Co-production in public services: a new partnership with citizens

Matthew Horne and Tom Shirley
March 2009
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### Executive Summary

This paper provides an introduction to ‘co-production’ in public services – what it means, why it is important and how it can be accelerated

<table>
<thead>
<tr>
<th>What does co-production mean?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Co-production is a partnership between citizens and public services to achieve a valued outcome. Such partnerships empower citizens to contribute more of their own resources (time, will power, expertise and effort) and have greater control over service decisions and resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How important is co-production and what are the potential gains?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• We argue that co-production should be central to the Government’s agenda for improving public services because of emerging evidence of its impact on outcomes and value of money, its potential economic and social value and its popularity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How could co-production in public services be accelerated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rather than simply replicating specific ‘co-production practices’, such as approaches to working with patients or learners, we argue that accelerating co-production rests some more structural changes to: <em>budgets</em>, with more control passed down to individual users and front-line professionals; <em>support for civic society and mutual help; performance regimes</em>; and <em>professional training and culture</em>.</td>
</tr>
</tbody>
</table>

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This is a discussion paper. It is not a statement of government policy.
Executive summary:
1. What does co-production mean?

- This paper considers how individuals and communities should address a number of emerging challenges, such as the rise of chronic health conditions and the need for supporting young people’s emotional development.
- We argue that co-production - a partnership between citizens and public services to achieve a valued outcome – is essential to meeting a number of these challenges, for neither government nor citizens have access to all the resources necessary to solve these problems on their own.
- This approach is distinct from other traditional responses:
  - Voluntarism
  - Managerialism
  - Co-production
  - Paternalism

- We propose that effective partnerships are based on four clear values: a) everyone has something to contribute b) reciprocity is important c) social relationships matter d) social contributions (rather than financial contributions) are encouraged.
- Such partnerships empower citizens to contribute their own resources (time, will power, expertise and effort) and give them greater control over public resources to achieve outcomes.

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Executive Summary:
2. How important is co-production and what are the potential gains?

- There are already many examples of co-production in practice - including Nurse Family Partnerships, Family Intervention Projects, Family Learning, Restorative Justice, Time Banks and Youth Courts.
- Compared to other European countries, UK citizens are also relatively involved in working with services.
- But the question remains as to whether such partnerships will characterise more mainstream public services in the future.
- The evidence suggests that in many instances it should:
  
  i. **Co-production often improves outcomes** – evidence shows that interventions that adopt this approach have a big impact on outcomes.
  
  ii. **The public frequently want to be more active partners** – the public want to be more involved when public services relate directly to them and their family – we usually underestimate people’s willingness to help others.
  
  iii. **The value citizens can contribute is significant** – the scale and value of the resources that the public contribute is enormous – families and communities generate a huge amount of economic value that is unmeasured and unrecognised by public services.
  
  iv. **Co-production often improves value for money** – evidence also shows that the economic benefits of co-production approaches outweigh the costs.

- We also find that co-production is not appropriate in every public service. We suggest the greatest potential benefits are in ‘relational’ services such as early years, education long term health conditions, adult social care and mental health, rather than transactional services.

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Executive summary:  
3. How could co-production in public service be accelerated?

- We propose that the way to mainstream co-production is not primarily to spread specific programmes, but to change the nature of budgeting, relationships with civil society, performance management and professional cultures. We suggest some specific measures.

| Choice and control | 1. Consider extending individual budgets and budget holding lead professionals to more areas |
| Peer Support | 2. Empower people to better support each other, with new rights for groups of service users |
| Incentivise partnerships | 3. Give greater weight to the quality of partnerships between staff and service users in performance management frameworks |
| Professional Culture | 4. Involve more service users in professional training, staff recruitment, and inspection and support local leaders to drive culture change |

These recommendations would need to be part of wider reforms to empower citizens, foster a new professionalism and provide more strategic role for government, particularly giving citizens better information, involving citizens more directly in policy making and commissioning for long term outcomes.

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This is a discussion paper. It is not a statement of government policy
There are a number of complex social problems facing individuals and communities

Child wellbeing – obesity almost doubled in 10 years, affecting ¼ children\(^1\)

Anti-social behaviour – cost £3.9bn pa\(^2\)

Chronic disease affecting 17.5m people, 80% of all GP visits\(^3\)

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Our hypothesis is that neither government nor citizens have access to all the necessary resources to tackle these problems on their own.

**Citizens’ own resources**
- Knowledge, skill and understanding
- Energy, time and effort
- Will power and personal agency
- Motivations and aspirations
- Social relationships within families and communities

**Government’s resources**
- Money
- Rules and regulation
- Expert knowledge and skills
- Energy, time and labour of public services professionals
- Leadership, expectations and aspirations

It is both undesirable and too costly for government to substitute the resources that really only citizens can contribute such as bringing up children.

The resources needed to tackle these problems are distributed between government and citizens.

Currently, citizens have little control over the resources that government provides, and are rarely encouraged to contribute their own resources.

Solutions to these problems require a new relationship between citizens and government that mobilises more of the resources necessary to achieving better outcomes.

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Bringing these resources together in a partnership - co-production - represents a distinct approach from traditional responses to social problems: voluntarism, paternalism or managerialism

<table>
<thead>
<tr>
<th><strong>Voluntarism</strong></th>
<th><strong>Co-production</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved by rolling back the state; reducing entitlements, cutting public provision and encouraging families, communities and the third sector to fill the vacuum</td>
<td>Establishing a partnership between citizens and government to tackle a social problem. Citizens contribute more resources to achieving an outcome, share more responsibility and manage more risk in return for much greater control over resources and decisions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Managerialism</strong></th>
<th><strong>Paternalism</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieved using a carrot and stick approach to incentives for both providers and citizens: discouraging and rewarding different behaviours e.g. paying citizens to live healthily, or targets for providers to involve service users</td>
<td>Achieved through the ‘professional gift’ model of services. Doctors, nurses, teachers, social workers etc. treating citizens as recipients of services by handing down knowledge and expertise in a top-down way, rather than by building partnerships</td>
</tr>
</tbody>
</table>

This paper investigates co-production - what it means, why it is important and how it can be accelerated through public services
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This is a discussion paper. It is not a statement of government policy
Co-production is a partnership between citizens and public services to achieve a valued outcome.\(^1\) The most effective partnership are based on four clear values\(^2\)

<table>
<thead>
<tr>
<th></th>
<th>Everyone has something to contribute</th>
<th>Reciprocity is important</th>
<th>Social relationships matter</th>
<th>Social contributions are encouraged</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Everyone has something to contribute, even though some have more resources than others</td>
<td>Two way mutual relationships where responsibility, risk and power is shared and decisions are negotiated</td>
<td>Social networks, especially families and communities, are vital for achieving some types of change</td>
<td>Recognise the unpriced and often unvalued work of families and communities, not just people's financial contributions</td>
</tr>
</tbody>
</table>

\(^1\) Here we define a partnership as a relationship characterised by mutual co-operation and shared responsibility for the achievement of a valued goal

\(^2\) This values model is based on the analysis set out in Cahn, E. No More throw away people, 2000
Surveys suggest that co-production is moderately higher in the UK than other countries and that many people believe their contribution can make a difference.

An EU survey shows people in the UK are more likely to believe that they can make a difference to public outcomes through doing more themselves.¹ The same survey shows that levels of involvement in public services is highest in the UK.

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How much do people believe they can make a difference in improving community safety, the local environment and health?

<table>
<thead>
<tr>
<th>Country</th>
<th>Index of belief in making a difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>79</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>77</td>
</tr>
<tr>
<td>France</td>
<td>71</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>70</td>
</tr>
<tr>
<td>Germany</td>
<td>64</td>
</tr>
</tbody>
</table>

Levels of citizen participation in public services in EU countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Index of co-production</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>56</td>
</tr>
<tr>
<td>Germany</td>
<td>53</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>52</td>
</tr>
<tr>
<td>France</td>
<td>51</td>
</tr>
<tr>
<td>Denmark</td>
<td>48</td>
</tr>
</tbody>
</table>

¹ Equivalent to 56% saying they ‘often get involved’

(1) Loffer, et al., If you want to go fast, walk alone. If you want to go far walk together: citizens and the co-production of public services, October 2008

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There are also many innovative projects that exemplify more intense forms of co-production in practice. However, they are limited in scope and number.

