



**CabinetOffice**

Public Service Unit Seminar Paper

# **A New Dialogue with Citizens:**

**The role of personal agreements in encouraging shared responsibility between public services and citizens**

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This brief discussion paper is intended to stimulate dialogue. It arises from a Public Services Unit seminar. It is not a statement of Government policy.

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## Introduction

In the early 1990s an innovative family support programme was developed in Dundee to tackle and prevent anti-social behaviour, from graffiti to noise late at night, to abusive and disrespectful behaviour, that was afflicting whole neighbourhoods as well as individual citizens and their families. At the centre of this programme were agreements, made between professionals and the families causing the greatest problems. These agreements articulated the potential consequences of unacceptable behaviour, if changes were not made, and the greater support that would be provided to address the problems underlying their unacceptable behaviour.

Over the past few years, this innovative approach has evolved and developed into Family Intervention Projects which are now being rolled out in every Local Authority in England – around 250 projects are already operational and there is funding for every local authority to provide a FIP. Over the past 12 months an estimated 3,500 families will have been supported, and the Government is on track to reach 10,000 families a year by the end of 2012-13 and all 50,000 families believed to need this kind of support by 2015. They form the basis of a new relationship between families who are causing significant problems to others and the range of public services they are engaging with. They provide greater support to the families with complex needs, but also place greater expectations on the family. The projects have achieved widespread recognition as highly successful leading edge practice – reducing instances of anti-social behaviour and working with families to help them stay in their homes. A recent evaluation of the first 1000 families completing Family Intervention Projects suggested, amongst other outcomes, that those involved in anti social behaviour had decreased from 89% at the start of the intervention to 32% at the end.

Early indications show that outcomes are sustained 9-14 months on.<sup>1</sup>

Family Intervention Projects are just one example of how a wide variety of public services are developing a range of new personal agreements which match greater support for people with an expectation that people will also do more to help themselves or others. Every Jobseeker makes a Jobseeker's Agreement with their Jobcentre Plus advisor and schools are able to use Parenting Contracts and Parenting Orders as well as Home-School Agreements. The outcomes these agreements are designed to achieve and the contexts in which they are being developed significantly vary across public services. They range from Acceptable Behaviour Contracts with people of all ages causing lower level nuisances and at risk of escalating into more serious anti-social behaviour or crime, to personalised care and support plans in health and social services which are, in a slightly different way, promoting dialogue between people and services about their priorities and care – for example, aiming for all young, vulnerable, first time parents, to have the opportunity to receive support from the Family Nurse Partnership within five years time.<sup>2</sup>

This discussion paper draws out lessons from the development and operation of a variety of these agreements from across public services. In doing so, we recognise that personal agreements are not suitable in all services or situations, nor do we come to any conclusions about the extent or balance of the private and public spheres. In addition, it should be noted that formal evaluations of the operation of personal agreements are relatively limited. However, we do consider that the approach has a number of merits. These include a highly targeted and effective service delivery, citizen engagement which may foster a sense of citizen responsibility, the opportunity to increase self-efficacy and increasing the potential for early intervention, which can reduce future problems whilst also providing long term value for money in service delivery. Drawing on a range of case

study examples and talking to policymakers and service leaders we have also identified seven principles which, although not evident in every case study we highlight, do underpin many successful personal agreements:

1. **Tailor the agreement to ensure individual needs, capabilities and circumstances are recognised**
2. **Agree positive shorter-term and longer-term goals**
3. **Ensure there are regular opportunities for dialogue**
4. **Recognise the power that changing the context has on people's behaviour**
5. **Develop long term relationships**
6. **Enforcement is often important as a backstop**
7. **Professionals combining expertise with motivational skills to adopt a person-centred approach**

This is still a developing approach in many services. For example, Home-School Agreements are changing to include a greater focus on the educational and developmental goals of individual pupils and to establish a stronger link to enforcement mechanisms such as Parenting Contracts and Orders. As such, there is significant potential to continue to develop personal agreements and to extend the approach into new areas. In particular, we have found there may be scope to develop the use of personal agreements in three ways:

1. **As part of joining up of public services around citizens:** There is likely to be scope to use personal agreements alongside and as a key part of joining up services around citizens. As it stands, joined-up approaches to personal

agreements are most often employed where citizens have highly complex, challenging needs, such as is the case with Family Intervention Projects (discussed further on page 34). However, there are clear benefits to be derived from personal agreements which cross traditional service boundaries for a wide range of users of public services – from people with long term health conditions to parents and children using public services to achieve wide ranging aspirations and goals.<sup>3</sup>

2. **By targeting citizens going through key transition periods:** The value of dialogue and building self-efficacy by working with individuals and families as they go through key transitional phases have been demonstrated by highly successful programmes such as Family Nurse Partnerships (discussed in further detail on page 35). The principles of this approach may be relevant to other significant transitional phases, including: from education to employment; from employment to retirement; returning to work after a period of unemployment, as well as the transition from compulsory education to training or Further Education.
3. **Alongside investment aimed at prevention and early intervention:** By their nature, prevention and early intervention strategies are often aimed at changing the behaviour of citizens to achieve better longer term outcomes. The personalised support and open and equal dialogue central to a personal agreements approach has a potentially significant role to play in achieving behaviour change leading to better long term outcomes for individuals, their families and whole communities. Consider a study carried out into family based intervention projects trialled in the North West: nearly 9 out of 10 tenants involved in the intervention projects were facing some form of threat to their tenancy. Of those who completed the

programme, 85% of families either no longer received complaints about anti-social behaviour or complaints had reduced to a level where the tenancy was no longer deemed to be a risk.<sup>4</sup> There are clear longer-term benefits to well timed, early intervention, in this case, the possibility of these families losing their tenancies and becoming social excluded, for example.

## Why shared responsibility is increasingly important for public services

Over the last decade, many public services have improved beyond recognition. Every local area now has a dedicated neighbourhood policing team. Most have a new Sure Start Children's Centre to provide young children and families with support. Hundreds of schools and hospitals have been re-built and tens of thousands of new health professionals, police and teachers have been recruited.<sup>5 6 7</sup>

The outcomes from this investment have been significant. Exam results are up. Most types of crime have decreased. People looking for work are being supported to find jobs much more successfully than in previous recessions. People's chances of surviving health conditions such as cancer and circulatory disease (including heart disease) are much improved.<sup>8 9 10 11</sup>

In many ways, therefore, the State is discharging its responsibilities to support people better than ever before. Over the last year, many services have been embedding these responsibilities to citizens in sets of entitlements. The NHS Constitution, for example, sets out the rights that all patients can expect, such as free access to care and being treated with dignity and respect. The Government has also announced that it seeks to strengthen these entitlements with further guarantees, such as for cancer patients to be seen within two weeks. Likewise, new Pupil and Parent Guarantees are being proposed for schools; police forces have established new Policing Pledges; parents are being given new rights to free childcare; and for all 18 to 24 year olds unemployed for six months, there is a guaranteed offer of a job, work-focused training or work experience. Above these

guarantees, many services are also providing people with more personalised support and more choice and control over the services they receive.<sup>12</sup> Those in need of social care, for example, can often purchase their own package of support, tailored to their particular circumstances, through a personal budget (for more detail on personal budgets in social care, see page 40).

Strengthening the responsibilities of services to better support citizens will, however, only go so far in improving the outcomes that people aspire to. In raising educational standards, for instance, the role of parents is often at least as important as that of teachers.<sup>13</sup> In managing long term health conditions such as diabetes, the roles of the patients in changing their lifestyle, understanding their own symptoms and working with medical staff to manage their condition are just as important as the quality of care provided by the NHS.<sup>14</sup> In tackling crime, simply sending offenders to prison is often inadequate; they need to *decide* to work with the Probation Service and others to tackle underlying problems such as drug abuse. Good outcomes rely not only on high quality services, but on people making an active contribution, combining their knowledge, motivation and resources with those of services.<sup>15</sup> They rest on a shared responsibility between the service and the citizen.

The best public service professionals have always relied on working with and motivating those whom they serve. To state the obvious, no teacher will be successful if they fail to engage and motivate young people in their own learning. But with funding for public services becoming much tighter in the years to come, understanding how to encourage and enable such personal responsibility will be even more important. Services will need to ensure that they are fully harnessing the motivation, knowledge and resources people can bring to solving problems themselves if money is to go further.

Even if resources were not so tight, the changing context of providing services over the next couple of decades should prompt services to consider issues of personal responsibility. As Britain comes out of recession, motivating those who have been out of work to refresh their skills and re-enter the labour market will be crucial to economic growth – avoiding the problems of previous recessions in which many remained on incapacity benefits and other forms of welfare support well after the jobs market had recovered. There are certainly encouraging signs that this has, so far, been avoided. People are continuing to leave Jobseeker's Allowance quickly, vacancies are rising and redundancies are slowing.<sup>16</sup> As people live longer, encouraging saving for pensions and potentially social care becomes more important.

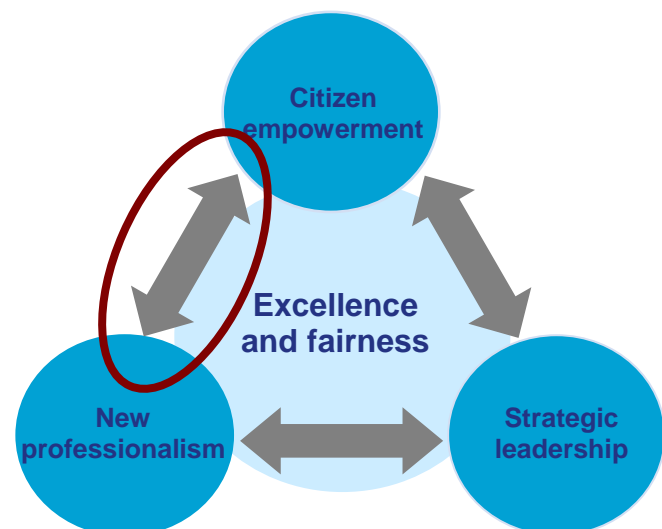
As the pressures on the health service are increasingly driven by problems such as obesity, engaging people in preventing ill health becomes correspondingly more valuable.

It is for these reasons that the Government has put developing a stronger relationship between services and citizen at the heart of the strategy for improving public services (see Exhibit 1).

### Exhibit 1: A strategic approach to improving public services

**Strengthening citizen-professional relationships are at the heart of the Government's approach to public service improvement.** As set out in *Putting the Frontline First: Smarter Government* and other recent papers, delivering better services in a much tougher financial environment will rely on:

- **Empowering citizens** as equal partners who bring their knowledge, time and energy to address challenges such as preventing ill health – enabled by stronger entitlements, more information and on-line services and greater choice and control
- Unlocking the creativity and ambition of public sector working by fostering a **new professionalism**, with the frontline given the freedoms and flexibility they need to form direct relationships with citizens and respond to their needs and aspirations
- **Strategic leadership** from Government, with a streamlined central Government focusing down on providing the overall direction, but releasing resources to the frontline.



