for the voices of reformed offenders to influence policies, practices and attitudes.

2.1 (d) Recommendation: The Department of Health should provide a clear and ambitious programme of actions to further third sector involvement in Joint Strategic Needs Assessments. The third sector should actively engage in this process and specifically consider how local representation on generic issues is dealt with.

Although the involvement of user-led organisations is more advanced in health and social care than other service areas, there is still scope to strengthen this relationship and thereby improve service user participation in service design. One potential area for consideration is the involvement of user-led organisations in Joint Strategic Needs Assessments (JSNA).

JSNA's are a process required by law to identify the current and future health and well-being needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities. Community engagement is critical to the success of any JSNA and many third sector organisations already provide a vehicle for delivering this. However, there remain barriers to involvement. For example, some third sector organisations have raised concerns with the Advisor about a lack of recognition by statutory partners of the need to involve the third sector; the cost of participation; and the unrepresentative status of those third sector organisations that are sometimes chosen and expected to speak as a generic voice for the local third sector.

The Department of Health recognises both the barriers and the potential of further third sector involvement. In response, the Department of Health hosted a workshop

in 2009 to consider the role of the third sector organisations in the JSNA process and additional consultations are planned, for example through the IDeA Community of Practice, which will inform future work. While the Advisor welcomes this initial consultation, she feels the Department of Health and the third sector need to work together to develop a clear action plan to address these barriers.

2.2 Quantifying the Value of User Involvement

2.2 (a) Recommendation: In order to support greater service user involvement in the design and delivery of personalised services, the third sector should develop the tools and skills to evidence the value of strong user involvement and commissioners should recognise this contribution towards the personalisation of public services.

While the involvement of a range of service users, particularly those with complex needs, can ensure a more personalised response, the Advisor found that some third sector organisations struggle to provide robust evidence or make the economic case for the resources required to create the right infrastructure and support mechanisms for this involvement. This evidence base needs to focus on how user involvement can inform the tailoring of services, targeting support better and therefore potentially improving efficiency. However, organisations also often find it difficult to quantify the value and impact of some of the outcomes for the individuals involved. Many of these individual outcomes are considered ‘soft’ such as improving levels of confidence, motivation and communication skills and taking people towards an agreed outcome without reaching the final stage. While many projects have secured small-scale and pilot funding for this work, this lack of what is considered to be more robust evidence can mean that projects are not sustained or do not develop to a scale and coverage that would influence mainstream service delivery.

Case Study: St. Giles Trust Peer Advice Project

St. Giles Trust run a multi award winning prison-based projects, training serving prisoners to become advice workers to their fellow prisoners. The Trust trains serving prisoners to NVQ Level 3 in Information, Advice and Guidance and enables them to

help other prisoners thereby gaining valuable practical experience as part of the vocational element of the course.

An evaluation by King's College London¹⁸ highlighted the benefits of the project, such as increasing employment prospects of ex-offenders, increased self-esteem and reducing workload of prison officers. An important feature of the St Giles Trust project is that there is a 'multiplier effect', whereby benefits that accrue to individuals from their work as peer Advisors are matched by benefits to the recipients of their advice. Although the study was not designed to quantify benefits in terms of reduced reoffending, the perspectives of both staff and participants strongly suggest that innovative peer mentoring schemes of this sort are very promising. The authors indicated that providing clinching hard evidence would be costly, relative to the amount spent on the project and results may still be inconclusive.

Case Study: Blue Sky Development & Regeneration

Blue Sky is a social enterprise established by the charity Groundwork Thames Valley. It was set up to give paid work to people coming out of prison, enabling them to move successfully into sustainable employment. To achieve this objective, they use a variety of methods to support the employees. Ex-offenders are employed on the management team and operate as group supervisors after successful completion of their initial period of employment. This provides both positive role models and peer-to-peer support throughout the organisation. Although Blue Sky are able to quantify cost savings to the public purse taking into account reductions in re-offending and improved employment outcomes, the value of this peer-to-peer structure has not been valued and therefore goes unrecognised by public service commissioners.