**Family Nurse Partnerships**
- Support for young mothers during pregnancy and until the child is 2
- Continuity of relationship
- Builds on mother’s strengths
- Shared goals and aspirations
- Clear focus on taking responsibility

**Self directed support and individual budgets**
- Devolves power over decisions and resources to the citizen
- Person centred planning
- Shared goals and outcomes
- Accountability direct to the citizen

**Family Intervention Projects**
- Sustained trusting relationship with persistent key worker
- Explicit contract of rights and responsibilities
- Whole family approach
- Building capacity of family
- Strengths based approach

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This is a discussion paper. It is not a statement of government policy
We argue that co-production should be central to the Government’s agenda for improving public services

- Our analysis has considered whether government should build on the moderately high rates of citizen involvement in services and innovative co-productive approaches (set out in the previous section) and make strengthening partnerships between services and users a more central part of public service reform strategies.
- We suggest there are four reasons co-production should have a more significant role in the delivery of mainstream public services:

  a) **Co-production often improves outcomes** – evidence shows that interventions that adopt this approach have a big impact on outcomes
  
  b) **The public frequently want to be partners** – the public want to be more involved when public services relate directly to them and their family – we usually underestimate people’s willingness to help others
  
  c) **The value citizens contribute is significant** – the scale and value of the resources that the public contribute is enormous – families and communities generate a huge amount of economic value that is currently unmeasured and unrecognised by public services
  
  d) **Co-production can improve value for money** – evidence also shows that the economic benefits of co-production approaches outweigh the costs
Across a number of sectors there is relatively robust evidence that enabling citizens to work in partnership with professionals and to do more for themselves improves outcomes.

**Self-care by patients**
- Self care programmes for long term health conditions can:
  - Reduce visits to GPs by up to 69%
  - Reduce hospital admissions by up to 50%
  - More than pay for themselves through savings

**Peer and self assessment by learners**
- Students managing their own learning can improve exam results by the same amount as reducing class-sizes by one third

**Support with parenting**
- Sustained interventions with parents can improve child and parent outcomes. Positive evaluations include:
  - 48% reduction in abuse and neglect
  - 59% reduction in arrests (61% for parents)
  - Every $1 spent saving $4.25 in lower crime alone

**Involving parents in education**
- High levels of parental involvement can produce a 24% increase in exam results

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Surveys indicate that a high proportion of patients and parents want to be treated as partners and want to do more for themselves.

90%+ patients interested in being more active self carers

50% patients said ‘not often’ encouraged by professionals to do self care

33% patients said they had never been encouraged by professionals to do self care

43% said the NHS could do more to support self care

65% of parents would like to be more involved in their child’s school life

People often find themselves less involved in services than they would like

Proportion of patients feeling uninvolved in decisions (%)

(1) Self Care Support: The Evidence Pack, DH, 2007; (2) Picker Institute; (3) Parental Involvement in Children’s Education, DCSF, 2007
A recent survey suggests a significant number of people are willing to spend more time each week and month improving their health, neighbourhood and environment.

An EU survey shows that large numbers of citizens are willing to spend more time trying to improve their health, neighbourhood and environment. Taking these three areas together:

- 28% willing to spend a few hours more per week
- 43% are prepared to spend a few more hours per month
- only 29% indicate that they are not willing to spend any time at all

How much more time are citizens willing to spend in different sectors?

<table>
<thead>
<tr>
<th>About how much time are you willing to spend to . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>improve your health/health care</td>
</tr>
<tr>
<td>make your neighborhood safer</td>
</tr>
<tr>
<td>improve your local environment</td>
</tr>
</tbody>
</table>

(1) Loffler et al., If you want to go fast, walk alone. If you want to go far walk together: citizens and the co-production of public services, October 2008;

This is a discussion paper. It is not a statement of government policy.
This survey also found that citizens in the UK are more likely to participate in groups that improve their health, environment and neighbourhood.

- An EU survey shows that citizen participation in groups and organisations that encourage a partnership between citizens and public services is highest in the UK\(^1\).
- Particularly encouraging are the higher than average participation in health focused civic groups such as exercise groups, weight watchers, alcoholics anonymous and community safety groups such as residents associations, tenants groups and neighbourhood watch.

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\(^1\) Loffler et al., If you want to go fast, walk alone. If you want to go far walk together: citizens and the co-production of public services, October 2008

This is a discussion paper. It is not a statement of government policy.
Citizens want increased choice, control and involvement in public services, but often not a ‘supermarket style’ experience. Rather, a partnership with professionals appears much more important.

Citizens want to be empowered – they value choice, control and involvement.

I like to make choices myself: 50% of the public
I like to have experts make choices for me: 31% of the public

But citizens want public services to be different from normal retail/supermarket experiences. Which two of the following aspects of service are most important in each of the following situations?

<table>
<thead>
<tr>
<th>Service</th>
<th>Quality of advice/knowledge of staff</th>
<th>Respect and professionalism</th>
<th>Speed of service</th>
<th>Friendliness of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public services</td>
<td>64%</td>
<td>39%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Supermarket</td>
<td>34%</td>
<td>13%</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

High quality relationships in public services are premised on everyone having something to contribute and enhancing citizen choice and control. The aim is not to mimic a ‘supermarket’ style experience.

The value of people’s contributions suggests a potential for extensive partnerships between professionals and citizens

- 17.5m patients with LTC\(^1\)
- High levels of self care and public engagement in health could save NHS: £30bn pa\(^2\)
- 1m+ use social care\(^3\)
- Proportion of people over 85 expected to treble\(^4\)
- Informal care worth: £87bn\(^5\)

- 7.5m families and 13m children
- Childcare provided by households worth: £220bn\(^6\)

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And evaluations indicate that a number of examples of co-production can deliver better value for money.

Early interventions for families and young people at risk of social exclusion reduce the cost of crime\(^1\)

<table>
<thead>
<tr>
<th>% reduction in crime rate for different programmes in US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Family Partnership</td>
</tr>
<tr>
<td>Juvenile Education Programmes</td>
</tr>
<tr>
<td>Multisystemic Therapy</td>
</tr>
<tr>
<td>Functional Family Therapy</td>
</tr>
<tr>
<td>Family Integrated Transitions</td>
</tr>
<tr>
<td>Adolescent Diversion Project</td>
</tr>
</tbody>
</table>

Self care programmes in health produce benefits that outweigh the costs\(^2\)

<table>
<thead>
<tr>
<th>Study</th>
<th>Condition / Intervention</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montgomery et al (1994)</td>
<td>Parkinson’s</td>
<td>12:1</td>
</tr>
<tr>
<td>Oosterhuis (1997)</td>
<td>Insomnia</td>
<td>1.05:1</td>
</tr>
</tbody>
</table>

(1) Washington State Institute for Public Policy, 2006; (2) Research Evidence on effectiveness of self care support, DH, 2007

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Co-production is not appropriate in every public service. We suggest the greatest potential benefits are in relational services where the benefits outweigh the risks.

- **Transactional Services** – the risks and the benefits tend to be lower

- **Relational Services** – the benefits outweigh the risks

- **Acute Services** – the risks outweigh the benefits

Examples include: early years, education, long term health conditions, adult social care, mental health, and parenting.

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In relational services, co-production can deliver the largest benefits where the social issues are chronic and complex, and the solutions are contested.

<table>
<thead>
<tr>
<th>Co-production should only be applied to social problems when:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Citizens control the necessary resources to solve it – they are abundant, but they cannot be substituted. They are non-market goods</td>
</tr>
<tr>
<td>2. The benefits gained from citizens contributing resources outweighs any increased risk from sharing responsibility</td>
</tr>
</tbody>
</table>

Social problems that meet these criteria tend to have the following characteristics:

- There is no single solution to these problems. The best approach will vary from person to person.
- **Contested**
  - The resources that citizens contribute affect outcomes cumulatively over longer time, not immediately – leading many people to ‘discount’ future benefits.
- **Chronic**
  - They are caused by multiple-factors that interact in complex ways.

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Even where co-production is appropriate, there remain some risks and limitations

**Potential benefits**

- **Citizens have more control**
- **Partnership working creates better relationships and better experiences for the public and for professionals**
- **Effective partnerships could mean better progress towards long term outcomes, and lower demand for curative services: hospitals, care homes, CJS etc**

**Risks and Limitations**

- **Providers have less control**
- **Creates higher demand for preventative services**
- **Those with most resources will be able to give the most**
- **Hidden costs in the system become more transparent**

Giving citizens more control over resources reduces the effectiveness of traditional cost control. New ways of enabling public to control costs are needed. 

Equity can be threatened where people have unequal levels of resources to contribute. Co-production is also limited where citizens lack capacity e.g. dementia or where there are large knowledge asymmetries e.g. pharmacy.

Waste and failure becomes more transparent – encouraging more risk management, more responsiveness and faster learning and evaluation.

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(1) IBSEN Evaluation of Individual Budgets in Social Care: Final Report, 2008; (2) Evidence indicates that the public want professionalism, respect and knowledgeable staff in public services (all of which can arise through partnership working), the public do not want a supermarket style experience. See Real Trends- Living in Britain 2008, Ipsos MORI, 2008
We have therefore looked at a number of examples of co-production in practice that provide insight into how best it could be accelerated further.

