

ADULTS FACING CHRONIC EXCLUSION

PROSPECTUS FOR PILOT SITES

INTRODUCTION

1. Reaching Out, an Action Plan for Social Exclusion included as one of its objectives the establishment of 12 pilot sites to test the effectiveness of alternative approaches to improving outcomes for people with chaotic lives and multiple needs – or adults facing chronic exclusion. £6 million has been made available to support this initiative. This document sets out the types of pilot we will be looking to fund and the criteria that will need to be met for proposals to be considered for funding.
2. This document takes account of:
 - a. Research undertaken to help us get a better understanding of the numbers and range of people who face chronic exclusion, and the evidence of effective interventions to support such people. Details of the research are available in the application pack.
 - b. A series of visits undertaken by the programme team to see, at first-hand, current service provision.
 - c. Discussion and consultation with a range of agencies involved in supporting adults facing chronic exclusion.
 - d. Consideration of related policy initiatives and targets.
3. The overall aim of the programme of pilots is to test and validate the effectiveness of alternative approaches to improving outcomes for adults facing chronic exclusion. The outcomes of interest include:
 - a. Improvements in the lives of service users and their families. This includes objective, quantifiable change (for example, reduction in reoffending) as well as subjective, qualitative change (for example, a greater sense of security).
 - b. Reductions in costs of services used and/or wider societal costs.
 - c. More appropriate and effective use of mainstream services.
 - d. Prevention of chronic exclusion for adults.
 - e. Sustained engagement with services, as opposed to intermittent interventions from emergency services at crisis points.
4. Annex A is an outcomes framework which sets out the headline outcomes that we would expect pilots to work towards. There are four outcome categories: individual, family, service and community. We are

looking to test a range of different approaches and interventions and evaluate their effectiveness within the outcomes framework. We would expect all pilots to focus on the '*Individual outcomes*' category and its mandatory objectives (highlighted in the outcomes framework). Depending on the nature of the scheme, pilots might in addition address some or all of the other three categories. As part of the establishment of a pilot we would expect to agree specific success criteria against the outcomes to be achieved by that pilot.

TYPES OF PILOT PROGRAMME TO BE CONSIDERED

5. The types of initiative that we will consider for funding under the ACE pilot programme fall broadly into three categories.
 - a. **System change** – the social exclusion action plan highlighted that it is not only individuals that can be described as chaotic but, at times, so are the services they need to use. There may be gaps in services; services may not join up around the client; agencies may be organised in such a way as to make it very difficult for someone with multiple needs to effectively navigate the system. We are therefore interested in innovative proposals that will implement system change to make local services easier to use for people facing chronic exclusion – particularly those with multiple but low level, needs. This could, for example, involve implementing new arrangements that increase collaboration between commissioners to ensure that services are more joined up around an individual. The pilots must however result in quantifiable outcome improvements for adults involved, and not just system improvements. Annex B sets out how an interactive approach linking the commissioning and provision of services might work.
 - b. **Individual support** – We want to ensure that adults facing chronic exclusion improve their ability to navigate the system established for their care and support. Some schemes that provide individual support and advocacy for people facing chronic exclusion have shown evidence of success. These often employ staff with generic skills and have been shown to successfully engage the hard to reach because of their distinct approach. We are interested in looking at ideas to develop and extend such interventions and ways to make them sustainable in the long term. We are particularly interested in approaches that combine individual support with the use of individual budgets.
 - c. **Transition specific interventions** – There is clear evidence that the lack of appropriate support at key transition points – for example, leaving care or on release from prison – can begin a deteriorating cycle of exclusion. We would therefore want some of

the pilots to focus on interventions that prevent such a cycle of exclusion through appropriate and effective interventions at those key points of transition.

CRITERIA

6. All proposals must be able to fulfil the following criteria in order to be considered for funding.

6.1 Target group

Deep and chronic exclusion

- a. Agencies submitting bids should demonstrate clearly how their proposals will ensure that they focus on the needs of the most excluded who have multiple, often unmet needs; or prevent those with a history of chronic exclusion from falling back into a cycle of exclusion, for example, on release from prison.
- b. Characteristics which describe the most excluded would include a combination of:
 - i. Difficulties in forming and sustaining relationships
 - ii. Skills deficits
 - iii. Problems with controlling behaviour
 - iv. Poor health prospects (physical, mental health and substance misuse)
 - v. Anti social behaviour or offending
 - vi. Unsettled housing status – homelessness or rough sleeping
 - vii. Poor access to financial resources – low employment prospects.

The client group profile is demonstrated diagrammatically at Annex C.

- c. The research commissioned for the Social Exclusion Task Force provides further details of the essential characteristics of this group for bids to address.

Protective factors and risk profile

- d. We would expect the pilots to concentrate on those individuals that do not possess what could be described as key protective factors, the absence of which could be the cause of their exclusion. The table below describes the main factors identified by the research commissioned for the programme.