In response, both the third sector and commissioners should explore further the wider use of methods such as Social Return on Investment (SROI)¹⁹ to develop a robust and credible evidence base for the social and economic benefit of peer-led

¹⁸ Isabella Boyce, Gillian Hunter and Mike Hough (2009) *St Giles Peer Advice Project: An Evaluation*. http://www.stgilestrust.org.uk/About/370789/research_shows_the_power_of_peers_in_prison.html

¹⁹ For additional information on Social Return on Invest (SROI) please see SROI publications. http://www.sroi-uk.org/component/option.com_docman/task.cat_view/gid.29/Itemid.38/

approaches. SROI is a framework for understanding, measuring and managing outcomes – social, economic and environmental – of an organisation’s activities.

The Department of Health has already commissioned an SROI analysis of five social enterprises delivering health services and will be publishing the conclusions shortly. This work may serve to demonstrate the usefulness of this approach to both third sector organisations and commissioners. The Government should build on this work to specifically consider the value of services with a strong user involvement element and the transferability of this approach to services to reduce offending and re-offending.

Case Study: Fab Pad The Value of Service User Involvement

Fab Pad is a project run by the community organisation, Impact Arts, to support young homeless people and help them find new tenancies. An SROI analysis was carried out that concluded that for every £1 in support the Government invested, there was £8.38 of social return due to reduced health care costs, reduced welfare benefits expenditure and reduced costs of repeated homelessness.

2.3 Funding Preventative Personalised Services

2.3 (a) Recommendation: The Government should explore models of sustainable funding for the third sector to provide personalised preventative services, including the further development of Social Impact Bonds.

From the earliest stages of the Advisor’s work on personalisation, it has been clear that the development of personalisation has tended to concentrate on tailoring and joining up services around the developed and acute needs of individuals. However, some third sector providers have focused on personalising around the early indicators of risk factors of need in order to prevent their escalation and the resultant social and economic costs.

Case Study: Neighbourhood Link Worker Scheme

The Neighbourhood Link Worker Scheme is a St Mungo's and Revolving Doors Agency partnership. This five year pilot project works with five of the Police's Safer Neighbourhoods Teams in Islington to prevent people from spiralling into a cycle of crisis, crime and mental health problems. Link Workers offer a tailored service, referring clients to a range of support services and working with service users to improve their practical or social circumstances. The team of four works with a caseload of 35 people, who have been referred because of concerns about anti-social behaviour, housing, drug or alcohol problems, or unmet mental health problems.

Case Study: Together Women Project

The Together Women project (TWP) offers a one-stop-shop for women who have offended or those at risk of offending. The project provides a range of services on site that are tailored to both the existing needs and the risk factors that might affect a woman's offending behaviour. The experience of TWP has shown that the one-stop-shop approach increases the chance of women attending and subsequently engaging with a range of accessible services in order to meet their varied needs. Demonstrating the effectiveness of its personalised preventative approach, TWP has supported 176 women who were at risk of offending not to commit offences and worked with 318 women offenders who have not re-offended. TWP has found securing funding for its work challenging. In particular, they feel that their funding often lacks the flexibility and autonomy to allow them to achieve the outcomes in the way that is most appropriate for the women with whom they work.

Many of these organisations often find it difficult to secure stable statutory funding for their services as the benefits of investment are often felt in the longer term and across multiple statutory funding streams. For example, investment in personalised preventative mental health services can result in longer term saving for criminal justice, housing and secondary health care commissioners. In response, Government and the third sector should consider new and innovative approaches to funding personalised early interventions.

“There is significant evidence to demonstrate the effectiveness of invest-to-save programmes, but many do not develop further than pilot because they are not taken up by local authorities.”

YWCA Response to the Call for Evidence

Social Impact Bonds may be one way of providing finance for preventative services. In the *Putting the Frontline First: Smarter Government*²⁰, the Government acknowledged that social impact bonds have the potential to “radically change how Government funds the third sector, by rewarding social investors for work which reduces future social costs.” Social Impact Bonds are a contract negotiated between Government and non-Government investors. Non-Government investors finance a range of interventions to improve the target outcome over the contract period. Government commits to use a proportion of any savings that accrue from the non-Government investment to reward the investor.