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</thead>
<tbody>
<tr>
<td><strong>Obesity pilots</strong> - incentivise healthy living</td>
<td><strong>Personal Budgets</strong> and personalisation</td>
<td><strong>Family Learning</strong> programmes, <strong>Nurse Family Partnerships</strong> Parental support advisors providing 1-2-1 help</td>
<td><strong>Employment &amp; Retention Advancement Pilots</strong> <strong>Pathways to work</strong></td>
<td><strong>Anti-social behaviour strategy</strong> <strong>Family Intervention Projects</strong></td>
</tr>
<tr>
<td><strong>Expert Patient Programme</strong> - courses on self management</td>
<td><strong>Independent Living</strong> Strategy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Long Term Conditions</strong> Whole System Demonstrator Pilots</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
The conclusion of our analysis of specific programmes is that effective co-production requires some fundamental changes to relationships, professional roles and the management of services.

### Nurse-Family Partnerships

Nurse-Family Partnerships involve trained nurses visiting first-time young mothers throughout pregnancy and the first two years of a child’s life.

An important lesson from projects is that the sustained personal partnership is essential to success, based on trust, a clear understanding of respective responsibilities and a key worker with ability to co-ordinate the work of various services.

### The Expert Patient Programme

The programme is a six week course for people with chronic or long-term conditions, designed to help them self-manage their health. The course is delivered by trained and accredited tutors who are also living with a long term health condition.

An important lesson from the programme is that peers, with similar conditions, can play a strong role in encouraging and supporting co-production.

### Individual Budgets in Social Care

Users are given significant control over the use of budgets.

An important lesson is that devolving control over budgets can be very empowering for users, lead to radical changes in the delivery of services and promote culture change in service professions.

### Home-school agreements and other ‘contracts’

Home-school agreements and other, more tailored ‘contracts’ such as Acceptable Behaviour Contacts, have had some success.

An important lesson is the importance of clarifying the expectations of service users and service providers.

Annex A sets out information on these and other programmes in more detail.
Based on our analysis of these case studies and the research evidence on behaviour and culture change, we propose four ways of accelerating co-production in public services:\(^1\)

<table>
<thead>
<tr>
<th>Choice and control</th>
<th>1. Consider extending individual budgets and budget holding lead professionals to more areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>- give citizens greater control over resources</td>
<td></td>
</tr>
<tr>
<td>Peer Support</td>
<td>2. Empower people to better support each other, with new rights for groups of service users</td>
</tr>
<tr>
<td>- empower citizens to support one another</td>
<td></td>
</tr>
<tr>
<td>Incentivise partnerships</td>
<td>3. Give greater weight to the quality of partnerships between staff and service users in performance management frameworks</td>
</tr>
<tr>
<td>- through performance management</td>
<td></td>
</tr>
<tr>
<td>Professional Culture</td>
<td>4. Involve more service users in professional training, staff recruitment, and inspection and support local leaders to drive culture change</td>
</tr>
<tr>
<td>- ensure professionals value citizen contributions</td>
<td></td>
</tr>
</tbody>
</table>

These recommendations would need to be part of wider reforms to empower citizens, foster a new professionalism and provide more strategic role for government, particularly giving citizens better information, involving citizens more directly in policy making and commissioning for long term outcomes.

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(1) See Achieving Culture Change, Cabinet Office, 2008; (2) Co-production will not grow without large scale cultural change led by professionals. However, we make less detailed suggestions in this area and do not provide an annex, reflecting our primary focus on citizen empowerment.

This is a discussion paper. It is not a statement of government policy.
Consider extending individual budgets to further specific funding streams and explore the development of budget holding lead professionals

Analysis...

Individual Budgets change the old professional ‘gift’ model of services, where professionals assess citizens’ needs, determine eligibility, ration resources and control services. They create instead a ‘new’ citizenship model\(^1\) for commissioning services with public money.

Analysis...

Budget Holding Lead Professionals can successfully commission a range of services from providers in a joined up way, so as to best meet an individual’s needs

- Evidence from practice in children’s services, suggests that the lead professional role is a key element of effective frontline delivery of integrated services. It ensures that professional involvement is rationalised, coordinated and communicated effectively\(^1\)
- Budget holding lead professionals can enable a speedier, more personalised and more effective response to meeting an individual’s additional needs\(^2\)
- Overall, Budget Holding Lead Professional models can yield many of the benefits of Individual Budgets:
  1. Increasing opportunities for preventative spending by improving coordination of services to secure the best long term outcomes
  2. Strengthening relationships between professionals and users to provide opportunities for service users to contribute their own knowledge and understanding of what will work

Budget Holding Lead Professionals have been piloted in children’s services. Lead professionals are given a budget to commission services and procure goods directly from providers, to build a service package for core groups of children and families

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\(^1\) See: Unlocking the Imagination, Duffy, S., 1996; and, Transformational Care in Oldham, Maybury, B. and Rolfe, A., 2008; and The Keys to Citizenship, Duffy, S., 2005

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Consider extending individual budgets to further specific funding streams and explore the development of budget holding lead professionals

Analysis…

It is essential to weigh the benefits and risks of devolving more control over resources

- Increase opportunities for preventative spending
- Improve service responsiveness
- Improve coordination of services
- Drive professional culture change
- Enhance user control and sense of responsibility

- Loss of financial control or predictability
- Increased expenditure during transition period
- A viable supply side does not develop
- Professional attitudes hinder improvement
- Users do not have the capacity to make decisions

To minimise the risks, individual budgets should be piloted through identification of appropriate funding streams (or elements of funding streams)

- Careful consideration of the different needs of distinct groups of users (e.g. older people) will be required
- Individual budgets are a valuable way of giving users of public services more choice and control over their everyday lives

Recommendations…

Consider extending individual budgets to further specific funding streams

- For example, consider integrating NHS funding for continuing care, social care, and mental health care

Explore the development of budget holding lead professionals, particularly where individual budgets are not possible

- For example, explore integrating offender management, employment services, education, housing support, and drug and alcohol services through a budget holding lead professional model

(See Annex A for more details)

(1) IBSEN Evaluation of Individual Budget Pilots in Social Care: Final Report, 2008; (2) Bartlett, J., Leadbeater, C., Gallagher, N., Making it Personal, Demos, 2008;

This is a discussion paper. It is not a statement of government policy
Empower people to better support each other, with new rights for groups of service users

Analysis...

What is peer support?

- Peer support groups of patients, parents, carers, and victims empower citizens to participate more fully in public services. Evidence shows increases in confidence, self efficacy, and wellbeing and that groups are cost effective.

- Peer support provides the practical advice and emotional support that only ‘peers’ can provide. Peer support also provides social capital to isolated or vulnerable groups.

- Peer support is provided by a range of voluntary and community organisations from national charities like Alzheimer’s Society and small community groups, user-controlled organisations and user networks.

Increasingly, health and social care staff work with a network of support and care from family, friends, peers and the community.

(1) See National Evaluation of the pilot phase of the Expert Patient Programme, DH, 2006; This is a discussion paper. It is not a statement of government policy.
Empower people to better support each other, with new rights for groups of service users

Key problems for peer support groups

No easy or reliable access to facilities for meetings, admin etc.

Local grant funding is low, insecure and lacks transparency

Online peer support groups are often unable to capitalise on the volume of traffic to central and local government websites

Public service providers do not always encourage citizens to participate in service user organisations

Frontline workers are well placed to set up peer support networks for service users but they are not empowered or incentivised to do so

The extent to which local authorities recognise and engage with peer support organisations varies greatly

Recommendations...

Empower people to better support each other, with new rights for groups of service users including the right to:

- use commissioners’ and providers’ rooms and facilities for meetings (or cash for private hire)
- apply for local grant funding based on simple criteria and number of members
- publicity by local services and on government websites
- ‘auto-enrolment’ or ‘auto referral’ for patients, carers and service users (with an opt out)
- request a budget for staff in public services who set up and run peer support groups
- flexible working for staff who volunteer to run peer support groups
- official recognition by commissioners

(See Annex B for more details)

(1) Finding of workshops with parents, carers, and users of social care; (2) Denmark provides an alternative approach to grant funding for User Associations.

This is a discussion paper. It is not a statement of government policy
3 Give greater weight to the quality of partnerships between staff and service users in performance management frameworks

High Quality Partnerships
Partnerships between service users and professionals ensure that providers are more accountable to citizens and increase the commitment of citizens’ own resources to achieving outcomes.

Reciprocal
Give and take on both sides, a sense of mutuality and ‘we are in this together’

Negotiated
Mutual recognition of what both sides have to offer, and joint negotiation of goals and plans

Trust-based
Trust is both a product of high quality relationships and essential for their maintenance.