Source: Excellence and Fairness: Achieving World Class Public Services, Cabinet Office, 2008

## The role of personal agreements in the new relationship between citizens and service

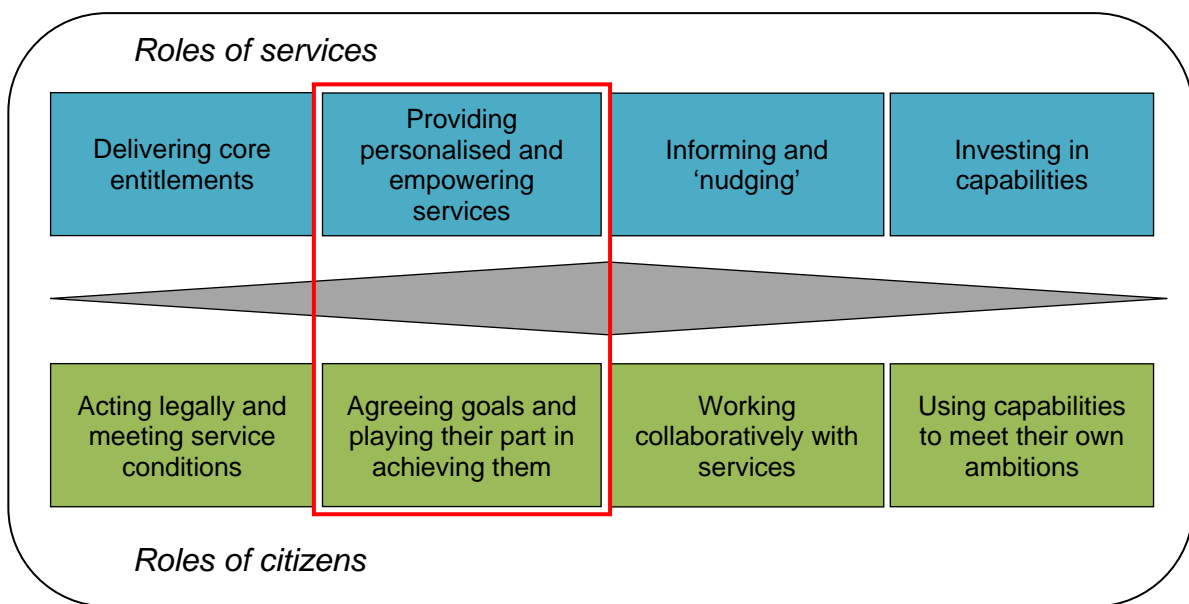
A good relationship between citizens and services has many dimensions. Services often have legal responsibilities to ensure that core entitlements are met. They will usually seek to provide a personalised approach and give people control over the support they receive. In many instances they will help people help themselves by providing information. In others, they may ‘nudge’<sup>17</sup> people to behave in certain ways, such as automatically enrolling them into a pension scheme. More broadly, services often have a role in investing in people’s capabilities to enable them to meet their own goals, by helping to give them the security, skills, resources, and confidence they need to thrive.

In turn, service users’ responsibilities can include:

- Staying within the law and meeting basic expectations towards others, such as not engaging in anti-social behaviour, not making fraudulent use of services, or not being abusive to staff;
- Fulfilling specific conditions for accessing some services, such as actively looking and being available for work if receiving Jobseeker’s Allowance; and
- Agreeing to play their part in achieving a successful outcome, such as engaging in the education they are offered.

Beyond these responsibilities, people have the scope to make a range of other contributions to achieving outcomes for themselves and others. This contribution may involve using motivation, time and other resources in partnership with services or independently to help meet their own needs.

**Exhibit 2: Some of the roles of services and citizens in achieving social outcomes**



This paper focuses on just one aspect of strengthening the relationship between citizens and services: the role of personal agreements such as Home-School Agreements or Acceptable Behaviour Contracts (see red box in Exhibit 2). Personal agreements sit within a range of initiatives that provide a role for communities in setting norms and supporting and challenging behaviour. These include neighbourhood agreements or community contracts, which are voluntary partnership agreements between service providers and communities that set out service standards and priorities for action, as well as what the community can do to help ensure these are delivered. These have been developed across a range of agendas from local environmental issues, healthier living, and crime and community safety.

These agreements are not about bureaucratising the relationship between citizens and services. Rather, they strengthen and improve the way services and citizens work together to achieve better outcomes. Many of the agreements cited in this paper have been developed by and within services – by professionals who understand how to achieve better outcomes for the citizens using public services.

Personal agreements refer to those arrangements through which services and service users explicitly discuss and formalise what each will do in order to achieve an agreed outcome. Examples of this broad approach include Home-School Agreements; Jobseeker's Agreements; the Parenting Contracts used schools, local authorities and Youth Offending Teams; Family Intervention Projects and Acceptable Behaviour Contracts. In health and social care, there are not usually formal agreements around the roles which service users will play. However, through care planning for those with long-term conditions or support planning for those social care users with personal budgets, a dialogue can be developed which includes considering what people will do for

themselves whilst the focus is on how people will be better supported by services.

## Why do we consider that such personal agreements are potentially important?

Our understanding of the development of personal agreements across public services is still an emerging field, with relatively limited formal evaluations and conclusions. However, from our broad experience of looking across services there are a number of factors which make them attractive:

### 1. Advantages derived from tailoring support and expectations to specific circumstances

There are potential advantages of making additional support and higher expectations on people tailored to their specific circumstances through a personal agreement, rather than simply developing universal conditions on services as a means of encouraging personal responsibility. For example, Jobseeker's Agreements and the wider process of getting jobseekers back to work offer a highly flexible and increasingly supportive journey. This is balanced by increasing conditions on this support. Although it can be helpful to have some clear rules for the use of services, it can be difficult to fairly apply a universal sanction. This is why, through the job-seeking process, the expectation on the individual to demonstrate they are actively seeking and available for work varies according to their personal circumstances, as set out in their Jobseeker's Agreement. Further, whilst the Department of Health has found strong public support for encouraging people to use the NHS responsibly, the consultation on the NHS Constitution also found some reluctance to placing strict conditions on access to health for those who may be perceived as misusing the

service. Any conditions on the receipt of services such as education and health, for missing appointments, for example, would need to take into account personal circumstances and have flexibility. More generally, if expectations on service users are universal and services are in some way conditional on meeting these expectations, it may be those vulnerable people who are most in need of support who are most likely to be excluded.

### 2. Responsibility often needs to be encouraged rather than imposed

To achieve some broad changes in behaviour and attitudes, such as parents changing the way they support their children, people need to really buy into a new approach of working with services. The process of dialogue inherent in developing personal agreements, and the sense of mutuality which a good agreement can engender, secure higher levels of motivation and self-efficacy; as such, they are potentially extremely important in encouraging positive changes in behaviour.

Encouragement through dialogue and a sense of mutuality are often good ways to build an individual's feeling of being in control of a situation and therefore to build motivation to make a change for the better. Psychological research highlights the link between self-efficacy and behaviour – particularly, that it is important for individuals to recognise that they have the capability to organise and execute positive courses of action.<sup>18</sup> Approaches that build self-efficacy encourage responsibility by opening up new opportunities and understandings, rather than imposing requirements, expectations or sanctions.<sup>19</sup>

### 3. Imposed expectations and sanctions are more likely to be ignored

Further, there is some evidence that if conditions on using services are seen as inappropriate and imposed, they are more likely to be ignored. This is most apparent where sanctions are in tension with, or seek to change, routine everyday behaviour. Much behaviour, including positive behaviour, is highly habitual; that is, we exercise little cognitive effort and rarely deliberate in our own minds over how and why to perform some routine tasks or actions. New expectations or sanctions which challenge these entrenched habits are likely to give rise to resistance. Familiar questions and challenges in these circumstances highlight this issue – for example: ‘why are we expected to do it like this now when we have always done it that way?’; ‘the old way has always worked, why the need for change?’, ‘I’ve always done it like this, I’m not changing now’.

By way of contrast, new sanctions or expectations that engage people early on in their development and, where necessary and appropriate, are recognised as part of broader processes of culture change, are less likely to be ignored or resisted. For example, long-term and sustained changes in behaviour were achieved alongside the introduction of new regulations relevant to the wearing of seatbelts, drink-driving and banning smoking in public places.<sup>20</sup> In each of these cases, culture change was a key driver of changes in behaviour, such that for the vast majority the regulations were not experienced as an imposition. Rather, drivers, passengers, smokers and others were encouraged to re-think their behaviour and its impact on others. In doing so individual cognitive effort and awareness was harnessed not bypassed or dismissed as irrelevant. The Strategy Unit report, ‘Achieving Culture Change: A policy framework’<sup>21</sup> outlines, in detail, the

benefits of culture change approaches and how they can be effective in helping achieve policy goals.

### 4. Building commitments leads to sustainable change

There is also evidence that the process of building commitments is likely to be more successful in bringing out sustainable, long-term changes in behaviour, than using context altering mechanisms to change people’s behaviour without their knowledge.<sup>22</sup> Much of the evidence that highlights the potential to use context altering processes alone to change people’s behaviour relates to relatively discrete, often emotionally insignificant tasks – that is, ways of behaving in which there is little emotional investment or personal commitment, for example, signs on the road prompting us to ‘look left’, changing the layout of food in a canteen to affect decisions on what food we choose to buy; or changing the defaults in one direction or another to prompt ‘better’ decisions. Although these have a role and can be an important part of behaviour change strategy (see page 21), there is less evidence that these processes alone can be harnessed to deliver sustainable changes in behaviour to which people are psychologically committed. In particular, behaviour which is close to a person’s sense of who they are – as reflecting their attitudes and values, where a driving force of this behaviour is people’s self-expectations, strongly influenced by the emotional and social commitments they have made. People feel uncomfortable when they feel their behaviour is ‘at odds’ with these self-expectations and commitments.<sup>23</sup> Providing opportunities to examine, evaluate and potentially change existing expectations and commitments through dialogue and social interaction is likely to prove a more successful strategy, in some instances, to achieving sustainable change in behaviour than a reliance on subconscious mechanisms. Leading practice indicates that building

strong one-to-one relationships and commitments between citizens and professionals is one important way of driving this. Work led by the Social Exclusion Task Force has highlighted the value of lead professionals. It points to their importance of assessing and addressing the full range of a citizen's needs, for example, in order to help tailor the services to their needs and integrate all agencies that they may be involved with.<sup>24</sup>

We are not saying that personal agreements are necessarily more important than other ingredients of a new relationship. Over the last year the Government has been extending new entitlements and guarantees in core public services, such as new Pupil and Parent Guarantees to high quality education. Personal budgets and greater choice have been introduced in social care, health and a range of other services. New online channels are being provided to enable people to access services more easily and cheaply. People are now able to access far better information about their own needs, such as performance of local services, through new school report cards. More broadly, services are exploring the potential application of approaches to behaviour change and the Government is considering how to apply the thinking of Amartya Sen and others with particular regard to the importance of investing in capabilities to social policy.<sup>25</sup>

Expectations that people will meet their basic responsibilities to others are also being strengthened, with further action to tackle anti-social behaviour, new approaches to challenge the small minority of parents who do not adequately support and supervise their children and a strengthening of the conditions applied to those claiming benefits alongside greater support to help them find work.

