

Buying things together

A review of the up2us approach – supporting people to pool budgets to buy the support they want

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EXECUTIVE SUMMARY

The call for personalisation has grown over two decades and has survived changes in government. The central idea is that personalisation will mean services are provided in ways that empower individuals and enable them to take more control over their care and support. It is intended to put people at the heart of services, to enable them to have greater choice over what services they receive and when, and to give them greater control in deciding how to direct their care and support. This requires services to be individually tailored to support each person's circumstances.

Up2us was set up to investigate personalisation in housing care and support. Six pilots ran for three years in Barking & Dagenham, Kensington & Chelsea, Kent, Knowsley, Norfolk, and Oxfordshire. Each pilot aimed to develop and test ways of bringing people together to pool money in order to buy the care and support that they want.

The pilots set out to explore two main issues:

- Does collective purchasing as experienced in the up2us pilots have a positive impact on the lives of people with individual budgets or direct payments?
- Does collective purchasing enable people to use budgets in a way that influences the current provider market and future provision, and creates benefits for its members and the wider community?

Housing Associations facilitated the pilots and worked with people who have personal budgets or funding from other sources. Each pilot was expected to demonstrate a culture of working that encouraged co-production and to ensure that people who use services are at the centre of each pilot scheme

As the up2us learning partner, **nef** (the new economics foundation), worked alongside the pilot sites as a critical friend, tracking developments, drawing out lessons, feeding them back to participants, and building knowledge about what works and what doesn't. The learning approach included regularly sharing information between sites and one-to-one interviews with local stakeholders. A well-being questionnaire was completed by up2us participants and further

well-being analysis was conducted on qualitative findings. Throughout, there were regular reviews and discussions about the extent to which co-production was taking place within the pilots.

The practical activity of the pilots was diverse and included:

- building a user-formulated community networking web portal that brings together local people, local knowledge, and local resources;
- residents organising shared activities in Extra Care housing and playing a role in commissioning future services;
- young people with a history of homelessness making purchases to improve their health and well-being;
- setting up a user-run co-operative with members planning and taking part in activities at weekends and in the evenings;
- jointly buying gym equipment;
- jointly commissioning shared overnight support; and
- using participatory budgeting to organise day-centre activities.

Each area's experiences are captured in this report. The activity extended beyond the initial focus on collective purchasing, allowing for a wider exploration of personalisation in a housing context. This has also revealed a great deal about how organisations function and how their culture, ethos, and procedures respond to change.

Key messages from the up2us pilots

The pilots demonstrated that Housing Associations can enable and support ways of doing things that start from the bottom up and are co-produced by people who use services alongside professionals. At times, however, working in this way was at odds with the prevailing culture and ethos. In order for Housing Associations to support people to co-produce personalisation and explore opportunities to pool budgets, certain changes are essential.

- **Decouple personalisation and personal budgets.** Developing personalised ways of working that puts individuals in control is possible and desirable, regardless of the individual's funding package.
- **Take an asset-based approach.** Understanding what people are good at and benefiting from their skills and lived experience makes interventions more effective for everyone.
- **Develop personalised practice in organisational procedures, inspection, and auditing regimes.** Organisations' policies must support the cultural and

systemic changes needed for personalisation to flourish.

- **Support initiatives that start from the bottom up.** Change is needed to ensure Housing Associations can nurture innovation and new partnerships with people who use services.
- **Learn from current practice.** Collective approaches are already taking place in communities but more can be done to ensure they flourish.
- Prioritise approaches that maintain and grow people's well-being. These include activities that foster strong social relationships between people, and give people a sense of autonomy, control, safety, and security.

Choice is extremely important in all aspects of co-production and personalisation. There are benefits for individuals and organisations from grouping together to do and buy things. But it is critical that people are able to choose to do this. Service providers and commissioners can't impose collective approaches or assign people to groups that don't matter to them.

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TERMS USED THROUGHOUT THIS REPORT

Personalisation

We understand personalisation to be the government's policy for transforming services in social care and increasingly in other sectors, such as health and education. The term encompasses a number of different principles, but tends to mean that services should be tailored to people's own circumstances, and give people more control – sometimes through the allocation of an individual budget. It includes those who are supported by the state, and self-funders.¹ The vision set out by the Department of Health that originally underpinned personalisation includes: promoting choice and control; building social resources; improving access to 'universal services', such as leisure and transport; universal access to information and advice on care; and early intervention and prevention.²

Self-directed support

Self-directed support (SDS) is a modified version of care planning, reformed to support people in a more personalised way. It was introduced by the Health and Community Care Act 1990. It describes an approach that gives individuals real power and control over their support, and is a way of administering personal budgets and approaching support planning in a person-centred, user-led, way.

Personal budgets

A personal budget (PB) is one way of supporting personalisation. It is a sum of money assessed according to means and needs, allocated to an individual to cover their support. This can either be managed for the individual through the local authority or a third party (known as an individual budget), or it can be taken as a direct payment, a cash sum paid to the individual so that they can directly purchase support and services.

Collective purchasing or 'buying things together'

By collective purchasing we mean a group of people pooling their money to make purchases. The items purchased can be experienced collectively (such as a trip or training course) or individually (like personal support or one-to-one tutoring). The money pooled can come from the public purse, from an independent organisation, or from personal sources. The purchase can result in group ownership of items or individual ownership.

Co-production

We describe co-production throughout this report as a way of designing and delivering services in an equal and reciprocal relationship between staff, people who use services, and their families, friends, and neighbours. There is a particular focus on the active role that people can play in decisions and actions that affect their lives. Co-production can be used to describe activities that are shared by people who need care and support, with carers and family members, who work collaboratively, pooling their time, skills, and knowledge, in order to develop support and services alongside professional support and resources.

Well-being

We have used **nef**'s dynamic model to understand well-being. The model describes how an individual's external conditions – such as their income, employment status, housing, and social context – act together with their personal resources – such as their health, resilience, and optimism – to allow them to function well in their interactions with the world around them and therefore experience positive emotions. When a person is feeling good and is functioning positively (in terms of good relationships, autonomy, competence, and other factors), they can be considered to have high well-being – to be flourishing.

Outcomes

We understand outcomes to be the medium- to long-term change that occurs as a result of a specific activity. For example, an activity involving distributing information on the effects of smoking might lead to an outcome of a reduced number of smokers in a certain area.

Service user

A service user is someone who receives support and care from statutory, voluntary, or private providers. Those who fund their own support are often referred to as self-funders, although they use services in much the same way as those who are state funded. In this report we refer to service users more often as 'people who receive support and care'.

Carer

A carer is someone who provides unpaid support to a member of their family, or to a friend, who could not manage without their support. They can be any age, and be supporting an individual with any type of support.

Independent living

From a housing perspective, this involves people having their own front door. This can be in a community designated exclusively for people with particular support needs, or it can be within the wider community. But more specifically there is also the government's Independent Living Strategy, which aims to ensure that disabled people who need support to go about their daily lives will have greater choice and control over how this support is provided and that they will have greater access to housing, transport, health, employment, education, and leisure opportunities, and will be better able to participate in family and community life.³

Supported living

This is defined by the Care Quality Commission (CQC) as 'services that involve a person living in their own home and receiving care and/or support in order to promote their independence. The care they receive is regulated by the Care Quality Commission, but the accommodation is not. The support that people receive is continuous, but is tailored to individual needs. It aims to enable the person to be as autonomous and independent as possible, and usually involves social support rather than medical care⁴.'

Housing Association

These are private, not-for-profit organisations that provide low-cost 'social housing' for people in need of a home. Any trading surplus is used to maintain existing housing, to help finance new homes, or invested in communities. Although independent, they are regulated by the state and commonly receive public funding. They are major providers of new housing for rent, while many also run shared-ownership schemes to help those who cannot afford to buy a home outright.

Housing Associations describe the house they provide as either general needs or specialist and supported housing:

General needs housing is ordinary housing for rent, usually by families,

couples, or single people.

Specialist and supported housing is housing specifically designed and designated for use by people with housing, support, and care needs. This includes housing for older people, those with disabilities, young people with support needs, as well as specialist homelessness provision and temporary housing for people escaping domestic violence.

Support provider

This is an organisation that provides support to an individual or family so that they can live independently. Often referred to as ‘housing-related support’, the support is focused on ensuring that an individual or family can maintain their home. This could include practical skills development as well as more psychological interventions. It is provided by housing associations, charities, not-for-profit or private, profit-making organisations. Housing-related support is predominantly commissioned by local authorities.

INTRODUCTION AND METHODOLOGY

Introducing up2us

Up2us was conceived by HACT. HACT is a national charity that works with the housing sector, government, civil society, and communities to develop and share innovative approaches to meeting changing housing needs.

It was a response to the growing prominence of personalisation, promoted by government, and embraced by many others, as a way of re-shaping services to the public. The project aimed to develop and test approaches that encourage people with personal budgets or other funding, to pool their money to jointly purchase the care and support that they want. These approaches were to be facilitated by housing organisations.

Up2us seeks to address two particular concerns:

- The lack of power people currently have as individual purchasers to influence the development of new services or to drive up the quality of existing services for care and support.
- The fear that new and existing service provision is unsustainable because any marked increase in individual choices about purchasing may cause the market to fragment, putting economies of scale at risk.

Up2us consisted of six pilots, which explored how housing providers can help people to organise and spend collectively, and to develop practical ways in which collective purchasing can become a reality. It has been supported by HACT with funding of £230,000 over three years from the Department of Health and £318,000 over three years from the Department of Communities and Local Government (DCLG). A one-off grant of £10,000 was also received from the Big Lottery and HACT invested a further £86,000 of its own reserves in the project. Five of the six pilot areas provided matched funding of £30,000 over two years.

Supporting the pilots

Up2us aimed to enable housing providers to try out new approaches, to develop new business opportunities, and to work co-productively with the people who use their services, as well as with their carers and their families. Those involved in the pilots were not asked to submit specified delivery plans or to meet targets for levels of engagement. Instead, they were expected to demonstrate a culture of working that encouraged co-production and to ensure that people who use services 'are at the centre of each pilot scheme'. Each pilot has been encouraged to develop its own practical response to collective purchasing, suited to local circumstances and resources.

This 'open-book' approach has been very important to the project as a whole. It has stimulated a wide range of experimentation and innovation, extending beyond the initial focus on collective purchasing. This, in turn, has made it possible to develop a more textured understanding of personalisation, of what people care about, and how their daily concerns can affect, and be affected by changes in policy and practice around funding, commissioning, and purchasing services. It has also revealed a great deal about how organisations function and how their culture, ethos, and procedures respond to change.

Each pilot was supported in its early stages by two HACT Associates. They helped set up local groups of interested people in the areas. These went on to become local reference groups (LRG) in every pilot except Kensington & Chelsea, where they were board members. These groups met quarterly during the pilots and HACT Associates attended all these meetings. Each pilot ran a workshop to bring local people together to launch the work, to discuss the aims, and to set out possible outcomes of the pilots.

The role of nef (the new economics foundation)

Throughout this project **nef** has been the 'learning partner', working as a critical friend alongside the up2us pilots tracking developments, drawing out lessons and feeding them back to participants, identifying barriers and opportunities, and building knowledge about what works and what doesn't work in trying to achieve the pilots' objectives.

We have explored two central questions:

- Does collective purchasing as experienced in the up2us pilots have a positive impact on the lives of people with individual budgets or direct payments (IB/DP)?

- Does collective purchasing enable members to use budgets in a way that influences the provider market and future provision, and creates benefits for its members and the wider community? The benefits will be explored in terms of environmental, social, and economic changes (the triple bottom line).

Throughout, **nef** sought to understand the potential for Housing Associations to support people to take collective approaches to purchasing, and to identify factors that enabled or inhibited their efforts.

The learning and evaluation framework

The framework combined a number of different mechanisms.

Teleconferencing. **nef** co-ordinated and chaired monthly conference calls for project managers to share learning. Ahead of each call a theme was identified (drawn from prior discussions with participants) and time was put aside for discussion in greater depth.

Regular meetings with project managers. Occurring every two months, these were primarily intended to allow project managers to share local developments, assess progress, and support one another in addressing local challenges. The themes from these meetings were captured by **nef**.

The well-being questionnaire. A questionnaire was developed by **nef** to assess how far up2us had supported any changes in individual well-being. It was used by the project managers to capture people's well-being when they first joined the up2us pilot and then to review their well-being after a period of involvement.

One-to-one interviews. **nef** met with local stakeholders in each pilot site, including housing and support providers, people taking part in up2us projects, and project managers, in order to develop more individualised case studies of people's experiences during the pilots. These were conducted using a semi-structured format and were conducted either face-to-face or over the telephone. Wherever possible, they were recorded and transcribed.

Further well-being analysis. In addition to the well-being questionnaire, **nef** applied a well-being lens to scrutinise the qualitative findings from one-to-one interviews. We picked out key themes from the qualitative findings and related

them to elements of the dynamic model of well-being. These findings are set out in a later chapter (*page 97*).

