



**Speech Delivered at the Cabinet Office's Social Exclusion Task Force  
Conferences (Brighton, 20 March 07 and Leeds, 26 March 07):**

**'System Reform: Improving Outcomes for Social Excluded People'**

**by Julian Corner, Chief Executive of Revolving Doors Agency**

I have been asked to talk about the challenges and opportunities presented by the five principles of system reform set out in Reaching Out. Before I do, I want to reflect a little on the opportunity and challenge of the Social Exclusion Action Plan as a whole. In particular, I want to show how Reaching Out presents a real opportunity to make good a pivotal commitment made in the 2004 Sustainable Communities strategy. The Government stated then that it was committed to 'using the experiences of the bottom 10% as a litmus-test of reform across Government'. I think this commitment sums up powerfully the key challenge that we set ourselves in reaching out to socially excluded people. How can the experiences of the most disadvantaged and excluded in our society become a key driver of service reform?

Most of our energies and resources are invested in trying to shoehorn the bottom 10% into services designed for the top 90%. We offer services to the bottom 10% that try to fix and patch over systemic problems and gaps, while leaving those problems and gaps entirely in place. Rarely do we see the system itself transformed, so that the problems are eradicated at source. And so we create imperfect solutions that don't genuinely meet people's needs. In fact, they are not solutions at all. They simply attempt to make the system slightly less intolerable for the person on the receiving end.

A system that actually met the needs of the bottom 10% or more challengingly the bottom 2 1/2% is almost impossible to imagine. And that is because many of the services directed at this group are not even focused on their most fundamental needs, such as a home, money, health, learning etc. Instead they're focused on needs that in large measure only exist because of the way that the system is set up. We call these 'coping needs'. The idea of 'poor coping' allows us to believe that a person's inability to cope is at the heart of their problems. In some cases, inability to cope *is* a need in its own right. But for many, it is much more a product of an attempt to meet needs in a system that was designed for somebody else. In fact, we have got so used to the presumption that disadvantaged people can't cope, that we don't really question it. It's become a defining need. And so we assume an inevitable place in the

system for advice, mentoring, advocacy, case management, care coordination, service navigation, floating support etc. And we can't imagine a world where these coping services wouldn't be necessary for the most disadvantaged, because this would be a world in which the system had been designed to meet their needs first. If the experiences of the bottom 2 1/2% were the litmus test for system reform, we'd have to rethink entirely our understanding of a successful service or strategy. We'd have to say that if the system doesn't work for the bottom 2 1/2%, then it's a system that isn't working, full stop.

A quick anecdote will hopefully illustrate the point I'm making. The transformation of the benefits system by the welfare to work agenda was very good news for the majority of unemployed people. However, one consequence of the reforms was that people leaving prison were not able to claim benefits immediately, because they had to demonstrate that they'd been seeking work for two weeks. When this came to light, the DWP adamantly refused to allow prisoners to claim immediate income support on release, because they stated that it would undermine the hard won principles of the welfare to work programme. This left (and still leaves today) society with the bizarre and risky problem of prisoners being released with negligible available income, and a Government stating that it had tied its own hands in solving the problem. This isn't to say that the welfare to work reforms are wrong. It just means that in this small but significant instance, they succeeded in leaving a highly excluded group even further behind.

If the 5 principles are really going to help system reform to pass the litmus test, they have to reach into the fine detail of policy and service delivery, where most excluded people are tripped up. And the only way that the experiences of the bottom 2 1/2% are going to make a determining impact on the way the mainstream operates is if system reform begins with their experiences and works up. The principles of Reaching Out create an excellent framework for understanding the challenges of achieving this.

### **Principle 1: Better identification of risk and early intervention**

Many people in the bottom 2 1/2% are what I call low investment/high cost. The system doesn't plan or intend to invest a great deal of money in them. But in reality, they can end up costing a great deal of unintended money through crisis services. However, in order to save those crisis costs, you would have to invest more in primary services for this group. In other words, the costs and benefits would be felt in different parts of the system. Where then is the incentive for one set of services to make the investment if they don't feel the benefit? As a local councillor said to me only recently, why should this Community Safety Partnership spend money keeping people out of prison, when it's the Home Office that will be saving money if we succeed?

The result of that particular stand off, as we all know, is that the criminal justice system is becoming a magnet for mentally ill people. At a very conservative

estimate, the cost of arresting, charging and delivering the sentences of people with mental illnesses each year, at a conservative estimate, is at least £5 billion. This is roughly three times the size of the budget for the entire Supporting People programme

What these figures tell us is that the criminal justice system is being used to underwrite the social care system, largely because the criminal justice system is demand led and the social care system is supply led. Ironically, the prison service cannot gate-keep its scarce resources in the same way that the mental health system can. The result is that the economic and social cost is hidden behind the walls of the burgeoning prison system. If prisons charged community services for imprisoning a vulnerable person, we'd soon see a change in commissioning behaviours. Or if the number of prison sentences was capped, we'd soon see people asking why more wasn't done in the community to meet people's needs. The only alternative is to give services considerable incentives to change their behaviours and their priorities. These incentives need to be designed carefully so that they outweigh the incentive to do little or nothing. People need as much credit for preventing the need for expensive services as they currently get for delivering expensive services.