Many of the insights from delivering these other dimensions of a new relationship have already been written up in reports from the Cabinet Office (see box below). All of them have potentially more significant roles to play in enabling citizens and services to make a greater contribution to meeting new challenges.

However, given that formal personal agreements have been developed across public services over the last few years and that they potentially help deliver flexibility and a sense of reciprocity in developing personal responsibility, we think that they are worth exploring further.

**Recent Cabinet Office analysis of the relationship between citizens and services:**

***Power in People's Hands: Learning from the World's Best Public Services***, published in July 2009, set out lessons from around the world in improving many of the dimensions of developing excellent relationships with citizens: entitlements, personalisation, prevention, better information, and a new professionalism.

In the spring and summer of 2009, we published brief discussion papers on ***Co-production: a new partnership with citizens*** and ***Entitlements: Building a new relationship between citizens and services***.

***The Power of Information Taskforce report***, published in 2007, highlights ways of giving people greater access to information.

In December 2009, we supported a Young Foundation publication on ***strengthening public services and civic society working together***, which has been followed up by a more in-depth paper in March 2010, ***Public services and civil society working together: promising ideas for effective local partnerships between state and citizen***.

The Innovation Unit published a think piece on mutualism in public services, entitled ***The Engagement Ethic: the potential of co-operative and mutual governance for public services*** (December 2009).

In March 2010, with the Institute for Government we published ***MINDSPACE: Influencing behaviour through public policy***.

The insights from this analysis have been informing the actions set out in ***Putting the Frontline First: Smarter Government*** and other policy papers.

Discussion papers highlighting the significance of strong relationships in public services have also been developed through the Council on Social Action, including ***Side by side: a report setting out the Council on Social Action's work on one-to-one*** and ***Time Well-Spent: the importance of the one-to-one relationship between advice workers and their clients***.

## What Does a Successful Personal Agreement Look Like?

The development of personal agreements between individual citizens and professionals working in public services is a relatively recent trend. As such it is clear that this is still a developing approach and an emerging field. Consider for example, the ongoing development of Home-School Agreements – to make them far more personalised by taking into account individual pupils' personal educational goals as well as to be backed up with stronger enforcement mechanisms through a link to parenting contracts and ultimately parenting orders (see page 36 for more information on Home-School Agreements).

Home-School Agreements are one example of a whole variety of personal agreements that have developed over the past ten years across public services, which match greater support for people with an expectation that they will also do more to help themselves or others. Examples of these new agreements include: Acceptable Behaviour Contracts, used by many police, council and housing teams; Parenting Contracts used by schools and local authorities with parents; and Jobseeker's Agreements between a jobseeker and their Jobcentre Plus Advisor. In a slightly different way, personal care and support plans in health and social services promote dialogue between service users and professionals about their priorities and if combined with personal budgets could be an important part of building a personalised package of care services.

Although many personal agreements are at early stages of development, there is good evidence that some well developed personal agreements play an important role in bringing about significant improvements in behaviour and in outcomes for citizens. Take the first

1000 families who completed Family Intervention Projects, for example, where 5% of families had 4 or more anti-social behaviour problems at the end of the intervention compared to 45% at the beginning, or the 72% of personal budget holders in social care who now feel they have more control over their lives. There is also evidence that public service approaches which have at their heart an equal dialogue between professionals and citizens can be effective. In an evaluation of the Family-Nurse Partnerships programme, clients have rated their family nurse on average 8 out of 10 for the difference they are making for them. In supporting people with long term conditions, 70% of people reported in 2009/10 GP Patient Survey that they have received better care as a result of personal care plans.<sup>26 27 28 29</sup>

To better understand what successful personal agreements look like and to draw out some of the lessons from this emerging field we have worked with those who have led the development of many of these agreements, across public services, and have reviewed how they are working in practice. We present here seven key principles which underpin successful personal agreements. This list is not exhaustive and in the confines of this paper we have not been able to capture every permutation of how these principles may play out in practice; rather, they are intended to provide a relatively concise explication of what successful personal agreements look like by drawing on existing best practice and the research available. As such it should be noted that not every principle is identifiable in each case study example, however we do draw on illustrative case studies in our discussion of each principle.

Overall successful personal agreements bring together the value of enforcement with the insight that significant, sustainable change in behaviour often requires the development of self-efficacy so people feel they are able to take steps to make a real change. This means understanding

behaviour in the context of personal circumstances and commitments and working with an individual to develop their capability to make positive changes.

The approach is most appropriate where there is a longstanding interaction between an individual citizen and a public service professional. This makes personal agreements most applicable to services which have relationships between citizens and professionals at their heart such as in education, health and social services, rather

than services which are used in more transactional ways. More interestingly, this insight also points to the value of lead professionals and key workers. These roles, by their very nature, often involve bringing together aspects of a number of traditionally separate services to offer more continuity and 'joining up' to the citizen – creating opportunities for the development of successful personal agreements.

### **Seven Principles of Personal Agreements**

1. Tailor the agreement to ensure individual needs, capabilities and circumstances are recognised
2. Agree positive shorter-term and longer-term goals
3. Ensure there are regular opportunities for dialogue
4. Recognise the power that changing the context has on people's behaviour
5. Develop long term relationships
6. Enforcement is often important as a backstop
7. Professionals combining expertise with motivational skills to adopt a person-centred approach

## 1. Tailor the agreement to ensure individual needs, capabilities and circumstances are recognised

The very nature of personal agreements is that they are tailored to the needs, capabilities and circumstances of the individual citizen. However, in practice this can have profound implications for how services operate. Essentially, this approach means recognising that individuals are likely to have skills and resources relevant to achieving an improved outcome that have traditionally often been ignored. Evidence from best practice and from psychological research indicates that these resources are more likely to be effectively mobilised and contributed to achieve good outcomes as part of highly personalised forms of engagement and encouragement – a tailored approach helps ensure people are able to succeed more through their own effort.<sup>30</sup>

This insight is, for example, reflected in the development of new Home-School Agreements, as proposed in the Children's, Schools and Families Bill. In

the past most Home-School Agreements were generic. Parents, pupils and the school would often sign up to an agreement that set out general principles, responsibilities and expectations, but was not always part of a process through which these were discussed and applied to the needs, circumstances and aspirations of individual pupils and their families. Many schools already have separate personal learning goals and aims for pupils but these are not always agreed with or shown to parents. New Home-School Agreements will be far more closely tailored to individual pupils – through the development of the personal education and development goals agreed for each individual pupil. As such, there will be far greater opportunity to discuss and articulate the respective responsibilities of education professionals, parents and the pupil themselves. This builds on best practice from Individual Education Plans which have existed for many years as a way of agreeing and articulating personalised plans for children with special educational needs by setting out short term goals, sometimes engaging parents in the plan, as well as school and child.

**Family-Nurse Partnership programmes** are a voluntary programme for first-time, vulnerable young parents. Specially trained nurses work with young parents from early pregnancy until their child is two years old, building close one-to-one relationships in order to deliver the programme in a way that is closely tailored to the specific needs and aspirations of the parents.

Nurses work closely with parents to explore their individual circumstances and to develop their strengths and capabilities in highly personalised ways. A key part of the programme is the development of self-efficacy, through methods such as 'motivational interviewing', so parents increasingly discover they can achieve improved outcomes for themselves. In doing so, a nurse helps each family recognise that they have the skills and capabilities to make significant changes to the way they live their lives – for example, helping them return to employment or participate in community activities or to improve inter-personal communication within the family.

An evaluation of the first two years of the FNP in England indicates that the programme is widely welcomed by the most vulnerable families, and that it is successful in reaching the clients who are likely to benefit most. Changes in behaviour are being observed in health, relationships, parenting and maternal well-being. A strong nurse-parent relationship is key to its success – and parents are overwhelmingly positive about their family nurses.

Adopting a more tailored approach is likely to be useful in encouraging a greater sharing of responsibility between citizens and professionals and thereby achieving improved outcomes across a whole variety of public services. Consider, for example, preventing the deterioration and ongoing management of long term health conditions. An individual with a long term health condition will know more than a professional ever can about their everyday routines and what works for them in the management of their condition. They are also likely to have a variety of, often unrecognised, skills and resources which have the potential to give rise to a spectrum of opportunities for effectively managing the health condition. For example: the capability to learn to use new technologies to monitor their own condition to prevent acute episodes; access to an extended network of family,

peers and friends able to provide support and advice; as well as personal and social interests and activities which could support and be supported by a bespoke package of care. As part of a personalised approach to developing a personal care plan these needs and opportunities are recognised, ideally to go beyond focusing exclusively on an individual medical condition to also considering the emotional and social needs and aspirations. A similar approach can be found in a very different service – Jobcentre Plus: Through a Jobseeker's Agreement a personal advisor works with a client to shape an agreement that reflects individual skills and experience and articulates personalised next steps to help them find work.

Existing practice indicates that to adopt a highly tailored approach of this kind it is

often necessary to break down traditional service 'silos', that in some cases can prevent services and professionals seeing the 'whole person'. In this respect, leading edge practice can be found where services are facing exceptionally complex and challenging issues, such as persistent anti-social behaviour committed by families experiencing multiple forms of deprivation. In this case, Family Intervention Projects have developed a highly tailored approach by focusing on a whole family and the way in which their needs and problems interact. A key worker is crucial in building a strong relationship with the family to design interventions and agree steps in a way that fully takes into account the needs, capabilities and circumstances of the family. Individual budgets help them to achieve this by allowing key workers the flexibility to address family needs at short notice and to tailor the support as much as they see appropriate (see case study box on page 24 for more information on the role of key workers in Family Intervention Projects).

Ultimately, a closely tailored personal agreement empowers citizens and professionals to design bespoke packages of services to meet individual aspirations and needs.

## 2. Agree positive shorter-term and longer-term goals

A key component of personal agreements is the identification of goals which ensure that an individual is altering their behaviour for the better.

Agreements that articulate a mixture of longer-term goals which capture the long term aspirations and expectations of how people using services want to live their lives and often change relatively entrenched ways of behaving, as well as shorter-term goals which focus on day-to-day decisions and challenges, are most likely to improve citizen motivation which

may lead to positive changes in behaviour.

Ongoing changes to Home-School Agreements reflect this by encouraging parents, pupils and teachers to come together to agree and articulate personalised short term goals and longer term expectations of a child's behaviour, attendance and educational achievement. Similarly, through the Family Nurse Partnership programmes, young parents are able to contemplate and articulate their longer-term goals and aspirations, such as their desire to follow a particular career path, to gain a particular qualification or for their child to grow up achieving well in school, as well as more immediately realisable changes in behaviour. The results speak for themselves – over the past 30 years, evidence from the USA has shown that mothers on the programme are more likely to be employed and in stable relationships by the time the child was four (for more information on the Family Nurse Partnership programme, see page 35).<sup>31</sup>

In a very different context, Acceptable Behaviour Contracts articulate agreed short term and long term goals related to the previous offences of an individual citizen. These may include 'I will not write graffiti' or 'I will attend anger management classes', for example. These contracts aim to tackle anti-social behavior by leading the perpetrator towards recognising the impact of their behaviour, and the need to take responsibility for their actions.