Interim review

In autumn 2011, an interim evaluation report was produced by **nef** documenting the learning from interviews with project managers and housing providers and from the first round of the well-being questionnaire. The main findings are described briefly below.

During the development phase, as the pilots were established, three main challenges were identified:

- **Personalisation is underdeveloped.** In all the areas covered by the up2us pilots, there were extremely low levels of organisational preparedness, as well as low numbers of individuals with access to their own budgets.
- **Limited engagement.** In most of the up2us areas, there were few existing mechanisms through which the lead organisations regularly met, spoke with, or listened to people who were affected by their work.
- **Poor continuity.** Redundancies and staff changes led to a loss of institutional memory. LRGs were set up to address this problem.

In addition, the interim review found the following:

- **Current provider activity.** This tends to be cautious, fragmented, and inwardly focused, rather than being driven by the rights and needs of service users.
- **Bringing people together.** Personalisation is an opportunity for providers not only to engage with current users of their services, but also to involve all those who might be affected by their services.
- **Purchasing decisions.** The purchasing decisions made so far suggest that people want to buy support that enables them to develop social connections, to experience new things, and to share activities with others.
- **Making cultural shifts.** The single biggest challenge identified by providers was to transform their own working culture and practice to support and enable personalisation.
- **Changing systems.** Most providers felt that the biggest challenge they faced was to change their own operating systems and procedures.

The full interim report can be accessed through the HACT website <http://www.hact.org.uk/up2us>

POLICY AND CONTEXT

During the pilots, policy and practice related to personalisation has continued to evolve. Straightened financial times affected the pilots and will continue to pose problems for the housing sector. The future for personalisation in housing is not yet clear but there are significant opportunities. Housing Associations will want to prepare for the future, innovating as policy creates opportunities for change but does not dictate the methods that will deliver it. This chapter summarises the policy themes important to the up2us pilot.

- Personalisation – clarifying definitions and a brief history of policy up to the White Paper *Caring for our Future*.
- The housing context – the end of the Supporting People programme, growing pressures on social and affordable housing and Localism and the Big Society.
- Pooling budgets – joining up money around individuals, encouraging joint buying by groups and joining up funding streams for community-based commissioning.

The chapter concludes by setting out two concepts, co-production and well-being, that have gained ground while the projects were underway and are relevant to local practice.

Personalisation

The call for care services to be ‘personalised’ has gathered strength over the last two decades. Now, with cross-party support, it is a major policy objective of the Coalition government. The central idea is that services will be provided in ways that empower individuals to take more control over their lives. It implies a shift so that support is tailored to people’s individual needs and circumstances. It is intended to put people at the heart of services, enabling them to have greater choice over what they receive and when, and giving them greater control in deciding how to direct their support.

There is a high level of interest in making the best possible use of diminishing resources available for support and in how far personalisation might help to achieve this.

The concept of personalisation has been driven forward with particular vigour in the social care sector, although it is also being trialled in health, special educational needs, and substance misuse. Some of the ideas around choice and control are being tested out for other funding streams in the DWP Right to Control Trailblazers.⁵

The principles of personalisation are not yet systematically embedded in the policies and practices of mainstream social housing provision. Nor is it coherently practised in the fields of health and social care, although more progress has been made in these areas. Some components of housing policy and practice are now increasingly allowing and encouraging customers to exercise choice and control.⁶

The DCLG has convened a working group to 'support providers, commissioners and individuals who require and use housing related support services to personalise those services'. The group will operate from July 2011 to June 2013. It brings together a wide range of individuals and organisations from the housing related support sector 'to identify how the sector can embrace and implement this important agenda'.⁷

The recent Social Care White Paper *Caring for our Future: reforming care and support*, restates the Coalition government's commitment to personal budgets and places a far greater emphasis on the role that housing can play in social care.

There is a range of interpretations of personalisation. We consider three of them below to help frame the project. They overlap and are not mutually exclusive.

1. The up2us definition of personalisation

During the up2us project, **nef** worked with local people who use and deliver services and support in each pilot site to clarify what personalisation meant to them. In their view, personalisation meant choice, control, independence over one's own life; having a voice and being listened to; services working for the individual and their lifestyle; being treated individually; having the power to choose and a challenge to the 'do to' approach. They were clear that personalisation was not about 'tendering and contracts', or about the 'service providers' angle', or 'one size fits all'.

2. The definition of the DCLG's working group on personalisation

The DCLG's working group has produced a position statement on personalisation which states 'Personalisation enables people who use support services to have more choice and control over their lives. It necessitates a change in ethos – requiring both support providers and commissioners to think about provision in a different way. Personalisation starts by treating the person as an individual with strengths, assets, preferences and aspirations, and then ensuring that this drives their support. We know that people flourish when they have the level of control they want, and when the things and people who are important to them are in their lives. Personalised supported housing will deliver better results'.⁸

3. The Putting People First definition of personalisation

In 2007, the government launched *Putting People First*, described as 'a ministerial concordat ... to guide the transformation of adult social care'.⁹ This includes the diagram, set out below, with quadrants to indicate the different dimensions of personalisation: Choice and Control, Social Capital, Universal Services, and Early Intervention and Prevention. For personalisation to succeed, the concordat acknowledged that work was required in each of these quadrants so that people could live happy, healthy lives as active citizens.



A brief history of personalisation and the transformation of adult social care

Personalisation has emerged gradually, in large part out of the movement for more user control over support for people with learning disabilities and through the Independent Living Movement led by people with physical disabilities.¹⁰ The movement, armed with research showing the potential cost-savings of direct payments, persuaded the conservative government in 1996 to give local authorities the power to make direct payments in some circumstances. The national charity, In Control,¹¹ has played an important practical and lobbying role in the development of personalisation.

The 2006 White Paper *Our Health, Our Care, Our Say: A New Direction for Community Services* had a noticeable focus on individuals as the subject of personalisation, expressing a desire to give ‘customers’¹² ‘a bigger voice over the care they receive’.¹³ The shift in terminology from users of services to customers of services is significant, and implies a policy change directed at consumers rather than active citizens.

In 2007, Putting People First was established, setting out the ‘shared aims and values which will guide the transformation of adult social care’. It aims to create a ‘mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored service’ and says it wants ‘people to have maximum choice, control and power over the support services they receive’¹⁴.

Several milestones were set for local authorities to help them through the transformation set for spring 2011. These were set jointly by the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA), and the Department of Health and described as progress measures.

Both the 2008 Putting People First interim statement, and the 2009 Green Paper *Shaping the future of care together* reiterated the principles of choice and prevention, along with less well-defined commitments to expanded community action.

Personalisation and the coalition government

The coalition government’s 2010 White Paper *Equity and Excellence* establishes its commitment to choice in health and social care saying that personal budgets have ‘much potential to help improve outcomes, transform NHS

culture by putting patients in control, and enable integration across health and social care'¹⁵. Its take on personalisation is clearly spelled out in the Department of Health's 2010 paper *A Vision for Social Care*. This reaffirms the previous government's commitments to preventive action and prioritises greater roll-out of personal budgets and direct payments to increase user choice. Its chapter on personalisation repeatedly cites choice and control as an aim. It also devotes an entire chapter to plurality of provision, discussing how to build a market in flexible social care, removed from the inflexible block contracting of the past. It is worth noting that personal budgets and personalisation appear as interchangeable phrases.

A Vision for Social Care re-establishes a link between prevention and community action, mentioning the 'need to inspire neighbourhoods to come together to look out for those who need support' and 'unlocking the potential of local support networks to reduce isolation and vulnerability'. It commits the government to training 5000 new community organisers 'to help build community capacity, particularly in areas with less social capital' and goes on to profile the pooling of budgets as an example of community action improving social care.

The principles underpinning *A Vision for Social Care* are reflected in the sector-wide agreement *Think Local, Act Personal* (TLAP), published in 2010 and signed by sector partners in 2011. TLAP is a sector-led improvement approach to personalisation and building community capacity, which has taken over from the Putting People First programme. The National Housing Federation is a TLAP partner but no housing providers are board members of the partnership.

The speed and scale at which personalisation is projected to expand is ambitious. Targets have been set by government to extend personal budgets to all eligible social care recipients, preferably as direct payments, by 2013,¹⁶ while local authorities were to have 30 per cent of social care recipients using budgets by spring 2011. The latter target seems to have been met, although there are caveats.

Very few of the new budget holders are receiving direct payments, and some sector leaders are concerned that the recent increase in personal budgets may amount to little more than re-labelled care packages.¹⁷ A recent report by the Association of the Directors of Adult Social Services (ADASS) warns of 'the implementation of personal budgets being artificially driven by the timetable over and above ensuring that real choice and control is delivered'.¹⁸

As for the April 2013 target, according to ADASS this has 'led councils to focus on meeting this timetable rather than ensuring genuine choice and control for personal budget holders'.¹⁹ A 2012 survey of local authority social care professionals found that only 26 per cent expected their council to achieve full take up of personal budgets by all eligible service users by April 2013. This figure was down from 37 per cent in 2011.²⁰

Making it Real

TLAP launched a new framework called *Making It Real* in June 2012. This contains six sections, each with a series of first-person statements (briefly summarised in the box below) expressing what people have said they want to see and experience. They are intended to work as markers to help local authorities, the voluntary and community sector, and people who use services to check progress towards implementing personalisation. The framework development was led by members of the National Co-production Advisory Group, which is made up of people who use services and their carers.

Making it Real

1. Information and advice: having the information I need, when I need it

'I have the information and support I need in order to remain as independent as possible.'

'I know where to get information about what is going on in my community.'

2. Active and supportive communities: keeping friends, family, and place

'I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities.'

'I have access to a range of support that helps me to live the life I want and remain a contributing member of my community.'

3. Flexible integrated care and support: my support, my own way

'I am in control of planning my care and support.'

4. Workforce: my support staff

'I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers.'

'I am supported by people who help me to make links in my local community.'

5. Risk enablement: feeling in control and safe

'I feel safe, I can live the life I want, and I am supported to manage any risks.'

6. Personal budgets and self-funding: my money

'I can decide the kind of support I need and when, where and how to receive it.'

'I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this.'

Social care and support organisations have been invited to declare a commitment to *Making it Real*, to sign up to use the markers and to share and report publicly on the actions that they take towards implementing them. *Making it Real* has been described as a mechanism for supporting co-production with local commissioners and providers.²¹ Some Housing Associations such as Housing 21, New Outlook Housing Association, St Mungos, Richmond Fellowship, and Southern Housing Group have already signed up to *Making it Real*.

White Paper: 'Caring for our Future: Reforming Care and Support'

The Department of Health published its new social care White Paper in July 2012. It is proposed that the 'new system will:

- focus on people's well-being and support them to stay independent for as long as possible;
- introduce greater national consistency in access to care and support;
- provide better information to help people make choices about their care;
- give people more control over their care;
- improve support for carers;
- improve the quality of care and support; and
- improve integration of different services.'²²

The White Paper restates its commitment to personal budgets support approaches that combine community development and care and support at local level. It does contain a number of important changes in policy and practice. Significantly, it recognises housing as a core element of future improvements. Specific changes include:

- A national minimum eligibility threshold for access to free social care and improved portability, meaning that local authorities will have to continue

to meet the assessed needs of people who have moved into their area immediately, until they have carried out an assessment of their own.

- A new care and support housing fund that will provide £200 million of capital funding over five years (from 2013 to 2014) to support the development of new accommodation options for older people and disabled adults. In September 2012, an additional £100 million was pledged to stimulate the market in specialised housing. This means the capital grant fund is now worth £300 million. New duties to be placed on local authorities to ensure that adult social care and housing departments work together and an expectation that the NHS and local authorities will work together to support housing options.
- A deferred payment system for older people.
- A stronger emphasis on prevention and low-level, local support including a proposed duty on local authorities to commission and provide preventative services.

The White Paper has been largely welcomed by the housing sector. David Orr, Chief Executive of the National Housing Federation, said his organisation was pleased that it recognised ‘that housing is crucial to the integration of health and social care’.²³ But Orr, like many other commentators, has also called for ‘full proposals for the funding of social care – for today and for tomorrow’.²⁴ All three political parties have broadly endorsed the findings of the Dilnot Commission on Funding of Care and Support from 2010,²⁵ yet the White Paper does not include any practical measures to begin to implement them. As a result, according to the King’s Fund, ‘there is a financial vacuum at the heart of these proposals which undermines the bold and ambitious vision of a reformed system set out in the white paper’.²⁶

Cuts in funding

The political will behind personalisation is apparent. However, fiscal austerity and reduced public sector funding are likely to have a strong influence on the way it develops in practice.

Speaking in response to the 2010 budget Lord Michael Bichard, then Director of the Institute for Government said: ‘Those who run public services can do one of two things: carry on trying to run services as they do now and wait for the fallout from the budget, knowing that current flaws in their services will only become more obvious and entrenched. Alternatively, ask serious questions about how a service is functioning and radically rethink its design.’