## **Principle 2: Identifying What Works in Improving Outcomes**

As I began by saying, we need services that genuinely meet people's needs. This has to be the founding principle from which everything else flows. While this may seem obvious, in the past an obsession with evidence has blinded policy makers to the needs of people that were staring them in the face. Evidence can become a structure for exclusion, in other words. An example of this was the hundreds of millions spent on so-called offending behaviour programmes by the Home Office, because their evidence base in Canada showed dramatic falls in re-offending. In Britain, these were delivered through prison and probation to offenders whose wider needs, such as housing, family ties, drugs and mental health, were otherwise left largely neglected. The result was that most of the programmes were found to make little or no difference to prisoners' re-offending. People were released from prison with a clear understanding of their cognitive deficits, but with no where to live and their drug taking unchecked. The opportunity presented by the programmes was ultimately denied the most excluded by a failure to provide for their most basic needs. First, proposals to supplement the programmes with housing and benefits support were dismissed by Home Office civil servants as 'unevidenced do-gooding'. Second, there were simply no resources left once the programmes were paid for. This is an example of where evidence-based policy can become a damaging dogma when it becomes divorced from people's lived experiences. The only people to benefit from these programmes were those who already had accommodation and other support in place; namely, the least socially excluded.

So the key point I wish to make about identifying what works is that this principle should be established as an on-going process of enquiry, that continually refreshes itself. For example, you can trace the demise of offending behaviour programmes back to the point when the Home Office stopped asking 'what works' as a question, and started stating it as a prescription. This enquiry needs to be continually pursued at the level of policy, of organisations, of individual workers and of service users themselves. One of the worst excesses of offending behaviour programmes was that Probation Officers stopped being problem-solving professionals, and were turned into deliverers of a formula. In every example of effective practice you will find workers who are empowered to use their initiative and respond to the needs that are staring them in the face. This is not to say, by the way, that we should give free reign to initiative and allow workers full license to invent programmes and therapies. Secondary and tertiary sources of support must always be clearly evidence-based. But a key question is not so much what works for the most socially excluded, but more how do the most socially excluded get to benefit from proven and effective interventions? Many of us are running services that we know work, but how do we open up access to these interventions for those currently sealed out?

Around evidence-based interventions, we need a system of support designed to open doors for the most excluded. This is system that can build trust and get alongside people. A system that starts where people's starting point is, not where the starting point of services is. If someone feels unable to engage with services, that should be the starting point of the service. If you come from a background of neglect, abuse and ingrained poverty, you're not going to have an automatic assumption that what is being offered you is in your interests. We therefore need to demonstrate that the offer of help is genuine, and this means continuing to offer support even when it is rejected. These services must be prepared to work hard to gain trust. And they must be prepared to be flexible. To accept frequent knock backs, to work at the pace of the individual and to be led by the individual's priorities.

All of these things are very obvious to most service delivery organisations, but they also need to be obvious to policy makers and commissioners. The commissioning process needs to be connected, quite radically, to the shifting needs of the most excluded. It therefore requires a relationship with service providers and service users that is catalytic, and that can continually galvanise new approaches and new thinking. Both providers and users sit on a world of untapped information and evidence that could improve outcomes and that could help shape the wider system. Most of us work with commissioners who procure our services and procure outputs, but there is little engagement with the issues that arise from those services and outputs. Hence the huge time lag between a social need arising and services being commissioned or altered to address it. Closer partnership between commissioner, provider and user would reduce the lag, but it would require a readiness to shift and change regularly and quickly. In particular, commissioners could use the much-vaunted flexibility of the voluntary

sector to set up services with the specific remit of acting as community barometers for how wider service reforms are impacting on the most excluded.

### **Principle 3: Improved Multi-Agency Working.**

Many people in the bottom 2 1/2% have multiple needs. The clients of Revolving Doors, for example, need support from between 6-10 services simultaneously when they are first referred to us. The problem is that each need is prioritised differently by the service responsible. Each service has its own view on what requires a tier one, two, three or four response, and quite properly assesses need in order to prioritise its own scarce resources. Unfortunately, what is appropriate within the vertical tiering of one service silo can have disastrous consequences looked at horizontally across to decisions in another silo. If one service's decision to put me on intensive drug treatment is dependent on another services decision to reciprocate with intensive mental health support, then I could end up with nothing if the reciprocation doesn't happen. And this could be a triple whammy if the housing department also consider me to be high need, and will only house me with the necessary support. I could be homeless and unsupported. And as I said earlier, it will be crisis services, often from someone else's budget, who pick up the bill.