By developing goals, individuals are prompted to consider and potentially improve their perceptions of what they can achieve and therefore build expectations for positive future outcomes. For example, plans developed between holders of personal budgets in social care and a social worker take as a key starting point the longer-term aspirations and

expectations of the budget-holder in the context of his or her family and friends. This process opens up new opportunities for citizens and professionals to work in partnership to devise and realise creative solutions to problems and challenges. This is reflected in the improved feelings of choice and control reported by many holders of personal budgets – for example, evidence from across 17 local authorities indicates that 72% of budget holders say they have now more control over their lives.<sup>32</sup>

By generating a good understanding of how more immediate goals, activities and behaviours relate to positive future outcomes, an individual is more likely to develop their understanding of how acting in a certain way is likely to improve their lives. Beyond improved understanding of the relationship between the present and the future, short term goals create opportunities for quick successes and break down long term aspirations into ‘manageable chunks’. This builds self-efficacy and leads to improved expectations that changes in behaviour are possible and will produce benefits. In this way, a short term goal can help overcome the psychological bias of ‘discounting the future’ (this is discussed further under principle four, below) whereby behaviour today is significantly decoupled from its likely impact and consequences in the future.

The process by which goals are agreed and articulated is as important as achieving a balance in setting both short and longer-term goals. Existing, successful practice highlights the importance of a relatively open dialogue between a professional and citizens. This open dialogue is particularly significant in the development of goals – a participative process is likely to lead to the development and expression of expectations and goals which speak to the everyday lives and aspirations of citizens. Consider, for example, the

difference between setting as a goal – ‘the prevention of acute periods of asthma’, or alternatively, ‘not having to go into hospital and being able to play football when I want to’. The process of dialogue underpins the development and expression of goals which are truly meaningful – making them all the more achievable.

**Home-School Agreements** encourage schools, parents and children to work in partnership to develop and articulate the learning and development expectations of each child. They aim to encourage parents to take a more active role in their child's learning and to share responsibility with professionals, by setting out and agreeing a clear set of expectations and respective responsibilities. The Children's Schools and Families Bill will require Home-School Agreements to become specific to each child and be far more strongly linked to the back-stop sanction of a parenting contract or parenting order - enforcement mechanisms that can be invoked in the very small number of cases where parents do not fulfil their basic responsibilities.

With the overall aim of improving a child's development, short term goals are developed alongside longer term expectations. For example, a school that identifies a child falling behind in literacy may feed this into the development of an agreement with the child's parents. Through this process short term goals such as for daily activities such as reading at home and for catch-up support in school could be agreed as well as a longer-term goal for child to catch up with their peers.

### 3. Ensure there are regular opportunities for dialogue

Dialogue and discussion between citizens and professionals is central to personal agreements approach. It is only through dialogue that an agreement that is meaningful to both can develop. Through open and equal dialogue both have the opportunity to put forward their experiences, knowledge and opinions.

The value of an equal and open dialogue is demonstrated across leading successful examples of personal agreements and plans: a social worker and a personal budget-holder working together to design an innovative care plan; nurses and parents working together as part of the Family Nurse Partnership programme; a key worker and a family working together as part of a Family Intervention Project; a Jobcentre Plus advisor working with a jobseeker to discuss their individual experiences and aspirations, and then to identify and review, in an ongoing way, the steps they

need to take to return to work.<sup>33</sup> These examples are clearly extremely diverse, but they all highlight, in their different way, the value of open and equal dialogue between professionals and citizens. In many instances, the key is to bring together, through dialogue, the different experiences and sources of knowledge of citizens and professionals – it is through this process that something new and valuable often emerges.

As highlighted above a key product of an equal and open dialogue is the development of goals that are truly meaningful to both professionals and the citizen as well as, in many instances, their family and friends. In addition, dialogue leads, in the best examples, to an enhanced understanding of where the other person 'is coming from' – this is instrumental in building the trust and commitments between individuals – a foundation upon which many successful agreements rest (the power of inter-personal commitments is discussed in more detail under principle five).

**Personal Care Plans** are used to support individuals with long-term conditions through a process of engagement and support. This process helps citizens take control of their condition as far as possible.

Discussion and ongoing dialogue is essential in developing a closely tailored plan which takes into account many aspects of individuals' needs and capabilities. Through an open dialogue between citizen and professional, the citizen becomes an equal partner in shaping the delivery of their care, rather than passive recipients. As such, care plans are always owned by the citizen themselves. Basic motivational interviewing and coaching techniques are used as part of the dialogue with an individual citizen to help build their confidence and change behaviours.

Since their introduction, primary care services employing the most effective personal care plans have both increased the quality of care - 61% of people with a discussion or a care plan say they have better care as a result – and reduced the number of hospital admissions – a typical practice in the best quartile for care planning will typically have (compared to the poorest quartile) 35 fewer emergency admissions, 360 fewer outpatient attendances and 30 additional elective admissions/day cases

Source: The 2008/09 GP Patient Survey 2008/09, Department of Health, 2009.

Recognising the value of equal and open dialogue does not mean professionals put aside their professional expertise and knowledge through which, in many services, problems are diagnosed and interventions prescribed. However, it does mean combining this expert knowledge with encouragement and support that is likely to result in higher levels of motivation for individuals to take steps to change their behaviour in desirable ways. In particular, professionals can initiate dialogue and discussion to help individuals evaluate the causes, consequences and outcomes of their behaviour, for example medical professionals and citizens working together to prevent the deterioration of, and to manage, a long term health condition (see case study box below on personalised care plans for patients with LTCs).

Evidence indicates that a dialogue of this kind helps people view their behaviour as within their own control, rather than 'inevitable' or the product of external forces. Individuals feel they can and want to achieve a goal, rather than they are being forced to fulfil a duty.<sup>34</sup> This can clearly open up new ways of dealing with a specific problem or challenge as an individuals approach is more positive and proactive. Such an increase in self efficacy and motivation will also lead to wider 'spin off' benefits on other areas of a person's life.<sup>35</sup> Consider, for example, the wide-ranging spin off benefits from holders of personal budgets working closely with social workers to design innovative packages of care – for many groups their feeling of having choice and control has been vastly improved, while as a spin-off benefit 58% of budget-holders say they now took a more active role in their communities.<sup>36</sup>

#### 4. Recognise the power that changing the context has on people's behaviour

Changing the context in which decisions are made can be very influential in shaping everyday behaviour; a small change in the environment we live and work in, for example, has the potential to change our behaviour in significant ways, without our realising or reflecting on the processes involved. Consider the frequently cited example of the school canteen: By rearranging the order that food is placed, it is possible to influence what is purchased, and therefore consumed by the children. By placing deserts after the fruit, or even in a separate line, for example, more fruit and fewer deserts are likely to be purchased, ensuring a healthier diet for the children whilst in no way restricting their freedom of choice.<sup>37</sup>

As in the example of the above, the influence of the context in which decisions are made is significant. Should the deserts instead be placed before the fruit then a bias towards choosing the deserts would exist. MINDSPACE<sup>38</sup>, a recent publication by the Institute for Government and the Cabinet Office, reflects on psychological research and the impact of previous policy. It identifies two important factors in achieving behaviour change: appealing to people's reflective state, in which people's decisions are based upon their analysis of the information they are given; and by recognising their automatic process, where individuals decisions alter depending upon the context in which they are made (as in example of the canteen).

The starting point for an approach centred on the value of personal agreements is the potential to build people's self-efficacy – this requires a significant degree of conscious consideration and reflection on behaviour and ways to make changes.

Alongside this, the strength and success of personal agreements can in practice be enhanced by drawing on insights from the 'automatic' side of behaviour change theory to design agreements that are more likely to lead to improved outcomes by ensuring biases do in fact assist the individual.

A number of biases prominent in much human behaviour have been identified in relevant literature, including the recent MINDSPACE publication.<sup>39</sup> Many of these biases can be easily and efficiently taken into account in the design of personal agreements. Consider for example:

##### Incentives

Understanding where sanctions and rewards can be used to best effect is important in encouraging behaviour change. Reactions to incentives are profoundly shaped by a *desire to avoid loss*, for example, where people don't like losing what they perceive as their own. As an incentive to behave in one way or another, the potential to lose something is often more powerful than an equivalent gain. Further, people are far more likely to respond to relatively small sanctions framed next to a locally and narrowly determined reference point, than to the threat of larger, less certain sanctions. Jobseeker's Agreements are an example of how this type of sanction, personalised to an individual's circumstances, can be effectively incorporated into the design of a personal agreement. For example, jobseekers may initially face a 2 week sanction of Jobseekers Allowance, building to 4 weeks and then 26 weeks. These sanctions are implemented at the discretion of the Jobcentre Plus Advisor and an impartial decision maker. In designing a personal agreement, which includes the possibility of both sanctions and rewards, recognising relatively simple inclinations, such as these, are likely to increase the probability of success.

## Norms

A bias toward the status quo encourages minimum effort so that people have a tendency to stick with their prior choices unless something changes – people tend towards social and cultural ‘norms’. This means that it is difficult to change entrenched ways of behaving unless there is a significant change in external factors and/or an individual’s way of thinking about their behaviour.

In promoting behaviour change, the desired behaviour should be accompanied by a strong message around what the social norm is and how this is desirable to the individual and, where appropriate, the community. This message becomes stronger when it is tailored to the circumstances of the individual, detailing how others in a similar position have acted. Key to Acceptable Behaviour Contracts, for example, is ensuring that the offender has a clear understanding of how their behaviour has been inappropriate and the negative effects it may have had on the wider community, incorporating the views of a range of agencies.

In tackling entrenched behaviours, an approach which starts with small, manageable changes may also be more successful; but where more significant, larger changes in behaviour are being pursued, the need for substantial changes in the factors influencing the behaviour should not be ignored. This also highlights, for example, the potential value of significant backstop sanctions and rewards in changing the likely consequences of behaviour. This is highlighted and further discussed under principle six below.

## Saliency

People are often poor at computation: too much information can lead to filtering, incorrect processing or the misuse of available information; and overly complex information can subvert communication. People are more likely to register stimuli that are simple and accessible; simplicity is important because our attention is much more likely to be drawn to things that we can understand; and clear and concise messages are effective in achieving this. This indicates that in the development of personal agreements it will be essential to consider *how* information is presented to help overcome this. In forming Jobseeker Agreements, for example, an Advisor is able to gain a good understanding of the work a jobseeker is looking for, alongside a substantial knowledge of the labour market. With this knowledge they help provide clarity to the jobseeker around suitable opportunities and help guide them through the process.

Using an appropriate mode of communication may also help overcome other biases, for example, a tendency to ‘discount the future’ – that is to underestimate the potential significance of something that may happen in the future without some form of sacrifice today. For example, presenting evidence to an individual that obesity can lead to a variety of medical conditions in later life is unlikely, on its own, to secure their engagement in the development of a personal agreement focused on them taking steps to lose weight.