Recommendation…
Give greater weight to the quality of partnerships between staff and service users in performance management frameworks

- adopt a principles-based approach to regulating the quality of relationships between staff and citizens (rather than a compliance model). This would involve service providers reporting against high-level principles relating to the quality of these relationships, such as trust, dignity and respect, rather than just shallow indicators of customer satisfaction
- benchmark perception data relating to citizens real, local and recent experiences to drive improved performance
- develop self-evaluation tools to measure the quality of relationships between front line staff and service users

(See Annex B for more details)
Involve citizens in professional training, staff recruitment, and inspection and support local leaders to drive culture change

Analysis…

Co-production requires a culture change whereby professionals consistently encourage citizen empowerment and seek partnerships with service users that share responsibility

- Citizen empowerment has big implications for professionals. It fundamentally changes the power dynamic between the public and professionals that may have been in place for generations

- Culture change within the professions requires visionary leadership and changes to professional training, recruitment, and performance management. Innovative practice in health, education and social care suggests that higher levels of service user involvement in these area makes a difference. There is an opportunity to empower citizens to help define the ‘new professionalism’ set out in *Excellence and Fairness*

- Partnerships between the public and professionals place greater value on new skills: advice, brokerage and support. Self-Directed Support advisors in social care or Parent Support workers in schools provide personalised support and work in partnership with service users and their families

Recommendation…

Involve citizens in professional training, staff recruitment, and inspection and support local leaders to drive culture change

- Involving service users in training the workforce should be encouraged further. In social care, progress in this area could be accelerated by focusing on improving the quality of provision

- Service users should be involved systematically in staff recruitment, performance management, and inspection. For example ‘Experts by Experience’ could be extended into new areas

- New professional roles that provide highly skilled advice, brokerage and key worker support to citizens should be supported and encouraged e.g. Learning Mentors, Self-directed support advisors and a range of Personal Advisors in different sectors

- In education, Parents Councils and Students Councils could be more systematically involved in feedback to staff, research, school self-evaluation, budgeting and developing a vision for the organisation

Our recommendations would need to be part of wider reforms on citizen empowerment, professionalism and a more strategic role for government set out in *Excellence and fairness* and *Working Together*.

Supporting citizen decision making with better information
Empowering citizens requires not only greater access to information but the power to use it and re-use in ways that professionals do not control, and officials could not imagine.

Commissioning long term outcomes
Public service commissioning that is able to truly commission long term outcomes rather than short term outputs or service activity is much more likely to create the incentivise professionals to work in partnership with users and co-produce better outcomes to chronic, complex and contested issues.

A strategy for incubating local innovation
Working in partnership with citizens and empowering them to contribute more of their own resources is often incompatible with a top down approach to reforming public services. Local innovation that involves citizens in the way services are designed and delivered is much more likely to generate co-production in practice.

Involving citizens in policy making
The leading examples of co-production in practice (e.g. the expert patient programme, direct payments, time banks, participative budgeting) did not originate from policy makers, think tanks or governments but were first set up by citizens who then campaigned (for many years) for government to adopt their ideas. Systematically involving the citizens in the policy making process – from defining the problem, generating ideas and implementing solutions - is likely to lead to much greater co-production in public services.

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(1) *Excellence and fairness*: achieving world class public services, Cabinet Office, 2008; *Working together- Public services on your side*, Cabinet Office 2009

This is a discussion paper. It is not a statement of government policy.
Contents

• Executive Summary
• Introduction
• What does co-production mean?
• How important is co-production and what are the potential gains?
• How could co-production in public services be accelerated?

• Background Analysis
  • Annex A: Examples of programmes which foster co-production
  • Annex B: Individual Budgets and Budget Holding Lead Professionals
  • Annex C: Measuring the quality of relationships and encouraging peer support
Annex A: Examples of programmes which foster co-production
**Nurse-Family Partnerships – a strengths based approach, with a sustained partnership between nurse and young mother at its heart**

**Description:** Nurse-Family Partnerships involve trained nurses visiting first-time young mothers throughout pregnancy and the first two years of a child’s life. They usually offer a combination of health advice and support (e.g. around breastfeeding, childhood illnesses), practical support and coaching (e.g. life skills) and addressing psychological issues (e.g. motivational interviewing).

**Target Group:** Currently offered to first time mothers who are under 20. **Current Scope:** Over 1000 clients are currently enrolled on the programme in ten sites, with plans to expand this to 20 sites by 2009 (as set out in the Youth Crime Action Plan, 2008). Expansion after 2009 will depend on successful implementation in the first 30 sites.

<table>
<thead>
<tr>
<th>Key characteristics of the partnership</th>
<th>Evidence</th>
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<tbody>
<tr>
<td>● Intimacy and continuity – building trust</td>
<td>● The model was developed in the US where it has been rigorously tested over the course of 27 years</td>
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<tr>
<td>● Aligning the goals and aspirations of the nurse and family</td>
<td>● Three random controlled trials have been conducted in the US. The program had positive impacts on pre-natal behaviours; improved pregnancy and birth outcomes; led to more sensitive and competent care of child; reduced child abuse and mortality; improved outcomes for the parent; and, importantly, benefits were still evident when the child was 15</td>
</tr>
<tr>
<td>● Building on the person’s strengths and previous successes towards improved self efficacy</td>
<td>● The nurse-family partnership is offered in 20 American states, and it serves more than 20,000 families annually. The programme costs about $8,000 per family for two and a half years’ support. However, economic evaluation by the Rand Corp. shows a payback to the public purse of four times its cost.</td>
</tr>
<tr>
<td>● Establishing a sense of responsibility in the individual</td>
<td>● The partnership topped WAVE’s evaluation system and was recommended by the Sure Start review, the Blueprint programme, Support from the Start and Communities that Care</td>
</tr>
<tr>
<td>● Clear structure and understanding of what the programme entails</td>
<td></td>
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<tr>
<td>● Having highly skilled professional nurses have skills for the nurse and individual to deal with anxiety and stress</td>
<td></td>
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</tbody>
</table>

**Moving Forward:** If the programme is shown to be successful it is hoped that 50% of PCTs/LAs will operate the programme by 2011. A key challenge will be mainstreaming and sustaining the nurse-family partnership if the pilot proves successful.

**Sources:** [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org); Billingham, K.. The Family Nurse Partnership Programme, Cabinet Office Seminar, 2007. This is a discussion paper. It is not a statement of government policy.
The Expert Patient Programme – peer support that enables patients to contribute their expertise to one another

**Description:** A six week course for people with chronic or long-term conditions. The course is delivered by trained and accredited tutors who are also living with a long term health condition. It aims to give people the confidence to take more responsibility and self-manage their health, while encouraging them to work collaboratively with health and social care professionals. Course topics include healthy eating, dealing with pain and extreme tiredness, relaxation techniques and coping with feelings of depression.

**Target Group:** 17.5 m people living with long term health challenges including 8.5 m with Arthritis 3.4m with asthma, 1.5m doctor-diagnosed cases of diabetes in the UK, 80-90k people with Multiple Sclerosis (MS)

**Key characteristics**
- Peer support provided by patients is highly valued
- Tutors need to be trained and accredited to provide patient education
- Encouraging personal responsibility and self efficacy
- Reinforces current good self management

**Evidence**
Course questionnaires showed Outpatient visits decreased by 10%, A&E attendances decreased by 16%, Pharmacy visits increased by 18%
- However, the external evaluation found no reduction in use of primary or community care. This RCT found that course participants have:
  - Gains in patient self-efficacy and energy
  - Improved quality of life and psychological wellbeing for patients, high levels of satisfaction, improved partnerships with doctors, reduced isolation and increased confidence to manage their condition
  - Reduced inpatient/day case hospital costs making EPP cost effective

**Moving Forward:** Delivered to 30,000 people already with plans to grow from 12k pa to 100k pa by 2012. New course for carers and specific conditions. Current group of patients tend to be white middle class and well educated who volunteer to attend, want to learn and are motivated to help others.

Sources: National Evaluation of the pilot phase of the Expert Patient Programme, DH, 2006

This is a discussion paper. It is not a statement of government policy
Budget holding lead professionals- integrates resources, enables greater personalisation, involves people in commissioning decisions

**Description:** Similar to personal budgets, budget holding lead professionals allow money, and decisions over how money is spent, to be devolved to the lowest level possible. Budget holding lead professionals are used where professional intervention is required to effectively deploy resources.

**Target Group:** Service users who cannot be granted their own personal budget (e.g. because of age/vulnerability) can have a lead professional coordinate resources and services on their behalf.

**Current Scope:** There have been 16 local authority pilots of budget-holding lead professionals in children’s services. Emerging reports are very positive (full evaluation due in Autumn 2008).

**Key characteristics**
- The role can be taken on by a wide range of practitioners, as the skills, competence and knowledge required to carry out the role are similar regardless of professional background.
- The amounts of money allocated by the lead professional varies. The amount spent is determined on basis of need e.g. from small sums, for example, £1.50 for a bus ticket, to £1,000 for a package of counselling sessions.
- The lead professional liaises very closely with service user, the family and professionals to allocate resources effectively.

**Evidence**
- Evidence from practice in children’s services, suggests that the lead professional role is a key element of effective frontline delivery of integrated services.
- It ensures that professional involvement is rationalised, coordinated and communicated effectively.
- Budget holding lead professionals can enable a speedier, more personalised and more effective response to meeting an individual’s additional needs.

**Moving Forward:** There are proposals to use budget-holding lead professionals in drug treatment services. Their use in children’s services could be accelerated. There is also potential for their use in resettlement and rehabilitation services.