It will take imagination and innovation and it won't be pain-free, but doing it could help people to get even better services than before and cut waste.²⁷

Many local authorities are reducing their social care budgets by increasing the needs criteria for social care, and restricting services to those who have critical, or substantial care needs. This implies a reduction in low-level preventative and community-based interventions that enable people to live independently of services and may increase the need for more acute and costly curative interventions over time.

Furthermore, the current political focus on diversifying the provider base of care and support, combined with diminishing public resources, may have negative effects, not only on the quality of provision but also on how far services are fairly distributed. The principles that underpinned the original vision of personalisation may be less than well-matched with an increasingly marketised and individualised political agenda.

The changing housing context

The commissioning and delivery of housing support has experienced considerable change in the past 10 years. From the introduction in 2003 of the Supporting People programme for combining and ring-fencing housing support funds,²⁸ through to the removal of ring-fencing and absorption of these same funds into local authority budgets in 2011, the strategic operating environment has radically altered.

The market, predominantly made up of third sector organisations with the majority of support provided by housing associations, comprises a diverse range of organisations, small, medium, and large. Organisations that provide housing support to around one million people each year, vary considerably in both scale and scope. Some are very focused on particular client groups, are niche providers, and are relatively small in reach and turnover. Others are large asset-owning housing associations, some specialist, but most with a combination of both specialist and general needs housing. They all deliver a wide variety of care and support, not just 'housing related'.

Once a provider-led sector, characterised by collaboration across all areas of development and practice and all sizes of organisations, housing support is now marketised and more competitive. Within the current commissioning environment, good practice is often strongly guarded by organisations not

wanting to give a competitive advantage to others. This isn't the universal response: some organisations are trying to develop new forms of partnership working. Nevertheless, there are now fewer opportunities for housing support organisations to collaborate with each other in developing practice.

In recent years, the commissioning environment, like so many other aspects of public service delivery, has experienced considerable change. Local authority housing teams have been disbanded, merged with other operating areas predominantly in social care, or combined with partners in health and community services. Commissioners continue to drive down prices across the board as their budgets are squeezed. To achieve this, commissioning now favours larger more generic support services, with tensions emerging between larger and smaller organisations and between services that are buildings-based and those that are not. Major changes across all areas of policy and public service delivery are influencing the current and future viability of housing support.

Of the many changes that have taken place during the period of the pilot, perhaps the most significant for the housing sector has been the ending of ring-fencing for Supporting People money). The abolition of the ring-fence, coupled with national cuts to all public spending has seen funding for the Supporting People programme cut by up to 60 per cent in some areas.²⁹ Research by Demos³⁰ as well as our local interviews, found that some housing providers are leaving the Supporting People market because they lack confidence in local commissioners and have lost (or fear losing) funding when block contracts are replaced with personal budgets.

Despite changes to the Supporting People programme, the importance of client involvement and empowerment has remained, and been strengthened. This is expressed through the Supporting People Quality Assessment Framework (QAF) When it was refreshed in 2009 it was agreed that a stronger focus on client involvement and empowerment was needed (Box 1).

Box 1. Client involvement and empowerment

“There is a commitment to empowering clients and supporting their independence. Clients are well informed so that they can communicate their needs and views and make informed choices. Clients are consulted about the services provided and are offered opportunities to be involved in their running. Clients are empowered in their engagement in the wider community and the development of social networks. Involvement and empowerment will mean different things to different people. Some clients wish not to get involved at all and some wish to play a very active role, for example in future planning and governance. It is the responsibility of each provider to offer an opportunity to each individual to get involved.”

Social and affordable housing

The government’s housing settlement for the current spending period has already placed considerable pressure on housing providers to produce more homes, but with a smaller contribution from public funds. The government published a housing strategy in November 2011, *Laying the Foundations: a housing strategy for England*,³¹ which sought to increase housing supply while maintaining pressure on public expenditure. This is likely to create new challenges and opportunities for housing providers.

At the same time, the continued economic downturn and cutbacks in public expenditure at a local level may threaten the stability of the most disadvantaged communities. As landlords to many of the poorest in those communities, housing providers will need to consider how they respond, both in business terms, by safeguarding the value of their assets, and in social terms, by upholding their ethos and mission to provide support to those most in need. Many are concerned about how their residents are going to survive the seismic shifts in welfare benefits in this period of economic austerity. They are worried about rent arrears and how tenancies can be sustained. Strategic and practical decisions will have to be made about where investment can achieve most to support tenants – whether at the frontline of housing services or through existing community investment programmes.

There may be changes in the expectations and aspirations of tenants, as local authorities take more active approaches to managing allocations (for example, by providing more homes to working tenants), and as more flexible tenures are introduced. In some circumstances, social housing may seem less a safe haven for life, and more a route to privately rented or owned accommodation.

Housing providers will need to understand the consequences of this for their residents and communities, and how best to support them in achieving their ambitions.

Localism and the Big Society

The changes faced by housing providers go significantly beyond the economic and regulatory. Among the most significant of these arise from the government's *Big Society* agenda³² – a combination of radical devolution, community empowerment, and public service reform, which together are likely to disrupt assumptions about public service delivery and create new centres of power and influence.

While official rhetoric about the *Big Society* has been toned down in recent months, the principles and methods of community development appear to be gaining ground. Some local authorities recognise the need to re-engage and legitimise decisions through dialogue with communities. The Localism Bill, which came into force in April 2012, seeks to 'take power from central government and hand it back to local authorities and communities – giving them the freedom and flexibility to achieve their own ambitions'.³³ It introduces a number of new powers including the 'Right to Challenge', the 'Right to Build', neighbourhood planning, and new powers relating to the ownership of community assets. All of these could challenge and change the ways housing providers operate at a local level.

In addition, a growing focus on active citizenship and community empowerment will increase expectations amongst tenants and communities. There is a much stronger focus on devolution of control and a revival of interest in mutuality and community ownership. This marks a significant departure from more traditional approaches based on consultation, tenant participation and resident inspection.

All of this creates an important strategic challenge for housing providers. They will have to maintain their business capacity while dealing with pressures both to deliver more housing and to sustain existing communities within a transformed political, economic, and social operating environment.

Pooling budgets

Opportunities to pool budgets appear in a variety of guises within current policy including:

- **Joining up funding streams around individuals.** The most developed of these are the personal budgets in social care. Personal health budgets,³⁴ which aim to join personal budgets in health and social care together are developing. The Right to Control pilots also focus on bringing together funding streams around a person. This is a legal duty which aims to give disabled people more choice and control over the support they need to go about their daily lives. It aims to bring budgets and processes together, pooling funds around disabled individuals and enabling them to combine money from different state funding streams, for example as a cash payment, to be spent on whatever they think most appropriate for their needs. The successes and challenges faced by the trailblazers have been found to relate to partnership working, culture change, staff training, technical issues, and attitudinal barriers among staff.³⁵
- **Encouraging joint buying initiatives by individuals within communities.** The Department for Business, Innovation and Skills (BIS) has shown interest in collaborative consumption and community buying approaches as part of its consumer empowerment strategy. A publication and website³⁶ have been developed. This is further supported by the *Guide for Community Buying Groups* and the *Buy Better Together* challenge, which includes a funding stream to support new community buying approaches.
- **Joining up funding streams in a community for commissioning services.** The coalition government has introduced community budgets in order to 'make better use of its resources, including pooling the budgets of all agencies where it is effective to do so'.³⁷ It suggests that this approach will be expanded in the future, beyond families with multiple problems, to include areas such as ageing and environment, and to 'build on the work that has already been started with the local government sector in relation to data sharing, innovative finance, financial accountability and barriers'.³⁸
- **Pooling personal budgets.** There are relatively few reliable sources of practical information³⁹ to enable people who use services, support planners, or service providers to start pooling budgets. However, the National Audit Office (NAO), reportedly found in 2011 'many examples of users finding innovative ways to use their budgets to achieve care

outcomes, for example, by pooling their budgets to pay for a personal assistant to help with care needs'; according to the NAO 'a group of direct payments users may also pool their budgets, for example to pay for hiring a room for a social activity, or transport for a social visit'.⁴⁰ Pooling remains rare, however, and it is possible that the absence of any clear statements on pooled, group or collective purchasing leads some to assume (wrongly) that it is not allowed.

Other concepts relevant to the up2us project

As well as the changing policy landscape, outlined above, a number of important concepts have gained ground while the up2us pilots were underway. Theory and practice related to co-production and well-being have been relevant and both are outlined briefly below.

Co-production

Much of the policy around personalisation aims to increase 'choice' and 'control' for people who use services. There are also increasing references to the need for personalisation to improve opportunities for co-producing services, linking this to the transfer of power anticipated from providers of services to people who have previously been positioned as passive recipients. The government's Localism and *Big Society* agendas both promote the idea that ordinary citizens should play a greater role in delivering services.

As with personalisation there is a variety of definitions of co-production. This report uses the definition developed by **nef** and the National Endowment for Science, Technology and the Arts (NESTA): 'delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change'.⁴¹ **nef** and NESTA set out six essential features of co-production.

- *Building on people's existing capabilities*: altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively support them to put these to use with individuals and communities.
- *Mutuality and reciprocity*: offering people a range of incentives to work in reciprocal relationships with professionals and with each other, where they have mutual responsibilities and expectations.
- *Peer support networks*: engaging peer and personal support networks alongside professionals as the best way of transferring knowledge and supporting change.

- *Blurring distinctions*: blurring the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered.
- *Facilitating rather than delivering*: enabling public service agencies to become catalysts and facilitators of change rather than central providers of services themselves.
- *Recognising people as assets*: transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.⁴²

Co-production reframes the relationship between people who use services and those who provide them to one of equals. Both partners have unique skills and talents to contribute (different but equally necessary) and by working together they can achieve valued results. In order to create outcomes that matter and are sustainable people must be equal participants rather than passive recipients or consumers of services, making an active contribution to achieving the outcomes that matter to them.

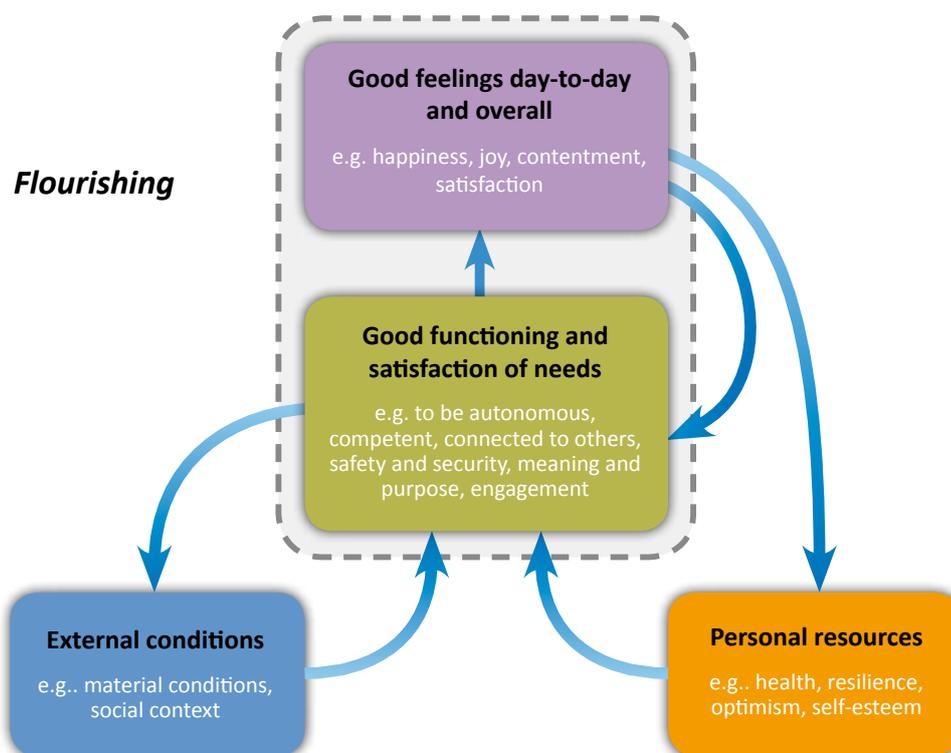
Co-production can also bring new, previously unused resources into services by harnessing skills and experiences of people who use services alongside professionals. The Housing Learning and Improvement Network (LIN) finds that, 'Co-production that really changes people's lives and delivers more for less is possible and desirable...The starting point for remodelling services on the principles of co-production is to recognise that people have skills, capabilities, aspirations and energy, and that when they participate in designing, running and using services, they create benefits for themselves and for society.'⁴³

Well-being

In November 2010, the Prime Minister asked the ONS to initiate a debate on national well-being and to start to measure it.⁴⁴ The wider debate about the importance of well-being has a much longer history. In the last decade, the study of subjective well-being has been a growth area in the social sciences. In part, stemming from interest within health sciences in people's quality of life as a determinant of health, not just their actual physical difficulty or illness.⁴⁵ It also has important roots in other disciplines, particularly economics and positive psychology.