**The Jobseeker's Agreement** is central to the Jobseeker's Allowance process in which an agreement is made between the jobseeker and a Personal Advisor setting out clear goals which the citizen can be expected to achieve. Each Jobseeker's Agreement is personal to the jobseeker and to their specific circumstances at the time.

The Jobseeker's Agreement aims to help provide clarity to jobseekers, removing barriers, increasing self-efficacy and easing the process of finding work. The Personal Advisor has discretion to tailor the agreement and in doing so can provide clear and concise information to the jobseeker in order to help them compute the opportunities available. Following agreement on the type of work the jobseeker is looking for and understanding their capabilities, the Personal Advisor and jobseeker can agree the next steps, and provide clarity on what the longer term benefits of such action may be.

Jobseeker Agreements implement sanctions for jobseekers who fail to keep to their agreement. A jobseeker may initially face a 2 week sanction of Jobseekers Allowance, increasing to 4 weeks and then 26 weeks if they continue to fail in their agreed responsibilities. These sanctions may be applied by an impartial Decision Maker after considering the jobseeker's personal circumstances.

## 5. Develop long term relationships

As set out in principle two, successful personal agreements are developed through an equal and open dialogue between a professional and citizen. Disclosure and open discussion of often highly personal details is only likely to occur where there is some reasonable degree of trust between the participants. Trust, by its nature, takes time to develop – a continuous relationship between an individual professional and a service user is likely to be more conducive to the development of personal agreements. The recent work by the Council for Social Action on enabling people to tackle long term problems and 'turn their lives around' stresses the importance of one-to-one support for these reasons.<sup>40</sup>

The value of key workers and lead professionals cannot be overstated here. For more information, see the recent

NatCen report, part of the Social Exclusion Task Force work, cited earlier.<sup>41</sup> The most disadvantaged jobseekers<sup>42</sup>, for example, have a dedicated Adviser who they see every time they visit a Jobcentre. Through a continuous relationship such as this, Advisers are able to help individual Jobseekers identify factors that may be making it more difficult for them to get a job, it is also possible to discuss and look for solutions to sensitive subjects such as personal appearance.<sup>43</sup>

Developing a collaborative and continuous relationship is key to the success of Family Intervention Projects, for example, which coordinate services around a family through a dedicated 'key worker'. This key worker has few caseloads and is therefore able to support a family intensively for as long as is needed. They are able to develop a rounded view of the needs and capabilities of the whole family and are

therefore able to design a contract and support plan accordingly (see case study box below). It is important that key workers have the flexibility to tailor services to the needs of the family. Many key workers in Family Intervention Projects hold an individual budget, enabling them to support families in the most personalised and sometimes less conventional ways. Some examples of this in practice include key workers using an individual budget to hire a skip, in order to help the family clear debris from the garden, or to purchase a much needed cot for a child. An individual budget also gives key workers the flexibility to reward families for complying with the objectives of their agreement, for example with a family day out should a family receive no anti-social behaviour complaints and achieves full school attendance for two weeks. This highly personalised support helps key workers develop a trusting long term relationship.

Notwithstanding the importance of

building at least some minimal level of trust to facilitate an open dialogue, psychological research highlights the power of making a commitment to someone has over future behaviour. A small and relatively superficial example of the so-called 'commitment technique' can be found in the way restaurants sometimes gain a commitment from customers that they will call and cancel a reservation if they can no longer make their booking - this proves far more effective than simply asking them to call if they can no longer make their allocated time.<sup>44</sup> More significantly, as a relationship develops and commitments are made and reviewed an additional, powerful, psychological effect emerges – cognitive dissonance.<sup>45</sup> Evidence indicates that it is exceptionally important for people to feel their behaviour is 'consistent' across time. Breaking commitments to someone you meet on a regular basis is likely to significantly undermine desirable feelings of self-consistency.<sup>46</sup>

**Family Intervention Projects (FIPs)** target the most challenging and antisocial families who are receiving services from a range of agencies, including the police, anti-social behaviour teams, housing authorities and children's services.

A dedicated key worker builds an intensive and longstanding relationship with all members of the family. This encourages the development of trust and openness, as well as open and equal dialogue. This is aided by individual budgets, personalising the service and enabling varying needs to be quickly addressed. An agreement is shaped between the family and key worker setting out the changes of behaviour that will be expected and the support that will be provided. It is important that the contract is seen by both parties as a personal commitment. A collaborative relationship between a key worker and a family is important to develop this agreement.

Family intervention Projects, structured around a strong, long term relationship with a key worker have so far proved successful. Of the first 1000 families who completed Family Intervention Projects, those with 4 or more anti-social behaviour problems decreased from 45% at the start to 5% at the end of the intervention.

## 6. Enforcement is often important as a backstop

Personal agreements seek to develop a sense of partnership and mutuality. However, we have found that some backstop sanctions are often important to the credibility of the process of setting and articulating both specific goals and broader expectations.

For example, through Family Intervention Projects an agreement with the family on expectations, sanctions and their enforcement is developed and signed up to by all parties concerned. This makes the consequences of specific actions very clear.

Sanctions take a variety of different forms. As indicated above (in discussion of principle four), small, certain sanctions can be highly effective in providing, intermittently, relatively minimal disincentives to behaving in specific ways. An alternative, although not incompatible, approach is to establish stronger backstop sanctions which are reserved as a 'last resort' rather than

being employed regularly as a small incentive/disincentive. Jobseeker's Agreements, for example, apply a series of escalating sanctions if jobseekers do not act in accordance with the agreement, without good reason. Benefit sanctions start at 2 weeks, but escalate to 4 weeks and then 26 weeks to also provide a backstop sanction.

Backstop sanctions can act as a disincentive but because they are less immediate their most valuable function is not necessarily to quickly and efficiently lead to a change in behaviour.<sup>47</sup> A more distinctive and important function, in many instances, is as a signalling device.

Backstop sanctions provide a strong and clear signal of what is acceptable and unacceptable and the consequences of unacceptable behaviour. Such a strong signal reinforces and influences the development of social norms habits. For example, laws requiring the wearing of seatbelts and not to 'drink and drive' reflect and reinforce social trends on what is acceptable and unacceptable behaviour on the road.<sup>48</sup>

An **Acceptable Behaviour Contract** is a flexible and personalised written agreement made between a person who has been involved in anti-social behaviour and one or more professionals from agencies they are engaged with. The agreement may be made between the offender and a variety of agencies, including the local authority, landlord or local police force. It is important to ensure the citizen understands the effects of their behaviour, is engaged in forming the agreement, and that both the citizen and professionals sign and receive a copy of the contract.

In drawing up a contract, a citizen and professional may include the consequences of breach of the agreement. Underlying this, an Acceptable Behaviour Contract may include a formal sanction, imposed for persistent bad behaviour. This may include legal action, such as an application for an Anti-Social Behaviour Order, and aims to provide the threat of real action should citizen continually undermine the contract.

ABCs are the widest used intervention for which data is available. A study by the National Audit Office found that of a group they monitored, 65% who received an ABC did not re-offend in the given period. Combined with wider measures to tackle anti-social behaviour, 65% desisted from ASB after the first intervention; 85% after the second; and 93% after the third.

Source: The Home Office: Tackling Anti-Social Behaviour, The National Audit Office, 2006.

The ongoing development of Home-School Agreements highlights the value of backstop sanctions as a signalling device. In the vast majority of cases a Home-School Agreement will be fruitfully developed and reviewed in an ongoing partnership between parents, a pupil and his or her teachers. However, a new stronger link between Home-School Agreements and Parenting Contracts and Parenting Orders, positions the Agreements within a formal and credible system through which persistent unacceptable behaviour will lead to real and significant consequences (for more information on Parenting Contracts and Parenting Orders see page 36). It is clearly the case that most parents will engage with the process of developing and meeting their child's education goals because they value this process and its aims, but the credibility of the

agreement rests on taking action when the agreement is repeatedly and unacceptably broken.

Acceptable Behaviour Contracts have at their heart an innovative approach to the design and operation of a backstop sanction. The flexibility and discretion of the adviser in this process is particularly important. This allows for backstop sanction to be tailored closely to each individual and for a variety of different agencies to be involved depending on the individual circumstances. For example, Anti-Social Behaviour Orders and Possession Orders (if an offender is in social housing) are often written into the contract to provide a strong backstop sanction, but to do so these sanctions must be recognised by both sides as appropriate and acceptable for inclusion.

## 7. Professionals combining expertise with motivational skills to adopt a person-centred approach

Designing and seeing through a personal agreement that is underpinned by any combination of the principles set out above is in many instances almost entirely dependent on the development and change of some aspects of professional culture and working practices. In the discussion above of an 'open and equal dialogue between professionals and citizens' it was highlighted that there is significant potential for new insights and opportunities to emerge through the coming together of the diverse experiences and sources of knowledge of professionals and citizens. In the most successful examples of this approach, such as the Family-Nurse Partnership programme, professionals facilitate this process by drawing on their professional expertise as well as motivational and communication skills – to open up the dialogue, encourage the sharing of ideas and articulate agreed goals. Developing this approach is in many public services likely to mean recognising the value of relational work and complexity of working in this way – rediscovering the nature of professional practice including ways of working which have sometimes been considered 'pastoral'.

Professionals will, of course, need opportunities to develop a body of skills that enable them to comfortably and easily work in this way and to work in organisational environments that recognise and value the expertise and aspirations of users. Evidence from best practice in the field of personal agreements and from our work on profession culture change indicates that a successful broad strategy to move in this direction should include:

### **Selling the vision or getting professional buy-in**

Clear, early communication and information detailing this new approach to delivering public services is essential in order for professionals to fully understand and 'buy into' new ways of working. This could include professional champions promote the success of personal agreements in other services at an early stage, for example. With the introduction of personal health budgets and alongside their piloting, the Department of Health has published a workforce discussion paper with the aim of stimulating discussion on the key issues for staff, preparing them with good information on the new challenges that may be faced and including detail around the training that may be provided.<sup>49</sup>

### **Professional career development opportunities**

Moving to a new way of working will require professional training and a range of opportunities for professionals to review and develop their practice. Alongside the roll out of personal budgets in social care, for example, there has been a whole range of opportunities for social workers from national conferences to local training courses, for them to discuss and understand the implications for their professional work, share best practice and feed into the development of Government policy. This was essential as many social workers are, with the introduction of personal budgets, moving from being gatekeepers to services, to working in partnership with service users to develop and agree a support plan (see the case study box below for more information).

### **New roles and responsibilities**

In some instances traditional professional roles are not well suited to the development and success of personal

agreements, these can be addressed, in some instances, through the evolution of the role combined with professional career development opportunities, but in some instances a radical restructuring of roles and responsibilities is likely to be the most successful approach – leading to entirely new roles for professionals. The role of the key worker in Family Intervention Projects, for example, is discussed above (see page 24). Key workers and lead professionals are by their nature less likely to be wedded to any one discrete body of professional expertise or knowledge, rather they should be able to develop a wide knowledge base and draw on diverse experiences to work closely with service users. There is emerging evidence that lead professionals and in particular, budget holding lead professionals enable more personalised and more effective responses to meeting an individual's needs.<sup>50</sup> Articulating the responsibilities of professionals to reflect a collaborative approach and reconfiguring roles accordingly is likely to be an exceptionally powerful way of driving this way of working.

