

A People Power Revolution:

Making it real

The Report of the Commission on Personalisation



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Foreword



Matthew Pike,

Chair, Commission on Personalisation

These are without doubt the best and worst of times for public services.

For all the grim headlines about cuts, this is a time of promise and opportunity: the old top-down approach to delivery is being swept away; there is a rare degree of licence to test out new approaches, and most exciting of all we have a bold commitment from the new coalition government to sweeping devolution of power from state to citizens – something that leading civil society organisations have argued for decades.

Public service reform is now finally placing the resources and aspirations of service users where they have always belonged, right at the centre.

But at the same time we have the gargantuan cuts to public spending to contend with – cuts that far exceed anything that any of us have experienced before. Local authorities are set to experience cuts of more than 25% of their budget, which will have a huge impact on social care, which has been the trailblazer for person-centred control of public services. This is especially true once the consequence of demography – people living longer and an increase in rising fives – are factored in.

Pulled between these two poles of hope and fear we have to plot a new course. Our response, synthesising almost 18 months of listening and thinking as a Commission can be summarised in two words: **band together**. We believe that the future is mutual.

If you are a self-funder, co-funder or personal budget holder, we urge you to pool your money, your skills and other personal gifts with like-minded people.

If you are a provider – especially if you are a small or medium-sized provider – we urge you to band together to deliver services and pool the capacities required for success.

If you are a local authority tasked with leading reform at a local level, we urge you to pool budgets with other agencies and embrace civil society as a close, trusted partner in ongoing service reform.

There are massive risks in the reform programmes now underway. Poorly coordinated delivery risks even greater confusion, duplication of effort and waste of resource - serving to make the most vulnerable still more exposed. This report sets out a practical, positive alternative that need cost no more to implement – if we can use the stark threat of cuts to inspire us to put aside narrower, shorter term instincts, and band together.

This Commission report has itself represented a meeting of many minds and I would like to pay tribute to the unstinting support of my fellow commissioners as well as the expert support of the Secretariat, Ralph Michell and Amy Richards. The Cabinet Office, No 10 and Department of Health have made outstanding contributions to our work. Pioneers in the field such as In Control, Simon Duffy, NAAPS, ADASS, Rowntree Foundation, Demos, Cooperatives UK and many others have made notable contributions.

The issues at stake in the current reform of public services are much larger than the legitimate reach of any single commission. As we issue this final report, the social contract that has underpinned our system of welfare and public services for a generation is being recast. Wider public debate and public scrutiny has hardly begun, which is a matter of real concern.

Beyond debate however lies the still greater challenge of all of us learning to think and act in new ways. If we as a Commission can inspire new and pioneering work in localities such as Lambeth that has acted as such a crucial sounding board for our work, then our effort will be repaid.

Executive Summary

The Prime Minister has called for a people power revolution – a radical devolution of power to people across large swathes of public services. We, a Commission of civil society leaders, welcome those words. But we believe that without a series of practical measures to underpin them, they risk remaining rhetoric. In this report we set out the key practical steps we believe are needed if we are to move from rhetoric to reality and to affect a real people power revolution.

In Chapter One we set out our vision for what a real people power revolution would involve.

- We argue that **devolving real power over public services would result in multiple benefits**. It would give people a greater sense of ‘can do’ and of wellbeing, result in better outcomes for service users and greater efficiency for taxpayers through more tailored, responsive services, and facilitate more mutual support.
- We set out why we believe **we are now at a fork in the road**, headed either for a devolution of theoretical rights whose lack of practical underpinning results in wasted resources and worse outcomes for people – people having less power, not more – or for an ambitious revolution of rights accompanied by new structures of support which enable new social markets to function properly and people to turn their rights into real power to change things for the better.
- We call for a radical process of **taking stock of all the resources available** to us in tackling social ills – from public, private and voluntary sector sources, and involving assets as well as revenues. We argue that public sector agencies, voluntary groups and individuals should collaborate in rethinking how these resources are made use of.
- We set out **different mechanisms which can be used to devolve power** over public services, and urge the Government to be realistic but ambitious, over time pushing further and further the boundaries of personal and community control.
- We argue that devolution of power within the welfare state will remain theoretical without a civil society boom, **a new mutuality**, and that therefore the Government should tilt its funding and reforms towards the promotion of mutual aid, and see the promotion of a thriving civil society as fundamental to the success of a ‘people power revolution’.

In Chapter Two we set out the building blocks that we believe will need to be in place to underpin a new generation of people-powered services. In each case we set out the principles which we believe should govern our response to the major challenges, and some next steps to meeting them. We call for:

- **Bottom-up regulation and quality assurance**, whereby the central regulatory regime is pared back and the growth of a bottom-up model involving simple quality standards relevant to the size and purpose of the service offered, evidence of social impact and customer feedback. New online outcome management systems can be used to make this information available to purchasers and providers. New local panels should be developed to moderate and review base standards for different services. We recognise that services with high fixed costs face a particular challenge in dealing with more dynamic social markets. We therefore propose new Community Asset Trusts that would manage and in some cases own pooled portfolios of land and buildings and lease these to providers. These structures would also greatly facilitate access to mainstream capital markets.

- **A revolution in the provision of information, advice and advocacy**, with greater transparency and availability of information (including through social media), the growth of networks of mutual support, and the provision of advice and advocacy independent from Government. We argue that information and advice should be a top priority for government funding rather than an after thought but that such systems should not be over-costly. New e-social marketplaces should be made available free for users and providers. Providers should work together to develop a social Wikipedia of expert advice.
- **A new mutuality to drive up provider and workforce capacity**, with providers and front-line staff coming together to address the capacity gaps they will face in moving to more 'personalised' public service markets. In particular we recommend use of wider models such as those developed by 3SC where lead agents constituted as social enterprises manage a large supply chain of third sector organisations.
- **Supporting prevention and the development of social capital**, including through greater use of social investment, extension of co-funding, 'mutual budgets' allocated to individuals who band together to form mutual support networks, and linking the Government's initiatives on neighbourhood budgeting and community organisers.
- **Large-scale social investment**, to be promoted through a new tax credit – Social Investment Relief (SIR). SIR would make interest and capital repayments from licensed social investment schemes tax free for UK tax payers. It would be used in particular to capitalise results based funding contracts and investment in community infrastructure via Community Asset Trusts. Tax incentives should also be provided for charitable trusts to use their endowments to invest in projects that are within their charitable remit.

Finally, in Chapter Three we illustrate what people-powered public services might look like in comparison with the *status quo*, using a series of fictional case studies:

- Janice, a 33-year-old with chronic depression,
- George, a 67-year-old with early signs of dementia,
- James, a 16-year-old with special educational needs,
- Helen, a 23-year-old in long-term unemployment,
- Duncan, a 28-year-old convicted to prison for 6 months.





Chapter One

A real people power revolution

1.1 Rhetoric to reality

The Prime Minister has called for a 'people power revolution'. He has said, "we want to turn government on its head, taking power away from Whitehall and putting it into the hands of people and communities. We want to give people the power to improve our country and public services, through transparency, local democratic control, competition and choice." He spoke of the need to move "from closed systems to open markets; from bureaucracy to democracy; from big government to Big Society; from politician power to people power... Let's push power out, let's reform our public services, and let's change our country for the better. Let's bring on the people power revolution."

We, a group of civil society leaders¹, support that vision of devolving power to people and communities; a people power revolution. But we want it to be real: people given real power rather than rhetoric, and the practical reforms effected so that they can genuinely exercise that power to change their lives for the better.

For this to happen, we do not believe that greater transparency, more devolution of power to local government or even more choice over public services will be enough. These steps are both desirable and necessary for the success of wider reforms, but on their own they are insufficient.

We believe that government needs to be truly bold and act to devolve real rights to people. This means an ambitious devolution of rights of control over public services, for instance by giving people rights of control over the purse strings through measures such as personal health, social care and learning budgets, or neighbourhood level budgets in other areas. But it also means taking a number of practical steps to ensure that those rights can be translated into real power to change things.

Too often in the past the practical building blocks of public service reform were given insufficient attention, so that theoretically attractive ideas for devolving power (such as direct payments) have not benefited as many people as much as they could. Above all we believe a hugely ambitious agenda for civil society will be essential for giving people the support, networks and vibrant communities they will need to turn theoretical rights into practicable power. The prize will be a new era of mutuality, where people take on a greater responsibility for helping themselves – people-powered services.

1.2 Why devolve? A 'Can Do' revolution

We believe that it is only by devolving power in a bold and radical way that we will promote real and lasting change in public services. We believe that such devolution can result in better outcomes for people and help ensure that every pound of public money spent goes as far as possible. When real and not purely theoretical, greater power for people to choose and control:

¹ For background on the Commission, see Appendix A

- Promotes the vital qualities of *Can Do* amongst communities and service users, a sense of self worth, self-control and focus on the future. This spirit of *Can Do* is the antithesis of the culture of dependency and 'learned helplessness' that has been symptomatic of many of the efforts of old-style welfare to address people's needs.
- Promotes well-being: the more that we can build our sense of *Can Do*, the more that we have the capacity to work with others to gain an experience of 'Can Be', greater resilience in the face of set backs and above all an improved feeling of life satisfaction and happiness.
- Results in more responsive services that are better tailored to personal requirements – services when I want, how I want – or as far as is possible within practical constraints;
- Drives up quality and efficiency, by creating strong market pressures.
- Promotes self-help and mutual aid; transforming people from patients into agents who are willing and able to cooperate with others to put in place the support, the services and the experience of community they feel they need.

We see this as a *Can Do* revolution that presents a deep challenge of culture change: a challenge for providers to find their place in a retail market; a challenge for local public agencies to develop a new role as market shapers and business developers; and a culture change challenge to all of us to respond to people not merely as endless lists of needs to be met, but rather as people and communities that already have many assets and strengths to be built on.

1.3 Why now? A fork in the road

Why are these ideas coming to the fore now? The vision of devolving power to people and communities, is, after all, hardly new. Indeed, central government has been travelling towards it for a while. Governments of varying hues have moved to devolve power over budgets in public service systems to or towards individuals and communities.

A recent history of devolving power over public services

A variety of moves have been made over the past two decades to 'personalise' public services, or give individual service users more choice and control over them.

Personalisation was not born as a government initiative. It has its roots in the third sector, with a central role played by user-led movements such as Independent Living Centres. Countless third sector organisations were established out of a desire to secure services that better respond to individuals' needs and that empower individuals to live their lives as they want to. Many have used their own resources or carved out individual service funds out of block contracts to pilot more radical forms of user control. As an indication of the scale and variety of this activity, the Joseph Rowntree Foundation has funded and evaluated more than 150 projects in the field of user-centred control over the past two decades.

Various governmental reforms have aimed to tailor services and empower people by giving service users greater control over the money spent on their services. In the UK, the most advanced of those reforms are in social care, where direct payments (cash payments made directly to a social care service user or carer in lieu of services) have been in use since 1997 following the introduction of the Community Care (Direct

Payments) Act of 1996. More recently, Personal Budgets and Individual Budgets (individual allocations of funding that can be used to meet an individual's assessed eligible needs) were introduced, from 2003, by the social enterprise In Control, working alongside a number of local authorities, and then by the Department of Health in 2005-7. The Labour Government set a minimum target for 30% of local authority-funded adult social care service users to be on a personal budget by April 2011, but many authorities have gone further, setting targets of 60-100%, and the current Government has indicated its desire to go further and faster than the Labour administration.

The vision of giving people greater control over the money spent on their services has spread from social care to other public service areas. For instance, the NHS is currently piloting 'personal health budgets'; the Government will pilot a 'Right to Control' from 2010 giving disabled people more control over a range of funding streams, including welfare-to-work funding; individual 'Skills Accounts', giving adult learners an indication of public funding available to them to spend on a variety of courses, are currently being rolled out across the country; a number of local authorities are currently piloting Individual Budgets for disabled children and their families; and the Government intends to give parents of school children more power over the money spent on their education, enabling them to choose (or set up) 'free schools' for their children.

Similarly, there have been a variety of moves to give communities (as opposed to individuals directly consuming services) more control over the way public money is spent in their locality, through mechanisms such as 'participatory budgeting'.

Taking a still wider view, the groundswell of innovation and advocacy for personal and community control has been building over not years but decades and has sprung from a series of grass movements that have been led by civil society. Above all the Independent Living Movement has played a fundamental role, followed more recently by In Control's championship of models of Self-Directed Support. From the margins of society, they and many others have created many outstanding, micro examples of citizen control.

