

# Chapter 3: Guiding principles

## Summary

There are five guiding principles that will mark our approach to people experiencing, or at risk of, severe social exclusion:

1. **Better identification and early intervention.** We will develop and promote better prediction tools for use on the front line, and will seek to ensure that those identified as being 'at risk' are followed up.
2. **Identifying what works.** A code of practice for high-quality evaluation, to approve and rate intervention programmes, will be developed. Highly rated programmes, will be given channels to highlight blockages to delivery. We will also strengthen the capability of commissioners of services and we will explore the role of a Centre for Excellence in Children's and Family Services, which would identify, evaluate and disseminate what works.
3. **Multi-agency working.** We will strengthen the role of Local Area Agreements, publish information about the cross-agency costs of social exclusion, and explore how to extend information sharing between agencies in relation to the most excluded groups.
4. **Personalisation, rights and responsibilities.** We will build on existing pilots and explore budget-holding lead practitioners and brokers, extending tariffs for delivery of particular outcomes, and will encourage practitioners to agree explicit 'compacts' with at-risk families and individuals.
5. **Supporting achievement and managing underperformance.** We will work across government to ensure that the next generation of Public Service Agreements adequately address the needs of the most excluded and invite radical proposals from innovative local areas. We will explore in the Local Government White Paper how to strengthen performance management, with a clear ladder of intervention around underachieving provision, while giving effective service providers more room to innovate.



3.1 The problems faced by the most socially excluded tend to be chronic, multifaceted and beyond the scope of any single public service. Despite significant reforms and improvements, interventions for the most excluded still tend

in many areas to be too late, poorly evidenced, weakly coordinated, and not tailored to the needs of the individual or family. These challenges, and the guiding principles of our responses, are set out below.

Table 3.1: Guiding principles

Problem	Response
Not knowing who is likely to be excluded until they already are	<b>Better identification and early intervention:</b> We will identify early who is at risk of persistent exclusion and use this information to intervene and more effectively support those most in need before disadvantage becomes entrenched.
Variable and ineffective practice	<b>Identifying what works:</b> We will systematically identify and promote interventions that work. To ensure effective adoption of best practice, we will build the capability of providers and commissioners.
Poor coordination between services, and perverse incentives discouraging cooperation	<b>Multi-agency working:</b> We will break down barriers and enhance flexibility so local providers and agencies can work together to meet the needs of excluded groups, especially those facing multiple problems.
Multifaceted problems having to fit around services rather than services fitting around the individual's needs, and with little persistence or follow-through	<b>Personalisation, rights and responsibilities:</b> We will tailor services to the needs of the individual. We will empower, where it is appropriate, excluded groups to make choices or ensure there is an independent, trusted third party to work on their behalf. Our approach will be framed by a clear understanding of the rights and responsibilities of citizens, services and the community.
Variable and poor outcomes across areas and service providers	<b>Supporting achievement and managing underperformance:</b> Where local authorities and services are delivering, Government will leave them alone. But where there is underperformance, Government will intervene.

3.2 We spend substantial sums of public money on the most excluded, across a range of public services. These costs include spending on benefits, education, the criminal justice system, health and social services and housing. The vast majority of this spending is directed at sorting out or offsetting problems after they arise, and relatively little is spent on prevention. The Government will reverse this focus.

3.3 Public services also have considerable information about the needs of the most excluded, but this is often held by separate organisations with limited communication between them. The challenge is to ensure that the impact of interventions for the most excluded is greater than the sum of the parts – the concern is that, for many, it is less.

### Box 3.1: James: the financial benefits of early supportive intervention

The story of 15-year-old James, serving his second custodial sentence, is a catalogue of errors and missed opportunities. His story is not untypical of those of young people at the 'heavy end' of the youth justice system.

First, no one listened to James's mother when she struggled to control his behaviour at home. James was not asked for his views until he was 13 and had already been in a special school for some years. The agencies involved did not communicate well with each other; key people did not attend his review meetings and despite the evidence of multiple problems, no one was allocated to the family as a key worker or took overall charge.

Had things been different, James might have benefited from family support, pre-school education, anger management, learning support and mentoring. If these had been provided from the start, and continued throughout James's teenage years, much of his offending could have been avoided. The costs of these support services would have been £42,000 up to the age of 16, compared with the actual costs of £154,000 for the services he did receive, including court appearances and custody. In retrospect, preventative support services would have saved over £112,000, vastly improving the experiences and life chances of James and his family and mitigated the negative effects his offences had on others.

Of course, we do normally have the benefit of hindsight. The scale of any real savings depends critically on our ability to predict. Nonetheless, the expenditure on James would have paid for the cost of more than four of the support packages; so as long as our predictions were right in at least one in four cases, there would have been a net saving.

*Audit Commission, Youth Justice 2004*

3.4 Although the Government has done a great deal to address specific problems such as James's – for example through giving additional funding to extend programmes such as Youth Inclusion and Support Panels (see Box 3.7) the Government still does not work in this manner

as well as we could or as routinely as we could. We need to develop an approach where all agencies effectively intervene earlier to prevent the onset of more acute problems, including – but not restricted to – the risk of offending.

## Better identification and early intervention

"We need a greater focus on ensuring children at risk are identified earlier. We need to be able to share information to identify children who require additional support."

*Every Child Matters, 2003*

3.5 Identifying problems and intervening to prevent their occurrence or escalation is at the heart of the Government's vision set out in *Every Child Matters*. The development of Children's Trusts has enabled good progress to be made in ensuring that services are better coordinated around the needs of the individual and that there are clear lines of accountability for the outcomes of the child.

3.6 Analysis shows that early intervention can be highly cost-effective<sup>31</sup> and that it is more effective to spend money during the early years rather than the later stages of childhood and teenage years. And the positive impacts of successful programmes have been shown to last, thereby reducing the need for later forms of intervention.<sup>32</sup>

3.7 This is not to say that we should not provide support at the onset of problems whenever they arise: targeted youth support, for example, is helping to embed a coordinated response to the onset of problems in the teenage years. But if we are to break the intergenerational cycle of disadvantage, then we

need to provide support as early as possible. In short, we are aiming for a more balanced approach between preventative and remedial support.

3.8 In terms of the early identification of risk, there is a substantial and growing body of evidence on the different factors known to affect children's chances of a happy and healthy childhood and of a life free from the prospect of social exclusion.