There is significant potential to explore further the potential of Social Impact Bonds as an investment model for personalised preventative services in both health and social care and criminal justice. The Ministry of Justice has already committed to developing a prototype Social Impact Bond to be piloted at HM Peterborough Prison. The Bond will fund mentoring support for prisoners serving less than 12 months prisoners who are to be released from the prison to the Cambridgeshire area, with the aim of reducing re-offending among the cohort by 10 per cent. Given the potential economic and social benefits of strengthening investment in this area of provision, the Advisor welcomes the Ministry of Justice’s prioritisation of this agenda. **To extend exploration of the potential of this investment model, the Advisor recommends that a comparable project be developed for health and social care services.**

²⁰ HM Government (Dec 2009) *Putting the Frontline First: Smarter Government*

2.4 Enabling a Diversity of Supply

2.4 (a) Recommendation: To inform the development of diverse markets, the Government should assess the cost benefit of the existing programmes to support smaller third sector providers and their transferability to the criminal justice system.

For choice to be real, service users must have a number of options between which to choose. This is important both in markets where services users have budgetary control and where budgetary control remains with the state or another service provider. While some third sector organisations have argued that the devolution of budgetary control means that market forces will ensure a diversity of supply, others have argued that specialist needs will not be adequately met and the most excluded with the most complex needs will still not be able to exercise real choice. Furthermore, in some service areas, including services for offenders, the devolution of budgetary control to the service user may not be appropriate and therefore market forces may not drive towards a diverse personalised market to the same extent.

“...there also needs to be diversity of services provision so that young people are able to purchase what they needed – there currently isn’t sufficient provision to make this a reality.”

Catch 22 Response to the Call for Evidence

In both cases, the Government has acknowledged the need to support and build the capacity to encourage viable and diverse markets of providers that meet specialist needs, particularly amongst the smallest, community organisations. In particular, many of these organisations have developed out of identifying the needs and experiences of their local area and often represent neighbourhoods of high deprivation, remote rural communities and specific interest groups, including people from black and ethnic minority backgrounds.

Case Study: Choice Support Transport

Choice Support Transport is a small social enterprise supporting adults with learning disabilities to undertake a range of community and social activities with their peers. Choice Support Transport has found that transport can be a major issue for people living in rural or semi-rural area , therefore restricting their wider choices. Choice Support Transport also offers competitively priced transport to and from a person's home .The enterprise aims to help people to ensure that their individual and personal budget goes further.

“The third sector can do much to offer real diversity of choice in the provision of personalised services, not least when they are locally based, rooted in communities and therefore better placed to identify the needs of individuals.”

Revolving Doors Agency's Response to the Call for Evidence

One example of Government support for smaller third sector organisations to deliver personalisation is the Department of Health's Micro Markets Project, in which it has invested £580,000 over three years. The objective of this project is to stimulate the development of a range of tailored and innovative adult social care and other micro enterprises in order to provide real choice for individuals who need support to live and be part of their local community. The learning from this project has been formulated into a web-based Good Practice Toolkit for use by local authorities to build thriving markets of local micro providers. This Toolkit highlights key barriers to micro-enterprises providing social care services. At a local level, issues such as local commissioning practices and lack of appropriate information and support are highlighted. At a national level, issues of regulation, training and qualification requirements are considered.

The Department of Health's project is relatively small scale and further work may be required to comprehensively establish the cost benefit of this work. There is no comparable initiative for third sector organisations which are involved in reduce re-offending. However, building on the findings of Baroness Corston's report on vulnerable women in the criminal justice system²¹, maintaining and developing

²¹ Home Office (2007) *The Corston Report: a review of women with particular vulnerabilities in the criminal justice system.*

specialist provision is equally important in services to divert people from the Criminal Justice System and reduce re-offending. As such, the Advisor recommends that further work is undertaken to fully understand the type and focus of investment required to ensure that local service markets are suitably developed to reflect local needs. In particular, this work should consider the potential role of Primary Care Trust Commissioners, Directors of Offender Management and third sector umbrella organisations in developing local markets.