Technological change has made this kind of devolution of power increasingly possible – enabling, for instance, the holders of social care Personal Budgets to 'shop for support' online, or an increased number of transactions to be administered where previously it would not have been affordable. Likewise, the steady maturing of public service markets – the growth of a more diverse supplier market, greater availability of information on provider performance, and so on – has made greater choice and control more feasible. A few years ago, many of the reforms we put forward in this report to devolve real power to individual service users and communities would not have been practicable. Now they are, and as time goes by we will likely be able to be yet more ambitious about the boundaries of what we can devolve to individuals and their communities.

Above all, of course, there are now powerful economic forces in play, propelling this agenda forward on a wholly new scale – but also putting it at risk. We face enormous cuts to public spending: local authorities, for example, are talking of cutting social care budgets by up to 40% over the coming years.

Like many others, we see much that is positive about an opportunity resulting from the fiscal crisis to pursue more radical reform than would otherwise be possible. There is consensus that the deep cuts required cannot be achieved through simple efficiency

measures, thus increasing the prospects for much more far reaching and effective service redesign.

Such opportunity, however, brings with it daunting risks and dangers. We are being asked to effect a fundamental step change in public service delivery at a time when not only are resources hugely constrained, but we also face increasing demographic pressures from an ageing society and a growth in the number of rising fives. Cuts to public spending are already starting to hit the civil society organisations which we believe will be crucial to making devolution of power a success, but which too many statutory agencies see as easy targets for cuts.

Hence our characterisation of today as a fork in the road.

One road ahead involves us trundling along on the path we are currently on. It leads to short-term decisions on cuts, damaging the capacity of the state, markets and civil society to translate theoretical devolution of power into real power for people and communities to change things for the better. It leads to layers of new initiatives, increasing the duplication of effort, making the legendary difficulty of 'joining-up' government even more difficult, increasing the confusion and uncertainty many public service providers already feel, and adding further costs to the public purse. It leads to a devolution of power that is no more than artificial, worse outcomes for the people who rely on public services, and a time bomb of mounting social cost. It would be experienced by millions of people as government cutting and running from historic responsibilities.

There is however an alternative road to take. It is to build a new coherent vision for reform and to then build purposefully the systems, institutions and capacities required for a devolution of real power.

In the remainder of this Chapter, we outline our vision for reform: one of ambitious devolution of rights over public services, accompanied by a boom in civil society and mutual action, enabling people and communities to take advantage of those rights and turn them into power to change things for the better.

Chapter Two of this report then moves on to the nuts and bolts of reform, the building blocks required for success. Chapter Three seeks to make this vision real, in all its diversity, by bringing to life a series of personal case studies of structural reform.

1.4 What to devolve? Taking stock

We believe that if we are to have any prospect of achieving a leaner, cheaper and better model of public services, we need to look afresh at all the resources at our disposal – within the public sector, across the self-funding economy and amongst individuals, neighbourhoods and civil society organisations as well. We need to be candid about the reality of the cuts ahead, be grown-up in how we present the options, but also creative in how we re-think from scratch how these resources can be best applied to different groups of people in respect of different kinds of outcome.

There has been much praise for the principles behind (if not the execution of) the 'Total Place' pilots initiated by the last Government, which involved local public agencies reviewing their combined resources and ways of working. Already many opportunities for joint working, service improvement and cost reduction have been identified.²

However, too often ‘Total Place’ in practice meant something more akin to ‘Total Public Sector’: a bureaucratic process undertaken by statutory organisations which did not fully capitalise on the resources that exist in a place but outside of the public sector (the private money spent on social care, for instance, or the insight and imagination of local people and civil society organisations in radically redesigning public services).

We consider that a process of open place-based budgeting provides a way of reviewing all the resources that could be devolved to or towards individuals and communities. A streamlined process of reviewing all capital and revenue spending in the light of distinct groups of people and outcomes should be adopted everywhere, by all tiers of government agencies.

The process should be as accessible and engaging as possible and be used to generate both fresh thinking and genuine consensus on opportunities for service redesign. It should work to reveal and support the entrepreneurial talent across the sectors required to make these new ideas happen – including the microscale community entrepreneurs amongst communities and service users. Wherever possible the process of open budgeting should have an ethos akin to a public architectural competition, where alternative proposals are set forward in a process where the public and civil society organisations can add their views and suggestions. It should build on existing initiatives such as participatory budgeting and engagement of voluntary organisations in local inter-agency governance arrangements.

It will be very important not to limit the review to existing public resources: the stocktaking process should place major emphasis on reviewing the current scale and potential scope for self and co-funding of services. Given the poor state of public finances and the increasing demographic pressures in British society it is inevitable that we will see more self- and co-funding of services in the future, and we believe it is essential that we reverse the current trend towards public funding being spent on services only for those with the most acute needs. We need to promote co-investment in preventative services and services for people with middle-level needs (see Chapter Two, Building block 4).

We believe that commissioners of public services should use an open budgeting process to begin acting as business development supporters, helping providers to develop ways of accessing self and co-funded markets. This approach will allow providers to test out new retail-based ways of working, and will help them grow business and also cushion revenue risks. It will also allow commissioners and providers to begin to bootstrap and co-fund many of the essential pieces of infrastructure required to run social markets that are outlined in more detail later in this report.

Finally, the stocktaking process above should be extended to civil society and wider communities. Our work has shown a whole series of outstanding models and ideas for radical service re-design that could offer public agencies ways of both reducing risk and cutting costs. Civil society and communities should also be encouraged to review and mobilise the range of unused or under-used assets that they have access to, such as time, skills, energy, social connections, financial capital, land and buildings.

2 See *Total Place : A whole area approach to public services*

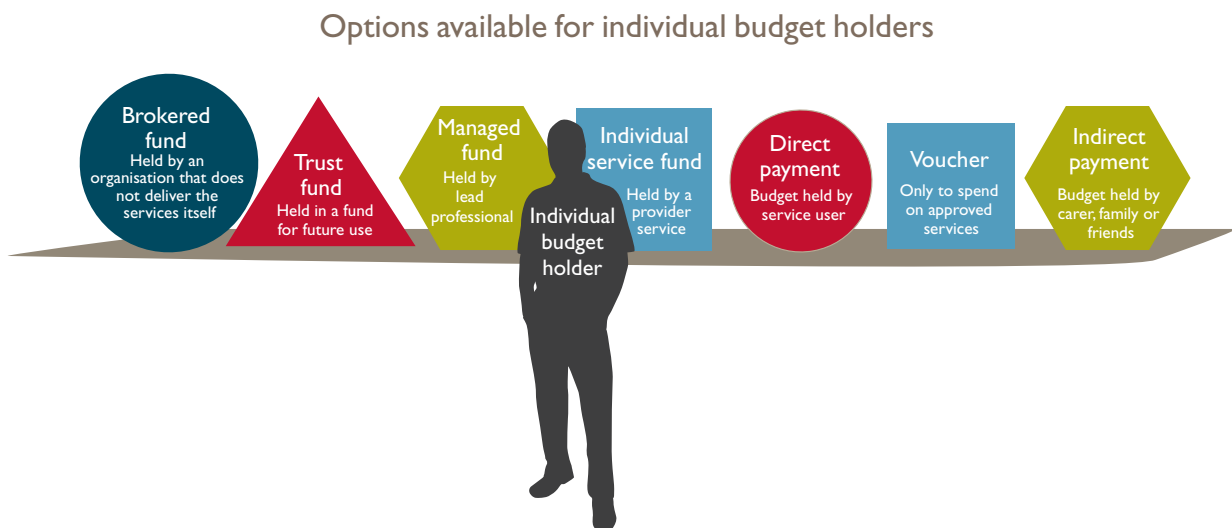
We recommend that the Cabinet Office (particularly in their work on a Commissioning White Paper) and the Department for Communities and Local Government (particularly in their work on the Localism Bill, community right-to-buy and right-to-bid, place-based budgeting and neighbourhood-based budgets) should enable and incentivise ‘open budgeting’, bringing together citizens and organisations from across the sectors to map total resources available and to redesign services.

At a local level, local authorities should take a lead in facilitating this approach.

1.5 How to devolve? Mechanisms for devolving power

As set out above, we believe devolving power over public services is likely to make them more tailored and responsive, promote self-reliance and mutual aid, and thereby make services more cost-effective. The question is, what forms of control should people be able to exercise to best promote these benefits?

We are clear that there is no one single model: the approach must vary according to the particular case. Even within social care, a variety of models are being used to give service users on Individual Budgets more control over their care.



Various questions are likely to inform the design of the most appropriate solution for devolving control over public services:

- **How much expertise is required?**

Depending on the complexity of their condition or their own capacity, people using public services will require more or less professional support to exercise control over services to achieve the results they want. Many medical conditions, for instance, will be of a complexity that means most people will want to be guided in their choices by highly-informed professionals – GPs informing the choices they make, or licensors and regulators making only effective and safe interventions available. Similarly, in some cases people will not have the capacity to make decisions without support, professional or otherwise – parents making choices with their children on education, for instance. In such cases people are likely to have their funds managed on their behalf, either by a parent or guardian or by a service provider using an Individual Service Fund. The degree to which individuals will rely on the expertise of other people, professional or otherwise, to achieve the outcomes they want will help determine what vehicle for devolving power over a service is most appropriate.

- **Are the interests of the individual and the collective the same?**

Some users of public services will want to achieve the same outcome as a result of using those services as the public who fund them. Taxpayers fund social care for the elderly, for instance, so that less able older people can better go about their daily lives. Those older people are likely to want the same result. By contrast, taxpayers fund welfare-to-work services so that unemployed people can find a job and get off benefits – but the direct users of those services may not always want to achieve that outcome and might prefer to avoid work. Similarly, in criminal justice it cannot be assumed that all ex-offenders intend to ‘go straight’ once they have served their sentence. Here, it may be more appropriate to devolve funds and responsibility for service design and purchasing to a lead professional or provider, who might then be paid on the basis of the results they achieve. In a slightly different vein, in some areas of public health the interests of the public may conflict with at least the short-term interests of an individual who wants to smoke, drink and take no exercise. In the cases of investment in long term public health, community safety, positive activities for young people and general community development, we consider that given the long-term commitment required and the increasingly complex, multi-layered nature of contemporary communities, this should be done on the basis of funds administered on a participatory budgetting model (what we describe below as ‘neighbourhood budgetting’). The degree to which the outcomes desired by the individual and the collective coincide will clearly determine the degree of control people are given over public services.

- **What is affordable?**

Giving individuals the power to make different decisions about the money spent on their services might lead to efficiencies in some ways (with money spent on more tailored services, for instance). But it also means a larger number of transactions, and a loss of efficiencies of scale. Where the interventions required are relatively small-scale, or where they are unlikely to vary significantly from one individual to another, that might mean that the benefits of ‘personalising’ a service are outweighed by the costs. An Individual Budget, for instance, is likely to be more appropriate for the social care needs of a severely disabled child, whose needs are highly individual and whose care package costs hundreds of thousands of pounds, than it is for someone who has just signed on to jobseekers allowance and is likely to find a job after minimal use of job search

facilities at a jobcentre.

Crucially, appropriate models are also likely to change over time, as technologies and markets develop, as cultural attitudes shift, as people's inclinations and capacities change, and as public agencies learn from experience.

For instance, technological progress, such as the growing use of smart-card technology, could over time reduce the transactional costs associated with allocating individual packages of resource to individual service users. Older people today are less likely to want to use an Individual Budget to determine their social care support than the generation reaching a similar age in 2070 (although there are already mounting examples of people over 60s using Personal Budgets and similar tools). A jobseeker today might prefer to stay on benefits than find work, but over time an effective welfare-to-work provider might have 'activated' their desire to find a job. Individual Learning Accounts might not have worked when they were first introduced a few years ago, but implemented properly a decade later by public agencies more expert in creating individualised markets they might lead to significant improvements in outcomes and cost-effectiveness. The pooling of health and social care funding in Individual Budgets for people with long-term conditions might significantly reduce the costs of administering the system and make for a more attractive market for providers.

We believe the Government should therefore be realistic but ambitious: over time pushing further and further against the boundaries of devolution. Reform should be dynamic and exploratory – testing the boundaries of personal control. It should seek to foster the development of technologies that reduce the transactional costs associated with individualising public service budgets, to promote responsible behaviours, to promote 'expertise' amongst the consumers of public services, and on that basis gradually to give people more control over a greater number of increasingly pooled budgets.