### **Risk, protection and resilience**

3.9 Longitudinal research is helping us to understand how risk and protective factors influence the chances of individuals experiencing damaging and costly problems in the future.<sup>33</sup>

3.10 In the early years, many of the most important factors relate to the individual child, his or her family background and parenting. When children go to school, other factors such as experience of education, peer group factors and the presence of other significant adult figures become more important.

<sup>31</sup> Heckman, J and Masterov, D (2005) *Skill Policies for Scotland*. NBER Working Paper 11032

<sup>32</sup> Olds, D *ibid*

<sup>33</sup> See Farrington, D P (2003) Key results from the first 40 years of the Cambridge Study in Delinquent Development in T P Thornberry and M D Krohn (eds), *Taking Stock of Delinquency: An Overview of Findings from Contemporary Longitudinal Studies*. New York: Kluwer Academic/Plenum

**Box 3.2: Risk, protection and resilience<sup>34</sup>****Risk**

Risk factors can be described as factors that either singly or in combination have been shown to render children's failure to thrive more likely.<sup>35</sup> Children vary in terms of how they respond to risk and the presence of a risk factor does not automatically mean that someone will go on to experience a negative outcome. Risk and protective factors are context-dependent and vary over time and with different circumstances. Susceptibility to the impact of different risks changes across the life course, hence key risk factors at age 3 are likely to be very different from risk factors at age 13.<sup>36</sup> Multiple risk factors increase the likelihood of poor outcomes, sometimes 'interacting' to multiply their overall effect.

**Protection**

Protective factors can help children reduce risk. They consist of internal assets and external strengths. The more protective factors there are, the greater the likelihood that a child will be resilient to risk. There are four broad types of protective processes, those which: 1) reduce the impact of, or exposure to, risk; 2) reduce chain reactions to negative experiences; 3) promote self-esteem and achievement; and 4) provide positive relationships and new opportunities.

When risk factors in a child's life are not amenable to change, interventions can help provide compensatory experiences or enhance protective factors. Many of the protective factors identified by research relate to the consistency and quality of care and support during childhood.

**Resilience**

The majority of children with identifiable risk factors do not go on to a life of crime or entrenched exclusion. Despite challenging circumstances, children can develop resilience of three main types:

- by achieving positive outcomes even though they are at high risk;
- by adapting successfully to stressful situations; and
- by recovering quickly from a crisis.

Research studies have delineated the characteristics of resilient and non-resilient children. Children with a stronger sense of attachment to other people, a more positive outlook on life, more plans for the future and more control over their lives are more likely to demonstrate resilience.

<sup>34</sup> McCarthy, P et al (2004) *Offenders of the Future? Assessing the Risk of Children and Young People Becoming Involved in Criminal or Antisocial Behaviour*. DfES Research Report 545

<sup>35</sup> Howard, S, Dryden, J and Johnson, B (1999) Childhood resilience: review and critique of the literature, *Oxford Review of Education*, vol. 25, no. 3, p. 308

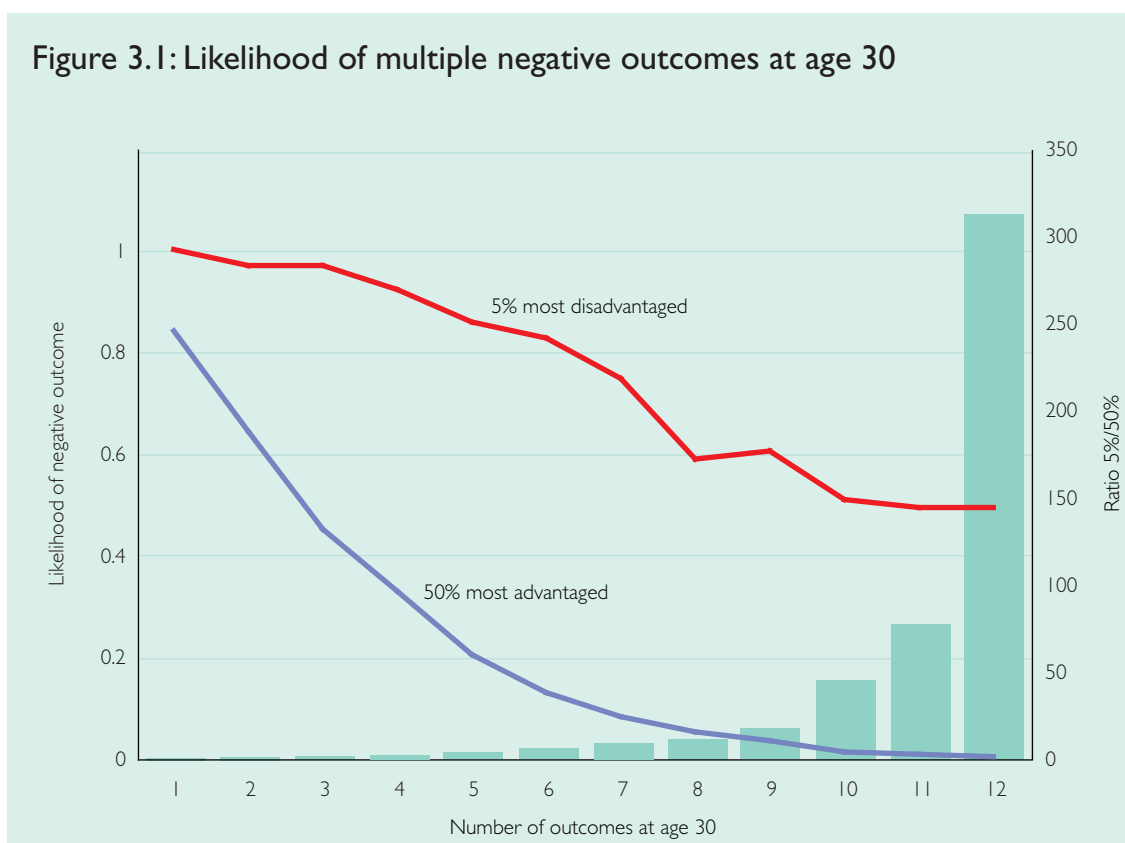
<sup>36</sup> Sutton, C et al (eds) (2004) *Support from the Start*. DfES Research Report 524

3.11 We have commissioned groundbreaking new research from the Institute of Education at London University.<sup>37</sup> The research examines the potential for different types of indicators to predict later adolescent and adult adverse outcomes.