Sources: What is a Lead Professional? DCSF, 2005; Realising the potential efficiency gains from budget holding lead professionals, OPM, 2007

*This is a discussion paper. It is not a statement of government policy*
Family Intervention Projects- a whole family approach, driven by a partnership with a strong, persistent and assertive key worker, backed up by an explicit contract of mutual responsibilities

**Description:** FIPs is an intensive whole family approach to reducing ASB. It provides an out reach service, accommodation in the community and 24-hour monitored residential accommodation for chaotic families. At the heart of it is a relationship between the whole family and a key worker – backed up by a contract with sanctions.

**Target Group:** targeted at families exhibiting anti-social behaviour, focused on those who are at risk of loosing their housing tenancy or children being taken into care

**Key characteristics**
- Key worker with persistence and assertiveness
- A contract with the family establishing a reciprocal relationship – “not letting down my key worker”
- Clear sanctions – linked to tenancy
- Practical learning about routine and structures of daily living
- Whole family approach
- Encouraging authoritative parenting
- Establishing trust and listenin
- Needs highly skilled, highly motivated staff

**Evidence**
- Evidence comes from the evaluation of Dundee FIPs and a Sheffield Hallam evaluation of six projects in the North West. They found that 85% of existing participants had reduced or ceased their ASB and the risk of homelessness and family breakdown had declined.\(^1\)
- Projects cost £8k - £15k per family. Estimates of cost savings suggested that FIPs saved money by replacing demand for other services, although the evidence on cost/benefits and long-term impact is not as robust

**Moving Forward:** There are currently 53 FIPS that have helped around 500 families. Further money has been earmarked for expansion and we aim to support around 1,500 families a year


This is a discussion paper. It is not a statement of government policy
Contracts of rights and responsibilities – establishes reciprocity, recognises what people can contribute and sets expectations

Description: Voluntary mutual agreements are already in use. They set out behaviour expectations and can be used to tackle crime/anti-social behaviour e.g. Acceptable Behaviour Contracts and Parenting Contracts. But, they can also be used to outline rights and responsibilities in ‘mainstream’ services such as health, education and social care.

Target Groups: Wherever more than one person needs to contribute something to achieving an agreed aim. They are most powerful where they are made on a 1-2-1 basis with regular contact between the parties e.g. in social care.

Key characteristics of mutual agreements
- Explicit: Clear aims and expectations on both sides
- Shared understandings: Making the agreement leads to shared understandings of roles and solutions
- Social pressure: The parties should have a good relationship with one another so there is social pressure to meet the agreed expectations (avoid ‘losing face’)
- Sanctions: They can sometimes be effectively backed up by harder sanctions

Evidence
- ABCs and Parenting Orders affect individual’s behaviour. 65% do not engage in further anti-social behaviour after an ABC intervention.
- Home-school agreements can contribute to school effectiveness by enhancing relationships between parents and teachers.
- Research evidence points to the value of parenting contracts and orders. It will be necessary to support parents through access to additional services, such as mental health services.
- The Royal College of General Practitioners argues that general practice achieves the best possible outcomes for each particular individual by negotiating an individual care plan with the patient that makes sense to them, their social circumstances and enables them to share the responsibility for treatment.


This is a discussion paper. It is not a statement of government policy.
Individual Budgets in social care – control over resources and decisions empowers disabled people, and leads to greater personalisation

Description: Personal budgets are one vehicle for devolving money and decisions over how money is spent to citizens. Other, closely related, models for devolving more money/power to citizens include budget-holding lead professionals and collective/community budgets (e.g. Youth Opportunity Fund).

Target Group: Analyses indicates that personal budgets are useful where citizens have the capacity to make decisions about how to allocate resources; when their needs can be objectively assessed; and where there are a range of available options as to how a budget may be spent. Even if these three criteria are met it will be necessary to apply broader ‘public resource’ criteria which specify that personal budgets must not undermine equity, efficiency, or the public goods of services.

Current Scope: Personal budgets have been piloted in social care services.

Key characteristics of personal budgets
- Devolution to individuals of power over how to put resources to use
- Mechanism for promoting professional culture change in direction of making services person-centred
- Alternative to a market-based model (e.g. a voucher system) which constructs individuals as consumers and which are not necessarily person-centred (e.g. services seek profitable outcomes/respond to aggregate demand)
- Numerous potential benefits include:
  - increased personalisation of services
  - increased user control
  - better coordination of services
  - improved services for vulnerable groups
  - improved value for money

Emerging Evidence
- Evidence collected across 17 local authorities shows that 72% of budget holders say they have more choice and control over their lives than previously, and that 63% say they take part in and contribute to their communities more when on self-directed support.
- Early results from a small pilot run by In Control involving 6 local authorities demonstrate cost savings of between 12% and 67%.
- Mental health patients in Florida, using personal budgets, reported significant rises in their sense of being respected by those around them. Budget holders were able to combine traditional clinical care with non-clinical services such as educational courses, so as to address all facets of their mental health. Moreover, the percentage of users who felt able to participate in the community rose from around 30% to nearly 80%.

Moving Forward: There are ongoing discussions about where to extend personal budgets. Initial analysis suggests potential areas for their use include NHS services such as maternity, mental health and LTC services, specialist education services, and independent living for disabled people.

Sources: IBSEN Evaluation of Individual Budget Pilots in Social Care: Final Report; Florida Peer Network; Bartlett, Leadbeater and Gallagher (2008) Making it Personal, Demos; This is a discussion paper. It is not a statement of government policy.
The Government has already made relevant announcements and undertaken pilots of individual budgets across a wide variety of policy areas

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Stage of Development</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>Social Care</td>
<td>Pilots have been followed by a commitment to the rolling out of personal budgets</td>
<td>Users want to and are able to commission their own care package according to their own needs, within the constraints of the individual budget</td>
</tr>
<tr>
<td>NHS Programmes</td>
<td>Recent commitment in NHS Next Stage Review to explore and pilot use of personal budgets in the NHS</td>
<td>There could be varying rationales depending on the service. Example services: LTC management, Continuing Care and mental health services</td>
</tr>
<tr>
<td>Services for disabled children</td>
<td>A public consultation has been followed by DCSF commissioning a scoping study for the development of pilots</td>
<td>Families with disabled children want to and are able to have choice and control over the funding and services they receive</td>
</tr>
<tr>
<td>Drug Treatment</td>
<td>The 2008 Drug Strategy refers to the piloting and more effective use of ‘new approaches’ such as IBs</td>
<td>If professionals hold a (notional) budget then there will be better coordination of services/personal interventions and prevention will be incentivised</td>
</tr>
<tr>
<td>Education and Skills</td>
<td>DISU/Learning and Skills Councils are piloting Adult Learner Accounts</td>
<td>Adults want and need to be able to select the education and skills services relevant to them. To avoid misuse an accreditation system will be used</td>
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This is a discussion document. Not a statement of Government policy.

This is not intended to be an exhaustive list.
Individual budgets are embedded in a new ‘citizenship model’ of public services through which citizens are empowered as members of the community\(^1\)

It is useful to distinguish between the professional gift model and the citizenship model of public services\(^1\)

(1) See: Unlocking the Imagination, Duffy, S., 1996; and, Transformational Care in Oldham, Maybury, B. and Rolfe, A., 2008; and The Keys to Citizenship, Duffy, S., 2005

This is a discussion paper. It is not a statement of government policy
A key characteristic of both individual budgets and budget holding lead professionals is the devolution of control to the lowest possible level.

Key Characteristics of individual budgets and budget holding lead professionals

- Per capita funding and mass voucher systems aim to give service users more choice by making them consumers in a marketplace.
- Individual budgets and budget holding lead professionals mechanisms empower front line professionals and service users by giving them a commissioning role, not just through more consumer choice.
- Budget holding lead professionals hold and manage an allocated budget (this gives the freedom and flexibility to front line professional to coordinate services around the service user) where the service user is unable to do so.
- Both individual budgets and budget holding lead professionals achieve high levels of personalisation.

This is a discussion paper. It is not a statement of government policy.
Areas where the benefits of individual budgets are likely to be strong can be identified using three basic criteria.

- **Citizens have valuable resources**
  Individuals have unique and valuable resources (e.g. knowledge of their health condition and their needs and individual motivation) that are not easily substituted by professionals/the state.

- **Private Goods and Public Goods are aligned**
  There is a significant degree of compatibility between the private good outcomes of the service and the public good (i.e. the public goods of the service and the public good in general) e.g. adult social care, aspects of health care, crime prevention/offender management.

- **Alternative provision is possible**
  There are genuine alternatives as to how an individual’s needs are met which give rise to a set of ongoing decisions that have to be made.

Where these are in place there is good reason to consider whether individual budgets or budget holding lead professionals should be introduced.
There are clear benefits that can be derived from the introduction of individual budgets

The IB pilots in adult social care involved identifying funding streams for integration. Initial findings indicate some Local Authorities are keen to integrate funding more quickly than national government\(^1\).