Co-operative Delivery

Co-operatives UK and Mutual Advantage have come together to pilot a series of mutual models for the delivery of highly personalised care. They vary depending on the individuals involved and locality of the organisation, but the fundamental feature that binds them together is the ownership of groups of service-users who pool their personal budgets in order to purchase support that they access collectively. 'Self-managed Care – a co-operative approach' highlights the way bringing stakeholders together can increase the direct control an individual has over their care, as well as providing easy and natural access to effective peer support.

The most successful of these co-operatives is in Croydon where groups of older people have pooled their personal budgets to form Caring Support, an organisation which recently obtained Council for Social Care registration and is now trading. They have developed a 'cluster model' which is stakeholder led – with a balance of service-users, staff and carers – and offers completely flexible services with users controlling their own day to day care. Each 'cluster' is made up of both service-users and staff working in a locality and is overseen by one part-time Support Worker. Five or six clusters form the organisation which has a manager who reports to the Board. This is made up of a combination of employees, service-users and carers and sets the strategic direction of the organisation. This is an incredibly innovative and exciting way of running an organisation which can deliver personalised services, whilst also galvanising the skills and capacity of individual service-users.

All government departments should make clear how, in the pursuit of better outcomes for people and value for money for taxpayers, they intend to implement the Prime Minister's vision of a 'people power revolution' and a shift 'from big government to big society' in their areas. In particular, the Ministry of Justice should put a person-centred approach at the heart of its upcoming Green Paper on offender rehabilitation, and the Department of Work and Pensions should test the limits of devolving budgetary power to jobseekers with its upcoming Right to Control pilots for disabled jobseekers, and set out how it will ensure that other jobseekers get the personalised support they need through the Work Programme.

1.6 Turning rights into power: the new mutuality

We are clear that giving individuals greater rights of control will not in itself result in their having the power to change things for the better. They will need to rely on functioning social markets and on strong networks and communities – a new mutuality – to translate those rights into power.

Similarly, the focus on the individual in much of the above should not be seen to imply a turn towards narrow individualism and consumerism. Some accounts of "personalisation", in emphasising choice and tailoring of services, play to the passive, consumerist connotations of the term. We consider that this interpretation is dangerously misleading, potentially serving to negate the way in which most social 'goods' are the result of complex social acts of trust and reciprocity. There are also limits to the extent to which services can be tailored – especially so in the light of major funding cuts.

We make widespread and unapologetic use of the language of markets. There are good reasons for doing so: we are clear that we need to see more diverse, more competitive markets in a wide range of social goods. But our vision is a world away from the kind of under-regulated, *laissez faire* ethos that has served us so poorly in respect of the financial services industry, for example.

If there is one word that can summarise our hopes for future public service reform it is **mutuality**.

The overriding reason for devolving power to people is not just so that they can change things for the better on their own, but also so that they have the sense of self-worth and level of control required to work with others in a spirit of mutuality to change things together.

Whatever the funding model in operation, the real story is how service-users of different kinds can band together to address their needs. Older people in need of social care support, children with special needs, people with disabilities, adult learners, ex-offenders, people seeking to return to the workplace; all of these groups stand to benefit greatly from a model of mutual aid, as do the providers of services for these groups.

Our conviction is that mutuality should become the default model. Of course individuals should always have the right to opt out and manage their own affairs, but in as many areas of public service delivery as possible, funding should be tilted towards a mutual approach. Self- and co-funders should be given a small financial incentive and Personal Budget holders a larger incentive to pool their resources – both financial and non-monetary. These 'mutual budgets' need not be overly generous, but they should be sufficient to help cover the transaction costs of people banding together – facilitation, signing, training, room or transport costs and so on. The message should be that it is easier to band together than

work on your own and that by pooling resources you will have more bargaining clout and will be better able to tap into a wider set of in-kind resources, including knowledge and skills, social networks and other resources such as rooms or cars.

Providers stand to benefit from this mutual model almost as much as purchasers. Groups of people, banding together provide a far more attractive target for providers of services, who otherwise face the uphill task of selling their services on a mass retail basis to lots of individuals. As mutuals would be encouraged to draw in membership from self- and co-funders of services, in relevant public service markets the growth in revenue potential here will help to compensate for the dramatic falls in spending on state-funded services.

It will also be much easier and significantly less risky for providers to tailor and innovate services through a partnership between service-users and service-providers. Not only will providers have confidence that there is a real demand for what they offer, there can be a full acknowledgement of the negotiation and compromise that will often be involved in making services work for purchaser and provider alike – for example adjusting the hours and time slots of support workers so that they meet people's requirements and are also cost-effective for the provider and offer sufficient stability and quality of work experience for employees.

Above all however, the mutual approach will fulfil the core principle of the 'people power revolution' of people taking greater control over their lives: a mutual approach will give service users a stronger say with their service providers and ensure that they can make full use of the range of professional support services that providers will be able to offer mutuals. Thus, for example, service users forming mutuals would no longer need to employ and pay their own staff, set up insurance policies or perform other employer duties – a significant burden for some social care Personal Budgets users. In this way people can experience the full benefit from empowerment without being pulled down by its burdens.

This vision of a mutualist model of service delivery can be encouraged by offering financial support and incentives, but it will only be guaranteed by a resurgent civil society.

We see this as an historic turning point.

Before the significant growth of the state across the twentieth century, we looked inside ourselves and to others for our primary sources of support; to friends, neighbours and others with whom we found a common bond. In different eras we had guilds, friendly societies, building societies and other waves of social innovation that reached high points of intensity in the late nineteenth century and now in our own time, with our ongoing revolutions in social entrepreneurship, social investment and social media.

Today, as the state refocuses on a critical, but narrower, role as regulator, protector and champion of more equal outcomes, so society is already moving full circle to return civil society to its rightful place as the first not the 'third sector'.

As a Commission with membership drawn, above all, from CEOs of leading civil society organisations, we are confident that civil society can play a pivotal role in supporting the new world of mutualised services.

Civil society can take on many of the key roles required to make mutuality work as well as possible: providing mainstream and niche services, managing funds, employing support workers whom service users recruit, giving advice and support, supporting prevention and developing richer and more effective social relationships. Where appropriate – for example to scale-up the delivery of services on a result-basis – civil society can also work in stronger

partnership with the private sector and in particular with smaller local enterprises that are rooted in communities.

Above all, the very large and the very small, the better established and also the more community-rooted parts of civil society can work to support the more informal networks of self-help and mutual aid that will become even more critical in the years ahead.



Chapter Two

Building blocks: from rhetoric to reality

We are under no illusions about the difficulty and risk involved in reforms underway and proposed to devolve more power over services to people. To date there has been large scale reinvention of the wheel and insufficient co-ordination of related efforts. This is an even more serious issue given the major challenge of budget cuts that is now upon us. Most of this Commission's energy has therefore been focused on the 'how to'; on meeting what we see as the most important challenges entailed in these reforms.

In this Chapter we identify five of the most critical building blocks that will need to be in place to underpin a new generation of people-powered services. In each case, the solutions we propose are strongly mutualist in ethos.

1. Bottom-up regulation and quality assurance
2. A revolution in the provision of information, advice and advocacy
3. A new mutuality to drive up provider and workforce capacity
4. Supporting prevention and the development of social capital
5. Large-scale social investment

In each case we set out the principles which we believe should govern our response to those challenges, and some next steps to meeting them.

2.1 Building block one: Bottom-up regulation and quality assurance

When the Dutch deregulated their welfare to work support services some years ago and gave budgetary control to individuals, the immediate result was an explosion in the number of providers. In 2004, 47 providers had contracts with the national benefits agency, 10 of them responsible for 75% of the market. By 2007, the number of providers contracting with the national benefits agency had hit 2,400, causing the Government to worry about quality assurance, and ultimately resulting in greater market regulation and a steady contraction in the provider market. In England the Individual Learning Account programme followed a similar trajectory, in an even more extreme way. The awarding of top-ups of £125 for every £25 committed by the individual for adult learning, without any quality assurance or other safeguards in place, led to a similar explosion of supply and in due course notable examples of fraud that led to the abrupt closure of the programme. Experts in the field consider that the debacle put the cause of personalised learning back a decade.

We are clear that increasing the number and diversity of providers is a good thing, giving service users greater choice over what kind of support they get from whom, and adding competitive pressure to drive up value for money.

Nevertheless, we need to be practical. There is widespread concern amongst ACEVO members that vulnerable users of public services who are less able to make informed choices, could increasingly become victims to fraud or low-quality provision. Their need to be protected through a regulatory system which assures safety and quality standards is

forcefully argued by the ACEVO Personalisation and Transport Taskforce in their Preliminary Report which will be published before the end of the year.

A similar case applies to high quality but fragile providers: explosive growth in the provider market can destabilise many good providers who, in areas where mechanisms such as Individual Budgets are being introduced, will in any case be making an awkward transition from a world of block-contracting to one of retail marketing. An unregulated free-for-all would make the revenue streams for providers very uncertain and result in both higher cost (due to the costs and risks of lower volume) and much higher numbers of organisations going bust. We would then face a longer term future with far fewer providers, less choice and potentially lower quality than now. These risks are especially high for services that operate with higher levels of fixed cost e.g. transport or residential care.

One of the key balancing acts in public service areas where power is devolved to service users (e.g. through Personal Budgets in social care) will be to assure quality of supply without stifling service user choice or provider innovation.

We believe public agencies should rise to this challenge by paring back the central regulatory regime (which is likely to have a reduced role, for instance guaranteeing a minimum level of safety or quality) and promoting the growth of a bottom-up system of regulation and quality assurance.

- As noted above, public agencies should remove barriers and provide support and incentives for people to band together wherever possible to address their needs on a mutual basis. This will reduce the marketing challenges for providers whilst making them more accountable in terms of the overall value for money of their 'offer' to purchasers. Providers who are successful in signing up such groups to their service will have a strong prospect of future business – if they deliver as promised.
- We should pare down the current central regulatory system for service provision and focus on giving people the information which they need to make informed decisions.
- Public agencies should, over time, evolve current use of quality standards, so that minimum standards are set that are appropriate for the service in question, taking into account the type of organisation or individual professional involved. For instance, quality standards for an individual personal assistant would be quite different from those for a specialist support worker for a child with communication problems.
- Similarly, over time public agencies should seek to move away from setting standard tariffs for services, as to do so will reduce the capacity of providers to position a wider range of services which will inevitably have widely varying cost structures. Ultimately what agencies should do is facilitate price comparison by the purchasers of services, for instance by placing services in low, medium and high price bands.
- Finally public agencies should invest in and encourage the widest use of systems that give people rounded information about different providers, building on the quality standards and price levels discussed and also placing major emphasis on sharing customer feedback (both service ratings and feedback in multiple forms such text, photos, video) and achievement of social impact (against a basket of standard outcome metrics and again using a variety of forms of evidence).

It will be essential to ensure that any such bottom-up system does not result in a myriad of different operating environments, making it costlier for providers to deliver services in different localities, making it harder to compare different providers' performance, and duplicating effort. As much as possible, therefore, we believe that national quality standards should be set for all

the different types of services on offer. Collection of information on customer feedback and social impact should however be collected at a local level and local panels should be established with membership drawn from service users and commissioners to review and disseminate the performance of different providers on an ongoing basis.

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We believe a richer and more bottom-up quality assurance model along these lines will enable greater choice for the purchasers of public services to be combined with the driving up of quality. It could also support the faster and more successful adaptation of results-based funding regimes, not only because it will be easier for providers to capture and present metrics in real time, but also because all parties will be able to review a much wider set of data concerning the progress of individuals through the system – allowing risks to be

managed and services to be improved on a real time basis. Finally, it could result in central cost savings and reduce the transaction costs of local providers.

Dealing with services with high fixed costs

It should be said that services that carry a disproportionately high fixed cost base represent something of a special case and the four market nudges proposed will probably not be enough to protect their interests fully. A clear example lies in the provision of schools, where the government is beginning to open up new supply. Too many schools and both the capital cost and revenue risks will be too high: too few schools and choice will remain very limited. Other examples include the need to manage a move away from expensive residential care to more community-based accommodation, manage the reduction in the number of day care centres and also invest in developing new multi-purpose community facilities.

We consider that the answer lies in a model that separates out asset ownership from use.