### **Professionals comparing their performance with peers and improved opportunities to receive feedback from users**

Motivational and communication skills are often difficult to measure and evaluate as part of traditional performance management processes, which are often formal procedures led by line managers. The most illuminating feedback, relevant to this way of working, often comes from professional peers working together on a day to day basis and from the users of services themselves. Our previous work on leading edge public services internationally has highlighted the way that these processes strengthen professional ownership of the 'quality improvement agenda' – by bringing together professionals and users to inspire, encourage and lead one another.<sup>51</sup>

**Personal Budgets in social care** involve allocating an amount of money to an individual (or their representatives) in order that the needs of the individual may be more effectively met and their circumstances be taken into account. They allow citizens to have more choice and control over the services and care they receive. Individuals are able to use their budget in flexible, innovative ways to meet outcomes they have agreed with their local authority. The process of designing solutions is undertaken through the development of a support plan that sets out the size of the budget, the outcome or needs and how these will be met.

In order to be successful, personal budgets have required professionals to adopt a new way of thinking in their delivery of social care and in their relationships with citizens. The role of social workers, for example, is changing from that of gatekeepers of social care services to working closely with citizens to develop creative and innovative solutions, tailored to the specific wants and needs of the budget-holding citizen and their family. Evidence collected across 17 local areas between 2005-07 showed that 72% of budget holders felt they now had more control over their lives. A more recent study of family carers and professionals using personal budgets showed that 66% felt they had more control over their support and 68% believed the quality of their life had improved.

Sources: Hatton, Waters, Duffy, Senker, Crosby, Poll, Tyson, O'Brien and Towell. A Report on In Control's Second Phase: evaluation and learning 2005-2007, 2008; Tyson, Brewis, Crosby, Hatton, Stansfield, Tomlinson, Waters, Wood, A report on In Control's Third Phase: Evaluation and learning 2008-09, 2010.

## Where Next for Personal Agreements

This paper has sought to draw out and highlight lessons from the emerging field of personal agreements and plans increasingly in evidence across public services. Personal agreements are, in many cases, still being developed and tested – consider, for example, recent legislation to enhance and strengthen Home-School Agreements. Nevertheless it has been possible to draw out a set of principles which underpin successful agreements.

Personal agreements are not the only element of forging stronger, more collaborative relationships and encouraging personal responsibility. However, over the past ten years, across public services, agreements and plans have developed which match greater support for people with an expectation that people will also do more to help themselves. An important question to ask now is: should the ongoing development of personal agreements be shaped in specific ways, including directing them at specific services or service users.

Drawing on emerging evidence from best practice in this field, as well as from previous surveys we have conducted of leading edge public services internationally, it is possible to highlight at least three avenues which are likely to prove the most fruitful for the continuing development and progression of this approach:

### 1. Use personal agreements as part of the joining up of services around citizens

Personal agreements which cross traditional service boundaries and which lead to resources being joined up around individual service users are, as it stands, most often employed when citizens have highly complex and challenging needs, for

example, in the case of Family Intervention Projects. However, there is likely to be scope to extend and mainstream this application of personal agreements, for example, alongside the introduction of lead professional and key worker roles. As discussed above, citizens with long term health conditions or parents and children are likely to have personal, social and emotional needs and aspirations which cut across traditional service boundaries. As much of the power of personal agreements rests on their being closely tailored to individual circumstances (see principle one, above), realising opportunities to more closely tailor an agreement as part of joining up service is likely to prove fruitful.

### 2. Target citizens at key transition points

Highly successful examples such as Family Nurse Partnerships have highlighted the potential of working with families as they go through a key transitional phase. This could include, for example, personal agreements linked to life stages: from education to employment, from employment to retirement, and as part of returning to work following a period of unemployment or from being out of the labour market. The value of the agreement is likely to be even higher where the transition involves a move from relatively low use of public services to relatively sustained period of high use, for example, the birth of a child or moving out of work into retirement.

### 3. Use personal agreements when investing for the purposes of prevention/early intervention

By their nature prevention and early intervention strategies are often aimed at changing the behaviour of citizens to achieve better longer term outcomes. As discussed above, personal agreements offer an opportunity to set highly personalised short and longer-term goals through an open and equal dialogue.

Evidence indicates that such an approach is likely to be useful in overcoming an in-built bias of human psychology – a propensity to ‘discount the future’ (see page 22, above). As such, personal agreements are likely to be able to play a significant role changing citizen behaviour in desirable ways so as to improve medium and long-term outcomes.

More specifically, some early intervention and prevention strategies may only represent value for money if citizens are also willing to ‘play their part’ by increasingly sharing responsibility for achieving good outcomes with public services. The personal agreement in this way not only has the potential to help overcome psychological biases, but also to mobilise the active contribution of a citizen’s own effort and knowledge.



## Annex A: Case Studies

### Acceptable Behaviour Contracts

An Acceptable Behaviour Contract is a flexible and personalised written agreement made between an individual who has been involved in anti-social behaviour and one or more professionals from agencies they may already be engaged with. They are the most frequently used intervention in tackling antisocial behaviour in communities. By engaging with an individual and helping them to understand the impact their behaviour is having on the community, whilst at the same time offering the necessary support they need, it is possible to put a stop to their antisocial behaviour and to achieve long-term change.

ABCs can be tailored to suit individual or local needs. According to the circumstance of the case, local practice and expected impact, the agreement can be made between an offender and a variety of agencies, for example the local authority, youth inclusion support panel (YISP), landlord or local police force. Successful intervention through voluntary routes depends on the agencies involved giving very clear messages about the consequences of continuing with the anti-social behaviour.

Professionals using ABCs have *flexibility* with their implementation, meaning that they can be used incrementally; very minor misdemeanours can be tackled early with nothing more than a simple contract with just one agency but where behaviour is more problematic – either because it is persistent or because it is serious – then support to address the underlying causes of the behaviour is offered in parallel to the contract. This may include diversionary activities (such as attendance at a youth project), counselling or support for the family.

It is important that both parties sign and receive a copy of the agreement so that there

is no doubt about what has been agreed and are *engaged*. Acceptable Behaviour Contracts usually last for about 6 months, but can be renewed by agreement between both parties. The contract may contain the agreed consequences of a breach of the agreement. *Sanctions*, such as legal action, may be set in place (an application for an anti-social behaviour order or a possession order, if the perpetrator is in social housing, for example). Although ABCs are not set out in law, the threat of legal action provides an incentive to ensure adherence to the contract. The consequences for non-compliance should be outlined in the contract. ABCs are part of a larger initiative toward tackling anti-social behaviour, which includes written letters and anti-social behaviour orders (ASBO), and these may be recognised in drawing up an agreement, such as the threat of being given an ASBO for failing to keep to an agreement.

A National Audit Office study found that of a group they monitored, 65% who received an ABC did not re-offend in the given period. Used in combination with wider anti-social behaviour methods, the study found that 65% desisted from ASB after the first intervention; 85% after the second; and 93% after the third.<sup>52</sup>

### Family Intervention Projects

Family Intervention Projects (FIPs) have targeted the most challenging and anti-social families; these are few in number, but can cause disproportionate disruption and damage to the communities in which they live. These families are already known to and receiving services from a range of agencies, such as the police, housing authorities, children's services, mental health services, drug and alcohol services and Jobcentre Plus. FIPs are now being expanded to much wider groups of families at risk such as those experiencing inter generational poverty, worklessness and where children are at risk of offending.

FIPs are tailored to family needs, providing intensive, structured, support at times when families need it. They ensure a *whole family* approach is taken and services are *joined up* to deal with this, for example they may recognise the links between a parent's alcohol misuse and their inability to get children to school fed and on time which previously may not have been recognised. Similarly anti-social behaviour by children and young people may be addressed effectively through a course teaching the parent parenting skills. *Key workers* ensure that families get the support they need from both mainstream and specialist services, which has often been lacking. Support provided should stop anti-social behaviour in the *short term* and aim to tackle more engrained household issues that may contribute to that anti-social behaviour.

A behaviour contract is agreed between the family and the key worker. This should set out both the changes in behaviour that are expected and the support to be provided in order to facilitate that change. The conditions should be practical – such as children attending school regularly, stopping anti-social behaviour, implementation of bedtime and mealtime routines within the family, appropriate use of language to staff and children, or attendance at pre arranged appointments. All members of the family

should sign up to the contract. It is important that the contract is seen by both parties as a personal commitment between family and key worker.

Support is *conditional* on families accepting responsibility for their own actions, engaging with the FIPs and changing their behaviour. To help ensure engagement, contracts often identify practical *sanctions* for failure to comply with agreements. However, sanctions need not be formal interventions. A sense that personal behaviour - good and bad – has consequences should underpin all FIPs work with families.

Recent evaluation by the National Centre for Social Research shows that these projects are helping to reduce anti-social behaviour, housing enforcement actions and a range of other issues such as school truancy, exclusions and drug & alcohol addiction. Previous evaluation has also shown that the projects have been successful. In a two year evaluation of the NCH Scotland Dundee Families Project in 2001, 59% of cases were deemed successful where the main goals were achieved. Following this, an assessment of 6 similar family based projects in the North West by Sheffield Hallam University assessed that in more than eight out of ten families (85%), complaints about ASB had either ceased or had reduced to a level where the tenancy was no longer deemed to be at risk at the point where the family exited the project; and project workers assessed that in 80% of cases families' tenancies had been successfully stabilised with an associated reduction in the risk of homelessness<sup>53 54 55</sup>.

### Family Nurse Partnership programme

The Family Nurse Partnership programme is an intensive, structured programme for first-time, vulnerable young parents, aimed at improving antenatal health, child health and development and parental economic self sufficiency. By April 2011, 7,000 families should have received FNP through sites testing the programme in the UK, and the government has said it would like to expand the FNP to the most vulnerable, first time, young parents, across England within five years, subject to evaluation.<sup>56</sup>

Specially trained nurses, with backgrounds in health visiting, midwifery and other specialisms, work with young parents from early pregnancy until the child is two years old, building *close relationships* and guiding them towards adopting healthy lifestyles and effective parenting strategies for themselves and their babies. Each visit uses materials and activities to *build confidence*, change behaviour and *promote engagement*. Enrolment on FNP is voluntary, and involves structured visits every one or two weeks.