- **Increase service responsiveness**
- **Improve coordination of services**

Communities of service users contribute to the development of InControl initiatives and the pilot schemes.

- **Increase user control and sense of responsibility**
- **Citizens involved in policy development**

Mental health service in Florida used their IB to access services not traditionally provided in clinical care models, with good outcomes. The number of patients who participated in their community rose from around 30% to nearly 80%\(^2\).

- **Drive professional culture change**
- **Services centred on good outcomes for users**

Services centred on good outcomes for individuals with complex needs.

- **Secure good outcomes for individuals with complex needs**

A study of self-directed care reports that personal budgets can help people meet their distinctive and personal needs\(^3\).

Evidence collected across 17 local authorities indicated 72% of budget holders said they had more choice and control over their lives\(^3\). The evaluation of IB pilots also found that all user groups reported increased levels of control\(^1\).

- **Evidence collected across 17 local authorities**
- **Evidence from work with children and families**

Budget holding lead professionals can coordinate services around an individual’s needs and build a strong relationship with service users and their families. Evidence from work with children and families\(^4\) indicates this will help secure good outcomes, especially for individuals with complex needs.

**For example, pilots of budget holding lead professionals in children’s services, family intervention projects and family-nurse partnerships**

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\(^1\) IBSEN Evaluation of Individual Budget Pilots in Social Care: Final Report; \(^2\) Florida Peer Network; \(^3\) Bartlett, Leadbeater and Gallagher (2008) *Making it Personal*, Demos; \(^4\)
The decision on whether to develop individual budgets will involve weighing up the benefits with a set of potential risks

Alternatives will not be realisable unless a viable supply side is established within which users can make decisions on which services to commission.

Variations in individual capacity could lead to significant variations in quality of services individuals receive – with implications for equity of service provision. Importantly, individuals will be able to top-up their service provision depending on their access to financial resources.

Shifting funding from provision of collective services to IBs is likely to lead to changes in demand etc., which will require the cessation of some services – this is likely to be unpopular with some service users (e.g. closure of day care centres).

Loss of financial control or predictability

A viable supply side does not develop

Individuals do not have the capacity

Funding is used fraudulently

Political risks

Increased expenditure during transition period

Professional attitudes or culture hinder improvement

Needs assessment is ineffective/inefficient

Benefits of collective consumption are undermined

Service users exposed to increased risk

Increased awareness of entitlements and demand for funding could necessitate increased expenditure. In addition, double running (over the short or long term) would lead to increased pressures on expenditure.

In some service areas (e.g. mental health, and provision of employment services for individuals with learning disabilities) professional culture change will be needed to realise benefits of IBs.

It may be very challenging to objectively and transparently assess individual’s needs – making it difficult to devise robust, transparent and ‘joined-up’ resource allocation systems.

Efficiencies that come from economies of scale of collective provision and the spin offs from collective consumption could be undermined.

Increased expenditure during transition period

In some service areas (e.g. mental health, and provision of employment services for individuals with learning disabilities) professional culture change will be needed to realise benefits of IBs.
In reaching a decision on whether to move forward it will also be important to consider the potential to mitigate some or all of the relevant risks (1)

<table>
<thead>
<tr>
<th>Risk</th>
<th>Risk mitigation strategies</th>
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</table>
| 1. Loss of financial control or predictability | 1. Sound financial management, including top-slicing global budgets for collective commissioning of preventative and ‘social capital’ (e.g. peer support) services and for contingency funds  
2. Careful piloting with ongoing process of ‘learning the lessons’ of previous pilots  
3. Resource allocation systems may need to be redesigned comprehensively to integrate needs assessments and to better predict/control expenditure |
| 2. Increased expenditure during transition period | 1. Shift funding away from provision of collective services to individual budgets on a funding stream by funding stream basis (or at least elements of funding streams) to ensure there is not inefficient ‘double running’ (where collectively commissioned services run simultaneously with IBs) |
| 3. A viable supply side does not develop   | 1. Clear guidance for potential and actual suppliers  
2. Evolutionary development of regulation of supply side, with ongoing evaluations of its development feeding into changes in regulation (e.g. lowering/raising barriers to entry) |
| 4. Professional attitudes or culture hinder improvement | 1. Professional training and support alongside introduction of these funding systems  
2. Mechanisms to compensate for professional attitudes e.g. ring fencing specific funding streams to ensure it is used to benefit the service user in the best way |
| 5. Individuals do not have the capacity   | 1. Establish systems of guidance, support and advice for budget holders, including professional advice, as well as peer support (e.g. building social capital)  
2. Carefully consider the different needs of distinct groups of users (e.g. older people) |

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This is a discussion paper. It is not a statement of government policy
In reaching a decision on whether to move forward it will also be important to consider the potential to mitigate some or all of the relevant risks (2)

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<thead>
<tr>
<th>Risk</th>
<th>Risk mitigation strategies</th>
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</table>
| 6 Needs assessment is ineffective/inefficient     | 1. Locate most likely source of fraud (e.g. providers/budget holders etc) and design prevention system (e.g. Learner Accounts pilots are using an accreditation model for providers)  
2. Carefully define what constitutes fraud so that the decisions of commissioners are assessed against standard and predictable criteria |
| 7 Funding is used fraudulently                    | 1. Sound advice on transparent and robust, but not overly rigorous, systems of needs assessment, accounting and audit will be required (e.g. Audit Commission is beginning to provide guidance on this)  
2. Professional training and culture change, so that user's needs are assessed in a way that recognises the user's own contribution |
| 8 Benefits of collective consumption are undermined | 1. Top-slice budgets to continue to fund collective provision – to maintain positive externalities  
2. Do not move to funding systems to individual budgets where loss of benefits of collective consumption (including economies of scale) is likely to undermine quality or provision of services |
| 9 Political risks                                 | 1. Consultation with service users through which the likely consequences of a shift to individual budgets are clearly presented and discussed  
2. Piloting of new systems in areas where there is political will and professional capacity to make the systemic changes required |
| 10 Service users exposed to increased risk         | 1. Development of good quality relationships between professionals and service users and sound procedures to underpin that relationships, while simultaneously encouraging peer support  
2. Supply side systems (e.g. an accreditation system) to minimise risks |
If the risks of service users holding an individual budget are considered too great, then budget holding lead professionals should be considered as an alternative

Budget holding lead professionals manage and control an individual budget drawn from a variety of different funding streams. This mitigates some of the risks of service users holding a budget themselves, but many benefits will still be reaped.

Budget holding lead professionals mitigate some of the risks arising from individual budgets:

- **Individuals do not have the capacity**
  - Where individuals are unable or unwilling to manage and control a budget themselves, budget holding lead professionals can be used.

- **Loss of financial control or predictability**
  - Professionals will manage the individual budget within professional and institutional governance structures making loss of financial safeguards and fraud far easier to prevent and to rectify.

- **Funding is used fraudulently**
  - Professionals have far more control and the final say on commissioning decisions.

- **Service users exposed to increased risk**
  - Service users exposed to increased risk.

Budget holding lead professional models reap many of the benefits of individual budgets:

- **Improve service responsiveness**
- **Services centred on good outcomes for users**
- **Preventative spending**
- **Improve coordination of services**
- **Strengthen relationships between professionals and users**

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(1) Budget holding lead professionals can enable a speedier, more personalised and more effective response to meeting an individual’s additional needs (Realising the potential efficiency gains from budget holding lead professionals, OPM, 2007)
(2) Evidence from practice in children’s services, suggests that the lead professional role is a key element of effective frontline delivery of integrated services. It ensures that professional involvement is rationalised, coordinated and communicated effectively (What is a Lead Professional? DCSF, 2005)
We have drawn up a long list of areas where individual budgets and budget holding lead professionals could be introduced. This led us to consider which services could become gateways.

Public services often need to work together to meet an individual’s distinct personal needs. Bringing funding together within an individual budget (sometimes controlled by a budget holding lead professional) can improve joining up of these services.

Blue circles represent potential ‘gateways’ – that is, services that should ideally work with many other services.

The links indicate where services should ideally work together to meet an individual’s needs.

This is a discussion paper – not a statement of Government policy.
Consider extending individual budgets to further specific funding streams and explore the development of budget holding lead professionals

**Analysis…**

Individual Budgets change the old professional gift model of services, where professionals assess citizens’ needs, determine eligibility, ration resources and control services. They create instead a ‘new’ citizenship model\(^1\) for commissioning services with public money.