3.12 The research is assessing how well we can identify those at risk of adverse outcomes later in life from information gathered from different sources (for example, teachers, parents and the children themselves through different methods) at different ages, and in relation to risks from different contexts (family, school, neighbourhoods and so on).

3.13 The research is highly encouraging and seems to confirm results from other countries. Figure 3.1 below shows that the 5 per cent most at risk in childhood have a much higher probability of having multiple negative outcomes at age 30 compared to the 50 per cent most advantaged individuals at childhood. Moreover, it also suggests that we can – in principle – extend the approach from identifying those at greatest general risk to identifying risks associated with specific outcomes such as teenage pregnancy. This means that it is possible to more accurately target supportive interventions at high-risk groups. However, it is important to stress the trade-off between specificity and accuracy – the more specific the outcome we want to predict, the lower is the predictive power of the identification.

**Figure 3.1: Likelihood of multiple negative outcomes at age 30**



*Children who are most at risk have a much higher chance of experiencing multiple negative outcomes at age 30 (compared with the most advantaged children).*

<sup>37</sup> A working paper is available at <http://www.number-10.gov.uk/files/pdf/PMSU-report.pdf>

3.14 Information and data are crucial for making predictions about later life outcomes. The research suggests that identification can be made on the basis of a relatively small number of simple pieces of information, many of which can be easily captured or collated by those on the front line and in contact with vulnerable individuals.

3.15 The research also shows that comparing information from different areas, such as education, family background and health, can provide more accurate assessments of risk than having more detailed information from just one domain.

3.16 It is important to note that generally this information is already known to service providers. The key is to piece the information together to understand the wider risks and needs of the individual or family.

3.17 Some of the most powerful predictors are themselves professional judgements. For

example, one of the best single predictors of educational attainment at age 16 – which is itself a key predictor of adult outcomes – is teacher ratings of parental interest at age 10.

3.18 Our objective must therefore be to systematically build up the knowledge base of the key early warning signs of long-term exclusion; ensure that practitioners have access to this knowledge and the systems in place to use it; and that interventions are targeted on those most at risk.

3.19 While the report does not identify which interventions work best, it can be used to test whether existing interventions are cost-effective and who should be targeted.

3.20 However, we must acknowledge that predictions will never be perfect. Some people, despite even the most adverse circumstances, will strive and succeed, while others will fail despite advantage.

### Box 3.3: Healthier lives through better prediction

An innovative example of how data can be used to improve the lives of those most at risk of adverse outcomes and also help save taxpayers' money is predicting and preventing hospital admissions. Hospital admissions are very expensive and can in many cases be prevented if at-risk individuals are identified early and treated in the community instead. In order to test such an approach, Croydon Primary Care Trust (PCT) has commissioned two predictive tools from a consortium led by the King's Fund.

The basic statistical model is known as PARR and is designed to identify people at risk of multiple unplanned hospital admissions in the forthcoming year. It requires routine collection of primary care data. The model ranks the population by risk, and those most at risk are being referred to community care for early, pre-emptive intervention. The model is currently being trialled to establish its effectiveness in saving lives, and preventing more expensive later care.

[www.kingsfund.org.uk/health\\_topics/patients\\_at\\_risk/index.html](http://www.kingsfund.org.uk/health_topics/patients_at_risk/index.html)

3.21 Even if the net is drawn widely, some who are at risk and who would benefit from early intervention will be missed. At the same time, we must also be cautious about labelling and stigmatisation. In general, where the interventions are supportive and the downstream costs of failing to intervene are large – such as extra support for the parents of young children – we should err on the side of providing better opportunities and support. On the other hand, where interventions are more punitive, and where the benefits of the intervention are more uncertain, we must be much more cautious.

3.22 Finally, a powerful message from the front line, as well as from the evidence presented in Chapter 2, is that persistence is very important. Those experiencing entrenched and deep-seated exclusion are often harder to reach and harder to engage. Indeed, they may not know help is available or may actively decline it. In the face of an unanswered door, letter or call, some of our mainstream services back off or give up. This cannot be an acceptable response to the plight of the most excluded. Where there are reasons for concern, this disengagement must be met with a redoubling of efforts to engage – personalisation with persistence.

**ACTION 1:** The Government will explore the potential of the new research by the Institute of Education to build an identification tool for practitioners.

**ACTION 2:** By April 2007, the Government will begin trials of a new evidence-based assessment tool for use by community midwives and health visitors to improve targeting and support. These will be evaluated as part of the health-led parenting support demonstration projects.

**ACTION 3:** The Government will explore how to ensure that those identified as being at risk are followed up, including at later critical life stages.

## Identifying what works

3.23 A great deal is known about what works for socially excluded people. Indeed, the proposals set out in this document are based on what we know works. The UK National Action Plan on Social Inclusion<sup>38</sup> contains information on good practice across the UK, linked to the views of a wide range of stakeholders and to evidence of what works across Europe.

3.24 But, currently, there is very little systematic evaluation, collection or dissemination of what works in the UK, especially in children's and social services which follow one standard. This means that there can be variable and ineffective practice, and we are reliant on frequently overstretched front-line practitioners taking the initiative to identify and adopt best practice.

<sup>38</sup> This Plan (NAPSI) is submitted to the EU Commission every three years and sets out how each member state is making a decisive impact on the eradication of poverty. The NAPSI will be published in September 2006

## Evaluating what works

3.25 There are a number of institutes and organisations that evaluate and disseminate best practice through a number of mechanisms. The National Institute for Health and Clinical Excellence (NICE) is perhaps the best known of such mechanisms. But there are many others, including the DCLG Beacon scheme, run by the Improvement and Development Agency (IDeA), the Social Care Institute of Excellence (SCIE), Research in Practice (RIP), Government Social Research (GSR), and also government departments.

3.26 Currently, these and other organisations use a multitude of approaches to identify and disseminate what works in service provision. Yet, there is no commonly agreed guideline as to

what constitutes a good evaluation – and therefore a well evidenced programme. This makes it difficult for commissioners of services in local government, PCTs and elsewhere to determine the effectiveness of programmes. Developing a common approach to conducting and interpreting evaluations would assist commissioners in their decision-making and send a clear signal to programme providers as to what good evaluation should look like.