Our understanding of well-being is informed by the dynamic model of well-being (see below) developed by nef.⁴⁶ This brings together different ways of thinking and gathering evidence about well-being, developed by a range of academics and researchers. It is an inclusive model, deliberately synthesizing theories that are sometimes regarded as competing.

Figure 2. The dynamic model of well-being.



The model shows two important sets of drivers for an individual's well-being. First, the external conditions around them, both in terms of material factors such as income, housing, and the quality of the local environment, and also their social context – the quality of relationships and social networks which surround them. Second, an individual's personal resources, which they bring to any given situation in their life – for example, their health, resilience, optimism, and self-esteem. Together, these two sets of drivers allow people to function better or worse as they interact with the world around them.

Components of 'functioning' have been identified by researchers such as Deci and Ryan whose self-determination theory identifies autonomy, competence and relatedness (connectedness to others)⁴⁷ and, more recently, safety and security⁴⁸ as basic psychological needs. Other researchers highlight elements

such as having a sense of meaning and purpose and engagement.⁴⁹ Functioning well produces good feelings day-to-day and positive judgements about how life is going overall. Together, functioning well and feeling good comprise high well-being or what we call 'flourishing'. The model is dynamic because it emphasises the feedback loops between different elements: for example, functioning well can enable people to improve their external conditions, and experiencing positive emotions can build up people's personal resources over time.⁵⁰

nef describes well-being in this way:⁵¹

Well-being is about how people experience their own lives – for example, people must feel able to achieve things or feel they have a sense of purpose to have well-being.

- Well-being is more than the absence of problems or illness. This requires a shift in focus from what can go wrong in people's lives to what makes them go well.
- Well-being is about the personal and the social, so improving the well-being of local populations needs to involve a strengthening of local social connections, support networks and the sense of belonging that make up the social fabric of communities.
- Well-being is more than happiness. The aim of government and support organisations, therefore, should not be to make people happy, but to create the conditions that enable citizens and communities to do well in life and to flourish.

A growing body of work suggests that states such as happiness and contentment, key elements of well-being, are not just 'nice to have', but are in fact a fundamental part of the process through which people build their resilience and ability to cope in adversity.⁵² Happier people tend to be more involved in social and civic life,⁵³ to have better family and social relationships at home,⁵⁴ and to be more productive at work.⁵⁵ An extensive recent review of literature notes that experience of subjective happiness and satisfaction are positively associated with various positive health outcomes.⁵⁶

Key messages of policy and context

- The vision of personalisation is much broader than the allocation and use of personal budgets. Targets for local authorities that focus on numbers of personal budgets have compounded the narrow focus on this aspect of personalisation. Personalisation as envisaged by key sector partnerships such as *Think Local, Act Personal*, and by agreements such as *Putting People*

First, encompasses a significant cultural and practical shift towards person-centred planning, building social resources, ensuring access to universal services and preventing needs arising.

- Personalisation is a powerful political narrative, but few of the detailed practical milestones for implementation have been achieved, and too little attention has been paid to what might be lost through a transition to personalisation – for example, sharing risks.
- There is strong political commitment to extend personal budgets, restated in the 2012 social care White Paper. This occurs during a period of fiscal austerity, which has become an important factor shaping personalisation, both nationally and locally.
- Pooling and integration of budgets is positioned as better use of resources. It also creates opportunities for people to exercise greater control of their own circumstances, as consumers or citizens.
- The scale of transformation expected over the next two years is unprecedented, but little support or guidance has been available to help bring about the cultural and systemic organisational changes required to ensure that personalisation is successful within delivery agencies.
- How personalisation is best delivered is still uncertain. Multiple policy documents fail to set out the details of delivery. This uncertainty could make transformation difficult for housing associations. This space creates the opportunity for innovation, though, and allows organisation to work with people who use their services to develop new practice.
- The housing sector has changed considerably in recent years and is experiencing year-on-year reductions in budgets previously ring-fenced for supporting vulnerable people. Changes in the commissioning environment and a downward pressure on prices are favouring more generic support services, purchased through block contracts. This is at odds with the aim of developing a more individually shaped, personalised approach.
- Co-production is increasingly named in health and social care policy as the best way of ensuring that people who receive support are able to move from being passive recipients to becoming active contributors exercising choice and control. Co-production entails a shift in the culture of provider organisations from 'doing to' to 'working with' and is an implicit feature of much current government policy.
- The coalition government has initiated a national debate on well-being, signalling its importance by ensuring that measures of the national state of well-being are collected and reviewed annually. Well-being is about more than happiness. Support organisations should not set out simply to make

people happy, but should focus their efforts on creating the conditions that enable people and communities to do well in life and to flourish. Higher levels of well-being are correlated with people being more involved in social and civic life, having better family and social relationships, being more productive at work and enjoying health. These are all positive outcomes that providers of housing support and care would seek to promote.

THE UP2US PILOT AREAS

This section provides an overview of the work of each of the six pilot areas. It is largely descriptive, documenting the activities that have taken place area by area in order to provide background for the subsequent chapters, which describe what has been learned from the up2us project.

The pilot areas were:

Oxfordshire, where the pilot focused on building a user-formulated community networking web portal that brings together local people, local knowledge, and local resources. The aim was to create a real, trusted community where online activities support real-life interactions.

Kent, where the main aim has been to support people to live independently and to do new or different activities in groups. In the first year people purchased training and equipment so they could use Skype to keep in touch. In the second year, young people were supported to identify group purchases in a supported housing scheme.

Barking & Dagenham, where up2us aimed to empower holders of personal budgets living in Extra Care housing to work together to maximise their purchasing power, increase independence, improve service quality and help shape new services. It operated on two sites. Older people were engaged in organising shared activities and, later, in commissioning services.

Kensington & Chelsea, where the pilot set up a user-run co-operative called up2us. Members of the co-operative plan and take part in group activities at weekends and in the evenings.

Knowsley, where the pilot aimed to develop the up2us web portal for the Knowsley community, and to support individuals who wanted to buy things together. Most of the work revolved around helping three men with enduring mental health conditions to make a joint purchase of gym equipment.

Norfolk, where the pilot aimed to extend and improve collective purchasing. The project manager learned from local examples and developed practical recommendations for staff supporting collective purchasing. The work linked co-production, personalisation and collective purchasing. It also tested participatory budgeting as a way of deciding what to buy together.

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OXFORDSHIRE

Overview of the Oxfordshire pilot

Lead local agencies

Stonham (Home Group) and Advance (national housing and care organisations with local presence in Oxfordshire).

Local partners

My Life My Choice (an Oxfordshire-based user-led organisation (ULO)).
CDSM Interactive Solutions (technology supplier).

People involved

The pilot was open to the whole community. Stonham provides general support in independent settings for young people in hostels and people with enduring mental health conditions.⁵⁸ Advance primarily supports people with learning difficulties.

Core activities

Building a user-formulated community networking web portal that brings together local people, local knowledge and local resources. Creating a real, trusted community where online activities support real-life interactions.

Timescale and costs

Project manager appointed September 2009 with formal end of the pilot in September 2011. This post was part-time (3 days per week) at a cost of £30,000 p.a. An additional £7000 was spent on website development.

Future plans

The work is continuing and is now jointly supported by My Life My Choice and Advance, with Stonham and Oxfordshire County Council providing limited funds.

Key learning from this pilot

This pilot offers useful lessons about: developing a community-based online portal that lets people connect with one another and with service providers; co-producing new activities with local people that use services; and partnering and sharing resources with a ULO.

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Main activities 2009-2012

2009

September 2009: Meetings, discussions, consultations with groups that included user-led organisations, carers, service users, support workers and brokers. Reading and research about personalisation, self-directed support, empowerment agendas.

Key challenge identified 'how can people meet/ find each other to do things together?'

User group started to form and share ideas. Idea of a Facebook-style network site born to bring local knowledge and people together but no money available.

Additional money secured from HACT.

2010

August 2010: CDSM (technology platform) agrees to work as a partner to develop new portal. User-led group works with CDSM to advise and add functionality to portal.

December 2010: Up2us portal launched.

Publicity, articles, and demonstrations of the portal locally and nationally lead to growth of portal membership.

Up2us hosted by My Life My Choice, an Oxfordshire user-led self-advocacy charity. Training of up2us online champions. Up2us branding and values agreed – user-led philosophy protected.

2011

September 2011: Formal end of up2us pilot.

Five-year business plan developed to lead to a self-sustaining, user-led community networking portal.

Presentation of portal to local authority and others for backing/ sponsorship of portal to lead to it becoming self-financing. Applications to trusts and foundations for funding.

2012

February 2012: Project manager's contract extended temporarily.

PILOT AREA 1

Introduction

The Oxfordshire up2us pilot was the first to go live, in 2009. It produced a web portal, designed mainly by local people who had learning difficulties or enduring mental health conditions. The portal helped them achieve two things: first, to make contact with other people who shared their interests and find out about things happening locally, and secondly, to find out about what was on offer to them from local service providers.

This is a tool for users to gain more control, to build community, to share knowledge and opinion about services, to share ideas, to share experience. This is a grassroots way of users taking control and shaping their services for the future.⁵⁹

When the portal launched in December 2010, the Prime Minister, David Cameron, who is also a local MP, complimented up2us for 'creating a focal point for local life', for helping people to save money by sharing costs and for helping to 'bridge gaps and end isolation'.⁶⁰

Local funders and supporters

The Oxfordshire pilot was supported by two housing organisations, Advance and Stonham. Advance works mainly with people with learning disabilities; it has a relatively low level of commissioned work in Oxfordshire. Stonham is part of Home Group, one of the largest housing associations in the country, and provides housing and support to a diverse range of people. Its service in Oxfordshire is mainly focused on supporting people with enduring mental health conditions.

The project manager of the pilot worked three days a week, based in the local offices of Stonham, which provided administrative and HR back-up. Staff of Advance provided coaching in personalisation and support with person-centred working.

An LRG was formed at the outset. This included people from the local authority (with participants from Oxfordshire's Supporting People programme), local care providers, people who use services locally and people from Advance, Stonham, and HACT.

The project manager engaged with a range of local user-led groups, carers, services users, support workers, and brokers. Notably, the Supporting People

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Service User Working Group (SPUG), which aimed to influence housing and support in Oxfordshire, reviewed the up2us pilot and contributed ideas about how it might work and how they could support it.

A Swansea-based company called CDSM Interactive Solutions Ltd,⁶¹ which describes itself as having ‘a passion for learning technologies’⁶² partnered Oxfordshire up2us, working with local people to develop and test the portal. Its contribution – in terms of time, working methods, and continuing commitment – went well beyond that of a paid consultant.⁶³

Later in the life of the pilot, during the summer of 2011, up2us formed a strong partnership with My Life My Choice, a local ULO⁶⁴ with a mission to empower people to do things for themselves and a special interest in digital inclusion. This organisation saw the up2us portal as a useful tool to enable people to have more independence, choice, and control. It provides training and mentoring to help people with learning disabilities to gain access to the online world.

Aims of the pilot

At the start, the pilot had two over-arching aims: to be user-driven and to explore opportunities for pooling budgets or buying things together.

How this would be achieved and by whom was kept purposefully broad, so that local people who became involved in the pilot could identify local needs, decide how best to meet them and play an active part in shaping subsequent activities.

A local workshop, which included commissioners, service providers and people who use services, identified desirable outcomes for the pilot. These are reproduced below.

- *For people using services:* growing opportunities to connect people through networks; strong social networks and support; mutual support networks; more sustainable recovery; improved confidence and well-being of service users; more effective service delivery; reduced labelling and stigma around mental health.
- *For providers of services:* commissioners, clients and providers to accept risk; change attitudes of providers and commissioners; with less money per client, new tendering for services and Supporting People money no longer

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ring-fenced, there was awareness that providers would need to market their services differently.

Participants identified potential activities that would help achieve these outcomes, which included creating mechanisms for linking people together, better technology to help people connect with one another and information points such as a 'virtual shop'. They said it was important to treat people as members of the public with shared interests, rather than as members of a group sharing a specific condition.

Deciding what to do

Following a wide range of meetings, discussions and consultations some common themes emerged. People supported the idea of collective approaches, because these could help *'make money go further'*. However, the most significant hurdle to doing anything collectively, was finding and meeting people with similar interests. They wanted to tackle the problem of being trapped in groups organised around common conditions rather than shared interests. They thought it would help to combine online social networking and information in the same place.

Two local examples were useful in shaping the pilot. One is the experience of 'Peter' (not his real name), who lives in Banbury and has a small budget. He found a chef to teach him professional cooking, so that he could get started in a new career, but in order to afford the teaching (and to make the experience more enjoyable) he needed to find six others to share it. Peter's question was: 'How do you find six others; where do you start?'

The second, more positive, example is Re-Energise, an Oxford-based mental health, user-run sports and social group.⁶⁵ Members meet each other away from professionals and from mental health venues that some find stigmatising. It is open to everyone who has had a mental health diagnosis and is funded by its own members who pool their direct payments. It could use an online portal to reach out to new members and to publicise its activities.