Evaluation of the first 2 years of FNP testing in England suggested that the programme is widely welcomed by hard-to-reach families, and reaches clients who are likely to benefit most. Enrolment was high, at 87% of eligible mothers to be. Clients value their programme. On a scale from 1 to 10, clients' average rating of the difference that the FNP was making to them was 8. Engagement with fathers was good, with almost half the fathers and partners had been present for at least one FNP visit. Also, the programme has the enthusiastic support of the nurses who are seeing changes take place in health behaviour, relationships, parental role and maternal well-being. A strong nurse-client relationship is key to its success – and clients are overwhelmingly positive about their family nurses, rating them on average 9 out of 10.<sup>57</sup>

There are early signs that clients cope better with pregnancy, labour and parenthood, have aspirations for the future and that the

programme is having a positive effect on reducing smoking during pregnancy and increasing rates of breastfeeding. Mothers value the programme, and believe it has made a positive difference to how they care for their baby and their own aspirations for the future, whilst nurses have reported that their clients are more confident as parents, and were playing with their children.

### Home-School Agreements

The new Home-School Agreements are part of a strategy to help all parents to take an active role in their children's learning, behaviour, attendance and wider development. They seek to provide parents, schools and pupils with clarity over their expectations and responsibilities and about the enforcement mechanisms that apply where parents do not fulfil their responsibilities. More generic Home-School agreements have been in place since 1998, but the Children, Schools and Families Bill looks to make them personalised and annually reviewed.

The agreement will be tailored to articulate the learning and development expectations of each child, taking into account both the views and expectation of parents, school and child. Parents will see how their responsibilities support the particular needs and development of their child and how their responsibilities are matched by efforts on the part of the school. An example of this may be schools identifying a child falling behind in literacy. Under the terms of the agreement and in the interests of the child, parents may therefore commit to read with their child for 10 minutes every day, and the school may put in place more targeted support in the classroom.

Where appropriate, a *'whole person'* approach will be taken; agreements will be shared with other professionals – perhaps parent support advisers or social workers may be involved to look at the wider needs of the child and family for example, and could specify support such as a parenting or adult literacy courses being made available.

Giving professionals *discretion* over service provision can incentivise compliance in students and parents. For example, a school could base attendance at the leavers' ball on the collection of a set number of stamps from teachers for good behaviour and readiness for learning, along with a mechanism to engage parents in monitoring the number of

stamps their children receive and shape more positive behaviours. The incentives and rewards can be finely *tailored* to motivate the range of pupils and parents.

Promoting parental *engagement* is important to Home-School Agreements. This is based on extensive research which has shown parental engagement is a powerful lever for raising achievement in schools. Where parents and teachers work in *collaboration* to improve learning, the gains can be significant. Previous policy on encouraging parental engagement in their children's schooling suggests Home-School Agreements should bring positive outcomes.

### Parenting Contracts/Parenting Orders

Schools already offer support to parents through voluntary parenting contracts. To date, over 10,000 parenting contracts have been agreed to address poor behaviour. Parenting orders are intended for the small minority of hard-to-reach parents who do not readily engage with the school; and whose children, by misbehaving, can cause difficulties for schools, distress for teachers, and disrupt the learning of the other children in their class. So far, 2,048 Parenting Orders for non school attendance have been issued, of which only 97 – under 5% - have been breached.<sup>58</sup>

A parenting contract may be used where a child and family have failed to comply with the terms of a Home-School Agreement. They may be used to address issues of irregular school attendance and misbehaviour or by youth offending teams to offer parenting interventions where a young person is involved in anti-social behaviour, for example. These are also voluntary and clearly set out action that the parents should take, along with support that might be offered. They have been used particularly in relation to issues of school attendance and behaviour. Should parenting contracts fail to be effective, an application to the courts may be made for a Parenting Order. Parenting Orders often complement Parenting contracts and are

used where parents are unwilling or fail to engage with the school /local authority on a voluntary basis. They may also be used to address more serious misbehaviour in schools, including exclusion, or for antisocial behaviour in the wider community. Parenting Orders often carry a visible sanction, where parents are required to attend a parenting programme for three months, for example, and where failure to do so may result in a fine of up to £1000.

Parenting contracts and orders aim to encourage parental engagement and support where a child is causing difficulties to themselves or the wider community.

## Jobseeker's Agreements

By setting clear goals against which their activity can be assessed, the Jobseeker's Agreement helps get those claiming Jobseeker's Allowance back to work more quickly. The Jobseeker's Agreement is central to Jobseeker's Allowance, which has been very successful in improving the speed at which people leave benefit. An agreement is made between a jobseeker and a Jobcentre Plus Personal Adviser.

The Jobcentre Plus Adviser has *discretion* to *tailor* the agreement to the jobseeker and to their specific circumstances at the time; they may, for example, agree the type of work the jobseeker will look for, taking into consideration their skills and experience and what is available in the local labour market. They will also work with the jobseeker to identify what steps they need to take in order to find work in that area. There are further legislative constraints within which this discretion operates. For example, to be entitled to Jobseeker's Allowance, jobseekers must agree to take up a job immediately unless certain circumstances apply. Jobseeker's Agreements are reviewed regularly throughout a claim, and jobseekers may request a review at any time.

The conditions of entitlement to Jobseeker's Allowance include making a Jobseeker's Agreement, which may also be updated through the claim. Therefore, everyone who has claimed Jobseeker's Allowance will have had at least one Jobseeker's Agreement. There are financial *sanctions* in place for failure to make a reasonable Jobseeker's Agreement and for failing to comply.

Even during the current recession, 50% leave benefit within 3 months and 70% within 6 months. Nearly two-thirds (62%) of advisers believed that drawing up a Jobseeker's Agreement helped them to advise unemployed jobseekers effectively on how to find work (compared to 34% who found creating a Back To Work Plan helpful before Jobseeker's Allowance was introduced).<sup>59</sup>

## Personal Budgets in Health Care

A personal budget is an amount of money which is allocated to meet an individual's specified health needs or outcomes. It allows someone with a long-term condition such as diabetes, a learning disability, continuing healthcare or mental health needs to have more choice and control over the services and care they receive. This is a new policy in healthcare. Around half the PCTs in England are involved in the personal health budget pilot programme, and the first pilot sites have started to offer personal health budgets. The pilot programme will run until 2012 and is being independently evaluated.<sup>60</sup>

Personal health budgets give more power to individuals to determine how resources are used in order to tailor care to individual needs. This involves agreeing a care plan of the individual's needs and desired outcomes, the amount of money in their budget, and how this money will be spent to meet the individual's needs/outcomes. Care plans are subject to regular review, monitoring how the money is spent.

Individuals are able to use their budget in flexible, innovative ways to meet health outcomes. This budget can be used flexibly on services and care not traditionally provided by the NHS, as long as they are legal and appropriate for government to fund, and agreed in a care plan as meeting the patient's health and social care needs.

Personal budgets may be held in three different ways (or potentially in combination of ways). In all cases the individual knows what the budget is, the cost of individual services and has an agreed care plan:

- a notional budget - money remains with the professional, who buys those things agreed in the care plan;
- a third party budget - money is given to an independent third party (such as an independent user trust or a

voluntary organisation), which buys the things agreed in the care plan; or

- a direct payment (in approved pilot sites, once regulations are in place) - the money is given to the individual and they buy the things agreed in the care plan themselves.

### Personal Budgets in Social Care

Personal budgets in Social Care, as Direct Payments, were first introduced in 1997 (and further extended in 2000). The 2007 cross-sector concordat *Putting People First* signalled the wider rollout of personal budgets where people can take either a cash payment, a service or a mixture of both. Either way, they would have an important role in deciding how their money is spent. Many thousands of care/support plans have been used since. In 2008/09 over 90,000 people received direct payments, each with a care/support plan agreed by the council outlining how their direct payment would be used. A support plan sets out the outcomes personal budget recipients want to achieve, and how they will use the budget to get the desired results.

Personal budgets devolve power to citizens through the allocation of an amount of money in order that the needs of the individual may be more effectively met and their circumstances better taken into account. They allow citizens to have more choice and control over the services and care they receive. They are highly personalised in that they are tailored to the exact needs of the individual. In drawing up a support plan, people are asked how they want to live their lives and they identify the outcomes they want to achieve. They then agree how the money they receive will be used to achieve those outcomes.

Successful personal budgets in social care have required a professional culture change in order to deliver the service with a more person centred approach. Professionals have (and still are) adopted a new way of thinking in their delivery of social care and in their relationships with citizens. The role of social workers, for example, is changing from that of gatekeepers of social care services to working closely with citizens to develop creative and innovative solutions, tailored to the specific needs of the budget-holding citizen and their family.

Evidence collected across 17 local areas between 2005-07 shows that 72% of budget holders feel they now have more control over their lives.<sup>61</sup> A more recent survey of family carers and professionals using personal budgets showed that over two thirds felt they had more control over their support and that their overall quality of life had improved since they took up a personal budget. Further, 58% reported that they took a more active role in their community as a result and 51% felt they were in better health.<sup>62</sup>

## Personal Care Planning

Personal care plans are used as part of a wider care plan, to support people with long term conditions by putting the individual at the centre of the decision making process. The over-arching aim of a personal care plan is to improve the quality of care and outcomes for people with long-term conditions is to help them to take control of their own health through better engagement around decisions about their care.

This process of *engaging* people in their care, supporting them to take control in managing their health as far as possible is the central thread of the LTC strategy. Planning care in this way is more proactive and meets individuals' full range of *individual needs*. The care plan is always owned by the individual and may be shared with carers and other family members, subject to consent from the individual. Planning care should fully involve the person seeing them as *equal partners* in their health and well being, not passive recipients of care.

There should also be an understanding among health and social care professionals that people with long term conditions often have a wide range of needs beyond their medical condition such as emotional and psychological or social care needs. Care planning discussions therefore have a '*whole person*' approach, recognising the wider needs of the individual with the aim of improving overall health and well-being.

In the care planning discussion, individuals should be supported to understand their condition, the impact it will have on their life and what they can do for themselves to be confident to manage it better. Basic *motivational interviewing* or coaching techniques can be effective in supporting people to change behaviours and take more responsibility for their own health.

The 2009/10 GP Patient Survey showed that of those people with a long term condition who had agreed a care plan or had a care

planning discussion, 70% reported they have better care as a result.

The typical practice (6,300 people) that is in the best quartile for care planning will typically have 35 fewer emergency admissions, 360 fewer outpatient attendances, and 30 additional elective admissions/day cases compared to those in the lowest quartile. This will be a saving to the practice (if they are a practice-based commissioner) of around £43,000/year.<sup>63</sup>

## Endnotes

<sup>1</sup> *ASB Family Intervention Projects: monitoring and evaluation*, DCSF, 2010

<sup>2</sup> The programme is being evaluated, and subject to the outcome of that evaluation, and in line with our goals to increase the number of health visitors, we will aim to make the Family Nurse Partnership available to all young, vulnerable families within 5 years time. Subject to the results of the evaluation, our ambition is for the FNP to be offered to all of the most vulnerable first time young parents across England within 5 years.

<sup>3</sup> For a more detailed discussion of the importance of, and potential for, joining up public services around people's full range of needs see *Power in People's Hands: Learning from the World's Best Public Services*, Cabinet Office, 2009. The benefits of joining up services are becoming greater and more evident. For example, the rise in the number of people with chronic diseases means that services have to adapt to manage people up and down pathways of care. These benefits are particularly evident in health care, but also extend to further joining up employment, welfare and training provision.