3.27 Hence, the Social Exclusion Task Force and the Government Social Research Unit (GSRU) will work with key stakeholders across Whitehall and beyond to develop and promote a code of practice and rating for high quality evaluations. This will be supported by access to expertise on evaluation and how to rate and

### Box 3.4: Early intervention Beacon scheme

The Beacon scheme was set up to disseminate best practice in service delivery across local government. Government ministers award Beacons on specific themes; the decision is based on recommendations made by an independent advisory panel. Those chosen as Beacons hold the status for a year, during which they share their experiences through a series of learning exchanges, open days, peer support and other learning activities.

Early intervention featured as one of the themes for the 2006/07 Beacon awards. The early intervention theme provides valuable practical examples of how to develop effective and innovative children's services that engage all providers and commissioners of services. The early intervention award sought to recognise:

- the development of common information systems and information-sharing protocols;
- the use of cross-partner databases to inform needs analysis and ongoing performance measurement;
- the implementation of common assessment protocols;
- the allocation of the lead professional role;
- governance in multi-agency teams; and
- front-line training in new approaches and the engagement of children, young people, their families and local communities in all the relevant processes.

The Beacon authorities reflect a range of contexts, including City of York Council, the London Borough of Tower Hamlets, Shropshire County Council, the Borough of Telford and Wrekin and Merseyside Fire and Rescue Authority.

approve the effectiveness of programmes. It is envisaged that such a code might adhere to the following benchmark criteria:

- positive effects that have been shown in at least one empirical study using a robust experimental design (such as a randomised control trial or a quasi-experimental approach), and preferably by the results of a systematic review or meta-analysis that has established the balance of evidence;
- replication of the effects in more than one site and context;
- provision of detail about the variation in outcomes across different social groups and socio-economic environments;
- a thorough analysis of the costs and benefits of the programme; and
- documentation of the approach so that it can be reliably reproduced.

3.28 In establishing a code of practice for evaluations and consequently a rating of programmes, it will be important to ensure that small providers are not discriminated against and that innovation in service provision is not stifled.

### Disseminating what works

3.29 Determining the effectiveness of intervention programmes through evaluations is a key first step in promoting what works. Disseminating, implementing and managing what works according to evidence-based guidelines

are also crucial. This should be done foremost by simplifying the current infrastructure and working with and strengthening existing bodies such as the SCIE, RIP and IDeA. However, the Government will also consider the potential role of a Centre of Excellence for Children's and Family Services (CECFS) to identify, evaluate and disseminate best practice for working with socially excluded groups. The CECFS should be building on existing bodies such as SCIE and a key early priority will be to strengthen the evidence base on what works for children.

3.30 We will also strengthen channels for approved and rated programmes to be able to highlight blockages in the system – areas where they believe that best practice is not being provided, but where it could be done at the same or lower cost than existing provision.

3.31 Two such channels could be Local Government Overview and Scrutiny Committees, and the Audit Commission. The Audit Commission could use feedback from approved and rated providers as part of its assessments of local government performance, helping to serve as an early sign of concern. Further details of how the performance framework will operate will be explored in the forthcoming Local Government White Paper, and in the Office of the Third Sector plan on public service delivery.

**ACTION 4:** The Social Exclusion Task Force and the Government Social Research Unit will work with key stakeholders across Whitehall and beyond to develop and promote a code of practice and common rating of high quality evaluations of programmes.

In addition, the Government will explore how to simplify the existing infrastructure in relation to spreading best practice. In particular we will consider the case for a Centre of Excellence for Children's and Family Services, building on or situated within existing organisations.

**ACTION 5:**The Government will ensure that approved and rated programmes, be they by third sector or innovative public or private sector providers offering services to other areas, have clear channels to highlight blockages to best-practice delivery. For example, failures could be drawn to the attention of Local Authority Overview and Scrutiny Committees and the Audit Commission.

**ACTION 6:**The Government will continue to strengthen and support the capability of commissioners of services. We are examining how commissioning can be strengthened in central and local government and will publish proposals in due course.

3.32 Importantly, final discretion over local authority service design and delivery must always remain with democratically elected government at the local or national level. However, a key intent of these proposals will be to incentivise and highlight the use of evidence-based programmes in service delivery, and to increase the range of evidence-based options available to commissioners.

### Franchising

3.33 Finally, as well as more informal forms of peer support and exchange, the spread of best practice can also be driven by 'franchising' between local public service providers. Franchising, for example, allows high-performing local authorities (the provider) to partner authorities doing less well (the client) to improve performance through management support and skills transfer. The high-performing local authority's support and skills are provided in return for an agreed fee, which includes performance-related payments. The client authority, however, retains responsibility for delivering services.

3.34 This approach has been used to partner Swindon Borough Council (the client) with Kent County Council (the provider) to improve Swindon's social services. This arrangement has helped Swindon to progress from a zero star rating in its adults' and children's social care services in October 2004, to a two-star rating

by the end of 2006. We are exploring how to best create a market for franchising and to draw up appropriate guidelines.

### Multi-agency working

3.35 The cross-cutting nature of social exclusion means that the problems experienced by vulnerable groups often reach beyond the scope of any one agency or service provider:

3.36 Joined-up working is vital to ensuring a coherent response to the complex needs of socially excluded groups. For example, the Crime and Disorder Act 1998 introduced multi-agency Youth Offending Teams, whose success has been endorsed by the Audit Commission. Working together to share information at a strategic level (as is happening in Children's Trusts through the development of children's and young people's plans) helps establish a shared understanding of the most pressing issues and the priority groups at a population level.

3.37 This shared understanding is vital in ensuring that scarce resources are focused most effectively on the people who need them most. Working together at the front line (for example, through multi-agency teams) allows professionals to provide a coordinated and personalised response that is based on a full understanding of an individual's problems.

### Box 3.5: The Common Assessment Framework (CAF)<sup>39</sup>

The purpose of the CAF is to help practitioners assess children's additional needs for services earlier and more effectively, develop a common understanding of those needs, and agree a process for working together to meet them. The aim is to provide better services earlier, and without the need for the family to repeat their story for a number of different, overlapping assessments. As such, early common assessment is part of the Government's strategy to shift the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place. Some common assessments might result in the identification of a lead professional who will co-ordinate the actions set out in the assessment.

3.38 Increased coordination between services, together with a programme of workforce reform, are helping to create the conditions in which practitioners are willing and motivated to share information with other professionals in the interests of providing coherent and consistent support.

3.39 For example, the National Offender Management Service has recognised that reducing re-offending can only be delivered in partnership. A cross-government delivery board is overseeing the implementation of the Government's Reducing Re-offending Delivery Plan and multi-agency partnership boards have been established to oversee the delivery of regional reducing re-offending delivery plans.