2.5 Capacity Building the Sector to Deliver Personalisation

2.5 (a) Recommendation: Government should ensure that its capacity building and business support for the third sector enables it to respond to the introduction of personalisation.

Both Government and the third sector acknowledge the significant potential of the sector to support the furtherance of personalisation. However, the Advisor found that many third sector organisations, particularly smaller providers, lack the capacity to refocus their strategic priorities on the challenges and opportunities that increased personalisation presents. Even without the devolution of budgetary control, the introduction of personalisation may require organisations to rethink their organisational structure, processes and workforce development. However, the introduction of individual or personal budgets could have particular implications for third sector organisations, resulting in a radically different funding model.

“There are workforce development implications for third sector organisations and how do we ensure the same barriers don’t exist in the work of personalised budgets creating waiting periods, exclusions from services and preventing timely access to help.”

Sainsbury Centre for Mental Health’s Response to the Call for Evidence

The development of individual and personal budgets, moving from multi-year, block contracts to funding arrangements with individuals, is a significant challenge. While many third sector organisations are enthusiastic about and committed to working

with individual budget holders, managing the organisational transition can be complex. If the third sector is to deliver to its full potential in these new market places, **Government capacity building and investment support should enable organisations to access support to adapt its service models and develop the financial management, IT, communications, marketing and frontline expertise and infrastructure required.**

“Some of the sector’s services may be based around traditional residential provision and there is an obvious need for organisations to look at how they can re-design this kind of provision to reflect the fact many disabled people may no longer wish to use such services.”

Disabilities Trust’s Response to the Call for Evidence

2.5 (b) Recommendation: The Government and third sector information, advice, advocacy and brokerage providers should explore further the capacity building and business support needs of these organisations to ensure that this part of the sector is equipped to support people to exercise real choice.

The Advisor found that third sector organisations providing information, advice, advocacy and brokerage services are a particularly important but under-developed part of the third sector. Such services will play a crucial role in driving forward personalisation and enabling service users to exercise real choice, by ensuring they can access and maintain engagement with their choices.

“There is a risk that, in treating service users as customers, personalised approaches may disadvantage those who are least able to express their views and exercise their own choices.”

NAVCA’s Response to the Call for Evidence

The Value of Information, Advice and Advocacy Services - Speaking Up

Speaking Up is a social enterprise that supports and empowers people with learning difficulties, disabilities and mental health problems to speak up for themselves. To support personal budget holders, the organisation has supported a team of people with learning disabilities to develop a game, which goes through the seven steps to being in control of your personal budget. *My Life, My Budget* focuses on choosing activities to complete a week's plan. Players imagine what they might want to spend their budget on. It is specifically designed to be accessible and to enable personal budget holders to understand how they can use their budgets to get more out of life and to live their lives the way they want to.

"Third sector organisations tend to have a broader perspective of what is available in a locality, a culture of listening to families and young people (building support services on this foundation) and are well placed to support young people and families through this maze to services that might best meet their needs."

Sainsbury Centre for Mental Health Response to the Call for Evidence

Some of third sector information, advice, advocacy and brokerage services have contended that existing capacity building support is not sufficiently tailored to their particular needs. However, further investigation is required to fully establish the distinctive needs of these organisations and what an appropriate value for money responses might constitute.

2.5 (c) Recommendation: Lessons should be drawn from the Department of Health's User-Led Organisation Project about the capacity building needs of information, advice, advocacy and brokerage services and should inform future initiatives, such as the ODI's Trailblazers for the *Right to Control for Disabled People*.