Risk factor	Protective factor
Poor education, attainment and lack of skills	Engagement with educational programmes and development of skills (accredited and non-accredited)
Lack of family and community support, difficulty in forming relationships	Engaging support to develop interpersonal skills; improving relationships with family and friends
Poor or no employment prospects	Improving employability skills (including punctuality, stability and ability to engage)
Homelessness	Accessing housing and practical support for independent living
Poor physical or mental health	Using healthcare services appropriately to address presenting needs

- e. The presence of such protective factors is likely to increase resilience and reduce the risk of falling into chronic exclusion. We would expect proposals to focus on some or all of the factors mentioned above setting out how such factors will be addressed.

6.2 Collaborative working and partnership

Those known to several agencies

- f. It has often been said that the agencies involved “know” who this client group is, but there is no lead agency that is willing to take responsibility for delivering services. Being everyone’s problem but no-one’s responsibility means that such individuals bounce around the system without their needs being met. If agencies know who they are, one approach would be to use such local intelligence and focus collective interventions on this group. The available evidence strongly indicates that successful interventions for this client group involve a high degree of collaborative working across agencies. We would expect proposals to demonstrate how they would fit in with current provision of service and support and how they will utilise existing local partnerships.

Encouraging partnership and leveraging in other resources

- g. We would want to strongly encourage proposals that build on or create new partnerships across different sectors. An example might be collaborative working across voluntary and statutory sectors with a housing provider, working with a drug action team and the local criminal justice board. As multi-disciplinary and multi-agency working has been identified as an important way to reach this client

group, it is essential that local commissioners are happy to be involved with the programme and willing to work collaboratively to achieve a shared priority and continuity of care and support. We would also want to encourage proposals that lever in resources from other sources.

6.3 Reducing negative impact

Community impact

- h. A characteristic of the groups in question is often their propensity to disrupt their community with consequential negative outcomes such as crime and anti-social behaviour. We would expect proposals to consider how they might reduce such negative impacts by working with perpetrator and victim issues, whilst recognising that an individual may experience both.

Family impact

- i. Families can experience a similar impact through having to cope with excluded individuals with complex needs whose difficulties have an indirect but significant detrimental effect on family members, including children and young people; for example, through incidents of domestic violence. We would want some pilots to test effective interventions to ameliorate such negative outcomes. While this is not a universal criterion we would want to fund some proposals that concentrated on achieving family benefits.

6.4 Cost

- j. We know that adults who have chaotic lives and multiple needs tend to draw heavily on the public purse but still achieve poor outcomes in terms of criminality, homelessness, poor mental and physical health and family problems. Looking at strategies to meet the needs of such individuals which are more cost effective through the better organisation of services and support, is an important aspect to consider. We would expect proposals to set out how they would achieve better value for money for the client group. We would be particularly interested in proposals that bring different agencies together – for example, Local Government, Job Centre Plus, Health and Criminal Justice – to look at costs across the system and how to improve cost effectiveness for the system as a whole.

6.5 Difference and diversity

- k. Although not all problems apply equally across all demographic groups it will also be important for agencies to take into account the range and diversity of their local population and target group and to show that their proposals have taken proper cognisance of issues regarding ethnicity and local demography. The impact on local services and the related commissioning process resulting from large numbers of people arriving from abroad will be of particular interest. For example, the ways in which multiple commissioners can work in partnership to reduce the potential negative impacts of crime, illness, homelessness and unemployment among newly arrived communities.

6.6 Avoiding duplication

- l. Clearly we do not want to test initiatives that have been or are being done elsewhere. Whilst we might welcome proposals that build on innovative practice to take existing initiatives to another level, we will not consider proposals that duplicate existing practice or services.

6.7 Governance and accountability

- m. We will expect proposals to have a named lead organisation which will take responsibility for leading the pilot and ensuring the appropriate use of resources. The lead organisation can be from any sector. Proposals should set out what local governance arrangements will be implemented to ensure the smooth and effective running of the pilot.
- n. We will also be looking for a clear statement of senior officer buy-in both through the nomination of a project champion at senior level from the lead organisation and through agreement with local partners.

6.8 User involvement and participation

- o. Proposals should include details of the arrangements to be put in place to demonstrate that those who use services and support will be involved in the development, delivery and evaluation of the pilot.

SCALE AND SCOPE

- 7. It is not our intention to prescribe the scale and scope of pilot proposals. For example, some proposals may wish to work across a local authority or wider area looking at system change. Others might

wish to concentrate on a smaller area and the impact of intensive interventions to support people to access appropriate services to meet their individual needs. However, proposals should describe clearly their target area and the particular groups they will support.