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**Analysis…**

*Budget Holding Lead Professionals can successfully commission a range of services from providers in a joined up way, so as to best meet an individual’s needs*

- Evidence from practice in children’s services, suggests that the lead professional role is a key element of effective frontline delivery of integrated services. It ensures that professional involvement is rationalised, coordinated and communicated effectively\(^1\)

- Budget holding lead professionals can enable a speedier, more personalised and more effective response to meeting an individual’s additional needs\(^2\)

- Overall, Budget Holding Lead Professional models can yield many of the benefits of Individual Budgets:
  1. Increasing opportunities for preventative spending by improving coordination of services to secure the best long term outcomes
  2. Strengthening relationships between professionals and users to provide opportunities for service users to contribute their own knowledge and understanding of what will work

**Budget Holding Lead Professionals have been piloted in children’s services. Lead professionals are given a budget to commission services and procure goods directly from providers, to build a service package for core groups of children and families**

\(1\) See: Unlocking the Imagination, Duffy, S., 1996; and, Transformational Care in Oldham, Maybury, B. and Rolfe, A., 2008; and The Keys to Citizenship, Duffy, S., 2005

This is a discussion document. Not a statement of Government policy
Consider extending individual budgets to further specific funding streams and explore the development of budget holding lead professionals

Analysis…

It is essential to weigh the benefits and risks of devolving more control over resources

- Increase opportunities for preventative spending
- Improve service responsiveness
- Improve coordination of services
- Drive professional culture change
- Enhance user control and sense of responsibility

- Loss of financial control or predictability
- Increased expenditure during transition period
- A viable supply side does not develop
- Professional attitudes hinder improvement
- Users do not have the capacity to make decisions

• To minimise the risks, individual budgets should be piloted through identification of appropriate funding streams (or elements of funding streams)
• Careful consideration of the different needs of distinct groups of users (e.g. older people) will be required
• Individual budgets are a valuable way of giving users of public services more choice and control over their everyday lives

Recommendations…

Consider extending individual budgets to further specific funding streams

- For example, consider integrating NHS funding for continuing care, social care, and mental health care

Explore the development of budget holding lead professionals, particularly where individual budgets are not possible

- For example, explore integrating offender management, employment services, education, housing support, and drug and alcohol services through a budget holding lead professional model

1 IBSEN Evaluation of Individual Budget Pilots in Social Care: Final Report, 2008; (2) Bartlett, J., Leadbeater, C., Gallagher, N., Making it Personal, Demos, 2008;

This is a discussion paper. It is not a statement of government policy
Annex C: Measuring the quality of relationships and encouraging peer support
Citizens and professionals working in partnership and sharing responsibility for achieving good outcomes will only be achieved through the development of high quality relationships.

**High Quality Relationships**

1. **Reciprocal**
   - There will be give and take on both sides, a sense of mutuality and ‘we are in this together’

2. **Negotiated**
   - There will be mutual recognition and coming together of what both sides have to offer through ongoing negotiation

3. **Trust-based**
   - Trust is both a product of high quality relationships and essential for their maintenance.

**Clear goals must be agreed** to effectively share responsibility through a high quality relationship.

**Shared responsibility through a high quality relationships to achieve excellent long term outcomes for citizens**

The best one to one pupil-teacher relationships are built on these principles underpinned by a focus on the pupil developing and progressing over the long term.

Relationship-centred health care recognises the importance and uniqueness of each health care participant's relationship with every other. Evidence indicates relationships central to supporting high-quality care, a high quality work environment, and superior organisational performance.¹

¹ Organizational Dimensions of Relationship-centered Care Theory, Evidence, and Practice Dana Gelb Safran, William Miller, and Howard Beckman, 2006

(1) This is a discussion paper – not a statement of Government policy
Working in partnership with professionals empowers citizens to share responsibility for achieving good long term outcomes

Citizens are empowered to...

- **Mobilising citizens’ resources**: Recognising the high value of citizens’ resources and putting the resources to effective use to achieve excellent long term outcomes

- **Encouraging peer support**: Providing opportunities for citizens to share knowledge, support and guidance with other service users – growing the pool of resources available to all, and providing the foundations for service user – professional relationships

- **Enhancing individual citizen’s control**: Increasing individual’s influence over decisions regarding how and when services are provided (i.e. alternative ways to achieve good long term outcomes)

- **Enhancing collective voice**: Opportunities for citizens to share knowledge, support and guidance with other service users will strengthen the collective voice of those service users

### The resources citizens contribute include
time, will power and knowledge. For example, the value of informal care is estimated to be > £35bn

### Peer support will be crucial in providing opportunities for sharing knowledge and for informal support/guidance – amplifying the resources available to individual service users

### Citizens will play an enhanced role e.g. in making decisions between treatment options; becoming involved in self-care; and becoming more involved in their children’s education

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(1) Age Concern

This is a discussion paper – not a statement of Government policy
Citizens want increased choice, control and involvement in public services, but not a supermarket style experience. Partnership working with professionals will provide what citizens want

Evidence indicates citizens have a broad concern that public services should be planned and delivered in the interests of everyone in society remains strong.

Bearing in mind what is ‘good for everyone in society as a whole’, while planning and delivering public services’ is a top priority for 51% of citizens. In contrast, 21% of citizens report the top priority should be ‘the quality of service individual service users receive’.

Citizens want to be empowered – they value choice, control and involvement

Evidence indicates the public want to be more involved when public services relate directly to them and their family. For example, 65% of parents want to be more involved at school.

But...citizens want a very different experience of public services compared to ‘retail’ experiences

Which two of the following aspects of service are most important in each of the following situations?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Public services</th>
<th>Supermarket</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of advice/knowledge of staff</td>
<td>64%</td>
<td>34%</td>
</tr>
<tr>
<td>Professionalism and respect</td>
<td>39%</td>
<td>13%</td>
</tr>
<tr>
<td>Speed of service</td>
<td>30%</td>
<td>60%</td>
</tr>
<tr>
<td>Friendliness of service</td>
<td>30%</td>
<td>60%</td>
</tr>
</tbody>
</table>

High quality relationships in public services are premised on everyone having something to contribute and enhancing citizen choice and control. The aim is not to mimic a ‘supermarket’ style experience.

The benefits for citizens of empowering relationships through they work in partnership with professionals, exceed the benefits of customer relationships

Research has identified benefits for service-users of ‘customer relationships’\(^1\), but there are additional benefits to be gained from ‘thicker’ relationships where responsibility is shared

### Customer relationships

**Special customer treatment\(^1\)**
Faster service and loyalty reward vouchers are most applicable to customer relationships

**Increased confidence\(^1\)**
Reduced anxiety, faith in the trustworthiness of providers and reduced perception of risk

**Personal recognition\(^1\)**
Personal recognition and customer familiarity are central to good customer service and can lead to customer satisfaction

### Empowering relationships

**Enhance personal independence**
Citizen’s mobilise their own resources to realise their independence e.g. nurses working with young mothers to develop their self-confidence\(^3\)

**More responsive services**
Enhanced citizen involvement through professional-service user partnership working (e.g. working together to design a personal care plan) empowers users to ensure services respond to their needs\(^2\)

**An opportunity for citizens to ‘give back’ through social networks**
Citizens are empowered to engage in peer relationships and wider social networks that build social capital, and are rewarding not just for themselves but for their families, friends and the community\(^4\)

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(1) Adapted from: Relational Benefits in Service Industries: The Customer’s Perspective, Gwinner, Gremler and Bitner, 1998, Journal of the Academy of Marketing Science; (2) See, for example, Making it Personal, Bartlett, Leadbeater and Gallagher, Demos, 2008; (3) The Family-Nurse Partnership Programme, Billingham, K., Cabinet Office Seminar, 2007; (4) See Building Social Capital for Economic Inclusion: Examples in the North East, Tully, J., Durham University, 2005
There is good evidence of a link between professionals and service users working in partnership and good outcomes for service users in many public services

Exemplar policy areas where citizens and professionals working in partnership can positively effect outcomes

**Health care**
Where clinicians and patients work together (e.g. to decide between treatment options and enhance opportunities for self-care) there is evidence of improved outcomes for patients (e.g. symptom relief through increased adherence to clinical advice)

**Education and early years**
Evidence indicates that parents can and do play a significant role as co-producers of educational outcomes. Specifically, Ofsted recognises the importance of good relationships with parents in early years provision. Early years providers are encouraged to consider how they involve parents in what they do for children.

**Social care**
Carers fulfil significant, ongoing responsibilities. It has been shown that recipients of care services/carers can work in partnership with professionals to, for example, design care plans around personal circumstances to achieve good, personalised, outcomes.

Key relationships

- **Patient – clinician**
- **Parent – teacher, early years worker, social worker, family outreach**
- **Recipients of care/their families – social worker/care workers**

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(1) The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievement and Adjustment, Desforges et al., 2003; (2) Ofsted report on the relationships between parents and staff as part of inspections of Sure Start (early years) centres; see also: Twenty Questions for Early Years and Childcare Providers, Ofsted, (3) the Organizational Dimensions of Relationship-centred Care Theory, Evidence, and Practice, Safran, Miller, and Beckman, 2006; see also Chronic Disease Management: A compendium of information, Department of Health, 2004; (3) See, for example, Making it Personal, Bartlett, Leadbeater and Gallagher, Demos, 2008
Peer support promotes the sharing of resources between citizens and underpins effective partnership working between service users and professionals

What is peer support?