The Department of Health has already invested in the capacity building of user-led information, advice, advocacy and brokerage services. However, other areas of delivery are developing individual budget models and existing information, advice and information services are not fully developed across the country to meet this increased need. For example the Office for Disability Issues (ODI) plans to test a

Right to Control for disabled adults from late 2010 through a number of local authority Trailblazers in England. The *Right to Control* will empower disabled people by giving them greater choice and control over public money currently spent on their behalf²². The evaluation of the Trailblazers will inform decisions on wider roll-out.

The ODI acknowledges the need for high quality information, advice, advocacy and brokerage services and the key role that third sector organisations (particularly user-led organisations) can play in providing this service²³. In order to realise the potential of the third sector's contribution to the *Right to Control*, the Advisor has identified a **need for a clear capacity building strategy for the information, advice, advocacy and brokerage services, which builds on the infrastructure and learning of the Department of Health's existing work.**

2.5 (d) Recommendation: In partnership with key volunteering organisations, the Department of Health and the Cabinet Office should consider the impact of personal and individual budgets on the support offered by and to volunteers.

In addition to information, advice, advocacy and brokerage services, volunteers play an integral role in both health and social care and the criminal justice system. Furthermore, the Department of Health has found that individual budgets can support people to start volunteering in their own right as they can purchase support to participate in activities in which they might otherwise been unable to engage. Baroness Neuberger's report on volunteering in health and social care²⁴ highlighted the significant untapped potential for volunteering within health and social care, especially by service users. However, she also highlighted some challenges to realising this potential. Building upon this work, the Advisor found that the

²² The following funding streams will be included in the *Right to Control*: Access to Work; Work Choice; Independent Living Fund; Supporting People (non-statutory housing related support); and Disabled Facilities Grant.

²³ Office of Disability Issues (Dec 2009) *Making choice and control a reality for disabled people: Government response to the consultation on the Right to Control*.
<http://www.odi.gov.uk/docs/wor rtc/rtc-gov-s.pdf>

²⁴ Baroness Neuberger (2008) *Volunteering in the Public Services: Health and Social Care*
http://www.cabinetoffice.gov.uk/media/cabinetoffice/third_sector/assets/neuberger.pdf

introduction of personal and individual budgets has resulted in significant anxiety among some volunteering organisations. However as yet, the full impact of individual budgets on volunteering and the case for additional government action is not clear. Before any potential response can be recommended, **further exploration is required to fully understand what kind of support volunteering organisations may need in order to reduce these concerns.**

'...the volunteering sector is still getting to grips with self-directed support and independent living, particularly where individuals are managing their own budgets and employing staff – does this mean individuals can also manage their own volunteers?...Volunteers are not paid for what they do but do need some time and support, as well as a process for resolving problems or issues as they arise, for both the volunteer and the individual they are supporting.'

Volunteering England's Response to the Call for Evidence

3. Overarching Challenge: How can the Third Sector and Government Discuss Personalisation

3. Recommendation: The Cabinet Office, the Department of Health, the Ministry of Justice, the Department for Work and Pensions and their key third sector partners¹ should work together to develop mechanisms to share information with third sector organisations, Government departments and other public sector bodies about the future of personalisation.

Personalisation is both an opportunity and a challenge for the third sector. To respond to both, the third sector and Government need to understand each others' perspectives on the issue.

The Advisor has received a clear message, particularly from criminal justice organisations, that for the third sector to engage fully in the personalisation agenda, there needs to be a common understanding of what personalisation means in different service user contexts and how it can best contribute to its delivery. For example, the National Offender Management Service recognises the concept of personalisation as part of its risk and needs assessment, and management of offenders. However, it considers it in terms of 'responsivity', whereby interventions and programmes are tailored to an individual offender's needs.

"To shift the delivery of personalised services from policy to practice will take sustained focus across many agencies...A starting point will be clear communication about the values and aims of personalisation across the criminal justice system."

Revolving Doors Agency's Response to the Call for Evidence

The pace of change is challenging for the sector and the language used by Government to explain these changes does not always resonate. This creates an

information deficit and means that some third sector organisations do not know whether they should engage or indeed how to engage in the furtherance of the personalisation agenda. Ultimately, this means that the benefits for services users of third sector involvement may not be fully appreciated.