We propose new Community Asset Trusts that either manage and develop land and buildings that are still held within the public sector, or take over outright ownership of these assets with a mission to develop them in the long-term public interest, backed up by robust forms of democratic accountability.

Under a Community Asset Trust model, buildings would be leased to providers as well as multi-purpose community anchor organisations on preferential terms – giving these organisations the facilities they need, without layering on to them the additional risks of long term finance. Some providers may even wish to sell existing buildings to a Community Asset Trust and then lease them back, thus building operating reserves and gaining extra freedom of movement.

This model would confer some important benefits:

- Reduce structural rigidity in the supply-side by leasing assets to providers rather than gifting actual or de facto ownership;
- Reduce the financial risks for suppliers
- Remodel estates (with judicious decommissioning e.g. of day care centres or some residential care units), asset sales as well as re-development of existing sites so that they are formed around shared neighbourhood
- Create a structure and business model that was capable of raising finance from mainstream capital markets on affordable terms – especially if the social investment relief proposed below is adopted – without this scoring on the government's balance sheet.

Ideally in the future we could see services such as schools, libraries, health facilities, or enterprise space clustered together; run by civil society and private providers, regulated by the state and with the fixed assets owned on a trust basis, held for public benefit in perpetuity.

Making quality assurance appropriate

Current models of quality assurance restrict some of the most innovative, community groups which promote local empowerment and positive civic action. NAAPS, a representative body for micro-enterprises, has emphasised to the Commission the huge regulatory burdens faced by their members. These include a tea club run by a young woman with learning disabilities, a husband and wife who care for two to three people with severe physical disabilities in their home and local meal services for older people. These small social entrepreneurs have a significant positive social impact in the areas they operate in and are also able to generate real entrepreneurial spirit in local communities. It seems likely that devolved budgets- whether they are held by individuals or communities- would serve to enhance this as distinctions between service-users, commissioners and providers become increasingly blurred. But a growing number of micro-enterprises are currently facing closure due to the time and investment required to secure certain kitemarks or standards, which do not necessarily reflect the quality of the support being provided, the experience of the service-users or the outcomes that they are achieving.

NAAPS are currently looking at developing an alternative, more appropriate quality assurance system where standards are properly tailored to the purpose and size of the service provider.

Making services outcomes focussed

Outcome stars are a framework developed by Triangle consultancy to define and map people's progress towards a range of stated goals, including both hard and soft outcomes. Each star framework for a particular service area is agreed as a result of discussion with funders, policy makers, providers and service users and summarises the current consensus about which outcomes matter most and makes them easy to define and measure. The visual nature of the star framework has also proved highly accessible to service users.

Managing outcomes in real time

Views is a new on-line outcome management system that has been developed by research group Substance, building on five years experiments with its predecessor SPRS service. The new system which has been funded by Cabinet Office and NESTA, allows providers to bring together a wide range of evidence about outcomes achieved as well as customer feedback data. Reporting tools allow providers to benchmark services, analyse the costs of achieving different service outcomes as well as produce automated case studies and reports. Views will be rolled out nationwide in partnership with a range of funders and support networks.

Next steps

To start on the journey towards such a system of bottom-up regulation and quality assurance:

Relevant parts of central government (e.g. the proposed Department of Health as it draws up plans for increasing choice in NHS services), central regulators (e.g. the CQC) and associations linked to local government services (e.g. ADASS) should come together to discuss how to move to a more bottom-up system of regulation and quality assurance in

public services, with a view to drawing up a ‘Concordat’ to take this agenda forward in a coherent, collaborative way.

Local public agencies should convene people from across the public services, including service users and providers, to set out information and outcomes requirements and move to set out minimum requirements in certain areas in place of Framework Agreements and similar contracting approaches.

The successor to Total Place should be used to review and pool existing capital assets in local areas within Development Trust-type structures of the type outlined above.

2.2 Building block two: A revolution in the provision of information, advice and advocacy

Giving people financial control of or even direct influence over money is of no use unless people are supported to make good use of this power – indeed the vision of a strongly mutualist model of service delivery cannot be achieved without the best possible information and advocacy services. Many of us are familiar at one time or another of the feeling of the tyranny of choice; the range of options open to us can be mind numbing and ultimately disempowering. For those who are self-funding or co-funding and increasingly for those whose Personal Budgets stretch less and less far, information and support is essential if people are going to be able to make ends meet.

We are clear then that not spending on information and advice would represent a major false economy. People need help to assess their strengths and needs, plan their future, select their preferred support and review success on an ongoing basis, in other words to be successful in what In Control term self-directed support. This opportunity should be universal; extended to self and co-funders of support as well as Personal Budget holders, especially the over 60s, many of whom are currently forced to make decisions that have massive implications for them without proper guidance. As noted in Chapter One, it is precisely by pulling self and co-funded demand into social markets that we will be able to address critical challenges of building secure revenue streams and covering the costs of essential infrastructure.

Securing appropriate levels of provision of information, advice and advocacy needs to be a higher priority. Government has tended to pay lip-service to the importance of this area. It now needs the attention and investment commensurate to its importance.

It does not follow however that support and advice needs to be either elaborate or expensive to deliver. We see no compelling case for expensive brokerage services for example, both on the grounds of cost, but more importantly due to the dangers of over-professionalising and diluting the powerful benefits of people taking charge of their affairs. Support should be on tap, not on top.

The principle which we believe should underpin the provision of information, advice and advocacy is therefore one of empowerment not direction: individuals should be able to draw on the widest possible range of usable information, more or less formal networks of support to make sense of that information, and, where the complexity of their condition in relation to their personal capacities makes it necessary, the support and advocacy of independent professionals or agencies dedicated to furthering their interests.

- The foundation of such a system is therefore a revolution in the quantity and quality of information available. One essential piece of infrastructure will be e-social

marketplaces that serve the wide variety of distinct products and services that people want to have access to. Such social marketplaces should exploit social technology so as to work through the complete range of media available, from web, mobiles and social networks to the supply of printed lists – old fashioned but still essential if we are to reach groups who are digitally excluded. Such systems should be available for use free of charge by service users and providers, allowing a marketplace of millions of users to evolve. It will also be critical for such marketplaces to help facilitate the model of bottom-up quality assurance outlined above (challenge one) by generating rich forms of customer feedback and creating opportunities for providers to evidence the quality and impact of their services. A second key piece of infrastructure is the provision of a greater variety and quality of information services on a nationwide basis, again working through the full range of media that different people prefer to use. There are many good existing examples of national support services that could be scaled-up. In other cases there are grounds for creating a social support version of Wikipedia, drawing on the combined expertise and experience of service users, academics, and expert providers etc. Finally there is a clear need for simple signposting of the different existing support services available for different purposes.

- Secondly, public agencies should foster the growth of networks of mutual support, enabling the purchasers of public services (be they Individual Budget holders or lead professionals) to exchange information and advice. Such networks might range from some of the activities of user-led organisations or Keyring Living Support networks in social care to expert patient groups or professional associations. These mutual networks might in turn secure more formal advice and support of the type described below, either by contracting with an organisation or owning it on a cooperative basis.
- Such more formal, independent advice and advocacy will remain key for some purchasers of public services, such as many users of social care services who might need help (often low-tech and face-to-face) in navigating complex systems. Whilst we believe that it is essential that public agencies continue to fund such services, and indeed afford them higher priority than is currently the case, we also believe they should step back from delivering them themselves, and should instead increasingly seek to commission them from other organisations. We believe that is likely to lessen the risk of conflicts of interest, and also more likely to lead to the transformational change we need in many service areas – we believe people working within the public sector and steeped in current ways of working are inherently less likely to support people to design their services in a radically different way.

Next steps

To start on the journey towards such a system of information, advice and advocacy:

Central government should set a clear, coordinated direction of travel through various upcoming government papers and pieces of legislation, such as the Localism Bill, the DH vision for social care reform and the DH information strategy.

ESRC and other research funders should prioritise funding for research that helps to prove what works in the field of prevention – especially in the area of social care.

Local public agencies and existing and potential providers of information, advice and advocacy (e.g. providers of independent advocacy or brokerage, providers of web-based marketplaces, organisations that facilitate mutual support networks) should come together

to consider how they can collaborate to promote the greater flow of more useful information, the growth of mutual support networks, and the use where applicable of independent advice and advocacy.

Local public agencies should seek to maintain or increase investment in information, advice and advocacy, but should start moving to outsource the provision those services in order to maximise their independence and their capacity to support innovative service design by the purchasers of services.

Third sector organisations should explore potential new roles in more individualised public service markets, including acting as support agents for peer support groups, or providing independent information and advice.

2.3 Building block three: A new mutuality to drive up provider capacity

If providers are unaware of and unready for the challenges presented by new people-powered services then many will fail and citizens will not experience an improvement and may even suffer a reduced quality of support. Our research and consultation efforts show that civil society organisations are unprepared in key respects: many lack pricing strategies, market intelligence, cost-effective routes to markets and need to do much more to remodel and skill-up their front-line workforces. In an era of spending cuts, these capacity gaps are particularly worrying.

Of course there is a case for urgent awareness raising and capacity building, a process that we have already encouraged through collaboration with ACEVO, NCVO, NAVCA and many local Voluntary Service Councils. The hard truth, however, is that no amount of capacity building, even if we had either the time or resources to do it, will be enough to prepare civil society for the challenges and opportunities ahead. The future lies in a renewed culture of mutuality in civil society.

The development of peer support groups as mooted above will make the transition from block contracting to retail marketing more manageable and will therefore reduce some of the immediate capacity pressures.

The next logical step is for many providers, especially smaller and more specialist ones, to band together to address some of the capacity gaps they face. Several models of successful partnering are already emerging: lead contractors – either private or not for profit – procuring and performance managing a wide range of different services from a large number of subcontractors; lead contractors operating in niche service areas, with either a lead support and subcontract model, or a pure subcontract model; organisations sharing back-office services including marketing and market intelligence; organisations sharing tenure of buildings (through shared ownership, subletting or even time sharing); use of cloud computing that involves virtual terminals and the drawing down of software applications on demand. All of these are potential solutions to the challenges that face civil society as it re-engineers and scales-up some of its core business and operating models. We see a case for a plurality of partnering models and especially for a mix of generic and specialist lead contractors.

A mutual model applies also to the other great challenge of modernising the front-line workforce. We are clear that a 'people power revolution' does not mean the dethroning of the professional. Power in the form of enhanced autonomy needs to shift not just to citizens but to front-line professionals as well, and we see many cases, as outlined in Chapter One,

where we believe professionals could be significantly empowered, including as lead budget-holders. More tailored services might result in demand for less professional expertise in some cases (e.g. the social care Personal Budget holder who would prefer a personal assistant they get on with than a well-qualified professional who doesn't share their interests), but in others it might mean demand for highly specialised interventions, which will in turn depend on a well-trained workforce. It is therefore essential that we invest in the capacity of the front-line workforce – otherwise we will not be able to deliver different, better, more tailored and more cost-effective services in the future. Indeed the trend could move strongly towards increased casualisation of labour, which is poorly paid and skilled. Unfortunately in many areas (such as social care) we are moving from a base and culture where funding for professional development has been directed to Level Two i.e. basic qualifications and the trend, especially amongst the private sector, has been towards exploitative pay coupled with chronically under supported, casual staff.

We need to work to a very different future where better tailored services are delivered by staff with better tailored skills.

We believe that what applies to individual customers applies also to front-line workers; the first circle of support should lie in peer learning and support – action learning support groups with membership drawn from front-line staff working in a locality. The second line of support lies with the employer who should be working to achieve a core entitlement to professional development so as to meet local quality standards (see Challenge One). As noted above, a mutualist model of service delivery could help to improve the terms and conditions of staff employment, including the number of hours available for day release for professional development. A third circle of support should be further developed so as to offer a growing array of national distance learning and support services that can be drawn on on a 'just in time' basis.

Next steps

To start on the journey towards a new mutuality to drive up the capacity of providers and the public service workforce:

Building on the trailblazing work of Lambeth Council (see below), public agencies, providers and service users should join together in a systematic process of service transformation, considering in detail all the detailed proposals made here, as well as the much wider range of effective practice that we have not found space for in this report.

Providers should review basic systems, operational and business models as a matter of urgency in anticipation of a shift to more individualised social markets. Providers should then consider how they might be able to tackle some of their current or upcoming capacity gaps collaboratively in consortia or back-office partnerships. Without engaging or appearing to engage in 'shotgun weddings', local public agencies should consider whether they have a role in facilitating or encouraging such conversations to start.

