

PERSONALISATION: A SHARED UNDERSTANDING

Introduction

Personalisation through participation isn't rocket science! But it can change the way public services are delivered and how engaged people and communities are in that. It is a key pillar of the public service reform agenda as well as *Changing Lives* and other policy priorities across social care such as Shifting the Balance of Care and Self-Directed Support through Direct Payments.

The purpose of this paper is to provide a statement of what personalisation is, what the application of this approach can achieve and indicate the key areas that need to be considered in the development and implementation of this approach.

This provides the context for the work being taken forward by the Service Development Group as part of the *Changing Lives* programme. Hopefully it will also provide a stimulus for everyone who plays a part in how and what service and support people can access to consider whether current practice reflects this approach and, if not, what can be done to change that at every level.

Personalisation – what is it?

A simple definition is that: ***'It enables the individual alone, or in groups, to find the right solutions for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the services they receive.'***

Personalisation means that people become more involved in how services are designed and they receive support that is most suited to them. This can range from engaging with a community resource, which could mean that referral to a social work department isn't necessary, right through to provision of an intensive support package. Personalisation is about prevention, maintenance or intensive support - whatever is needed.

Personalisation means enabling people and professionals to work together to manage risk and resources. It isn't about withdrawing professional support or indeed ignoring risk or the limits on resources, but about actively engaging in a dialogue about how to manage risk and the use the money and support that are available in the best way.

Personalisation should lead to services which are person centred (both around individuals and communities), which can change when required, are planned, commissioned and sometimes delivered in a joined up way between organisations.

Even where there are mandatory or statutory requirements, there can still be a dialogue on how that is best managed and delivered to achieve the desired outcome for the individual. For example, listening to what a child wants and working with this, or the views of other family members and supports around the child, can ensure action is taken that meets the immediate need to protect the child but also pays due heed to the particular circumstances and wider and longer term wellbeing of the child.

In the case of offenders, even though the delivery of a community penalty is a compulsory state intervention, that's not to say we shouldn't try and get as much out of this as we can, for the individual and the wider community. So, for example, tailoring the approach taken and offering the intervention most likely to prevent the individual from offending in the future; recognising and working with offenders on addressing some of the wider needs that some may have to make it more likely they will move on; involving the community in consideration of work that could be carried out as a part of community service would contribute to a more preventative, personalised approach.

The principle of personalisation is also in line with the National Care Standards for services. These require services to recognise and accept people as individuals, adhering to the principles of: **dignity, privacy, choice, safety, realising potential, equality and diversity**. It also fits with the principles of good social care practice which *'...promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being..'* [International Association of Schools of Social Work 2001]

Why do we need to do this?

Not only is personalisation something that we would all expect of services for ourselves and our families or carers, demand in social care services is increasing, 'customer' expectation is rising and issues are becoming more complex. The current way in which services are often delivered, and the emphasis on inputs and process rather than outcomes for the individual, family or community, is too inflexible for the scale and nature of future demand. Resources are finite and there is a need to move away from a 'one size fits all' approach and seek more innovative and cost, as well as person, effective solutions. Often people aren't even offered simple choices, yet these could make a great deal of difference to their lives without necessarily costing any more.

Personalisation is an approach which might help address some of these issues in that by:

- focussing on preventative support, we may reduce the need for more costly support packages designed for crisis – this will have long term benefits for the system as well as the individual.
- devolving more control to individuals and communities and enabling people to become participants rather than simply recipients of support, we are more likely to achieve success for individuals first time without having to reinvest in alternatives.
- providing individuals with choice and flexibility and a way in which to improve quality, they get the right support at the right time, recognise and share in assessing and managing risk, which has obvious benefits for service provision as well as service users.

Social Care in Scotland

Personalisation is the foundation of good social care practice and is already the goal of social care in Scotland. However, research commissioned for the 21st Century Social Work review suggested that the system fails to deliver that consistently. Instead, social workers can become risk managers and resource allocators, gatekeepers and controllers. Services provided by local authorities and those commissioned from the voluntary and private sectors, can tend to be reactive and not anticipatory with little focus on early preventative services or planning for future requirements - recognising that people's needs and circumstances, and those of their carers, change.

Areas for change

Personalisation needs to happen for everyone. It needs to be owned by users and carers as well as practitioners. To achieve that local partnerships need to develop a strategic approach to:

1) Personalisation as prevention - building the capacity of individuals and communities to manage their own lives with appropriate and proportionate intervention at the right time. Focus on - Preventative services, Self management, Enablement and Rehabilitative services.

2) Personalisation for complex cases – help people to find the right support solutions for them and to be active participants in the development and delivery of services. Encourage people to come up with their ideas and put effort into devising solutions which suit them in their particular circumstances drawing on their own strengths, family or community capacity. This doesn't mean that people are not

supported and left without guidance or that risks are not addressed, but that solutions are developed in partnership with professionals.

3) Personalisation as choice – sometimes people just want to have efficient, reliable “off the shelf” services which respond to their needs when they have them. Give people access to a choice of services and enable them to speak up for what they want. Views of people who use these services are listened to and issues acted upon.

How can this be achieved?

Recognising and considering five key elements within current practice that impact on personalisation:

1) Tools – assessment tools and how practitioners and users and carers manage risk; how people are involved in how services are developed and commissioned. Giving people better information about the services available and how they can find their way around the system.

2) Finance – investment in community based preventative services; integration of different public sector budgets so that everyone is working to the shared objective of personalisation and the same outcomes for people and communities; further devolvement of spending to service users so that services are purchased and commissioned around their plans; streamlining bureaucracy.

3) Workforce – identification of skills gaps / re-training; consideration of new roles ie navigator, advocate, broker, counsellor, risk assessor and designer; recognition of contribution of unpaid carers as a vital part of service provision and support for them as partners.

4) Mixed economy of care – range of choices of services which are delivered by organisations large and small, across the public, voluntary and private sectors. Variety in the ‘marketplace’ is important in providing a range of options; current planning, commissioning, procurement and contracting practice, built upon National Care Standards, should encourage the development of a healthy social care market.

5) Performance measures – give people a greater say over the quality of services; the right to have access to other services when quality falls below an agreed threshold; outcomes, as agreed with the individual, can be specified; include people in internal quality assurance and forms of external validation such as inspection.

Making it happen

Personalisation is the goal of all public sector services and is an important part of the public service reform agenda. Personalisation is the vision, however we acknowledge that there may be challenges and tensions in how this vision is achieved. Issues such as risk, financial constraints, delegation and decision making, equity of service provision, and investment in preventative work vs crisis management, are all considerations, whether perceived or real.

There is also the issue of capacity: within the workforce to engage actively in seeking creative and innovative solutions; within organisations and management to 'let go' and encourage and support practitioners and individuals; within individuals to have the information and confidence to engage, challenge and be heard.

These issues should not be underplayed but it is important to find ways to explore these in individual practice and collectively, including with users, carers or the wider family/community, and identify solutions, as well as sharing examples of good practice.

This latter task reflects some of the work being done by the Service Development Group, working across other change programmes and other policy areas to signpost approaches and good practice, in helping to point the way as to how the aspirations of *Changing Lives*, and personalisation in particular, can be realised.

But the real difference will be made by the people who are currently changing lives every day in the work they do and the impacts they make on people's lives and the organisations and management that determine the context and environment for that work.

**Service Development group
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