'...there is a lack of understanding and awareness about the potential impact of personalisation on the VCS.... Moreover, the many positive experiences of people who have been involved in pilot personalisation programmes should not be allowed to be lost, as they can help to demystify a great deal of the uncertainty around personalisation.'

RAISE's Response to the Call for Evidence

In response, Government needs to set out in clear language about what it understands by personalisation, how this will contribute to public service reform and improved delivery of services, and how this may differ or be tailored to particular service contexts. For example, Government needs to consider how its wider public service reform commitment to personalisation applies in the context of the Offender Management Model, both in prison and the community. This definition needs to recognise the context in which many third sector organisations operate in order to resonate with them. Once this clarity is provided, there will be greater scope for and less fear of collaboration.

4. Conclusion

From the Minister for the Third Sector, Angela Smith:



I welcome Anne McGuire's report. This is a helpful analysis of the potential of the third sector to work with Government to improve our public services. It acknowledges the considerable opportunities presented to both Government and the third sector by personalisation, but also offers a frank description of some of the challenges. Following closer consideration of this report and the completion of Anne's comparable work on personalisation in education and learning, I, along with other Ministerial colleagues, will provide a response in March 2010. I look forward to working with the third sector in taking this work forward.

Annex A – Attendance List Health and Social Care Seminar

ACEVO
Carers UK
CSV
Department of Health
Disability Lib
DIUS
Foundation for People with Learning Disabilities
Hestia
Innovation Exchange
Mencap
NAAPS UK
NAVCA
NCVO
Office for Disability Issues
Partnerships UK
Richmond Fellowship
Self Direct
Sense
VODG
Young Foundation - Health Launchpad

Annex B – Attendance List Services to Reduce Re-offending Seminar

Action for Prisoners' Families
Addaction
Advice Services Alliance
Anne Peaker Centre
Cementaprise
CLINKS
Department Business, Innovation and Skills
Equalities National Council
Foyer Federation
London Action Trust
Lord Ramsbotham
Making Every Adult Matter
Ministry of Justice
NACRO
New Philanthropy Capital
Offender Management for London
Pecan
Prince's Trust
Revolving Door Agency
Sainsbury Centre for Mental Health
SOVA
St. Giles Trust
St. Mungo's Housing Association
User Voice
Voice UK

Annex C – Submission to Call for Evidence

The following organisations and individuals submitted information for the Call for Evidence:

Catch 22	Mentoring and Befriending Foundation
Charities Evaluation Services'	MS Society
Choices Consultancy Service	National Police Improvements Agency
Citizens Advice	NAVCA
Community Connections Great	Partnerships UK
COVER	Prisoners Abroad
Criminal Justice Alliance	RAISE
CSV	Revolving Doors Agency
Department of Health	Sainsbury Centre for Mental Health
Design Council	Scope
Development Trusts Association	Self Direct
Disabilities Trust	Sense
Financial Services Authority	St. Giles Trust
Foyer Federation	The Lesbian and Gay Foundation
Ideal for All	The National Autistic Society
Joseph Rowntree Foundation	The Princess Royal Trust for Carers and Crossroads Care
Lemos and Crane	Volunteering England
Living Options Devon	YWCA
Look Ahead Housing and Care	
Lord Ramsbotham	
LVSC	
Mental Health Foundation	

Annex D – Best Practice Visits

The following project visits were undertaken:

- Blue Sky
- Cementaprise
- Blood Pressure Association
- Living Options Devon
- NAAPs Oldham (including Choice Support Transport, Companions and Oldham Personal Advocacy Ltd –OPAL)
- Rochdale Borough Partnership for Older People's Project
- St. Giles Trust
- Revolving Doors Agency and St. Mungo's.
- Together Women Project (Bradford)

Meetings also took place with the following:

- User Voice
- Voluntary Organisations Disability Group (VODG) – including MacIntyre , Elizabeth Fitzroy Support, MCCH, Norwood, Livability and KeyRing
- Innovation Exchange Projects – Brandon Trust, Slivers of Time and Speaking Up