BENEFITS AND OUTCOMES

8. The work that has been undertaken so far points to a dual improvement objective:
 - a. Improvement in the effectiveness of the outcome of a service or support intervention in terms of increased benefit to an individual or group of individuals
 - b. Improvement in value for money, either through achieving a better or similar outcome at lower cost, or achieving some other form of economic benefit; for example, through reducing dependence on benefits or services, both during and beyond the pilot period.
9. Both a quality of life outcome – whether for individual and/or family/community – and the possibility of achieving economic benefit will be factored into the evaluation.
10. Success for these client groups is likely to be judged in terms of small step changes. Even so, such small changes can have significant benefit, to individuals, their communities and society as a whole. Although we want to encourage a range of approaches all pilots will need to work within a common outcomes framework. It is critical that pilot sites are able to demonstrate that they can quantify and evaluate user improvement within the outcomes framework (Annex A). Pilots will therefore need to demonstrate a baseline from which distance travelled can be measured, as well as evidence of their capacity to demonstrate the improvements/outcomes that they have set out to achieve.

EVALUATION

11. Annex A sets out a headline outcomes framework which we would expect all proposals to address. It is our intention to use this framework as a basis of evaluating the overall programme of pilots.
12. The whole programme will be subject to a national external evaluation. Agreement to work with the national evaluation programme will be a condition of grant.

SELECTION PROCESS

13. The adults facing chronic exclusion team will consider proposals within the framework of criteria set out above. Applications for pilots should use the template provided at Annex D.
14. In considering bids the team will be supported by a small expert advisory group. We will then make recommendations through the Programme Board to Ministers who will take the final decision. **Proposals need to be received by Thursday 5th April.**

PROGRAMME MANAGEMENT

15. Once we have selected the pilot sites it will be important to get the pilots up and running as soon as practicable. To assist with this we will establish a small programme support function which will have four main roles:
 - a. To support selected pilots put their plans into action
 - b. To establish and run a collaborative network which all pilot sites will be part of as a condition of receiving funding.
 - c. To ensure that learning from the pilots is disseminated appropriately as they progress over the proposed three year period.
 - d. To establish the national evaluation.