#### Information and communication technologies

3.40 A vital tool of successful multi-agency working is the use of information and communication technologies (ICT). These have helped to increase efficiency and productivity in the private sector for some years. While more and more public sector services are using ICT to improve service delivery, the potential exists to go further:

#### Overcoming barriers

3.41 However, there are a number of statutory and cultural barriers that can inhibit agencies working together. These include:

- cultural barriers, and occasionally statutory barriers, to the sharing of information;
- non-aligned geographical boundaries between service providers or commissioners;
- different objectives and values; and
- separate budget problems, where one service provider incurs the cost of the possible intervention, while another benefits from the saving.

3.42 LAAs are a key mechanism for encouraging joined-up agency working at a local level. Through these agreements, central government departments and local service providers agree a number of key outcomes and targets set in the local context. They help to clarify priorities and reduce the overall burden of reporting. They are of growing importance as a mechanism for an increasing number of policy areas, but are of particular importance in the delivery of cross-cutting issues, such as the social exclusion agenda.

<sup>39</sup> Brandon, M et al (2006) *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation*. DfES Research Report 740

### Box 3.6: Better delivery through digital technology

The potential for digital information and communication technologies (ICT) to help make a difference to the lives and life chances of socially excluded people has so far been largely unexplored and therefore unexploited.

Significant benefits arise from a variety of opportunities, and an awareness of the potential of ICT opens up a wider range of policy interventions to tackle emerging problems. Existing services can be enhanced by adding a digital element, through facilitating better information sharing, increasing accessibility and enlarging capacity and geographical reach – for substance misusers, web-based support may provide anonymity, access in the middle of the night, and encourage the seeking of help earlier in the addiction cycle than the prospect of a personal visit to a possibly distant centre (also, the age group likely to develop problems is very familiar with ICT).<sup>40</sup>

Major initiatives launched by the Government will start to make a difference.

- The Digital Challenge will fund a world-leading example of a digital community, focusing on benefiting those at risk of social exclusion.
- A Cabinet committee is addressing the barriers to data sharing.
- Programmes such as *PCs for Pupils* will provide laptops and broadband access to pupils who would not have the means to get them otherwise.

In addition, from October 2006, £2 million of grant funding will be available to fund 'social impact demonstrators' in UK online centres. These projects will explore the power of supported internet access to develop confidence and skills among people from socially excluded groups, such as adults with mental health problems and families at risk, as well as older people. The projects will involve excluded people in targeted activities based on what they say they need. UK online centres will support participants to become self-sufficient users of online government services and will explore how the internet can motivate individuals to change their lives.

But more needs to be done to explore how ICT can address the basic needs of the disadvantaged. To develop this unexploited potential, the Government has set up the Digital Inclusion Team, overseen by DCLG, which will also take forward the findings of the Social Exclusion Unit report, *Inclusion through Innovation*, published in 2005.

<sup>40</sup> Stonebridge A (2006) Closing the distance *RSA Journal*

### Box 3.7: Multi-agency working to stop youth offending

A good example of joined-up working is the Youth Inclusion and Support Panels (YISPs) which are multi-agency identification and planning groups that seek to prevent offending and anti-social behaviour by offering voluntary support to high-risk 8–13-year-olds and their families. The YISPs provide young people with key worker support, mentors, access to diversionary activities and parenting programmes. The multi-agency approach secures a commitment from each of the panel members to provide suitable resources.

There are currently 220 YISPs across England and Wales. In Sheffield, for example, the YISP includes representatives from the education department, social services, the youth offending team, the police, housing services, Child and Adolescent Mental Health Services (CAMHS), Supporting Others through Volunteer Action (SOVA) and Connexions. The project also has links with agencies including the Sheffield Homes Anti-Social Behaviour Team, the Housing High Support Service, the SOVA Mentoring Scheme and the Local Education Authority (LEA) Inclusion Centres.

As SOVA is the YISP's voluntary sector partner, each young person has access to a volunteer mentor as part of his or her integrated support plan. The project also has a close relationship with Positive Activities for Young People (PAYP), ensuring guaranteed entry into their activities for YISP young people and a role in the planning of PAYP schemes.

3.43 Local service providers are represented in the negotiation of LAAs by the upper-tier local authority and other members of Local Strategic Partnerships (LSPs). LSPs bring together all the key commissioners and providers of services and other partners in a local area.

3.44 The Government has already consulted on new proposals to strengthen cross-agency working, through strengthening LSPs. The consultation proposed underpinning the partnerships with a duty to cooperate placed on key local service providers to produce and implement the Community Strategy and LAA. These measures have significant potential to help cross-agency working for the most excluded, and have gained broad support.

3.45 Downstream costs may be picked up by a completely different service to the one with responsibility for providing the intervention in the first place. For example, responsibility for improving the educational attainment of a child

diagnosed with a conduct disorder lies with the local education authority, but the costs of failure tend to be picked up by the criminal justice system, Jobcentre Plus and the health service.

3.46 Making these downstream costs more transparent and available to local and central commissioners of services, possibly coordinated through Local Strategic Partnerships, could prove a powerful tool in promoting improved cross-agency working and provision.

3.47 Such information can help focus minds on earlier interventions, and could help Local Strategic Partnerships strike innovative deals across providers and with central government to improve outcomes and reduce total costs to society. For example, information about downstream costs borne by the criminal justice system within an area could help provide the basis for an agreement between a central government body and a local partner, where the local partner provides enhanced education,

**ACTION 7:**The Government will strengthen the role of Local Area Agreements in the forthcoming Local Government White Paper, with the Social Exclusion Task Force working closely with DCLG and other departments to ensure that these changes will help drive forward improved multi-agency working around the most socially excluded.

**ACTION 8:**The Government will promote increased transparency of the downstream costs associated with social exclusion. Wherever possible, this will be done by publishing simple, area-based information about per capita spending on key costs. This information can then be used by local service providers to strike innovative deals for better, and more cost-effective, service provision.

**ACTION 9:**The Government will explore how to extend data sharing in relation to the most excluded or at-risk groups, including any additional powers that may be necessary.

training and support to at-risk young men in return for financial incentives from the centre.

## Personalisation, rights and responsibilities

3.48 Personalisation has been a key theme of public service reform and improvement over recent years in universal services, with personal health plans being one such example. Individuals – rightly – increasingly expect and demand service provision that is tailored to their particular needs, rather than a generic service that they must fit into.