At the heart of the multiple needs dilemma is a system that tries to organise and tidy people's needs and problems into understandable formula that can guide budgeting decisions. For perfectly understandable reasons, some needs are considered more important than others. Schizophrenia is considered more important than depression or alcohol dependency, for example. And because the entire budgetary framework rests on such judgements, this can result in all schizophrenia services being funded before any depression and alcohol services get a look in. This can turn thresholds into cliff-edges. The result can be that some people are left in cripplingly unwell conditions, with little or no service available, with assessments to their name stating that they have the wrong sort of illness to qualify for support, even though everyone can see that the person's life is falling to pieces.

If we are genuinely to meet excluded people's needs, we are not going to get very far if we simultaneously dismiss their needs as insufficiently severe or problematic. We need a framework for prioritising multiple needs that is based not on technical definitions of need but on the actual risk of harm faced by the individual. And this needs to be assessed objectively by someone with little or no stake in the outcome. If the person is at palpable risk of harm, there should be an imperative to act. Inevitably this will introduce messiness and untidiness into the system. But this is surely the lesser of two evils when systemic tidiness gets achieved at the expense of an individual's chaos. We might say that the system's job is to absorb and process the messiness so that it doesn't get projected instead on to the service user.

#### **Principle 4: Greater Personalisation of Services**

I've covered quite a bit of this ground under the what works principle, unsurprisingly, because I argue that what works is personalisation.

I want to add a couple of points here. First, a key aspect of a personalised service is that it is timely. You can put a person on a waiting list, but you can't put their crisis on a waiting list. If someone has become homeless and can't get into a flat without a package of mental health support, a deposit for the rent, and someone to help learn the basics of sustaining a tenancy, then they need that package to be available immediately. And it will be pretty pointless to receive one or two parts of the package, and wait three weeks for the third to arrive. The best intentions of Government strategies fall down, often not because the right support isn't available, but because it isn't available responsively at the right moments. It's illogical to provide services for disadvantaged people but not plan against the risk that sometimes people will succumb to crisis. It's like missing intensive care out of a hospital. The system must be prepared to expect the unexpected, rather than viewing people's crises as attempts at queue jumping.

The other thing I'd say about personalisation is that services should be designed for people's aspirations as well as their problems. A key characteristic of people at the bottom 2 1/2 % of society is that services increasingly view them as a set of problems. This is not only depressing, but it creates a glass ceiling above which people struggle to rise. We are not that good at creating pathways away from people's problems towards their aspirations. Services that solve people's problems can lack the time, skills and expectations to support people to access aspirational services. And aspirational services are even less effective at providing the next step for people who have only just emerged from serious difficulties. The continuum is ill-thought through and is under-resourced. So we end up spending the same money on the same people again and again, sorting out their problems then leaving them in limbo until the problems re-occur, then sorting them out all over again. It's a wasteful and depressing cycle that would be easily breakable with a bit of focus and lateral planning between services.

#### **Principle 5: Supporting Achievement and Managing Underperformance**

Local services are judged on who they are helping, which is understandable, but never on who they are not helping. Organisations don't have to prove whether they are reaching those in most need, or to show the profile of the people who didn't benefit from the service or who rejected it or whom the service never found. Despite running social exclusion services, I have never been asked by a commissioner whether I was succeeding in reaching the people who needed my service most. A consequence of this is that literally none of the information going back to commissioners is about the people who are in most need; namely, those who didn't receive a service. They remain entirely hidden from view. Information systems are at the heart of commissioning, and commissioners classically rely on

information provided by existing services. We therefore need a means of auditing and bringing to light the needs of those outside of the system, as well as those within it.

Performance systems also pull services towards those who are most amenable to help. And this applies just as much to services that are set up to reach the hardest to reach. It's one thing to focus on the bottom 2 1/2%, but slightly self-defeating if everyone focuses on the top half of that group, leaving 1 1/4% of the population completely untouched. . Organisations will always want to show that they are successful, but this will usually be at the cost of those people who don't help them reach their targets. The prison system now has targets to support prisoners into work and accommodation on release. On the surface, this looks like a straightforward and targeted means of supporting socially excluded people. Except that services in prisoners inevitably focus on those prisoners who can help them meet their targets most readily, not least because next year's funding depends on it. Those people in prison with personality disorder or severe drinking problems are simply pushed more and more firmly to the bottom of the pile. Despite all the reforms to prisoner resettlement, nobody working in the system believes that those in most need are being reached. Poorly designed social exclusion targets are mainly successful in actively focusing resources away from those in most need. Even when performance systems are focused on outcomes for a socially excluded group, therefore, a mechanism still has to be built in so that the playing field is tilted towards the most excluded within that group.

## **Conclusion**

Which brings me full circle to the litmus test with which I began. Every strategy, and policy, and target, and action plan must be interrogated to determine whether it is driven by the experiences of those at the bottom of the pile, or whether it is designed to show broad overall improvement for most people. We need to seal out perverse incentives to provide the least support to those in most need. The principles of Reaching Out provide the right framework within which these challenges can be identified and tackled. But this will only happen if policy makers and commissioners are prepared to accept and live with the challenge of viewing effective service delivery from the other end of the telescope. Reaching Out could make a radical difference to some very unhappy lives. But only if the litmus test is applied rigorously at every point in its implementation.