As part of their workforce development role through initiatives such as Integrated Local Area Workforce Strategies, local public agencies should promote the growth of mutual workforce development of the type outlined above.

The Lambeth Commission on Personalisation

The London Borough of Lambeth has embarked on a project designed to stimulate a thriving market of providers able to respond effectively to personalisation. Key to this has been the promotion of a range of partnership models that enable the delivery of person-centred, flexible and sustainable services.

From the outset this project has been focused on developing strong and resilient cross-sector links. To achieve this, a local Commission on Personalisation was established, bringing together representatives from local civil society organisations and senior officials from Adult Care Services, Children and Young People's Services and the PCT to map out the future of service provision in the area and identify the capacity-building support required to make this vision a reality. In particular, the group has focused on understanding the business model that providers will need to adopt in order to capitalise on the opportunities afforded by personalisation. Following consultation, the Commission opted to drill down further into the following areas:

1. Developing and supporting a skilled workforce that is responsive, flexible and creative
2. Assisting organisations to market their services in a way that informs and benefits service users and commissioners
3. Helping organisations effectively cost services that can be purchased within a commissioning framework that engages service-users and commissioners
4. Helping organisations measure and evidence what they do so that they can be clear about the outcomes of their work and the impact they are making.

A range of providers – both large and small – have shared examples of best practice, offered up their experiences of managing the changes required and also been very honest about instances where current working practices have inhibited the choice and control of service-users. In turn, local statutory agencies have been open about the approaches they are taking to implement personalisation and areas where they have been unable to formulate viable solutions. All those involved have engaged in constructive dialogue around the impending public spending cuts and a concerted effort was made to identify and develop the skills that will be required from statutory commissioning bodies and civil society leaders to mitigate the impact of this on the citizens of Lambeth. The Commission's final report *Survive and Thrive: How organisations in Lambeth can adapt and flourish through the personalisation of services* brings together the key themes of this programme of work and is a key starting point for local organisations fundamentally changing almost every aspect of their working practices in response to personalisation.

Provider mutuality in action

In the past few years, a variety of consortia models have emerged to support third sector organisations bidding for or delivering public services.

For instance, at a national level 3SC was established to bid for large public sector contracts on behalf of voluntary organisations who would otherwise be unable to access contracts of such size. It is managed by a board of ten civil society organisations and brings together consortia for individual contracts, which it then capacity-builds and performance manages where the bid is successful. It was one of the largest providers of DWP's Future Jobs Fund services and continues to bid for welfare to work and offender rehabilitation services.

At a subregional level, Greater Manchester Centre for Voluntary Organisation has established a consortium for learning and skills providers, enabling them to access contracts which would be too large to take on individually, and has also set up a health services directory to provide NHS commissioners with rapid, accessible information on their local voluntary sector providers.

2.4 Building block four: Supporting prevention and the development of social capital

In a variety of different fields (most obviously social care) there is a danger of public resources being concentrated on those with the most severe needs – meaning that people with significant but noncritical needs miss out, and that people's problems get steadily worse until they end up passing the threshold for help from the state. By that stage they are likely to cost the taxpayer more, and they and those around them are likely to have suffered more than they might have had support come earlier. If a 'people power revolution' is superimposed onto this trend, we will be putting power into people's hands only once they or their communities have suffered more, only once they get to a stage where they will cost the taxpayer more, and in all likelihood only once they get to a stage where they are less able to manage the power we as a society want to give them.

Getting the balance right between prevention and cure has never been easy, not least due to the paucity of rigorous evidence in many service areas about what works, what interventions cost and therefore what cost savings are possible over time. Furthermore there is the challenge that local communities are increasingly open systems that experience significant flux, so ascribing cause and effect is often problematic and positive impacts may in fact be accrued outside the locality in question. At a time when public spending is being cut, preventative work is particularly vulnerable.

It is clear to us, however, that devolution of power within the welfare state must be accompanied by a greater focus on prevention.

Partly this will require **political leadership and courage**. It will require central and local leaders not to see preventative work as an easy target for spending cuts.

Partly it might be facilitated by a **major increase in social investment in preventative services**, with payment offered on a results basis, thereby bringing investment into prevention with the taxpayer paying for that investment only if it is successful in reducing costs elsewhere. Central and local public agencies should therefore seek to learn from the piloting of social impact bonds in offender rehabilitation in Peterborough and explore how it

might be applied to other public services.

Partly, a greater focus on prevention might be made possible by **greater use of co-funding** in public services, as for instance is currently being considered by the Commission on the Funding of Care and Support. Greater use of co-funding could bring more money into the system and could be designed to incentivise people to spend private money on activities or services likely to reduce their need for more expensive, acute services at a later stage. We would urge the Commission, and central and local government more generally in their consideration of the use of charging for public services, to do so with the following basic aims in mind: to bring more money into the system, to promote equity as much as possible, and to incentivise 'upstream' behaviours or use of services which reduce the need for more expensive services 'downstream'.

Above all, however, we see **promotion of social capital** as key to preventing social problems from worsening and to reducing their cost burden on the state. Our vision in this report is of people being helped to do more for themselves and each other and this depends upon building up base levels of bonding, bridging and linking social capital over time. No strategy for people-powered services would therefore be complete without serious, large-scale methods of building social capital.

We should therefore make a major, direct investment in rich, effective, local associative life. It will take decades for new forms of community to take much of the strain of a state pulling back from delivering some frontline services: without investing in communities now, we will simply be leaving people to fend for themselves.

We therefore believe that the public service markets created by the devolution of purchasing power should be tilted from the outset towards mutuality. We should not just blindly assume that people will come together to help themselves. Beyond the measures to promote mutuality already outlined above, we propose:

- **Mutual Budgets.** Where budgetary power is devolved to individuals (as with Personal Budgets in social care or health), local agencies should experiment with offering Mutual Budgets: a small payment for every person who agrees to work together in a peer support group. The total sum generated by the aggregated account could then either be used by the group to cover the transactional costs of mutual support activity. Even when aggregated, this is not envisaged as a large sum of money, but a small sum that would incentivise people to band together and that would help overcome the real but often small-scale barriers to such mutual activity. It might help form the basis for more significant pooling of resources, for instance through cooperatives of Personal Budget holders. In many cases such peer groups could build on existing support groups, but allow them to be better supported and more inclusive. We envisage that more funding would be offered to those with a high threshold of needs and less for those who are better able to self or co-fund their needs, but all would get something.
- **Neighbourhood budgeting and community organisers.** We see real merit in the efforts of some local authorities to devolve power over some public service budgets to a neighbourhood level, with local people involved in deciding how those 'neighbourhood budgets' should be spent. Clearly, there are issues of equity and

'capture' by particular individuals or minorities which need to be managed, and maximum transparency and sharing of good practice should therefore be encouraged. However, we believe that such neighbourhood budgets managed by local people could help build social capital and encourage or enable people to take control of their communities. We believe they could represent a powerful way to promote public health, positive activities for young people, community safety and local associative life, as well as other activities that promote prevention or reduction of need for social care services. We also see real merit in the government's recently announced plan to fund community organisers but believe that the proposals could be made more ambitious and more sustainable by linking them to such neighbourhood budgeting activity or the funding for mutual support structures we have proposed above. Community organisers – essentially people who can act as connectors and fixers at a local level – could be wholly or partly funded through such neighbourhood or mutual network funds. Indeed over time as funds achieve key metrics such as reduced obesity, substance misuse, or fear or incidence of crime, they could be rewarded with additional funding to sustain and increase the positive impact still further.

Next steps

To start on the journey towards this vision of prevention and social capital:

The Commission on the Funding of Care and Support should consider as a priority the question of how any new funding system could be structured so as to incentivise investment into prevention, thereby making it more sustainable in the long term.

Working with civil society organisations with experience of facilitating peer support networks, local public agencies should experiment with 'mutual budgets' as a means of bringing the growing number of Personal Budget holders together to support one another.

Central government should support the growth of 'neighbourhood budgeting' by local authorities, and should maximise transparency and the sharing of good practice between areas. To inspire players in local government and civil society to take up the model, to spread best practice and prevent some of the potential problems associated with neighbourhood budgeting, it should act swiftly to move this agenda from marginal 'under the radar' activity to a more visible and more general shift in practice.

Central government should explore ways in which proposed 'community organisers' could work with the grain of (and support the growth of) neighbourhood budgeting and mutual support networks.

2.5 Large scale social investment

The proposals for service transformation outlined in this report will result in a financing cost well in excess of many billions of pounds. This includes the costs of investing in vital infrastructure such as quality assurance services, asset redevelopment, investment in forms of collaboration, financing of investment in prevention and social capital. Above and beyond this, there are the major capitalisation issues facing organisations working at risk on a results basis, organisations facing revenue insecurity in a retail market for personal budgets and a mounting need for general investment to innovate, gear-up and be ready for the new opportunities ahead.

Given the current poor track record of High Street Banks in lending to SMEs in general, it is clear that banks will only provide a small percentage of the future capital requirements of civil society. The further challenge is that the new Big Society Bank, which is now badly needed, is bound to take many months to come fully on stream and the levels of early funding are reported to be much more modest than previously committed.

It is therefore vital that Government incentivise greater social investment of private capital. We have three main proposals.

1. Social Investment Relief – SIR

Central government should make all income and capital growth from social investments tax free for UK tax payers, a new Social Investment Relief (SIR). All licensed social investment intermediaries – including potential private sector providers – would be eligible for the scheme, with a public benefit test applied to all funding programmes.

We believe that such a programme would act as an incentive for major new investment in front line public services, tapping sources of capital that might otherwise remain in poorly paying savings accounts or be channelled into foreign investment. There would therefore be a major upside for Treasury and HMRC in terms of added investment, improved social and economic regeneration and a moving of debt away from the public to the private/civil society sector.

2. Tax credits for charitable trusts

A similar logic should be applied to Charitable Trusts that already benefit from generous tax breaks but still lack an incentive to engage with social investment at the level they might. The great potential is evidenced by the fact that already some £60m is being made available by UK trusts for mission related investment, i.e. repayable investments that serve their ultimate charitable purpose. This figure could be multiplied several times over if trusts were able to claim relief on the other taxes that they still pay, including National Insurance and VAT. We therefore propose that the existing Community Investment Tax Relief scheme is re-purposed to serve this purpose.

3. Government investment

We welcome the government's decision to maintain the Community Builders Fund and the Social Enterprise Investment Fund, but it is of concern that the Futurebuilders Fund is currently frozen, meaning that the one fund targeted at building third sector delivery of public services is unavailable at a time of mounting need and demand for finance.

While we understand the government's wish to use the capital and interest repayments to fund other small grant programmes, this results in inefficient management of the loan portfolio as a whole, which could be refinanced and scaled in a number of creative ways, if it was under the control of a professional fund manager rather than the government. We therefore urge the Government to reconsider its decision to freeze the Futurebuilders Fund.



3

Chapter Three

What a real people power revolution might look like

In this Chapter we illustrate what the real devolution of power outlined in Chapter One could look like for a range of different groups of people, namely offenders, children with special educational needs, jobseekers people with mental health problems and older people with dementia.

Many of us are aware of alarming statistics that highlight some of the endemic problems that exist within the current system of public service delivery, for example:

- There are areas of the country in which 60% of those released from prison reoffend within two years.⁴
- One third of young offenders' lives show clear signs of undiagnosed dyslexia when they enter the criminal justice system.⁵
- Sixteen year olds with Special Educational Needs are twice as likely as their peers to be NEET (Not in Education, Employment or Training) and three times as likely when they reach 19.⁶
- The UK has one of the highest rates of self-harm in Europe, at 400 per 100,000 population.⁷
- 9 out of 10 prisoners have some form of mental disorder.⁸

While it is important to acknowledge there is no silver bullet for improving public services across the board, **we believe there is a better way.** There are generic issues in many areas of public service delivery that have led to an active disempowerment of individuals, their support networks and the professionals they work with. This has created a widespread poverty of ambition with many losing sight of the ultimate objectives they are trying to achieve.

This section of the report is not intended to depict personalisation as a panacea or imply that there are not examples of fantastic work within the current system. Instead it has been included to show that devolving power to individuals, communities and professionals will enable the resources available to be spent on the services and interventions that are most needed and will make cases of bad practice much more easily challengeable by those whose lives are most impacted by them.