3.49 Because the most excluded people tend to experience multifaceted problems, there is a particularly powerful case for personalisation, with tailored solutions and support.

3.50 The delivery of such support is made much easier by strong patterns of cross-agency working on the ground, in turn supported by cross-agency working at the strategic level (see above). For example, in a number of areas cross-agency assessment or practitioner boards meet regularly – either formally or informally – to discuss their most complex cases and to

compare notes and coordinate actions. In many cases, a lead practitioner is agreed who can then work with and coordinate other agencies to provide timely and appropriate interventions. A good example is anti-social behaviour coordinators.

3.51 Personalisation of services can be expressed in other ways. For example, service commissioners can commission innovative provision designed specifically to provide a wrap-around service for a particular client group. Specialist facilities for children in care that provide education, counselling and other forms of nurturing and support are a familiar example. Intensive family support programmes, such as those being promoted by the Respect Action Plan, are another (see Box 3.10).

### Individual budgets

3.52 Another powerful approach to personalisation is put the citizen in the role of day-to-day commissioner of his or her own service provision, notably through the use of individual budgets, which enable a transparent allocation of resources (in cash or a notional sum) based on an assessment need.

3.53 Recent pilots in social care illustrate the potential of individual budgets to empower users and to personalise service provision. Individuals with care needs, or their lead professionals, can use the budgets to buy a bespoke care package that meets their needs and preferences much better than existing provision.

3.54 Individuals have used the budgets to buy more informal forms of care, and to ensure that the care is provided at a time that is more convenient for them. In short, the key advantage that a budget-holding commissioner has over, say, a lead professional, is that with the budget comes the power to choose and shape the service provision directly and thus drive improved performance by service providers.

3.55 Individual budgets are currently being piloted in 13 local authorities and bring together resources from six different streams. The results of the pilots are expected in 2008, and will determine whether individual budgets are rolled out on a national level.

### The lead professional

3.56 As part of the move towards integrated children's services, DfES piloted the 'lead professional' role in 2005/06. Following the pilots, DfES issued guidance in 2006 setting out the key responsibilities of the lead professional and outlining the skills and knowledge required for that role.

3.57 DfES is now piloting a further development of the lead professional concept – the budget-holding lead professional. In this pilot the lead professional holds all or some of the budgets required to deliver publicly funded services for children with additional needs.

3.58 A key problem in relation to some excluded groups is that they may be unable or unsuited to take responsibility for their own budget. In such instances, it may be more appropriate to consider a brokering model where a lead professional holds the budget on behalf of the client. However, it should still be expected that the broker – like a trustee – will act in the best interests of the client and take

#### Box 3.8: Individual budgets, the potential – Anna's story

Anna receives support from a number of different agencies for her mobility-limiting disability in the form of an individual budget. Her 'budget' includes the cash equivalent of council-provided social care services, and cash transfers from the Independent Living Fund, the Disabled Facilities Grant and Access to Work. If Anna felt she needed it, she could have support from an advocate, or family and friends.

Having these resources together in one budget allows Anna to spend the money on the services she needs the most, in a way that best meets her needs. Before Anna had an individual budget she was reliant on social services to help her get ready for the day, but the earliest they could get to Anna was at 9.30am because of their shift patterns. This prevented Anna from returning to work as she was unable to get there before 11am. Now that Anna can employ her own care assistant she can purchase support from whoever she wants and arrange this support around her working hours, allowing her to return to work. Anna's self-esteem and quality of life have improved since she has been able to organise her own care and return to work, and she has felt greatly empowered by this process.

their wishes fully into account. For example, for a child in care, the broker should seek to take into account the desires and needs of the child or young person, be that to remain in the area, go into a residential facility or into fostering.

3.59 Although the basic idea is simple, formidable barriers exist to moving to models of budget-holding lead practitioners or brokers. A key step in making it work is that individual services have to make an assessment of the likely spend on a given individual, linked to an estimate of what outcome this should deliver. Careful consideration also needs to be given to any additional bureaucracy that may be created by a budget-holding lead professional, as opposed to the simpler lead practitioner model.

### Payment for outcomes

3.60 A complementary route to personalisation is where service commissioners or providers offer a specific benefit or tariff, paid to the service provider; that can be combined with other kinds of benefit or tariffs by the user or broker. For example, in relation to employment support we are moving to a model of providers being paid by results for taking those coming on to Incapacity Benefits back into the labour market.

3.61 This shift towards paying providers based on the outcomes they achieve for their clients, rather than the number of clients they are providing services for, is a significant change and could be expanded in the future to further personalise services around the individual. For example, the amount paid could reflect the difficulty in achieving an outcome for the individual concerned, recognising factors such as the length of time they have been claiming benefits, or the severity of a disability.

3.62 As the sophistication of the approach grows, tariffs could increasingly reflect the potential savings to society of the work-placement. If this approach is more widely adopted by other services, it will provide an exciting opportunity to piece together budgets to deliver bespoke services for the most excluded individuals.

### Engagement

3.63 While advocacy is an important hurdle, engagement of the most excluded is even more crucial. Practitioners have repeatedly made the case that there are particular windows of opportunity – ‘fateful moments’ – when people are more likely to engage with services. For example, the birth of a child or the death of a partner are key moments when individuals are more open to seek support and advice. Hence, personalisation of services for the most excluded may also mean seeking the best moment for support.

3.64 Who offers the support is also important. A particular strength of third sector organisations is the high level of trust they attract in relation to the most excluded. The strong focus of these providers on improving social outcomes sends an important signal to service users, allowing providers to engage with hard-to-reach groups that may distrust statutory services.

### Box 3.9: Building expertise in 'day-to-day' commissioning – a gap?

Ongoing reforms have moved public service providers in the direction of being strategic commissioners of services, rather than necessarily being direct providers of services. For example, many local authorities now purchase a mixture of in-house, third sector and private sector provision for children in care.

It is arguable that there is a neglected 'middle' in the service delivery chain around day-to-day brokering of services, and that this particularly affects the most socially excluded. For example, there is typically a large gap between a director of children's services and the providers who are offering education, fostering and residential care for the several hundred children in their care – let alone the many other children who could be considered at risk. While the director of children's services commissioning team may have a number of choices in terms of direct provision, there are currently very few providers who are able to take on the day-to-day brokering or purchasing of service provision.