Drawing on these examples and on the discussions and consultations, the idea of an online site was born, to bring together local people, local knowledge and local resources. It was envisaged as 'a local Facebook, that is simpler, safer and more accessible to people'.⁶⁶ CDSM had already developed People and Places,

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an online site focused on supporting people with learning disabilities. The partnership with up2us in Oxfordshire further customised People and Places and led to the up2us portal. The portal was eventually extended across several of the up2us pilots.

Developing the up2us portal

1. *The portal's functions*

A user-led group was formed as a result of early discussions with local people. With the project manager, the group evolved the idea of a social network platform. In August 2010, HACT contributed a further £7000 to develop an online portal. The user-led group worked with CDSM, the specialist technology company, to draw up a list of the portal's main functions. The list is reproduced below.

- An online live chat function
- Finding new people with shared interests
- Sharing events that you are taking part in
- Giving feedback on events or activities you've taken part in
- Finding out about local events and activities
- Online mentoring service to develop individuals' confidence online
- Being able to rate services that you use
- Pooling budgets to take part in activities
- Capture skills and create a personal portfolio (e.g. a personal CV)
- Developing a blog forum enabling people to say more about activities they are doing
- A shop front for providers to publicise their services and activities
- A personal online calendar and diary that can be shared with other members

The user-led group tested the functionality of the site to ensure that it was compatible with a wide range of assistive and adaptive technologies that people might use to support them online. They developed protocols to deal with such things as people forgetting their passwords.⁶⁷

2. *Online safety*

An important early challenge was that carers and families, who worried about supporting vulnerable people to use Facebook or other social media, needed reassurance that this new online network could be 'safe enough'. In response to their concerns, the user-led group developed moderation for the up2us site. The users' champions wanted moderation to provide people with the

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confidence and online support that they felt was necessary, gradually improving their self-assurance and skills so that they would need less moderation in the future. The availability of moderation enabled some people who had not previously 'been allowed' to use computers (by family members or professionals) to demonstrate that they could be online safely.

The moderation is on two levels. Users can choose which is most appropriate for them. 'Pre-moderation' enables people to be online live with a chosen online mentor to keep an eye on their activity and offer support or advice as required. 'Post-moderation' occurs after a member has been on the site and made one or more posts. Here, too, informal advice or guidance is given by the user's selected moderator. This is intended as a positive learning experience and people are supported to take more responsibility for their own online behaviour. As people become more confident they can begin to reduce the levels of moderation. All of the information from the portal is held on a secure server and, unlike most popular social networking sites, it cannot be accessed by general internet users.

The user-led group helped to design moderation that enabled people to be active, rather than restricting their practice.

3. How the portal works

Many local authorities, including Oxfordshire, have recently developed online directories, like a virtual 'yellow pages', listing contact details of existing local providers. The up2us portal was intended to improve on this approach – starting with what people really want to know about service providers and how they want the relevant information to be presented.

Instead of the 'lucky dip' approach of other online directories, local people wanted the up2us portal to enable service users to get to know their broker in advance, to carry more information about providers and their responsibilities, and to create options to meet provider organisations and their staff. They wanted a dedicated information point that might possibly function as a virtual shop

Certainly, they wanted the portal to be more than a listing of service providers. It should be a place where providers can share information about themselves, where people can access their services and other similar information. By adopting the 'social network' approach, the relationship between potential

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providers and purchasers would be much more dynamic and better informed. Uniquely, it would also support people to go beyond services and find others, find things to do, gain access to information and do things together.

The up2us portal is not intended to only to create 'virtual' friendship groups but to tackle people's isolation in practical ways. It is a mechanism by which people can actively seek opportunities to meet up face to face, create trusted friendships, find people to do and share things with in their communities and to keep in touch when they're not together. While the development of the portal to date has been primarily led by people with a learning disability, they want it to become source of information for the whole of Oxfordshire.

4. Who uses the portal

The portal hosts individuals and their profiles as well as organisations ranging from formal service providers through to informal networks. People use the portal in a variety of ways, from the 'open' groups that market their services to potential 'clients', to the 'closed' groups using the online functions to circulate materials (such as minutes from meetings) to their members. New groups are forming all the time. Some examples of groups currently on the portal are set out below.

- *SPUG*. A closed group for members already in SPUG to share meeting dates, newsletters, minutes of meetings, papers in advance of meetings, information about events. The group can make announcements to all up2us members, send messages or chat with each other, and with the Supporting People member of staff, who is also a member.
- *Stingray*. A group offering club events such as parties, balls, and a nightclub for people with a learning disability, with special events throughout the year. The group is run by and for people with a learning disability for people with a learning disability. The administrator of the up2us user group is a member of the Stingray committee and keeps events posted on the Stingray calendar, also making announcements to all the portal members. Up2us has helped to host a buddy support system for people who want to go to Stingray events but are less confident to go along, or want to share and pool the costs of transport and support.
- *Bead making*. A local jeweller has set up a bead-making group and a jewellery-making group, offering workshops to learn techniques. The workshops are offered at a cost for eight people, but if the group can get twelve people to come along, then the cost is reduced.

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- *Oxford Sailing Club*. This local sailing club has a link to its own website but also gives information about the club in its open group on the up2us portal. It offers sailing lessons to mixed-ability groups and has facilities for disabled people. It advertises its Tuesday evening session with boats, facilitating by volunteer support workers; all abilities are welcome and the session is free.
- *Personal assistants*. A range of PAs are online. For example, one profile displays information about the service she is able to offer, her interests, skills, what she charges, travel arrangements, her Criminal records Bureau (CRB) credentials and the fact that she is registered on the Support with Confidence site with Oxfordshire County Council.

In 2011, up2us formed a partnership with My Life My Choice, a local ULO committed to digital inclusion. My Life My Choice has an IT suite where people with learning disabilities provide face-to-face training to others as well as informal on-line mentoring to give people the confidence to get started. The training is backed up by regular radio broadcasts on Sting Radio, a user-run station that broadcasts across Oxfordshire.

This kind of support helps more people to use the up2us portal to find out what is possible through personalisation and to think differently about their options, supported by peers who are themselves putting personalisation into effect.

Getting more people and organisations to use the portal

The formal pilot period for up2us came to an end in September 2011. However, the work locally continued to build up the membership of the portal. There are two distinct groups of members on the portal: those who may use services and those who provide them.

The first group are being reached through digital inclusion training, through presentations to individuals and user groups across the county and through marketing materials. More than 50 people have been trained, with 15–20 extremely active on the site. More than 100 people are signed up to date. The challenge is to get membership to a critical mass as soon as possible, so that it becomes sufficiently interesting to people when they are online to bring them back again.

The second group consists of a wide range of current and potential providers including Housing Associations, the local authority and local service providers.

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They have been targeted with a user-led interactive presentation about the site to encourage them to sign up, display information about their own services online, and provide information about the site to people who use their services. The up2us portal offers providers an opportunity to see and hear what people actually want, and how they rate what they are currently getting, rather than needing to invest in focus groups and surveys of service users.

There is currently frustration that service providers aren't actively engaging with the site in the way expected. Even those who have supported the up2us pilot have been slow to disseminate information about the portal within their own organisations. Advance provides a local brokerage service and brokers have received training in using up2us, but few of them are currently actively on the portal. Some feedback from brokers has suggested that online technology is not appropriate for the people they are working with (e.g. older people) and there has been limited enthusiasm to challenge these assumptions. It is essential that brokers see, as other members do, that all members need to contribute content to the portal, as well as to draw information from it. Without an active understanding of the site, brokers are unlikely to use it themselves or refer others to it. Service users who are IT literate have expressed concerns about the level of computer literacy among these professionals and highlight this as another block to more users hearing about the portal.

Ensuring the future viability of the portal

The project manager worked with the user-led group and My Life My Choice to develop a business plan and funding strategy for the up2us portal to become a user-led and managed community networking portal that will be financially self-sustaining within five years. In order to achieve this, the portal needs 5000 members from across Oxfordshire. It will charge organisations to advertise on the site in order to generate sufficient income to cover administration and marketing costs. Charges will be levied on sliding scale, ensuring that costs are not prohibitive to smaller groups. The portal will remain free at the point of access to individual members. The up2us business plan demonstrates that for a one-off investment of £60,000 the portal can become self-sustaining, reaching 5000 people within five years.

For the short term, funding to cover the licence for the portal, support for the user-led group and the project manager's salary has been sought from trusts and foundations, the local authority and Advance and Stonham. The user-led

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group has developed a 'Dragons Den' style sketch about the portal which has been used both to provide general information and to pitch for funds. It can be viewed here <http://mlmcuk.wordpress.com/my-cafe/internet-cafe>

External changes that affected the pilot

Local funding cuts have affected a range of organisations including housing associations and service providers. For Stonham, all Oxfordshire's contracts for mental health and housing support contracts were re-tendered during the pilot period. While competing to secure future work, Stonham and other local providers were hugely distracted, leaving little time for smaller partnership based projects such as up2us. Where contracts were changed or lost, staff roles changed, leading to local instability and a shift in focus. Restructuring within the local authority and other organisations have resulted in many staff changes, which has made it difficult to maintain consistent contacts with key agencies, or to maintain awareness of how the pilot was developing.

Key learning from Oxfordshire

Learning about personalisation

Progress has been made in allocating budgets to people in Oxfordshire. There is concern, however, that while efforts have been made to change the attitudes of staff towards personalisation, there has been no equivalent investment in supporting people who have access to budgets to see the opportunities it presents for them. The up2us portal provides a way of achieving this but it still lacks sufficient practical support and endorsement.

Learning about collective approaches

Traditionally people with learning disabilities have been perceived and treated as condition-specific groups and ghettoised by services. The challenge is now for people to be able to feel like an individual in a social setting, before they form into groups. A mark of success would be for people to form groups around common interests rather than common conditions. This is not yet the case. More people in Oxfordshire are getting their own budgets, but it is doubtful whether they are getting different or better services as a result. In the first instance, they need to understand what choice is. Currently even when they have personal budgets or direct payments, they are largely buying the same things. Accustomed to buying off a set 'menu', they lack confidence in exercising choice and have a limited sense of control.

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The option of pooling budgets remains 'on the horizon' for most people, or is at least still several steps away. Before moving in that direction, people need to be clearer about their rights, to have better opportunities to meet and talk with others about their own lives and the future they want, and on this basis to be able to identify where they share common interests.

Learning about co-production

The project manager, who had worked locally for a number of years, went through a transformation in her way of working as a result of the up2us pilot – as she explained:

I've been in housing and support for years. I actually had to go through a period of deconstruction of my own understanding, my own motivations and why I made decisions and my judgements and stereotyping. That whole professional gift model approach, was like a piece of rock through my core, and I didn't even realise. I thought I was someone who was open-minded, and I definitely liked to think that I always put people who use services first, but the language you use, the whole process...

She felt that this shift in her own practice and understanding was essential to enabling the up2us pilot to be genuinely co-produced, with users of services contributing their skills, capabilities and practical support.

Learning about the role of Housing Associations

The up2us pilot had strong support from several key local organisations. However, the project manager faced frustrations in trying to embed the approach within the organisations themselves. It became increasingly clear that practical support and official endorsement from key organisations were just as important as financial support.

A key aspect of making the portal successful is having sufficient activity online to make it an attractive place for people to visit and return to frequently. To date, the large organisations that have a profile on the up2us site have used it rather like a promotional website, instead of engaging with other people who use it.

A large number of new members could be generated if the local brokers employed by one of the lead organisations were encouraged to play a proactive role in sign-posting people to the portal. This hasn't happened yet.

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Frontline staff have expressed some concerns about the safety of the portal or the time it takes to get online. There are future plans to make this even easier, for example by providing online links between websites.

Those providing IT training have pointed out that the current care and support workforce often lack confidence in using this technology themselves. Service providers have trained their brokers and frontline staff to use the site and IT skills have now become a standard expectation for future employees. Seeing the portal as a community site has been challenging for support staff and brokers, who have been reluctant to upload personal information on their profiles as they are very keen to 'maintain professional boundaries'. There is a future commitment to address this.

Housing Associations' frontline staff tend to use rather old technology, with residents and other service users banned from online platforms that are accessible to professionals, and having only limited access to computers.

The People and Places portal has been described as a 'slow burner', an experiment that is ahead of its time, which therefore finds it harder to secure funds for further development.

Advance are currently introducing 'I plan it', a separate product for planning personal support. It is specifically focused on vulnerable people and the implementation is led chiefly by providers. There are discussions about how the up2us portal could be linked to 'I plan it' but there are likely to be challenges, not least because up2us aims to serve the whole community.

Local supporters have been hampered in their efforts to support up2us by internal organisational changes, by pressures on time, by funding cuts and by fact that this approach is different from what they are used to. At the same time, there is enthusiasm for supporting up2us and recognition that on the ground it will help these organisations to embed the cultural changes they need for personalisation to become mainstream practice.