- Peer support groups of patients, parents, carers, and victims empower citizens to participate more fully in public services. Evidence shows increases in confidence, self efficacy, and wellbeing and that groups are cost effective\(^1\)
- Peer support provides the practical advice and emotional support that only ‘peers’ can provide. Peer support also provides social capital to isolated or vulnerable groups
- Peer support is provided by a range of voluntary and community organisations from national charities like Alzheimer’s Society and small community groups, user-controlled organisations and user networks

What is the problem?

- Public awareness of peer support and user organisations is low. Some providers make referrals or hand out leaflets, while others do not\(^2\)
- Funding for peer support groups and user organisations is low. Local grant funding is often bureaucratic, insecure and lacks transparency\(^3\)
- Efforts of volunteers (often front line staff) who set up and run user organisations are often unreognised and unsupported\(^2\)

*Increasingly, health and social care staff work with a network of support and care from family, friends, peers and the community*

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\(^1\) See National Evaluation of the pilot phase of the Expert Patient Programme, DH, 2006; \(^2\) Finding of workshops with parents, carers, and users of social care; \(^3\) Denmark provides an alternative approach to grant funding for User Associations.
Traditional performance management systems can fail to incentivise the development of high quality relationships that underpin partnership working.

Performance management systems, which incentivise a focus on short term improvements against narrow ‘top down’ indicators, divert professional attention and commitments away from building relationships.

Short term

- Relationships require long term investment in their development (to lead to better outcomes), incentives to improve outcomes in short-term are unlikely, therefore, to be conducive to their development.
- Narrow indicators do not capture wider ‘outcomes’ beyond what is measured/measurable, nor the extent to which the ‘improvements’ are sustainable. They can incentivise a concern with improvements ‘on paper’ rather than through devoting time and energy to building relationships.

Traditional performance management system

- Performance management systems imposed from above do not always rely on the buy in of professionals and citizens. The nature of relationships means they are dependent upon local and personal willingness and commitment.

Narrow indicators of performance

Centralisation/unilateral compliance

This is a discussion paper – not a statement of Government policy.
Traditional performance management systems can foster a culture of ‘playing the system’. Professional and organisational cultures of this kind are not conducive for fostering good relationships.

“when a measure becomes a target it ceases to be a good measure” Professor Charles Goodhart (Former Chief Economic Advisor to the Bank of England)

Key ways to ‘play the system’ within traditional performance management systems

Gaming
Decoupling of performance indicators from the reality of outcomes on the ground (which the performance indicator is often supposed to measure) by focusing on what is measured rather than the desired outcome

Tick-box culture
A compliance-based approach can be adopted, which leads to superficial changes, but does not bring about more substantive ‘culture change’

Cost shunting
Improvements against one measure are achieved at the expense of provision elsewhere (e.g. provision which is not measured). This could be in terms of missed opportunities to engage in preventative activity where the benefits of the activity are felt elsewhere, or literally by shifting resources.

A culture of ‘playing the system’ is not conducive for the development of relationships, which requires long term professional commitments and investments of time and energy.

This is a discussion paper – not a statement of Government policy
There has been a move to incentivise organisations and professionals to invest in relationships by increasing the use of satisfaction measures. This approach has significant limitations.

Satisfaction measures are often ‘perception indicators’ aimed at increasing customer awareness and responsiveness. They are less useful at driving improvements in the quality of relationships in services which are not just ‘transactional’.

1. Satisfaction measures are more likely to be a reliable indicator of a good service in transactional services:
The high levels of personalisation required in relational services and the dynamic nature of the relationships that develop means that ‘satisfaction’ measures alone are unlikely to capture the complex situation on the ground. Partnerships may not always come hand in hand with satisfaction.

2. An emphasis on satisfaction measures can lead to ‘perception gaps’ – whereby increased satisfaction is not reflected in improved ‘real’ outcomes:
   - Perception gaps occur when ‘real outcomes’ are decoupled from people’s perceptions. Perceptions may be inflated or overly pessimistic compared to the ‘reality of the situation’. Incentives to improve satisfaction data could drive a perception gap whereby individual satisfaction levels become divorced from a reality of (good or bad) outcomes.

Some simple measures of satisfaction may actually decrease where service users are given more responsibility and/or are requested to engage in new ways.

Systems of performance management should aim to close perception gaps.

This is a discussion paper – not a statement of Government policy.
Best practice in performance management involves the use of self-evaluation/self-assessment, good quality perception data and setting high level principles, to avoid the pitfalls of traditional systems.

The Police Reform Green Paper (2008) has set out a renewed emphasis on public confidence in the police force as one significant indicator of police performance.

The Financial Services Authority ‘treating customers fairly’ initiative\(^1\) sets ‘high level outcomes’ for providers of financial services (e.g. ‘where consumers receive advice, the advice is suitable and takes account of their circumstances’), but does not prescribe how to achieve these outcomes, nor what evidence must be provided for self/external assessment.

The FSA approach is designed to avoid the risks of ‘gaming’ and a ‘tick-box’ approach to fairness, by promoting culture change through which good fairness practices become engrained in an organisation.

NHS Choices uses data from voluntary audits in which hospitals take part, self-reporting by hospitals, as well as from mandatory data sets.

Self-assessment is a key part of the Healthcare Commission’s health check’ for hospitals, which replaced the star rating system in 2006.

Since 2005 schools have been required to complete ‘self-evaluation forms’ (SEFs) which now largely set the agenda for subsequent Ofsted inspections.

SEFs recognise childcare and education providers are best placed to identify their own strengths and weaknesses. The external inspection then focuses on the ways organisations are acting on these assessments.

The Audit Commission’s ‘Comprehensive Area Assessment’ (CAA) will ‘put the experiences of local citizens, people who use services and local taxpayers’ by including information on the satisfaction of local people when assessing local authorities.

(1) See FSA (2008) Treating Customers Fairly: progress update

This is a discussion paper – not a statement of Government policy.
Peer support groups provide foundations for good service user–professional relationships, but their essential role is not backed up by incentives, rights and resources.

### Key problems for peer support groups

- Peer support groups do not have easy or secure access to facilities for meetings etc, which are controlled by public service providers.
- Local grant funding for peer support groups and user organisations is low, insecure and lacks transparency\(^2\).
- Online peer support groups are often unable capitalise on the volume of traffic to central and local government websites.
- Public service providers do not always encourage citizens to participate in service user organisations\(^1\).
- Frontline workers in public services are well placed to set up peer support networks for service users but they are not empowered or incentivised to do so\(^1\).
- The extent to which local authorities recognise and engage with peer support organisations varies across time and geographical area.

### Potentially beneficial changes...

- Peer support groups would benefit from access to resources which are controlled by public service providers.
- Peer support groups would benefit from access to grant funding according to simple, sustainable criteria.
- Peer support groups would benefit from publicity, such as being recognised on government websites.
- Peer support groups would benefit from higher levels of participation.
- Peer support groups would benefit from new incentives on professionals to participate in their development.
- Peer support groups would benefit from official recognition which does not vary across time or areas.

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(1) Finding of workshops with parents, carers, and users of social care; (2) Denmark provides an alternative approach to grant funding for User Associations.

**This is a discussion paper – not a statement of Government policy**
Empower people to better support each other, with new rights for groups of service users

Key problems for peer support groups

- No easy or reliable access to facilities for meetings, admin etc.
- Local grant funding is low, insecure and lacks transparency
- Online peer support groups are often unable to capitalise on the volume of traffic to central and local government websites
- Public service providers do not always encourage citizens to participate in service user organisations
- Frontline workers are well placed to set up peer support networks for service users but they are not empowered or incentivised to do so
- The extent to which local authorities recognise and engage with peer support organisations varies greatly

Recommendations...

Empower people to better support each other, with new rights for groups of service users including the right to:

- use commissioners’ and providers’ rooms and facilities for meetings (or cash for private hire)
- apply for local grant funding based on simple criteria and number of members
- publicity by local services and on government websites
- ‘auto-enrolment’ or ‘auto referral’ for patients, carers and service users (with an opt out)
- request a budget for staff in public services who set up and run peer support groups
- flexible working for staff who volunteer to run peer support groups
- official recognition by commissioners

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(1) Finding of workshops with parents, carers, and users of social care; (2) Denmark provides an alternative approach to grant funding for User Associations.

This is a discussion paper. It is not a statement of government policy
Give greater weight to the quality of partnerships between staff and service users in performance management frameworks

High Quality Partnerships
Partnerships between service users and professionals ensure that providers are more accountable to citizens and increase the commitment of citizens’ own resources to achieving outcomes

Recommendation...
Give greater weight to the quality of partnerships between staff and service users in performance management frameworks

- adopt a principles-based approach to regulating the quality of relationships between staff and citizens (rather than a compliance model). This would involve service providers reporting against high-level principles relating to the quality of these relationships, such as trust, dignity and respect, rather than just shallow indicators of customer satisfaction
- benchmark perception data relating to citizens' real, local and recent experiences to drive improved performance
- develop self-evaluation tools to measure the quality of relationships between front line staff and service users

This is a discussion paper – not a statement of Government policy