One innovative local authority has sought to address this issue by asking senior staff to each take a personal interest in a small number of children in care – to take on the role normally adopted by a parent. This was felt to be an extremely effective way of developing a personal relationship and improving outcomes. However, they also found that there were limits to the capacity of staff to take on this role.

In Oregon, public service commissioners employ brokers to purchase tailored provision for people with disabilities. It may be that this is a gap in service provision that could be usefully filled with an active partnership between third sector providers and local and national government.

### Rights and responsibilities

3.65 An underlying theme of the personalisation agenda is that there should be a clear division of rights and responsibilities between the citizen, service provider and community.

3.66 The Government sees it as a key priority to provide support to create opportunities for the most excluded. If these opportunities are to be realised then they need to work with the aspirations of disadvantaged individuals. However, the flip-side to this support is that, as far as possible, individuals need to share and take responsibility themselves, and particularly where their actions have an impact on those around them. For example, the parent of an at-risk child should be given support, but it is

also incumbent on them to take this support. This approach is illustrated by intensive family support projects – a highly personalised approach, but one that requires a clear sense of personal responsibility on the part of the adults involved, with clear consequences if those responsibilities are not met.

3.67 The Government's New Deal programmes also illustrate this approach. These programmes provide an active service with tailored support to help people back into work, matched by an obligation for people to do everything possible to help themselves.

3.68 And it appears to be working. Recent evaluative research shows that a pilot programme extending obligations to older

### Box 3.10: Family Intervention Projects

Family Intervention Projects provide holistic support designed to target some of the most disadvantaged and problematic families and improve their behaviour and deliver other outcomes. Family involvement in the projects is typically triggered by major problems that may otherwise lead to children being brought into care, or the family being evicted for disruptive or anti-social behaviour. In around 40 per cent of families, one of the parents is found to have significant and untreated mental health problems.

Interventions vary in intensity, partly reflecting the severity of the problems involved. These range from home visits and coordination of different service interventions, to full residential interventions where the family lives in adapted accommodation with 24-hour supervision and support, such as that pioneered in the 'Dundee project', commissioned by a local authority but delivered by NCH, a children's charity, a third sector provider. Despite the relative expense of Family Intervention Projects, they have been found to be highly cost-effective as well as improving outcomes for the families and communities involved.

The Government is on track to deliver the commitments it made in the Respect Action Plan to roll out 50 Family Intervention Projects by the end of the year, which will deliver tailored access to parenting provision, health and employment services for an estimated 1,000 families a year by mid-2007.

workers – a particularly disadvantaged group – was effective in improving employment outcomes. Those mandated to undertake the Intensive Activity Period of New Deal 25 plus (which at present is voluntary for older workers and provides a variety of assistance lasting 13 to 52 weeks) were much more likely to be in unsubsidised employment within a year of entering the programme (29.8 per cent), than those in a control group who were not mandated (23.4 per cent).<sup>41</sup>

3.69 A focus on the rights and responsibilities of government and citizens also underpins the Government's Respect Action Plan, and in ongoing developments since. For example, on 5 June 2006 the Government announced a pilot scheme to ensure that people who are evicted as a result of their anti-social behaviour

undertake rehabilitation, or risk sanctions on their housing benefit. This measure is included in the Welfare Reform Bill.

3.70 In addition, the DCA and Community Legal Service (CLS) play a key role in ensuring people understand their legal rights and responsibilities, and how to exercise them. Evidence<sup>42</sup> suggests that the provision of good early advice services prevents relatively simple civil legal issues spiralling into more serious (and numerous) problems and can prevent people tipping into social exclusion and help them move out of it.

3.71 Increasingly, service providers are seeking to make the compact between service provision and citizen more explicit. For example, many schools are introducing

<sup>41</sup> Dorsett, R and Speckesser, S (2006) *Mandating IAP for Older New Dealers: An Interim Report of the Quantitative Evaluation*. DWP Research Report 362

<sup>42</sup> Pleasance, P (2006) *Courses of Action: Civil Law and Social Justice*, 2nd edn

pupil–parent ‘contracts’ and these are also used in relation to Educational Maintenance Allowances. Even where these contracts are not legally binding, they can have a powerful effect by simply making explicit what is expected of each party involved.

3.72 Generally, the most effective contracts are personal to the individual or family, albeit within a common framework of expectancies. The Social Exclusion Task Force will seek to encourage and extend this approach.

**ACTION 10:** Using the lessons from the pilots on budget-holding lead professionals, we will explore whether, and how, to extend the funds held by lead professionals. In particular we will consider how portions of budgets used for mainstream services could be applied to lead professionals’ budgets.

**ACTION 11:** The Government will explore extending tariffs, paid to service providers and reflecting social costs, for delivering particular outcomes in relation to those with multiple problems and at risk of a lifetime of exclusion.

**ACTION 12:** The Government will continue to actively encourage a rights and responsibilities approach to service delivery, encouraging service providers, individual brokers and lead practitioners to agree clear and explicit divisions of responsibility with clients.

## Supporting achievement and managing underperformance

3.73 The Government’s approach to driving improvement in public service delivery has gradually evolved from targets twinned with investment, to one that is supplemented by a range of more bottom-up and peer-driven pressures to improve. Essentially, the approach can be boiled down to the following: if you are delivering, the Government will highlight your achievements for others to follow, but otherwise leave you alone; but if you are failing, the Government will implement a ladder of intervention to foster improvement and empower service users to deliver better performance.

3.74 Indeed, the Government invites and encourages local areas to come forward with

innovative and radical proposals such as pooled budgets and payment by results for provision around those most at risk. In turn, we will work to remove barriers to match this ambition – challenge us!

### Clarity about targets

3.75 Clarity about national and local priorities is a prerequisite for focusing efforts and also making it possible to identify where there is failure in delivery relative to our aspirations. The Comprehensive Spending Review to be announced in summer 2007 will determine a revised set of national priority outcomes articulated through the next generation of national Public Service Agreements. And the Local Government White Paper, due to be published in autumn 2006, will consider how to further improve the delivery of national and local service priorities.