4 *Managing Offenders on Short Custodial Sentences*, National Audit Office, March 2010

5 *An examination of the relationship between dyslexia and offending in young people*, University of Edinburgh, 2001

6 *Green Paper: Children and Young People with Special Needs and Disabilities*, October 2010

7 Mental Health Foundation, www.mentalhealth.org.uk

8 *ibid*

3.1 How can personalisation work in mental health?

Poor mental health affects 16.7 million people across the UK and in England alone it costs £77 billion each year⁹. Yet many feel abandoned by a system in which they have little control over the services they receive and feel disempowered by the convoluted and bureaucratic way in which support is accessed.

Personalisation in mental health will require seismic shifts in working practices. As a starting point, the fractures that currently separate funding from health, social care, access to work, supporting people, independent living funds, educational support will need to be welded together to enable budgets to be shaped around individuals. Beyond this, service-users and professionals have expressed the vital importance of transforming much of the current system in order to create a new system which has the potential to deliver huge cost savings to the Government, as well as improved outcomes for service-users. This includes:

- A single assessment process
- Planning and funding linked firmly to outcomes
- Built-in fluctuating needs and crisis plans
- Opportunities to free up the money individuals are already spending on their care through top-up schemes which streamline access to the right support

Applying the principles of personalisation to those affected by mental health will require a different approach to care planning and resource allocation and must not be imposed in a 'one size fits all' manner. **Tools to enable recovery-focused support based on individual needs are becoming more common in mental health services and their use should be extended to all those holding Personal Budgets¹⁰.**

Crisis planning is a particularly significant element of making personalisation work in mental health. Service-users who have been able to hold Personal Budgets on a long-term, sustainable basis have outlined the importance of documenting all aspects of the plans that they have put in place for episodic lapses in their condition. This includes the support services they want to access, the people they want to contact, how they want statutory agencies to behave, who will look after their children/pets/houses, who will have responsibility for paying household bills etc. This means that, although individuals will not know how frequently their condition will worsen, it will be possible to know how these periods will be overcome and what their life will be like once they are back on the road to recovery. It is essential that a proportion of the money provided in Personal Budgets is stored as an 'emergency fund' that can be used to pay for the additional support needed during periods of 'crisis'.


We recommend that the Department of Health's strategy for social care reform is extended to incorporate mental health provision. This should then include proposals to overhaul the current assessment system, make Personal Budgets available wherever possible and build in 'crisis' planning as common practice among professionals.

The two case studies below, highlight the diversity of those impacted by mental health, which ranges from fluctuating conditions like depression to deteriorating conditions like dementia. However, both point to the potential personalisation has in changing people's lives:

⁹ Medical Research Council Review of Mental Health Research, May 2010

¹⁰ See <http://www.mentalhealthrecovery.com/> for an example of one of the best of these.

First name	Janice
Age	33
Gender	Female
Brief family/life circumstances	Janice lives in a small village in North Yorkshire. She has suffered from chronic depression for over a decade and has frequently been hospitalised.

Journey through the current system	Journey through a personalised system
<p>Janice first displays signs of depression in her childhood after she is bullied at school. She becomes increasingly withdrawn in her teenage years, showing signs of self harm, heavy drinking and brief episodes of heavy drug use. She is prescribed antidepressants by her GP and invited to take part in a peer support group with other teenagers with similar problems.</p> <p>When Janice takes her medication, her condition improves. However, during periods when she forgets or chooses not to, she struggles to leave the house, damaging her attendance records at schools and leaving gaps in her education. She leaves school with fairly basic qualifications, but does not have the confidence to apply for jobs. She lives at home with her mother and claims income support and disability allowance.</p> <p>In her early 20s Janice has a breakdown. She is hospitalised for three months during which time she tries to take an overdose. During her stay she has intensive therapy sessions and her prescription is reviewed and adjusted.</p> 	<p>When Janice first displays signs of depression at school, her GP talks to her about her hobbies and the various interventions available for her condition. She is prescribed anti-depressants and referred on to various sports clubs to increase her confidence. She begins swimming lessons.</p> <p>As she gets older, Janice begins to self-harm and experience bouts of severe depression. After a particularly serious episode, she returns to her GP who discusses the possibility of getting her a Personal Budget. It is suggested that she may benefit from contact with an advocate who will support her and her mother through the application process, help them draw up a support plan and manage the budget on Janice's behalf.</p> <p>Janice's advocate is from a local voluntary sector organisation specialising in mental health. From the outset they discuss what Janice would like to achieve in the next five – ten years, as well as the kind of services that she will be able to purchase with her Personal Budget. They also talk about the kind of triggers Janice experiences when her condition worsens and what 'crisis' plans should be in place should she become seriously ill.</p> <p>When completed, her support plan includes detailed interventions for 'crisis' moments, as well as a daily maintenance plan.</p>

Journey through the current system

On her discharge she returns home. She struggles to readjust to her home life. She finds herself becoming more and more exhausted by daily activities. Her new medication makes her gain weight which increases her anxiety about leaving the house. On visiting her doctor she is recommended to attend activity sessions being run by a local voluntary sector organisation specialising in mental health. She also sees her psychiatrist every three months and a community psychiatric nurse every fortnight.

Janice's condition improves. She makes friends on the course and thinks about moving out of her family home. However, following an altercation with her mother, Janice recognises the trigger signs which generally precede an onset of severe depression. She tries to contact her community psychiatric nurse, but she is on annual leave. Janice is referred to her colleague, although an appointment can not be arranged for at least another week. She visits her GP who increases her prescription, but is unable to respond to Janet's wider concerns about her living arrangements and lifestyle.

Janice stops taking her medication and has another breakdown. This time she is hospitalised for 6 months, after which she is referred to a residential home for those with long term mental health problems. Her benefits are stopped, but when, after 14 months, she moves back into her mother's house, she reembarks on the process of claiming them once again.

Journey through a personalised system

Janice suggests that a serious trigger for her condition is her relationship with her mother. She spends her Personal Budget on family counselling which goes some way towards addressing this.

Her advocate suggests she may want to try yoga or meditation to ease her anxiety. She agrees and spends a portion of her budget on this. She also continues with her swimming lessons and pays for one to one tuition, which increases both her fitness and her confidence levels.

It is agreed that when she feels the trigger signs, her GP or her advocate will be the first contact point. She has an emergency 'buffer' built into her budget that can be drawn down immediately for more intense services when required.

Through a combination of medication, yoga and swimming, Janice manages to keep her condition largely under control. She has a fairly high attendance rate at school.

In the period before she leaves school Janice experiences only one brief spell in hospital after she stops taking her medication following a particularly bad row with her mother. Her advocate and her GP discuss ways of preventing this from happening again.

They talk about putting in place a strategy which will ultimately lead to her living independently. This includes progress towards getting a paid job, managing household budgets and developing basic life skills like cooking and cleaning.

Janice leaves hospital feeling far more positive and committed to achieving her long-term goals.

First Name	George
Age	67
Brief family/life circumstances	Showing signs of early stages of dementia, extremely socially isolated

Journey through the current system

George is left socially isolated when his wife dies. He does not know many people in the area and feels uncomfortable socialising on his own. George is fiercely independent and his son, who he speaks to every couple of weeks, lives abroad. Following a fall in the street, George spends a short time in hospital. Nurses note that he appears to be lonely and that he is displaying some symptoms of dementia and pass this on to those on the district nurses team.

On his release George is given a wheelchair. Although district nurses take every measure to ensure that he is able to manoeuvre his way around his house, he struggles to get used to this change. His difficulties with his home environment increase – he is unable to maintain his personal care or the hygiene of his property. He begins sleeping in his wheelchair and rarely changes his clothes. The friends he does have locally stop visiting him as his living standards deteriorate.

In the weeks before his 70th birthday George begins to display some significant dementia symptoms. His vocabulary becomes more limited, he displays signs of short-term memory loss and becomes increasingly disorientated. His son is alerted to these changes and makes contact with George's GP. A district nurse visits him and finds him in a state of undress, agitation and aggression. She talks to him about what his care options are, but he does not cooperate.

Journey through a personalised system


During his time in hospital, the nurses raise the issue that George is displaying early signs of dementia and a social worker visits him. At this initial meeting, George is asked about how he is coping living on his own. He is adamant that he wants to continue living in his own house and they discuss the kind of support he needs to allow this to happen.

George is put in contact with a local voluntary sector organisation who work alongside him to draw up a support plan that forms the basis of his allocated Personal Budget, which he opts to have managed on his behalf by the local authority. At the outset he undertakes a reablement programme to ensure he is able to function sufficiently well before he returns home.

During this time it emerges that George is no longer able to go to the shops on his own and is struggling to keep his house clean.

The organisation help him go through the process of recruiting a personal assistant who will visit him daily to help him carry out basic household chores, take him to the local shops, eat lunch with him and support him to make connections in the community. After a short time, his PA accompanies him to a local film club which meets weekly. He finds he enjoys it and attends regularly.

As George's dementia worsens, his PA helps him make an appointment with his GP. He is prescribed donepezil and they discuss ways he can slow the progression of the condition.

Journey through the current system	Journey through a personalised system
<p>George is visited by a social worker who tells him that he will have to be relocated to a residential home. George feels extremely anxious about this and fears his house will be sold if he leaves it. He uses extremely violent language and asks the social worker to leave.</p> <p>As George's condition worsens, he is often seen by neighbours late at night looking lost and confused. When George is found asleep in a park, the police are contacted and he is taken to hospital.</p> <p>Social workers take the opportunity to visit the house and find it in a state of total disrepair. Following conversations with his son, George is released from hospital into a local residential home.</p>	<p>He continues to attend his film club and socialise with those he has met.</p> <p>When he begins to leave the house at night, it is agreed that he should employ additional support at night. Although George continues to get out of bed, he is prevented from going outside and his safety is protected.</p> <p>In this way he is enabled to stay in his own home until a few weeks before he dies.</p> 

3.2 How can personalisation work in Special Educational Needs?

Many of the debates on personalisation have yet to really focus on Special Educational Needs and Disabilities (SEND). However, with 1 in 5 children identified with some form of SEND it is essential that any reform of the education system – especially when it has such potential to make a difference to the way people learn – is shaped by the parents and children impacted by it.

The findings from the recent Ofsted review of provision¹¹ echo those of other reports published in the last 12 months, including the Lamb Inquiry, which highlight the role that parental relationships with schools should play in determining the way children progress through the education system and point to the undeniable fact that many parents feel disempowered and alienated by the current statementing processes.

In the main, evidence shows that most parents want to be sure that their children are receiving high quality support and reaching their full potential across the curriculum. Their main focus is on the outcomes that can be achieved, rather than the intricacies of the inputs and outputs of the interventions that are available. Many families of children with SEND spend considerable sums on assessments by private Educational Psychologists, Speech and Language Therapists and other professionals. Those with the means often also pay out for a range of private tutoring and other interventions, with few having any way to gauge the quality or effectiveness of what they are purchasing. Many simply have to assume that this investment of time and money is making a positive difference for their children

In order to create the conditions for effective, broad scale change to the way children with SEND experience education there needs to be an increased focus on developing positive

¹¹ A statement is not enough – Ofsted review of special educational needs and disability, September 2010

parental relationships; active engagement with children with SEND; a greater commitment to delivering on mutually agreed outcomes and an emphasis on providing accessible, evidence-based information for parents and children.

The Government has already proposed to build on the models of federations or clusters of schools that was started under the previous administration and **we believe these are an ideal vehicle for delivering real change.** This model has the potential to enable schools to draw on the knowledge of specialists in the five most common SENDs¹² from across the clusters they are part of. This should allow significant spending decisions around SEND provision, training and capacity building to be made by teachers, parents and representatives from local government and the NHS working together.

3.2.1 Individual Budgets for children with Special Educational Needs

For personalisation to be effective for children with SEND, Individual Budgets would need to be coupled with a funding entitlement for schooling (voucher). Families could use this to select and pay for the right school for their particular child's individual needs – ending at a stroke decades of sterile debate about inclusion in mainstream versus special schooling.

Individual budgets for children and young people with SEND would then be calibrated to levels of need as mediated through the current categories of School Action, School Action Plus and Statements of Special Educational Needs (or any successor categories that may emerge following the SEND Green paper). These would be set following independent assessments of need.