The strength of the up2us portal is that it has evolved in response to issues raised by people who use services locally. As a 'pilot' on the fringes of the housing associations who were supporting it, the project was able to develop in a responsive and iterative way.

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During the course of the pilot, changes in commissioned services meant that Stonham significantly reduced its footprint in Oxfordshire. With its resources focussed elsewhere, it had difficulty maintaining active involvement in the pilot as a priority. The problem was compounded by the portal being a community wide site, rather than focusing on the specific 'service user groups' to which Advance traditionally provide services.

As more people hold personal budgets, Advance anticipates that the portal will provide an opportunity to connect with potential clients. If it becomes more active on the portal and uses it to help develop a future offer, it may be able to rebuild a local presence – albeit offering considerably different kinds of support.

PILOT AREA 2

KENT

Overview of the Kent pilot

Lead local agencies

MCCH, a housing association working in London and the South East to support people with learning disabilities, autism or mental health conditions. Porchlight, a Kent-based charity tackling homelessness.

Local partners

Topaz, a ULO that supports people with disabilities and their families.

People involved

People with learning disabilities, their families and carers and young people experiencing homelessness. They were living independently in the community or in supported housing.

Aims and activities

The main aim has been to support people to live independently and to do new or different activities in groups. In the first year MCCH and Topaz were involved in purchasing training and equipment so the group could use Skype to keep in touch. In the second year, Porchlight was involved in supporting young people to identify group purchases.

Timescale and costs

The pilot lasted two years from summer 2009 to September 2011. It cost £30,000 p.a. for one part-time project manager working 2.5 days per week. The project manager was seconded from MCCH.

Future plans

Porchlight will roll this out as part of its package of support for young people.

Key learning from this pilot

This pilot offers useful learning about: developing groups based on shared interests, expertise or concerns; supporting young people to realise their objectives; and developing appropriate support to help people make the most of their budgets.

PILOT AREA 2

Main activities 2009-2012

2009

September 2009: Project manager appointed, LRG established.

November 2009: Workshop with local people develops vision for the pilot.

Up2us works with local service users and their families to develop a number of new groups, some of which buy things collectively.

Topaz group has Skype training and begins networking online.

2010

November 2010: MCCH director and project champion retires.

2011

February 2011: Porchlight becomes new local up2us pilot site.

Young people complete initial well-being questionnaires.

September 2011: Formal pilot project ends. Project manager made redundant.

Porchlight reviews the way that young people are able to apply for money.

Porchlight includes up2us as part of its package of support in a new working hostel (supporting young people to access work or training).

2012

PILOT AREA 2

Introduction

The Kent pilot was the second of the up2us pilots to go live. It aimed over two years to support people to live independently and to do more things together in groups. It was championed by different organisations in the first and second year. Consequently, up2us in Kent worked in the first year with people with learning disabilities living independently in the county, finding ways to help them stay in touch and help each other. In the second year, up2us worked with young people who came from a background of homelessness, helping them to manage modest amounts of money to achieve their personal aims.

Local funders and supporters

The Kent up2us pilot was funded in the first year by MCCH, a housing association that supports people with learning disabilities, autism or mental health needs. MCCH works across London and the South East. Up2us also worked closely in the first year with Topaz, a local ULO that supports people with learning disabilities and their families.

In year two, it was supported by Porchlight, a Kent-based charity providing supported accommodation services in Kent, a homelessness prevention service and a dedicated rough sleeper team. It supports young people with complex needs, ex-offenders, and people with enduring mental health.

A project manager ran the pilot, working 2.5 days per week. He was seconded from MCCH and based in their head office. He was line managed by the CEO of MCCH until the latter retired at the end of the first year of the pilot. After that the project manager stayed at MCCH but worked with Porchlight to establish the up2us with that organisation. At the end of the two-year pilot the project manager was made redundant by MCCH.

Aims

The pilot began by aiming to ensure that service users' choice and control was at the heart of the project. Following a local workshop, it was agreed that the work would focus on supporting people to live independently and to do new or different activities in groups.

In the first year, up2us worked with Topaz to help its members who were already familiar with one another, to overcome barriers to remaining in-touch and supporting one another. In the second year, when Porchlight became involved, the pilot tested whether young people experiencing homelessness

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would find it useful to have a personal budget. It looked at how young people could access the money, how to support them to manage their money and how their spending could help them to realise their objectives.

Deciding what to do

The project manager created an LRG to shape the direction and activities of the pilot in Kent. The LRG included MCCH, Kent County Council Supporting People team and Adult Social services, HACT, and local third sector organisations. A workshop to decide what the pilot should do brought the local reference group together with people who use services. People at the workshop supported the idea of buying things together and identified things they wanted to buy together.

What happened in year one

In the first year, several initiatives were launched, some more successful than others. These are set out below.

Shared community support

People wanted to develop a network of PAs who were willing to support groups rather than individuals. This would make it easier for small groups of people to share experiences together. Sharing PA support would reduce individual costs. This idea didn't succeed because the people who were interested in it were not already familiar with one another, so they didn't have enough confidence to commit their money.

Group tutor

A trainee teacher provided a literacy and numeracy course to a group while she qualified. Initially this was funded and when this ended the group wanted to continue the class. People in the group had to access direct payments or personal budgets before pooling their money. The assessment process took so long that the tutor was no longer available.

Families supporting independent living

Seven families met through up2us and formed a network of support for one another. They also received free group training about developing housing plans for adult children who want to live independently. The group continues to provide peer support. They did not have something that they wanted to purchase collectively.

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Improving service provision

Some people were dissatisfied with how they were receiving support. Shared problems included inconsistency of staff, people not showing up on time and lack of clarity about the staff's remit. They had each tried to resolve their issues individually. Through up2us they formed a peer network. Working collectively gave them greater confidence and a stronger voice, particularly when they spoke to their support providers. The group didn't make any collective purchases but remain a peer support network.

Remote networking and support

Topaz, a ULO based in Kent, was keen to develop collective purchasing locally. People with learning disabilities and their families lived across Kent. They said keeping in touch with each other was really important. Eight people who were interested in using Skype to keep in touch formed a group. One or two of them had direct payments and five or six were in the process of trying to get an individual budget. Some were getting financial help from their family.

The group planned to pool money, approximately £20 per person, to pay for Skype training. In the event, the training provider gave a free course in exchange for the group providing accessibility training, acting as classroom assistants, and evaluating the course. The group now Skype together from their own homes and use the conference call facility to conduct group calls. One young woman who completed the training has a laptop and wants to Skype with her parents who already use it. They see Skype as part of her independence. Members of the group say that using Skype will maintain their social networks when budget cuts restrict the amount of things they can afford to do face-to-face. When they need more equipment in future they will try to save money through bulk purchasing.

What happened in Year 2

At the end of the first year, the MCCH director retired and emigrated. There were no opportunities to test collective purchasing within MCCH. The project manager looked for other local organisations interested in the pilot. Porchlight is a Kent-based charity that supports young people with complex needs, ex-offenders, and people with enduring mental health.

Its Chief Executive was interested in personalised ways of working with young people.

Porchlight decided to introduce budgets on a trial basis for young people in

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New Wharf, a housing and support project for those aged 16–24 who have been homeless or have backgrounds of drugs, alcohol abuse or offending. Each young person had a budget of £500 a year to help them achieve their objectives. This was in addition to other support to which they were already entitled.⁶⁸

Local commissioners intervened early to clarify that it would not be appropriate for funds designated for the Supporting People programme to be used within the pilot. There were concerns about how local people and the press would respond to young people being given money despite ‘wrongdoing’ (e.g. criminal convictions). Porchlight has used its charitable funds through-out the pilot.

How young people responded

Young people spent the new money allotted to them on college courses, a musical instrument, clothes for an interview, furniture, and to purchase a CSCS (Construction Skills Certification Scheme). Some focused on overcoming current barriers to progress – like buying furniture for a future home. Others focused on personal development, for example by paying for college courses. In some instances the desire to access the money was sufficient to motivate a young person to clear previous debts⁶⁹ which were preventing them from enrolling at college.

Most of the spending was carried out individually rather than in groups. Gym membership was bought collectively. At a house meeting young people asked if there was any way to reduce the cost of gym membership, so staff introduced the idea of using up2us money for this. A support worker negotiated a discount with the gym. Young people go together in small groups, even though they attend different sessions when they’re there. This has helped maintain their enthusiasm and has had a positive influence on the atmosphere in the hostel.

Young people said they find it ‘refreshing and surprising’⁷⁰ that the money can be spent ‘without needing to fix the use of the money to particular schemes or agendas’.

Accessing money

Initially young people met with their support worker to identify whether there were any purchases they needed to make. Some took up this opportunity very easily and made purchases. They tended to be those who were already making plans for their future.

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For others, particularly those whose lives were more chaotic, the budget was a source of frustration and pressure as much as a potential benefit. They complained about feeling restricted by staff over how they could spend the money. A clearer process that was the same for everyone was introduced to improve this.

In order to access money, the young person had to have no personal debts and attend support sessions. With their support worker, they identified what they wanted to buy and make the case for the benefits of buying it. Then they met the project manager to describe the purchase and explain the benefits. There weren't many things that wouldn't be approved (as long as they were legal). This structured approach seemed to increase young people's sense of responsibility for the spending. Project staff feel it prepared young people for accessing money from banks or lenders in the future.

A pattern developed that people made a particular purchase, such as a college course, then returned later if additional costs or new things were needed. Initial decisions weren't binding and people were encouraged to keep reviewing their decisions. For example, one young person paid for a college course. After three months on the course they realised that the course was wrong for them. They had done further research and identified a course that would be better. They were able to apply for more money to get onto the right course and then maintained their attendance.

The budget of £500 for each individual came from educated guess work. Very few people spent the total amount. This might be due to lower levels of needs than anticipated, or to lower levels of engagement than hoped.

How Porchlight has benefited

Working in this way improved levels of engagement between the project staff and young residents. Many of the purchases made could have been made using existing sources of public money or grants. Porchlight would have supported young people to access this money, but the opportunity rarely arose. Often a young person only discussed needing money having reached a crisis. In these circumstances the time it took to get emergency funds further destabilised the young person.

Up2us has a much more pro-active approach. Staff are positive about the options being flexible. Making up2us accessible to young people is now

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part of every staff member's role. A new post for an activities worker has been created, focused on personal development and practical issues such as managing money and dealing with debt. Up2us is talked about frequently between young people and staff and is a regular topic at the house meetings.

Staff are worried that up2us could add stress to some young people's lives. They aim to develop trust between the young people and staff and to ensure that they can explore a potential purchase, gain the support to make it, and then come back to review it and change it if needed.

Future plans

In the future, the up2us approach will be available in accommodation offering a lower level of support, where people are more settled and ready to plan for their future. Alongside the budgets, there will be practical help with building money-management skills and with taking steps towards independence. It is hoped that as young people become more confident about their own progress, they will act as mentors to others who are getting involved in up2us.

Porchlight is currently developing a new hostel for people in work. Residents will be more settled and in paid employment or training with a focus on making plans for the future. The up2us budget will be an important part of the package of support for people. The budget in this setting is expected to be £1000 per person per year. This will be reviewed once the project is underway.

Porchlight intends to work with staff to develop clearer procedures and methods of support. The application process will be reviewed and adapted. It is unclear whether more collective spending will take place in the future. Porchlight is committed to making individual and collective spending possible but wants the individuals involved to decide how to achieve their own objectives.

External changes that affect the pilot

Throughout the two years of the pilot there was significant restructuring within the local authority, which made it difficult to keep it involved with the work.

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Key learning from Kent

Learning about personalisation

Porchlight has found that it makes a difference when and how the offer of financial support is made. Support to manage the money is needed alongside the money itself, to make sure it doesn't become a burden. Staff need to be encouraged to take a positive approach to risk taking. Maintaining relationships with young people over time makes it easier to review purchases and improve outcomes. Staff need to be more confident in suggesting that young people consider a collective, rather than an individual approach and being able to make this happen if they decide to do so.

Learning about collective approaches

Young people mainly bought things for themselves. In the first year of the pilot, people were motivated to form new groups in order to buy things together. Frequently the groups were successful but purchasing didn't take place. Existing friendship groups seems to make collective spending more likely. Practical issues, such as the time taken to be assessed for a budget, have restricted opportunities for spending the money.

The role of housing associations

Both phases of up2us in Kent were supported by senior champions. In year one, however, this strategic support did not result in any piloting of collective purchasing within MCCH. In year two, Porchlight's chief executive demonstrated and encouraged greater commitment to collective purchasing. This has been noted as an important reason for the decision to pilot the approach in a second project for young people.

The fact that Porchlight has used its own funds to support the project has meant that it can work at its chosen pace, and change processes quickly when needed, rather than getting clearance from an external funder.

PILOT AREA 3

BARKING & DAGENHAM

Overview of the Barking & Dagenham pilot

Lead local agencies

Hanover Housing, a national housing association specialising in retirement housing and related services.