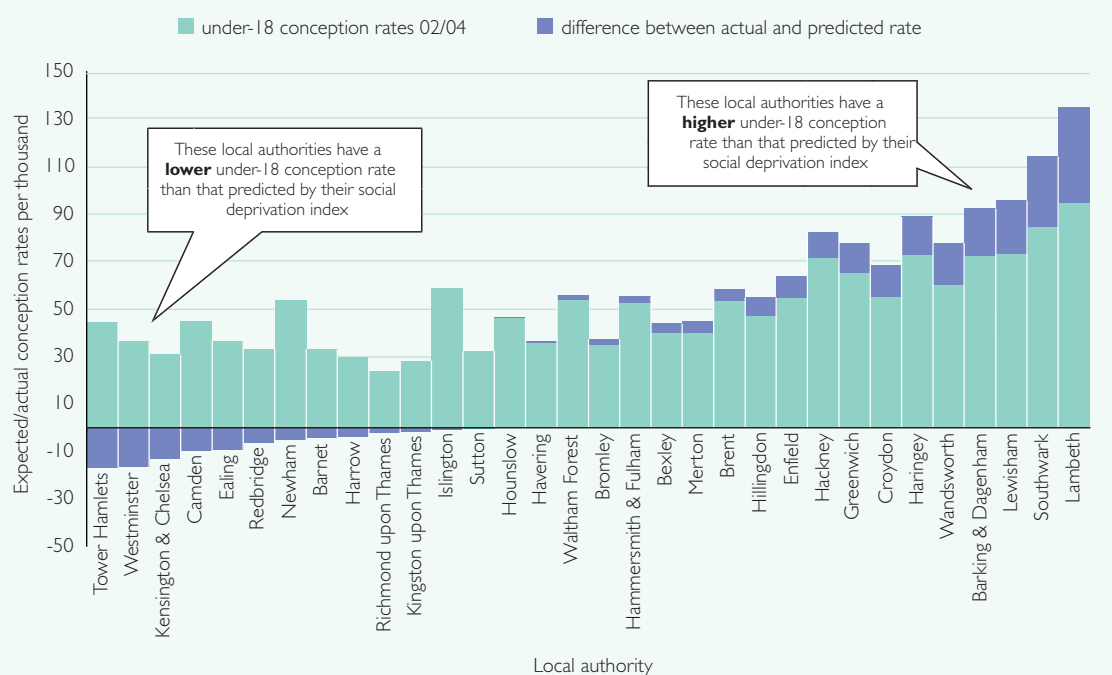
3.76 A particular problem is that adequate, or even good, overall performance by a service provider on a given outcome can mask severe underachievement among a small minority of citizens. This issue has already been significantly addressed through the use of 'floor targets', whereby providers are obliged to achieve at least a minimum standard of outcome across areas. However, even with floor targets, providers may still – whether intentionally or unintentionally – fail to reach those whose outcomes and needs are the very worst.

3.77 The Social Exclusion Task Force will work closely with other government departments, including the Treasury's policy reviews, to ensure that the needs of the most excluded are addressed in these processes and in the revised targets and indicators published in 2007.

3.78 The Task Force will focus its efforts on the development of a composite indicator of success or failure in relation to the most excluded. For example, this might be composed of an index of how local authorities or Local Strategic Partnerships are doing in relation to the educational attainment of the lowest-performing 5 per cent of children relative to the average, to infant mortality, to the proportions of young people not in education, employment or training, to teenage conception rates, and so on. Controls might then be added for levels of deprivation to identify which areas are doing unusually well, and which are doing badly, compared with what would have been expected given the characteristics of the local population.

3.79 For example, Figure 3.2 below shows both predicted and actual teenage conception rates for various local authorities.

**Figure 3.2: Difference between suspected and actual under-18 conception rates – London**



Eighteen out of 32 (56 per cent) local authorities in London have a higher than expected teenage pregnancy rate, after controlling for levels of social deprivation.

### Intervention in cases of failure

3.80 The Government's aim is to create the circumstances for local authorities and other local service providers to deliver excellent services – including services relating to social exclusion. It is nevertheless essential to have measures in place to ensure that underperformance is detected early, that serious failure is prevented and that significant problems are dealt with swiftly and effectively where they do arise.

3.81 The Local Government White Paper will explore the performance framework for local authorities working alone and in partnership. This work will include looking at measures to deal with problems or failure to deliver in relation to social exclusion, or indeed any other priority outcome. A similar approach will be detailed in the forthcoming Green Paper on children in care.

3.82 Where local service providers are underperforming in relation to children at risk or the most excluded adults, an intervention regime will kick in. This will be tailored to the nature of the service failure and will take tough action where services are failing. The length of the intervention will vary with the degree of underperformance and necessary support, but ultimately the intention will be to build capability at the local level and then to step back.

3.83 Interventions for the socially excluded will be consistent with the guiding principles referred to earlier in this chapter, such as more effective commissioning, contracting out, and the use of individual budgets where appropriate.

**ACTION 13:** The Task Force will work closely with the Treasury and other government departments to ensure that the next generation of Public Service Agreements address the unique challenges of the most socially excluded.

**ACTION 14:** The Government will explore how to strengthen our performance management regime, with a clear ladder of intervention for the most excluded around underperforming provision, while leaving good local statutory services alone. The forthcoming Local Government White Paper will consider how the local government performance framework might evolve to continue to drive genuine service improvements, and how to deal with cases of underperformance.

**ACTION 15:** The Task Force will explore alternative composite measures of social exclusion that can be used by the Government to monitor progress and to focus targeted intervention and support.

## Conclusion

3.84 The multiple and entrenched problems faced by the most excluded present a formidable challenge to public services. Yet the potential prize is great – better and socially just outcomes for the most excluded, alongside fewer long-term harm and costs for the rest of the community.

3.85 The ongoing programme of public service reform offers improved interventions around the most excluded, as well as for the general population. But the added complications of the number of agencies involved in the lives of the most excluded, the small absolute numbers of individuals concerned and the separation between investment and return (both in time and across agencies) all mean that special attention and action are needed.

3.86 An effective response to the plight of the most excluded requires innovation in identification and support, the structure of the workforce, the application of best practice and the incentives and system design itself.

3.87 These challenges and implied reforms are profound, and will not be resolved by this document alone. But the thinking presented here offers a clear direction of travel that the Government will be pursuing in the context of the coming Comprehensive Spending Review and forthcoming publications such as the Local Government White Paper, revised commissioning guidance and incapacity benefits reforms.

3.88 This chapter has set out the Government's renewed approach to tackling social exclusion, based on a strong understanding of the current problems and what can be done about them. Section III outlines how these principles will be applied or piloted for excluded groups throughout an individual's lifetime – during the Early Years, the Childhood Years and the Adult Years. Implementing more focused and immediate interventions will supplement and inform deeper systemic reform.