Families would hold their child's Individual Budget and use it in discussion with the school on evidence based approaches linked to positive outcomes. SEN plans for individual pupils would be set and reviewed termly. Budgets would be held by the school in a ring-fenced account using prepay technology. Children and young people and their parents would access an online marketplace of evidence-based quality assured activities and programmes to address SEND and the barriers they create for learning, so they would be able to choose the right programme for their needs in discussion with their school.

This, and the model more generally, would provide incentives for clusters of schools and other suppliers and venues to collaborate in order to serve needs comprehensively and cost-effectively across an area. Parents who were able to could purchase additional help for their children, thus pooling their purchasing power with others in the school/cluster of schools. Families doing this would have the confidence of purchasing evidence based, quality assured interventions, which would be well integrated with programmes within school.

We recommend that the upcoming Green paper on children with Special Educational Needs and Disabilities include proposals to introduce Individual Budgets for children with Special Educational Needs, incentivise collective spending of budgets across clusters of schools for children with low level need and increase the provision of high quality information and advice available to parents and schools.

¹² These are: speech, language and communication needs; learning difficulties; behavioural, emotional and social difficulties; dyslexia; autistic spectrum disorder (source: *Lamb Inquiry Report*, para 2.4)

First Name	James
Age	16
Gender	Male
Brief family/life circumstances	James lives in London with his mother and suffers from a range of Special Educational Needs.

Journey through the current system	Journey through a personalised system
<p>James starts at a mainstream school at the age of four. His mother reports to his teachers that she is finding it difficult to manage his behaviour at home. His teacher is sympathetic and looks online for useful examples of successful interventions. She finds lots of different ways of improving behaviour but finds it difficult to identify which ones have a strong evidence-base. She agrees to monitor James, but as she has not had specific training on SEND, she fails to link his significant speech, language and communication problems with his increasingly poor behaviour.</p> <p>By the end of his first year it is becoming apparent to his teachers that James is having significant difficulties with learning. Poor behaviour and attendance rates are becoming a real concern. A support assistant recognizes that his inability to communicate effectively is triggering deep frustration and resentment. He is assessed as requiring School Action and his teachers draw up an Individual Education Plan. James's mother investigates employing a private speech and language therapist to try and help him overcome his communication problems. However, she finds this is too expensive for her and she is not sure how one-to-one therapy sessions would help James at home and in the classroom.</p>	<p>James starts at a mainstream school at the age of four. His school is part of a cluster of four schools which are equipped to deal with most SENDs through a high level of staff training and their links with a local special school. This ensures expertise from across the schools can be shared and all children can be catered for and supported to reach their full potential. When James's mother informs his teacher that she is struggling to cope with his behaviour at home, he is able to point her to a local support group for parents of children with SEND. He also directs her to a range of effective, evidence-based interventions to improve his behaviour and develop his communication skills at home as recommended by staff at the special school.</p> <p>After six months James's teachers suggest that he requires more intensive support. He is assessed and provided with a small Individual Budget. He and his mother are supported through this process by an SEND group made up of parents and teachers from across the cluster of schools. This group receive monthly coaching on ways of improving their children's condition at home from specialist teachers employed across the cluster of schools.</p> 

Journey through the current system

By the age of eight James' academic attainment and behaviour have worsened. A second statutory assessment of his educational needs shows that his speech and language needs have impacted on his literacy and numeracy: he has severe dyslexia and dyscalculia. As a result, he is given a place at a special school. In his assessment it is noted that his first response to pressure to work is to hide and cry and that the high anxiety levels and frustration resulting from his inability to communicate effectively is making him lash out at his teacher and classmates.

James' new school is a generalist special school. The Head recognises that pupils like James need expert support and evidence-based speech and language interventions but despite years of trying has been unable to get more than a couple of visits a term from the local NHS speech and language therapy team. Therapists leave programmes and material for James to complete at school, but since school staff have had no training in supporting children with speech, language and communication needs they lack confidence. Too often, the programmes and materials just don't get done.

In the following few years, James displays a range of challenging behaviour and is suspended from school a number of times. At one of the annual reviews of his statement of special educational needs, James is asked what he thinks is needed to break this damaging cycle. He expresses his interest in continuing to study drama, PE and design technology. He also says that he would be keen to be more involved in decision-making about future educational plans. The teaching staff take James seriously, but do not know where to access the specialist support that he requires.

Journey through a personalised system

James and his mother choose to use his budget to allow him to join a group of children who are supported by trained staff from the special school. She also meets other parents who are looking to buy in additional word recognition support. With advice from specialists within the cluster of schools, they pool their resources to purchase evidence-based speech, language and literacy. This support is made accessible to all children with poor language skills across the school cluster, boosting attainment and improving behaviour across the school.

The help James receives, particularly for his problems with communication, enables him to make some good progress and he appears more settled, really enjoying sports and PE.

Over the next few years it becomes increasingly clear to his teachers that the level of support being provided to James is not sufficient. His speech and language problems have impacted on his literacy and numeracy, meaning he struggles with written work.

A further assessment shows that James does indeed have dyslexia and dyscalculia. James is given a statement of need by the local authority. His Individual Budget, which is allocated on the basis of his statement, is increased.

James and his mother access advice on how to spend the funding he receives through a local voluntary organisation which specialises in SEND. James is asked about what kind of help he would like and helped to use the online market place to purchase support. He opts to have a learning mentor, who will have responsibility for one-to-one reading tuition, keeping detailed records of attendance and punctuality, regularly consulting with James's mother on his progress, drawing up action plans for study and revision and assisting with confidence building exercises.

Journey through the current system	Journey through a personalised system
James continues at his current school with increasingly poor attendance rates until he drops out of the education system completely at 16 with no formal qualifications.	As he starts secondary school, James's learning mentor sets up meetings with his form teacher and head of year to discuss his progress and how best to put in place the interventions that work well for him. James uses some of his Individual Budget to buy a laptop and programmes to help him improve his word recognition and spelling. By the time James leaves secondary school he has A – C qualifications in Maths, Science, Sports Science, Art and ICT. He contacts his local FE college and applies for a course to become a personal trainer.

3.3 How can personalisation work in Welfare to Work?

The Government has emphasised their commitment to completely overhauling the welfare to work system in response to an increasing body evidence showing that a significant proportion of those receiving help from Job Centre Plus fail to secure sustainable employment. The Social Market Foundation's report 'Vicious Cycles' highlighted the fact that every year, millions of people make repeat claims on Jobseeker's Allowance (JSA), Income Support (IS) and the Employment Support Allowance (ESA). Administrative data on JSA, for example, suggests that some 40% of claimants who find work reclaim JSA within six months, demonstrating their hugely weak attachment to the labour market.¹³

Reversing this trend will require a greater commitment to developing a circle of support around an individual, ending the 'one size fits all' approach of the current system. It will require far more integration between health, social care and criminal justice and a new, sophisticated commissioning framework which is based around outcomes, but recognises 'distance travelled' for those who are harder to help.

A new model of provision should be based on early, effective triage, in which individuals are assessed as soon as they enter the benefits system so that a tailored and targeted support programme can be developed from the outset. A budget set at a sufficient level to allow this programme to be implemented should be handed down and managed by skilled Job Centre advisors. This could then be spent on interventions offered by any provider from across the public, private and voluntary sector, including niche and specialist providers.

We recommend that the Work Programme is developed in a way that ensures individuals' needs are the priority. Services must be shaped around the individual and, where appropriate, fast streaming to specialist provision should be made possible.

¹³Vicious Cycles: Sustained employment and welfare reform for the next decade, Social Market Foundation, July 2010

First name	Helen
Age	23
Gender	Female
Brief family/life circumstances	Helen started working at 16. She has few qualifications and has never been able to sustain a job for over a year. She is the primary care giver for her mother and struggles with anxiety attacks, exacerbated by some elements of employment. She was forced to leave her last job following a severe bout of depression.

Journey through the current system	Journey through a personalised system
<p>Helen visits her local Job Centre after she loses her job. An advisor supports her to apply for Jobseekers Allowance. She is told she will need to demonstrate that she is 'actively looking for work' to receive this on a continuous basis. Over the next three months she receives some light assistance to improve her CV. When, at the end of this period, she has not found a job, she receives some more intensive literacy and numeracy training. Despite this, six months after losing her job she has had two job interviews but has not been offered employment. She has received no support for her depression which has not improved.</p> <p>Through the Flexible New Deal, she is now moved to an increased level of support with her advisor. He helps Helen make contact with a local counselling service and she is set up with regular sessions. He also supports her to make an appointment with her GP to see if she requires medical support for her condition. Her GP suggests that she should take more exercise and recommends walking. Helen does this intermittently and sometimes recognises the benefits.</p>	<p>Helen visits her local Jobcentre after she loses her job. At the initial meeting, her advisor talks with her about her employment history, the skills she developed at school, her outside interests and her living arrangements. He discovers her history of mental illness and that she spends most of her time caring for her mother. She has few friends and no real support network. Helen is helped to claim for Jobseekers Allowance and Carer's Allowance. They also discuss her aspirations and she mentions that she would ideally like to work with horses.</p> <p>Her advisor works with her to draw up a support plan, emphasising the different milestones she will have to get through before she feels 'employment-ready'. Helen is allocated a Personal Budget on the basis of this plan and this is managed by her adviser. He uses it to approach a local voluntary organisation specialising in helping those with mental health issues into employment. It is agreed that they will be paid on a payment-by-results basis, with some funding being linked to Helen successfully sustaining a period of work experience, some being paid on Helen being offered a job and further funding available for her sustained employment. He also contacts social services to see if her mother is eligible for her own Personal Budget or some other form of additional support.</p>

Journey through the current system

Over the next few months her condition improves and Helen's confidence grows. Her adviser supports her to attend a few more job interviews, although they have had little discussion about why she has never been able to sustain employment for more than six months. After ten months of unemployment, she is offered a job at a florist which she accepts.

For the first few weeks Helen enjoys the job. She feels fully recovered, stops attending her counselling sessions and very rarely takes any exercise. However, balancing her caring responsibilities with a full-time job means she soon becomes exhausted, increasingly anxious and unhappy. She attempts to contact her adviser but finds he has moved on. She makes an appointment with her GP who diagnoses depression and attacks of anxiety. He prescribes her Xanax which she sometimes takes.

Over the next week her performance at work suffers, she struggles to arrive on time and appears listless. She begins calling in sick fairly regularly and eventually, ten months after being offered the job, is fired.



Journey through a personalised system

Helen attends a peer support group and is invited to join a local walking club. Her adviser puts her in contact with a counsellor who gives her a range of coping strategies for dealing with anxiety. He also contacts her GP and begins to put arrangements in place for her mother to hire a PA for the periods when Helen will be at job interviews or working. The voluntary organisation she is working with arranges for her to start doing some work experience at a local stables.

During this time, a volunteer mentor from the organisation accompanies her to the job interviews she gets and talks to her about overcoming nerves.

She is eventually offered a receptionist job at a veterinary practice. Her mentor accompanies her on her first day and sits alongside her during her induction. For the following few weeks, her mentor meets her for an hour each day to discuss her progress. Helen's manager and her mentor discuss a range of options that would enable her to spend some of her working time at a local stables, building up to an NVQ in Horse Care.

Over time Helen's mentor visits her at work less frequently to ensure she does not become dependent on the support. She is, however, available when Helen contacts her.

Three years later, Helen is still working at the veterinary practice. She has successfully achieved her NVQ and is starting to look for a job which utilises her new qualification.

3.4 How can personalisation work in criminal justice?

It is widely acknowledged that the criminal justice system has largely failed to operate in a way that enables professionals or individuals to make decisions about the support they access. In a significant proportion of cases, despite the advice of those working closely with offenders, individual's 'needs' are aligned to crude 'risk factors' and the services available in their area or prison, rather than those that could really aid their rehabilitation. This has led to significant numbers of individuals receiving, for example, the same literacy or behaviour management courses multiple times with little resultant benefit. It has also created a situation where motivation/ personal interests play a negligible part in determining the kind of support programmes available, meaning that attrition rates are extremely high. Segmenting people's lives in this way – based on silos and funding streams – is antithetical to personalisation. It leads to incredibly wasteful use of resources and contributes to increasingly disappointing reoffending rates. To turn this around, offenders must be able to access support that is meaningful, relevant and focused on addressing underlying issues, e.g. substance misuse, housing etc.

Applying the principles of personalisation in this system will necessitate **real political bravery** to overcome some of the negative attention that surrounds debates on offender management. However, the massive potential for this kind of reform to **reduce reoffending, reduce costs and bring in a radically different style of service provision** should make it highly worthwhile.