<sup>4</sup> *Anti-social Behaviour Intensive Family Support Projects: An evaluation of six pioneering projects for families at risk of losing their homes as a result of anti-social behaviour*, Department for Communities and Local Government, 2007

<sup>5</sup> *Safe and Confident Neighbourhoods Strategy: Next steps in Neighbourhood Policing*, Home Office, 2010

<sup>6</sup> *Working Together: Public Services on your side*, Cabinet Office, 2009

<sup>7</sup> [http://www.dh.gov.uk/en/MediaCentre/Pressreleasesarchive/DH\\_089578](http://www.dh.gov.uk/en/MediaCentre/Pressreleasesarchive/DH_089578);  
[http://www.partnershipsforschools.org.uk/media/press/pr\\_2010-03-04-BSF\\_50\\_deal\\_milestone.jsp](http://www.partnershipsforschools.org.uk/media/press/pr_2010-03-04-BSF_50_deal_milestone.jsp);

<sup>8</sup> *Excellence and Fairness: achieving world class public services*, Cabinet Office, 2008

<sup>9</sup> *Crime in England and Wales 2007/08: findings from the British Crime Survey and police recorded crime*, Home Office, 2008.

<sup>10</sup> *Building Britain's Recovery: Achieving full employment*, HM Government, 2009; *Building Britain's Recovery* shows how the labour market has been much more resilient than in previous recessions, with higher levels of employment, lower levels of unemployment, and shorter periods of unemployment for individuals than we

saw in the 1980s and 1990s, despite the fact that the overall shock to the economy from the world financial crisis has been much greater than in previous recessions.

<sup>11</sup> *Mortality target monitoring: Update to include data for 2008*, Department of Health, 2009

<sup>12</sup> *Putting the Frontline First: smarter government*, Cabinet Office, 2009

<sup>13</sup> Desforges, C. 'The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievements and Adjustment: A literature review', *DES Research Report No. 433*, 2003; Desforges highlights how parenting has an indirect influence on child attainment by shaping a child's self concept as a learner and through setting high aspirations.

<sup>14</sup> *Our Health, Our Care, Our Say: a new direction for community services*, Department of Health, 2006; outlines the importance of self care, giving a detailed overview and evidence.

<sup>15</sup> For a more detailed discussion of co-production see: *Co-production in public services: a new partnership with citizens*, Cabinet Office, 2009

<sup>16</sup> <http://www.statistics.gov.uk/pdfdir/lmsuk0310.pdf>

<sup>17</sup> Thaler, R. And Sustein, C. *Nudge: Improving Decisions about Health, Wealth and Happiness*, New Haven of London: Yale University Press, 2008

<sup>18</sup> Bandura, A. 'Self-efficacy: Toward a Unifying Theory of Behavioural Change', *Psychological Review*, Vol. 84, No. 2, 1977

<sup>19</sup> See, for example, Kaplan, S, 'Human Nature and environmentally responsible behaviour', *Journal of Social Issues*, 56, 3, pp. 491-508, 2000

<sup>20</sup> Stanley, K, Asta, L and White, S. *Sanctions and Sweeteners: Rights and responsibilities in the benefits system*, London: Institute for Public Policy Research, 2004; White states that although most people agree that wearing a seatbelt makes them safer whilst driving a car, and it is their fundamental desire to act on this judgement, they support the law as it supports them to act more consistently in their own interests.

<sup>21</sup> *Achieving Culture Change: A policy framework*, Cabinet Office, 2008

<sup>22</sup> *Mindspace: Influencing behaviour through public policy*, Institute for Government/Cabinet Office, 2010

<sup>23</sup> Leon Festinger developed the cognitive dissonance theory – see for example: Festinger, L. *A Theory of Cognitive Dissonance*, Stanford: University of California Press, 1957

<sup>24</sup> Jones, Sheldon, Penfold, *Lead Professional Roles to Improve Outcomes of Socially Excluded Adults (PSA16): Final Report*, 2009

<sup>25</sup> See, for example, 'Gordon Brown: what I believe', *Prospect*, issue 163, September 2009

<sup>26</sup> ASB Family Intervention Projects: monitoring and evaluation, Department for Children Schools and Families. March 2010

<sup>27</sup> Hatton, Waters, Duffy, Senker, Crosby, Poll, Tyson, O'Brien and Towell. *A Report on in Controls Second Phase: evaluation and learning 2005-2007*, DH Care Networks, 2008

<sup>28</sup> Barnes, Ball, Meadows, McLeish, Belsky, *Nurse-Family Partnership Programme: first year pilot sites implementation in England, Research Report DCSF-RW051*, Birkbeck, University of London, 2008

<sup>29</sup> *GP Patient Survey 2008/09*, Department of Health, 2009

<sup>30</sup> Bandura, A. 'Self-efficacy: Toward a Unifying Theory of Behavioural Change', *Psychological Review*, Vol. 84, No. 2, 1977

<sup>31</sup> Billingham, K. *The Family Nurse Partnership Programme*, Cabinet Office Seminar, 2007

<sup>32</sup> Hatton, Waters, Duffy, Senker, Crosby, Poll, Tyson, O'Brien and Towell, *A Report on in Controls Second Phase: evaluation and learning 2005-2007*, in Control, 2008

<sup>33</sup> Hasluck, C. and Green, A. *What works for whom? A review of evidence and meta-analysis for the Department for Work and Pensions*. Department for Work and Pensions, Research Report 407, 2007; Hasluck and Green suggest Jobseekers say that support from Advisers helps them to identify new job search techniques and improves their motivation and self-confidence.

<sup>34</sup> *Willing Citizens*, Council on Social Action, 2008; highlights how 'willing citizens', those whose actions have positive results on societies, do these things because they want to, not because they feel they have to: "people choose to be willing citizens not because they are forced from without, but because they are compelled from within".

<sup>35</sup> Bandura, A. 'Self-efficacy: Toward a Unifying Theory of Behavioural Change', *Psychological Review*, Vol. 84, No. 2, 1977; Bandura highlights the representation of future consequences and goal setting and self-evaluative reactions as key providing incentives for action and creating motivation. By increasing individuals self-efficacy, they have greater expectations of their success, and the stronger this perception, the more effort they will attribute in trying to achieve it. Further, this self-efficacy tends to generalise to other areas in which individuals were de-motivated due to their perceived personal inadequacies.

<sup>36</sup> Hatton, Waters, Duffy, Senker, Crosby, Poll, Tyson, O'Brien and Towell, *A Report on in Controls Second Phase: evaluation and learning 2005-2007*, in Control, 2008

<sup>37</sup> Thaler, R. And Sustein, C. *Nudge: Improving Decisions about Health, Wealth and Happiness*, New Haven of London: Yale University Press, 2008

<sup>38</sup> *MindSpace: Influencing behaviour through public policy*, Institute for Government/Cabinet Office, 2010.

<sup>39</sup> For greater detail on context changing in public policy, see *MindSpace: Influencing behaviour through public policy*, Institute for Government/Cabinet Office, 2010.

<sup>40</sup> *Side by side: a report setting out the Council on Social Action on Social Action's work on one-to-one*, Council on Social Action, 2008.

<sup>41</sup> Jones, Sheldon, Penfold, *Lead Professional Roles to Improve Outcomes of Socially Excluded Adults (PSA16): Final Report*, 2009

<sup>42</sup> This includes 18-24 year olds, those who have spent longer on period of time on benefit and those who belong to certain groups and have volunteered for extra help

<sup>43</sup> Winterbotham, M., Adams, L. and Kuechel, A. *Evaluation of New Deal 25 Plus: Qualitative Interviews with ES Staff, Providers, Employers and Clients*. Department for Work and Pensions, Research Report WAE 127, 2002.

<sup>44</sup> McKenzie-Mohr, D. *Fostering Sustainable Behaviour: Community based social marketing*, New Society Publishers, 2000

<sup>45</sup> Festinger, L. *A Theory of Cognitive Dissonance*, Stanford: University of California Press, 1957; discusses the 'cognitive consistency theory', describing how people are motivated to seek consistency between their beliefs, values and perceptions and where there is a clash between their values/attitudes and their actions, individuals tend to resolve this by changing their attitude, rather than their behaviour.

<sup>46</sup> McKenzie-Mohr, D. *Fostering Sustainable Behaviour: Community based social marketing*, New Society Publishers, 2000; McKenzie-Mohr identifies the importance of consistency as a character trait and the strong internal pressure to behave consistently; those who behave inconsistently being viewed as untrustworthy. In terms of behaviour change, he evidences commitment techniques as showing great success.

<sup>47</sup> See principle three on discounting the future.

<sup>48</sup> Stanley, K, Asta, L and White, S. *Sanctions and Sweeteners: Rights and responsibilities in the*

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*benefits system*, London: Institute for Public Policy Research, 2004

<sup>49</sup> *Personal Health Budgets: understanding the implications for staff*, Department of Health, 2009

<sup>50</sup> For more information see: Jones, Sheldon, Penfold, *Lead Professional Roles to Improve Outcomes of Socially Excluded Adults (PSA16): Final Report*, Cabinet Office, 2009; A Comparison of budget holding by lead professionals and the use of individual budgets: report for the Department of Children, Schools and Families, 2007

<sup>51</sup> *Power in People's Hands: Learning from the World's Best Public Services*, Cabinet Office and HM Treasury, 2009

<sup>52</sup> The Home Office: Tackling Anti-Social Behaviour, The National Audit Office, 2006

<sup>53</sup> <http://www.natcen.ac.uk/study/family-intervention-projects>

<sup>54</sup> Dillane, J., Hill, M., Bannister, J., and Scott, S. *Evaluation of the Dundee Families Project*, University of Glasgow, 2001

<sup>55</sup> *Anti-social Behaviour Intensive Family Support Projects: An evaluation of six pioneering projects for families at risk of losing their homes as a result of anti-social behaviour*, Department for Communities and Local Government, 2007

<sup>56</sup> *Maternity and Early Years: Making a good start to family life*, Department of Health, 2010

<sup>57</sup> Barnes, Ball, Meadows, McLeish, Belsky. *Nurse-Family Partnership Programme: first year pilot sites implementation in England, Research Report DCSF-RW051*, Birkbeck, University of London, 2008

<sup>58</sup> Department for Children, Schools and Families, 2010

<sup>59</sup> Department for Work and Pensions, 2010

<sup>60</sup> <http://www.dh.gov.uk/en/Healthcare/Highqualitycareforall/Personalhealthbudgets/index.htm>

<sup>61</sup> Hatton, Waters, Duffy, Senker, Crosby, Poll, Tyson, O'Brien and Towell. *A Report on in Control's Second Phase: evaluation and learning 2005-2007*, in Control, 2008

<sup>62</sup> Tyson, A, Brewis, W, Crosby, N, Hatton, C, Stansfield, J, Tomlinson, C, Waters, J, Wood, A, *A report on In Control's Third Phase: Evaluation and learning 2008-09*, in Control, 2010

<sup>63</sup> *GP Patient Survey 2008/09*, Department of Health, 2009