Local partners

Barking & Dagenham local authority, two local care providers, two local ULOs, and some individual residents.

People involved

Older people living in Extra Care apartments and retirement bungalows.

Aims and activities

Up2us aimed to empower holders of personal budgets living in supported housing to work together to maximise their purchasing power, increase independence, improve service quality, and help shape new services. It operated on two sites. Older people were engaged in organising shared activities and, later, in commissioning services.

Timescale and costs

The pilot cost £30,000 over two years for one project manager who worked 2.5 days per week. The first project manager was seconded from the local authority's personalisation team. The person providing her maternity cover was seconded from a ULO.

Future plans

Hanover will embed the up2us approach in its general staff activity. It will work with service providers and commissioners to ensure older people are more involved in service commissioning and service delivery.

Key learning from this pilot

This pilot offers useful lessons about supporting older people to speak out about their care and support, and about engaging older people in the commissioning process.

PILOT AREA 3

Main activities 2009-2012

2009

October 2009: Hanover identifies Extra Care Housing in Barking & Dagenham as suitable for piloting up2us.

December 2009: Workshop with local stakeholders sets aims and direction of pilot. Project manager appointed (seconded from the local authority Personal Budgets pilot team).

December 2009: Harp House identified as first pilot area.

Ongoing: Workshops and feedback sessions about personalisation, personal budgets and up2us held for Harp House residents. Well-being evaluation forms completed with residents. Up2us project manager goes to existing residents' meetings to give feedback about personalisation and up2us.

2010

May 2010: Original project manager goes on maternity leave. New project manager with experience of group purchasing seconded.

May 2010: Local authority staff changes means a new commissioner joins the LRG and becomes actively involved in up2us.

July 2010: Darcy House becomes second pilot site. Residents' workshop held at Darcy to discuss personalisation; local older people share their experiences of personalisation. Residents from Harp House share their experiences of up2us.

2011

January 2011: Tenants informed that a new service is being commissioned for four local sites. Commissioners want to include a residents' panel in the tendering process. Hanover supports residents to develop questions for potential care providers.

March 2011: Two residents from each site selected by commissioners to be in an older people's interview panel. Residents take part in commissioning new services.

2012

April 2012: New service providers commence contract.

PILOT AREA 3

Introduction

The pilot here began in early 2010, six months after the pilots in Oxfordshire and Kent. This was the only up2us pilot to work with older people. It initially engaged older people in planning and organising more trips and activities for residents. Older people then became involved in commissioning a new care and support service that would be provided to them.

Local funders and supporters

Hanover Housing wanted an up2us pilot with a focus on older people in Barking & Dagenham. It has a long-standing relationship with local commissioners. The local authority conducted one of the original Personal Budgets pilots. Hanover provides a mix of retirement housing, where people live independently but with access to 'a little bit of help' and Extra Care housing which includes care and support available on site, around the clock. The pilot first worked at Harp House, which comprises 36 one-bedroom Extra Care apartments and 26 one-bedroom retirement bungalows. The focus of the work was to improve residents' involvement and increase the number of trips and activities available. After about 12 months, activity was developed at Darcy House, another Extra Care housing scheme, with 36 apartments and 16 bungalows.

The project manager in Barking & Dagenham worked 2.5 days a week on the pilot and was seconded from the local authority's personalisation team. She had previously been part of the Personal Budgets pilot programme. She took maternity leave after 12 months. Her maternity cover was another secondee, from a local ULO, the Centre for Independent, Integrated, Inclusive Living (CIIL). She had experience of personalisation and local collective purchasing with adults with physical and mental health disabilities some of whom were older.

An LRG was formed at the start of the pilot. This included a commissioner from the local authority, some local service providers, Hanover staff, and HACT. The group met quarterly throughout the pilot, although membership changed over time.

Aims of the pilot

Up2us in Barking & Dagenham aimed to find ways to empower holders of Personal Budgets living in supported housing through mutual co-operation to maximise their purchasing power, increase independence, improve service quality and to express demands for new services.

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The primary objective was to explore opportunities for collective purchasing. A local Extra Care scheme had supported people to get personal budgets and pool their money. People had purchased trips and activities. This became the purpose of the up2us pilot.

Hanover wanted to increase residents' involvement more generally. The pilot included Hanover tenants living locally in their own bungalows, and the wider local community. The aim was to make the Extra Care setting a resource for the whole community. It was thought that this would bring greater opportunities for social interaction between neighbours. It would also increase the chances of creating economies of scale, to make new or existing services more affordable.

Main activities at Harp House

The project manager initially worked with the LRG and estate managers to clarify the focus of the up2us pilot. Very few residents of Harp House had personal budgets or self-directed support. The first activity for the pilot was to introduce residents to personal budgets. Once they had budgets, they could be supported to make purchases individually and collectively. Residents of the bungalows first became involved in the pilot. This encouraged some residents in the Extra Care scheme to get involved too.

Hanover is the landlord at Harp House. Care and support is provided by another organisation. They joined the local reference group and were involved in workshops with residents. At an early stage there was confusion about the pilot: local residents and their carers began to worry that it was going to make cuts and change existing services.

To address these concerns, the project manager held two workshops for residents. They shared information about the pilot and asked residents to get involved. At the workshops people said they were largely satisfied with current care provision. They did not want this changed. Many residents felt that contact between residents, Hanover, and their care providers could be improved. A formal residents' association for Harp House was established to tackle this.

Residents said that they would like the opportunity to do more activities. People who were interested in planning and running activities formed a sub-committee of the residents association. Very few residents of Harp House

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received individual budgets. An up2us bank account was set up and people contributed from their own money to fund activities. A number of coffee mornings and trips took place. The older people decided on the activities they wanted. The up2us project manager provided some administrative support to help make them happen. About 50 per cent of Harp House residents were involved in some way.

Main activities at Darcy House

When up2us activity was established at Harp House, Hanover was keen to expand the approach. Darcy House is another Extra Care scheme in Barking & Dagenham with 36 flats and 16 bungalows. It was chosen because there were to be changes to the care services provided. Hanover wanted the up2us process to help residents have a strong voice about their future care and support.

Significant restructuring had taken place within the local authority. A new commissioner began to attend the LRG. He was in charge of re-tendering care provision for older people and agreed that residents should play a role. At this time the original project manager was replaced by someone seconded from a local ULO, CIIL, who works locally to support people with physical and mental health disabilities to exercise choice and control, including brokering personalised services and funding.

Learning from Harp House influenced the way the project was implemented at Darcy House. The care provider, who was different from the provider at Harp House, was approached immediately and brought on board. The provider became an active member of the LRG and promoted the up2us pilot amongst residents. Some care providers involved in the local reference group were initially concerned that up2us could undermine their relationship with clients. Some suggested it was a form of stealth monitoring. Time was taken to cover these issues and to build trust with the provider at Darcy. Once the pilot started, a clear, consistent message was agreed so that residents were not worried or confused by the pilot activity.

Darcy also held workshops and smaller meetings. It produced information summary sheets about key topics such as accessing personal budgets and how they affect older people. A steady stream of information in between workshops and events gave the pilot credibility and helped to get and keep people involved.

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A workshop was held for residents to introduce personalisation and how care provision at Darcy House might change. Older people who already had personal budgets told others how personalisation had worked for them and what it involved. The residents worked together to explore issues related to personalisation.

The local authority then explained their intentions to re-tender the care provision for Extra Care in the borough. Older people then worked in groups around tables again, to play out four future scenarios for care provision. The scenarios ranged from '24-hour care and support staying as it is', through to 'care and support during the day but not on-site during the evening'. Residents at the workshop were clear that they didn't want services to change. After the workshop, the up2us pilot in Darcy focused on supporting residents to have a voice in future commissioning decisions.

Older people involved in commissioning services

The local authority was re-tendering a contract to deliver care and housing-related support across four Extra Care housing schemes. The contract budget was more than £1 million. With up2us involvement, the commissioning process was amended. A residents' panel was created to interview potential providers, using questions developed by older people.

Residents were recruited from across four Extra Care schemes in Barking & Dagenham, including Harp House and Darcy. Forty people, from a total of 120 residents across the four schemes, developed questions for potential providers. Seven older people sat on the interview panel.

The panel was facilitated by a local authority member of staff. Each provider gave presentations and then the panel posed their questions. Providers anonymised their presentations to overcome the bias towards 'no change'. The panel scored each provider and this accounted for 15 per cent of the overall scoring. The residents' second-choice provider won the contract. Commissioners shared this with the residents who had taken part and set out how the eventual scores were reached. The commissioners' scores included additional elements such as cost and quality, which the older people weren't given information about.

Older people also had some influence over what the service provider would do. Twelve per cent of the total contract was to be allocated to activities

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for residents. Residents would be supported to play a role in identifying and organising these activities. The new provider would support people to use facilities across all the four Extra Care sites. Following the up2us pilot, commissioners formed the view that local residents were more confident about getting involved, suggesting new ideas, and speaking up.

Future plans

The new provider is expected to continue to support residents to pool their resources, through the tenants' associations and activities committees. The commissioner is currently devising methods for monitoring these developments. Residents will help monitor the new service and how much they are able to influence activities and events. Hanover will support the developing relationship between residents and service providers.

External changes that affect the pilot

Cuts to local services have affected the local voluntary sector and ULOs. The local authority has been significantly restructured. This has led to changing membership and a lack of continuity within the local reference group. Service providers have become more nervous about doing things differently. People receiving services are wary about the motivation behind new initiatives, questioning whether changes are driven by cuts rather than by efforts to improve services.

Key learning from Barking & Dagenham

Learning about personalisation

Personalisation was initially perceived by residents as a method for 'cuts' and something that creates lots of 'change'. They were very resistant. It was important to demonstrate that up2us could help residents to have a greater voice in decisions and that they could choose that things didn't change.

Extra Care residents were most involved. They were clear that they didn't want personal budgets. This did not change after information sharing and awareness raising about personal budgets. People responded well to meeting experts with experience from the local CIIL. At the beginning of the pilot, the majority of residents had managed budgets with care providers. This was still the case following the pilot period.

People living in the sheltered housing bungalows were more likely to take up

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personal budgets and more likely to use their budgets collectively. This group is more physically able than other residents and fewer of them currently receive a care package.

The pilot showed that people can feel a greater sense of choice and control over the services they receive without necessarily accessing their own personal budget. It calls for changes in the way services are designed, commissioned, and delivered. People's main concern in this pilot was to increase their involvement in shaping the care and support services available to them. This took priority over having direct control of their money.

The commissioning process was reshaped to give older people a larger influence on their future services. The pilot has led to older people playing a role in evaluating the services they receive.

Learning about collective approaches

Stronger voices and personalities tended to dominate workshops and discussion groups. Good facilitation was needed to ensure everyone was heard. The project manager mixed formal and informal meetings, group conversations, and one-to-one time with residents to check that people were on board.

Learning about co-production

The pilot took longer than Hanover had anticipated and the project manager's contract was extended by two months. The project manager had to build up trust with the residents and this took time. However, for some residents, the pace of the commissioning process was too slow, making them feel that nothing was happening. Frequent and consistent communication was needed with the older people involved to ensure they felt progress was being made.

The pilot at Harp House showed that uncertainty can set activity back when it undermines trust between those involved. Landlords need to work with care providers and residents as partners.

Learning about the role of housing providers

Hanover discovered that it has an important role to play in ensuring its residents have a better relationship with the agencies that deliver care and support services to them. Hanover has used its staff (notably the pilot project champions) and physical resources (such as sharing meeting rooms) to bring

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together residents and care providers on a regular basis.

Traditionally in Extra Care, the commissioning of care and support services has been the territory of local authority commissioners. Hanover expects to be more involved in this in the future. It will work with residents to develop conversations about what matters and what care and support they want to receive. Hanover is keen to ensure that the involvement of residents, which has hitherto been tokenistic, will now be more effective. It aims to involve residents in the co-design, and hopefully co-production of the care and support services that they receive.

For Hanover, there is a business case for working in this way. By giving people what they want in the way that they want it, it is possible to deliver efficiencies and increase residents' engagement and satisfaction. It has found that the most successful way to work with people is in terms of 'what's important to you' or 'what are you trying to achieve'. People are less willing to think about 'care' or 'support' services. Hanover is now focused on talking in terms of 'how do we support you to achieve your goals', rather than what services are needed.

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KENSINGTON & CHELSEA

Overview of the Kensington & Chelsea pilot

Lead local agencies

Yarrow, a London-based housing association, that supports people with learning disabilities.

Local partners

Equal People, a local charity, and Kensington & Chelsea Council. The Dolphin Square Foundation supports up2us in Westminster.

People involved

People with learning difficulties living in independent and supported living and in care homes across the borough of Kensington & Chelsea. From spring 2012, people from Westminster are involved, too.

Aims and activities

Setting up a user-run co-operative called up2us. Members of the co-operative plan and take part in group activities at weekends and in the evenings.