3.4.1 'Through the Gates' Budgets

A real step-change in the outcomes delivered by the Criminal Justice system, would be achieved through introducing a professional-led budget aimed at easing the transition 'through the prison gates' and, therefore, making it easier for individuals to integrate into communities and break the damaging cycles of reoffending. This would build on the positive work being done by the St Giles Trust and Blue Sky Development, both of which show the positive impact that intensive mentoring, peer support and devolved decision-making can have in preventing reoffending.

A professional-led budget should be based on an offenders level of need and managed by a lead worker inside prison, with the possibility of transferring this to a third party organisation on the outside through an extension of 'in-reach' work, where outside agencies make contact with prisoners before release. The budgets should be able to be spent inside and outside prison, meaning that individuals could start a course inside and continue it with a provider on the outside or identify a training programme inside and have a place set up by the time they are released. Sentence planning must become a far more integral part of the rehabilitation, with professionals being challenged to raise the consistency and quality of their approach. As soon as the individual enters prison negotiations should be started around questions such as: What interventions would stop you from reoffending? What triggers negative behaviour? What would raise your self-esteem and level of aspiration? A support plan must be coproduced with the individual, based on their particular needs, as well as the social and economic context of the community they will be released into, e.g. the local jobs market, skills gaps etc. It is also essential more is done to engage families in discussions on what would make resettlement a success for them, as it is often positive familial links that prevent reoffending.

The 'Through the Gates' Budget must build on the most effective learning from the Total Place pilots. Money from housing, JobCentre Plus, health, education, the benefit system as well as local criminal justice agencies such as the police should come together to create a budget shaped around the person.

We recommend that professional-led budgets be included as a central part of the Ministry of Justice's Green Paper on Rehabilitation being published early next year.

First name	Duncan
Age	28
Gender	Male
Offence	ABH
Sentence	6 months imprisonment
Brief family/ life circumstances	His mother is a drug-user with an abusive boyfriend. He has experienced periods in care. He is suspected to have ADHD and has had bouts of depression as a teenager but no formal diagnosis has been made. He has a history of heavy drinking and using drugs, mainly cannabis but also acid and amphetamines. Since he was 17, he has had periods of street homelessness, combined with stays in hostels or sofa-surfing with friends. He currently has 14 convictions for 29 offences and four previous custodial sentences for common assault (x2), criminal damage and shop-lifting.

Journey through the current system	Journey through a personalised system
<p>Duncan is assigned a Personal Officer when he first arrives in prison. She introduces herself and talks to Duncan about what problems she is able to help with.</p> <p>At his initial assessment, Duncan sees a CARAT worker on three occasions and a DIP appointment is arranged for three days after release. The CARAT worker identifies possible mental health issues and refers him to a healthcare agency in the prison. He is prescribed antidepressants which improves his condition. His ADHD remains undiagnosed.</p>	<p>Duncan is appointed a lead professional as soon as he is sentenced. She introduces herself and explains the process he will have to go through to gain a 'Through the Gates' budget that she will be responsible for managing on his behalf.</p> <p>At his assessment, Duncan is asked what he thinks would help him not to reoffend in the future. With help from his lead professional, he draws up a list which includes somewhere safe to live away from his friends who are regular drug-takers, training that might give him the chance of a job in his area or at least something meaningful to do during the day, support to improve his relationship with his mother and help with feeling less depressed.</p>

Journey through the current system

At the beginning of his sentence Duncan expresses considerable motivation to 'sort his life out'. He puts in an application to see the housing officer at the beginning of his sentence, but is told that it is too early. He applies for a brick-laying course but is told that his sentence is not long enough. For most of his sentence he is 'unemployed' and remains in his cell, until he gets a job as a wing cleaner.

At an appointment with the prison housing officer, Duncan is told that he is not a priority since he was sofa-surfing before going to prison and therefore has somewhere to go. He tries to explain that he cannot go back because the other residents are drinkers and use heroin and he is likely to relapse. The housing officer is sympathetic and makes Duncan an appointment at the local housing office on his release. Duncan is also given a 'Freshstart' JSA appointment for the day after his release and a £46 discharge grant.

Duncan attends the housing office and explains his circumstances, including that he suffers from depression. He is referred to a single homeless hostel, who agree to accept him but do not currently have a vacancy. Duncan returns to his friend's house, where he is offered a drink and takes it. He misses his benefits appointment and DIP appointment. The next day he stops taking the medication he is prescribed for his depression. The hostel offers him a place later that week. He does turn up to the assessment but arrives late, is clearly intoxicated and tells them that he has not sorted out his benefits. He is refused entry.

Journey through a personalised system

Following this the CARAT worker assesses him and suspects low-level mental health issues as well as substance abuse. He is referred to the GP in the prison who diagnoses him as depressed and prescribes him anti-depressants. He also gives a provisional diagnosis of ADHD.

Once he has developed his support plan and it has been signed off, Duncan's lead professional starts to negotiate within the prison to get the interventions he has chosen. She also begins to start looking at putting in place the support Duncan requires outside prison. As she has a physical budget, she is able to purchase much of what Duncan requires and the services – both inside and outside prison – are forced to be more flexible to Duncan's needs and release date as, if they are not, she will look elsewhere for an alternate provider.

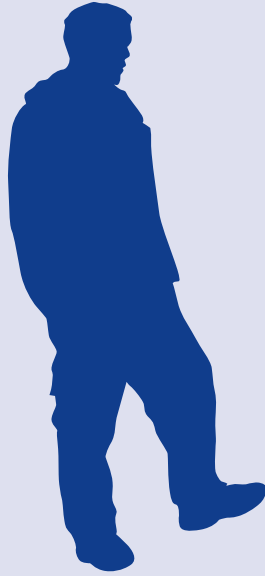
Duncan is able to start a bricklaying course during his relatively short prison sentence and it is arranged that this can be completed at a Further Education college on release.

He also purchases therapeutic help for his depression and some family mediation work, both of which start during his prison sentence and are completed on the outside.

His lead professional is able to secure Duncan accommodation through a private landlord in the period before his housing benefit is set up, ensuring he does not have to go back to living in a place with easy access to drugs or sleep rough.

Journey through the current system

Six months after his release Duncan is still sofa-surfing. He has started using heroin again and is drinking heavily. He has also begun acquisitive offending to support his addictions.



Journey through a personalised system

On the day he leaves prison, Duncan's lead professional organises for volunteer mentors to meet him at the gates and stick with him for the first few weeks of his release. He is supported to keep his appointments with the Jobcentre, the housing office and his DIP officer.

6 months after his release Duncan is living at a dry hostel. He has completed his bricklaying course and is being supported to apply for jobs. He has managed to stop drinking for the most part and, on the occasions when he does relapse, his support is increased. Work is underway to improve his relationship with his mother although progress is slow. Most significantly, he has not reoffended.

Conclusion

The reforms outlined here do not represent a quick fix but rather are the work of a decade and indeed a generation. We are right, nevertheless, to be impatient and ambitious for change now. The wheel needs to turn full circle and the capacities of people, communities and wider civil society need to be enlisted in the cause of new generation of people-powered services.

There are many risks ahead, but through the approaches outlined in this report, we are confident that they can be managed in a responsible way.

Above all, of course, there is a formidable challenge of effecting major change with diminished resources. But even after all the cuts have been made, the UK will remain one of the richest societies in human histories; the real challenge remains not one of resources but of being smarter than before and indeed of building a truly compelling vision for the future.

History shows us that it is precisely moments of public crisis that inspire people to pull together. We hope that the prospect of the greatest spending cuts ever experienced by British society is precisely what is needed to inspire us to pull together to make public services better, against the odds.

Our prospectus for change has sought to temper hard-headed reforms with a passion for social justice; we propose a careful balancing of markets and mutuality; in the end however it is our re-imagined sense of the collective that will win out.

It is in this spirit of mutuality and common purpose that we invite you to consider and act on the proposals entailed in this report.

Appendix A

Background to the Commission on Personalisation

The Commission on Personalisation was set up by ACEVO to explore ways to make the personalisation of public services¹⁴ work for third sector organisations (providers, networks, brokers and advocates), policy-makers, practitioners and above all citizens, across a wide range of delivery areas.

Its full terms of reference were to:

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

The Commission's members were:

Matthew Pike, Chair

Virginia Beardshaw, I CAN

Neil McIntosh, CfBT Education Trust

Stephen Burke, Counsel and Care

Mohammed Ali, QED-UK

Jo Cleary, Lambeth Council

James Groves, Policy Exchange

Jamie Bartlett, Demos

Paul Jenkins, Rethink

Stuart Rigg, Advance

Lynne Berry, WRVS

Joyce Moseley, Catch 22

Dame Denise Platt

Caroline Tomlinson, In Control

Bob Ricketts, Department of Health –
Observer)

Pat Samue, Office of the Third Sector –
Observer)

Emma Jones, Office of the Third Sector –
Observer)

The Commission was set up in May 2009, and launched an interim report in November 2009, setting out key questions and initial ideas. From then until its final report, the Commission worked closely with its partner commission, the Lambeth Commission on Personalisation (see box on page 28), which looked at practical ways in which civil society organisations can respond to the personalisation agenda in a local context. The Lambeth Commission's report is being launched concurrently with this report.

¹⁴ By 'personalisation' we mean efforts to make public services more people-centred, i.e. more tailored to their needs, more controlled by them, and more 'coproduced' by them. We do not conflate personalisation with particular funding models such as Individual Budgets. We are however particularly concerned with the value and consequence of devolving power – in the form of financial control and access to support and information – to citizens.

Over the course of the Commission on Personalisation, members of the Commission spoke to a wide variety of stakeholders, including:

2020 Commission at the RSA	SITRA
Action with Communities in Rural England (ACRE)	Help the Hospices
Advocate for Mental Health	Henshaws
Age Concern	Hospice SIG
Association of Directors of Adult Social Services (ADASS)	I CAN
Autism West Midlands	In Control
Barking and Dagenham Council for Voluntary Service	Innovation Exchange
Beat Bullying	Institute for Public Policy Research (Ippr)
Break	Lambeth Voluntary Action Council
Brent Mencap	Learning Trust
Bates Wells & Braithwaite (BWB)	Leeds Deaf and Blind
Citizens Advice Bureau (CAB)	Leeds Housing Concern
Capgemini	Life Path Trust
Catch 22	Local Government Association (LGA)
Centre for Welfare Reform	Local Solutions
Charity Evaluation Services	London Voluntary Service Council
Citibank	Manchester Jewish Federation
Develop consortium	Mapsquad
Children England	National Association of Adult Placement Schemes (NAAPS)
Compact Voice	National Audit Office (NAO)
Contact a Family	National Brokerage Network
Crossroads	National Centre for Independent Living
Department for Children, Schools & Families	National Council for Voluntary Youth Services (NCVYS)
Disability Wales	National Council of the Institute of Commissioning Professionals
Doncaster Council for Voluntary Service (CVS)	National Association for Voluntary and Community Action (NAVCA)
English Community Care Association (ECCA)	National Council for Voluntary Organisations (NCVO)
Elders Voice	National Endowment for Science, Technology and the Arts.(NESTA)
Elizabeth Finn Care	North Yorkshire Forum for Voluntary Organisations
Ernst and Young	Novas Scarman Group
Fairbridge	Nuffield Foundation
The Greek and Greek Cypriot Community of Enfield (GGCCE)	Office of Public Management (OPM)
Grove House	Papworth Trust
Halow Project	Penrose Housing
Hampshire Autistic Society	

Percy Hedley Foundation
Public Management and Policy Association
(PMPA) (Chartered Institute of Public
Finance and Accountancy)
RCHL
Rethink Yorkshire & North East
Richmond Fellowship
Royal National Institute for the Deaf (RNID)
ROC UK
Scottish Association for Mental Health
Social Care Institute for Excellence (SCIE)
Scope
Share Community
Skills for Care
Social Enterprise Coalition
St Annes Community Services
Stockport Cerebral Palsy
Stroke Association
Studio Schools
Substance
Sutton Centre for the Voluntary Sector
The Communication Trust
The Stroke Association
Three Cs Support
Triangle Consulting
East Sussex County Council
Volition
Volunteering England
Voluntary Action Kirklees
Voluntary Action Sheffield
Voluntary Organisations Network North
East (VONNE)
West Berkshire Mencap
Women's Royal Voluntary Service (WRVS)

Appendix B

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