CONTACT DETAILS

16. The team comprises:

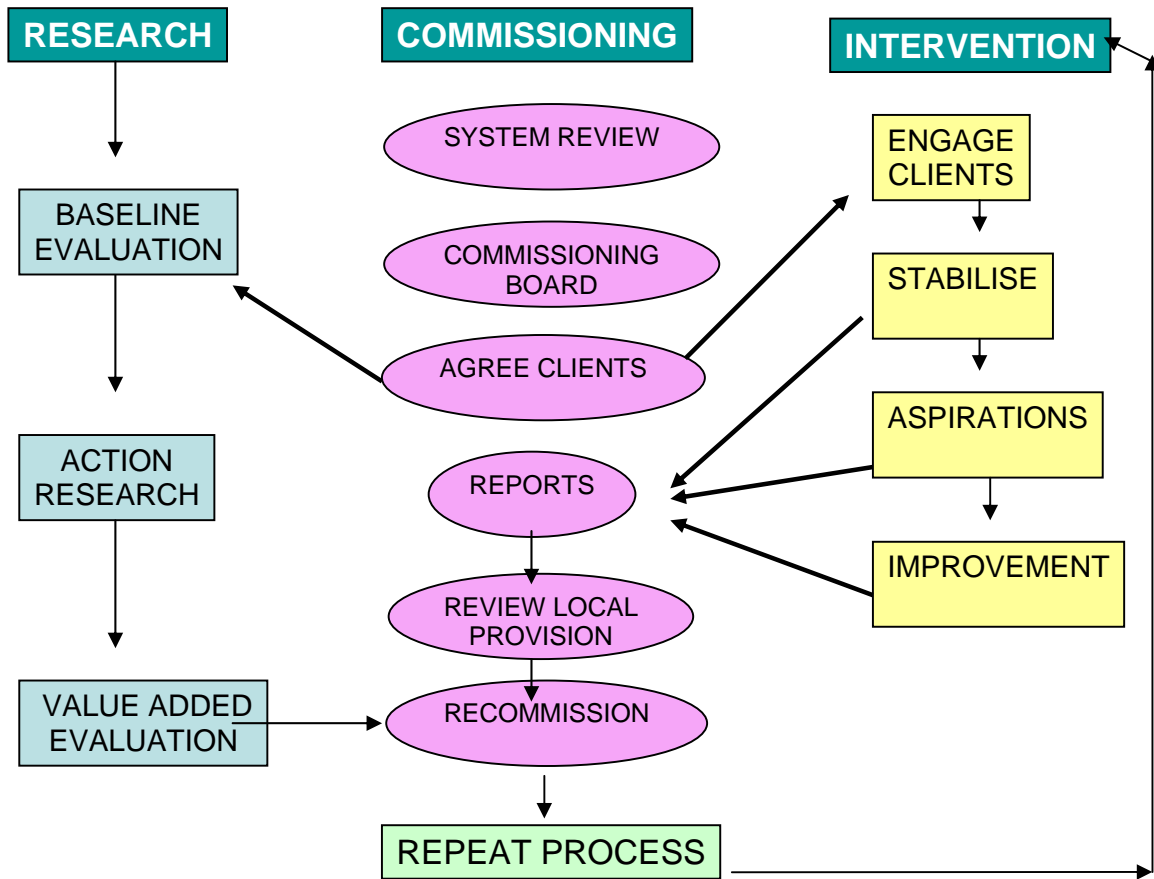
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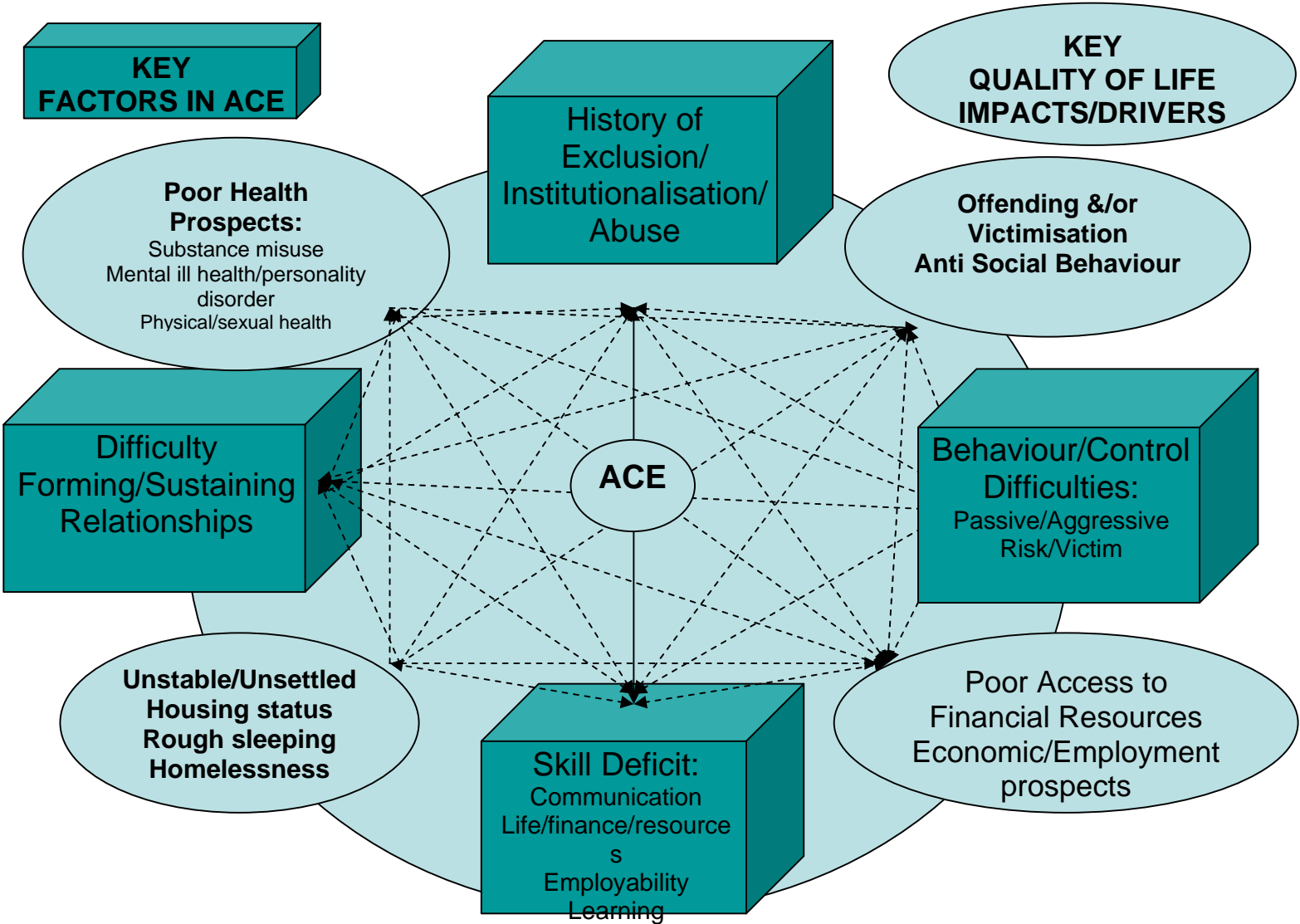
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Annex A attached as separate document: Outcomes Framework

Annex B - Interactive approach to linking commissioning and services.



Adults facing Chronic Exclusion



Annex D is attached separately: Application Pro-forma.