Timescale and costs

The chair of the up2us board was appointed in June 2010. A co-chair with a learning disability was recruited and appointed in July 2010. Members of the board are paid to attend meetings. The co-chair works one day a week and receives administrative support from Yarrow when needed. The pilot cost £50,000 over two and a half years. This includes just over £1200 for board training and £5000 for payment to board members.

Future plans

The pilot phase has ended and up2us continues to expand. Activities and events for people in Kensington & Chelsea continue each week. Up2us extends into Westminster in spring 2012.

Key learning from this pilot

The pilot offers useful lessons about supporting service users to develop their own ideas and activities; providing training and support to develop people's ability to manage their own projects; and sharing professional resources without undermining service users' leadership and control.

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Main activities 2010-2012

2010

June 2010: Chair of up2us board job description written and advertised.

Co-chair interviewed and recruited.

Up2us board elected.

September 2010: Up2us launches, 35 people sign up to be members and help generate ideas for activities.

Board meets regularly to discuss project, plan activities and review budget.

2011

January 2011: First group activity takes place, an oriental evening to link to Chinese New Year.

Board attends training sessions. Additional training and mentoring provided to co-chairs.

August 2011: Activities kicked off. Paid support role put in place to support the co-chair to organise activities. Two activities take place per month. Photographs are taken regularly and each activity is evaluated.

Up2us Kensington & Chelsea has 55 members.

2012

May 2012: Up2us expands to Westminster with funding from the Dolphin Square Foundation.

Board elections take place. Up2us looking for new and existing members to stand for election.

FUTURE

Up2us website launched to enable people to keep in touch easily and set up their own activities.

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Introduction

Kensington & Chelsea played a central role in developing the idea of collective purchasing pilots, alongside HACT. In this pilot, a co-operative was established, managed by a board, to enable people with learning disabilities to plan and organise group activities. Most board members have a learning disability. The board managed the activities of the pilot site. People became members of up2us and were then able to take part in group activities. The co-chair of the board worked one day a week to organise and attend activities. One employee of Yarrow, the London-based housing association which supports this project, was paid to support the co-chair to organise and evaluate the trips. The board included a day services commissioner from Kensington & Chelsea and members from two the main supporting organisations, Yarrow, Equal People and HACT. Up2us extended its membership to people with learning disabilities in the neighbouring borough of Westminster in 2012.

Local funders and supporters

Yarrow is a London-based housing association that works with people with learning disabilities and acquired brain injury, providing support ranging from 24 hours a day to one or two hours per week. Equal People, the second major supporter of the pilot, is a local charity established by parents of people with a learning disability. It provides supported activities at its resource centre, an accommodation-based Supported Living Service, a Floating Support Service and a Community Support Service. Representatives from Kensington & Chelsea local authority are on the board of up2us but they have not made any financial contributions to the project.

Aims of the pilot

The main aim of the pilot was to enable local people with learning difficulties to get out more often to do more things, especially at weekends, and to get together with others.

When asked, people locally were positive about living independently but also identified some difficulties, including loneliness, isolation, boredom, and the danger of others taking advantage of them. They said there were things to do during the week but fewer opportunities in the evenings and weekends. They wanted to do more things and get together with other people.

Yarrow and Equal People aimed for up2us to have users in the driving seat, exercising choice and control, from the outset. To achieve this they wanted

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people with learning disabilities to make changes by doing things themselves. Yarrow has a culture of working alongside people, not doing things to or for people.

Deciding what to do

Up2us didn't want to create another professional development worker role. They decided to establish a board to run up2us with a majority of people with lived experience of learning disabilities. Up2us would then provide support, training and time to build their skills and capacity to manage up2us in Kensington & Chelsea.

Job descriptions were written for the posts needed and the terms and conditions proposed in June 2010. Yarrow and Equal People employed a head hunter to find board members for up2us. They then interviewed potential people from a shortlist. Yarrow wanted the board to be co-chaired, with each chair able to support the other. One of the chairs didn't have a learning disability. Once the board was formed, it focused on launching up2us to local people.

Up2us launched in September 2010. Thirty-five people with learning disabilities from Kensington & Chelsea came. Information about personal budgets was shared as only five people who attended had heard of them. People were invited to help plan the events and activities they would like to take part in. Many activities were suggested including travelling together, horse riding, pampering, singing, fishing, dancing, clothes shopping, and meals out.

After the launch event, the board kept meeting. They decided they wanted additional support to understand more about being on a board and how to make meetings effective. The whole board received training in April 2011. The training covered the requirements of their roles and how to work together. The training sessions helped the board establish ground rules for working together. They also had time to share their understanding of up2us and their vision for its future. The co-chairs had additional training on being chairs.

The board continues to meet monthly. It reviews the up2us budget and current activities, contributes ideas for future events and activities and plans the future of up2us. All the materials for the board are produced as easy access documents so that everyone can contribute to discussions and decision making. After the training the board decided that the co-chair should have

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some support to organise up2us trips and activities. Someone was paid, on an hourly rate, to support with planning things and publicising these to members. The board has also helped develop the up2us website in Kensington & Chelsea. This is described in more detail on page 68.

Getting together for trips and outings

The launch event created a long list of things that people wanted to do. The common focus was doing things that gave people the chance to meet up and, as the co-chair describes them, 'doing grown-up things together', like having a meal. The aim was to do things in the evenings and weekends when people felt they had few other options.

The first activity was a trip to China Town in January 2011, linked to celebrations for Chinese New Year. The next event was a trip to Brick Lane for a meal at a curry house in September 2011. Since then, up2us has run two activities every month. When activities are advertised, it is always clear how much they will cost. People do not pay up2us directly; they simply pay for the activities when they are there. People do not have to pay any extra for the organisation or administration of up2us or for personal assistant support on activities. These costs are met by the up2us budget.

It is rare for the costs of an activity to be above £10 based on guidance from up2us members and the board. A bowling trip cost £7 per person as the group got a discounted rate. A trip in a minibus to Brighton cost £5 per person for the driver and the petrol.

Not all activities incur a charge. A shopping trip to Westfield and a trip to Holland Park didn't cost anything. Each person who came decided on their own spending money. Some people spent money on clothes, CDs, or coffee when they were out but this wasn't essential. All up2us members have freedom passes, so travel for free on public transport within London.

Up2us has 55 members who all receive information about forthcoming events and a phone call, letter, and/or e-mail reminder ahead of the events. There are 10 to 15 people who are very involved and come regularly. Others join in based on the activity. Most people join through word of mouth from existing members.

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How the activities are run

A big reason for coming is to do new things and to meet new people. The co-chair gets to know all the members of up2us. She helps the members get to know each other when they take part in activities. To make this work well, each activity group is kept quite small. This helps make sure it doesn't feel impersonal. A personal assistant also attends to provide support to the group.

Up2us members are expected to take responsibility for their own safety. The board has written formal guidelines, covering conduct, which members must adhere to if they want to take part. The guidelines state: 'When attending up2us events we want everyone to be able to relax, feel safe, to be able to express her or himself and enjoy spending time with friends. We want everyone to be able to enjoy themselves and take part. All members are expected to treat everyone with respect and take responsibility for their actions.' Members have to agree to the guidelines before they can participate in up2us.

Family members and carers attend up2us events, when invited by a member. People bring along their own support worker or family member if they have additional support needs. Most are positive about up2us and the opportunities that it creates. One dad came along to meet the group. He was then happy to ask the co-chair to manage his son's money and bus pass so that he could be independent. Risks are approached sensibly and mitigated where necessary. People are being supported to take more personal responsibility in order to be more independent.

Up2us keeps the organising simple. In the future it is hoped that people will develop the confidence to organise things for themselves, with little or no support. The co-chair and paid workers hope that as members increase in number, there will be more activities available, giving people more choice. After each activity the co-chair completes a brief evaluation to help record what has happened. The evaluations are submitted to board meetings and help to identify any problems. One continuing problem is that people sign up to an activity but don't turn up on the day. The board is now discussing ways to tackle this.

Up2us has been promoted to local professionals and service providers to help grow the membership. The co-chair gave a presentation to social workers about up2us, expecting that they would share this information. She was

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frustrated that the professionals wanted to know how to ‘make referrals’ to the project rather than let people make their own choices.

Developing up2us further

In May 2012, membership opened to people in Westminster. Following the example of up2us in Kensington & Chelsea, members will come together around common activities and interests. Funds for expansion have been secured from a local charitable trust, the Dolphin Square Foundation.

The board worked with a web design company, Felton’s, to create a website. This will make it easier for up2us members to share information and organise their own events. The website lets people connect with one another, register for activities, suggest and organise new things, and advertise events and activities. The up2us board has made sure the site is accessible and easy to use. The board will play a role in managing the quality of activities on the site, while encouraging more people to play an active part in setting them up. The website is an additional resource and is not intended to replace phone calls and e-mails to members.



Future sustainability

The future aim is for members to pay a small subscription fee to cover the cost of administrative support and for personal assistants to support trips. Sponsorship will be sought from various organisations to offset the

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subscription fee. The board hopes to develop up2us in other London boroughs, offering more activities more often.

Changes in the wider local environment

During the pilot phase, Kensington & Chelsea became part of a 'tri-borough', which includes Hammersmith & Fulham and Westminster local authorities. A commissioner was a member of the up2us board throughout the pilot. They are interested how the up2us approach might work for people moving out from traditional day services.

Key learning from Kensington & Chelsea

Learning about personalisation

Taking personal responsibility is new for some people. They need support to do this successfully. The co-chair has been frustrated when activities appear to be 'full' but not everyone turns up. She says for many people 'the routine was always that someone was there to say you have to do this and get them there, up2us is expecting them to take more responsibility for organizing things themselves, thinking for themselves'.

The board is considering an advance 'booking fee' to address this issue. This would be refunded when the person takes part. So far, up2us has not taken money directly from people, to avoid introducing financial procedures that are needed when money is changing hands. An advance booking fee would change this.

Learning about collective approaches

The co-chair has been very important to up2us in Kensington & Chelsea. She is concerned that she doesn't have time to do any more. With up2us now covering Westminster, more of the board and members will need to be involved in organising events and activities. Elections to the board in September 2012 will be open to the 55 members. It is hoped that some active members will be willing to take on an organising role in future. Opportunities for training and mentoring to support people to do this are being explored. The pilot has shown that it is important for members to know each other before asking them to organise things themselves.

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Learning about co-production

Building people's skills and capabilities has been successful for up2us in Kensington & Chelsea. The group is confident that the project is sustainable. Some people have changed significantly since being involved. The co-chair has grown in confidence, 'I used to be really quiet. I used to get someone else to make the phone call for me but now I'm happy to pick up the phone and phone people up myself.' The co-chair has now been co-opted on to the Yarrow Board.

Learning about the role of housing associations

Yarrow sees many benefits from its support of up2us. These include increasing the social integration and support networks of people within their properties. The pilot has helped Yarrow to better join up its existing services and to make them more appealing to potential service users. The whole organisation has been affected by up2us, from frontline support staff, to the finance team who produce accessible quarterly reports for the up2us board.

Yarrow sees this approach as putting the person back into personalisation. Risk aversion is still very dominant and professionals have found the up2us approach challenging. Up2us supports people with learning disabilities to have more power and control, which means some professionals will have less power and control. Unless the issue of power is addressed, there is a danger that organisations could simply persuade people to pool their budgets without doing anything to increase their autonomy.

PILOT AREA 5

KNOWSLEY

Overview of the Knowsley pilot

Lead local agencies

The Richmond Fellowship, a national charity that works with people with enduring mental health conditions.

Local partners

Knowsley Metropolitan Borough Council.

People involved

The pilot was open to the whole community. Collective purchasing was led by three men with enduring mental health conditions who lived in an Extra Care scheme.

Aims and activities

The pilot aimed to develop the up2us web portal for the Knowsley community, and to support individuals who wanted to buy things together. Most of the work revolved around helping three men with enduring mental health conditions to jointly purchase gym equipment.

Timescale and costs

The pilot ran for one year and eleven months. A part-time project manager worked 2.5 days per week on the project at a cost of £30,000 per year.

Future plans

The up2us portal has received £10,000 from the local authority to run for another year.

Key learning from this pilot

The pilot offers useful lessons about: problems with current organisational approaches to risk management; challenges when many agencies have to work together to support personalisation; and some of the new expertise that organisations many need in order to support user-led approaches to collective purchasing that leads to shared ownership.

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Main activities 2009-2012

2009

Autumn/winter 2009: Richmond Fellowship and HACT negotiate to find appropriate area for pilot.

2010

January 2010: A local workshop is held in Knowsley to launch the pilot and invite people to help shape its aims.

May 2010: Up2us project manager appointed. She begins networking and awareness raising locally. A local reference group for the pilot is established. People who use services are recruited into focus groups.

August 2010: Three men in supported accommodation decide they want to buy gym equipment together to help them get fit.

2011

February 2011: Knowsley up2us online portal goes live.

March 2011: Gym equipment purchased. The mens Community Psychiatric Nurse involved in facilitating gym equipment purchase withdrawn from project.

March–July 2011: Richmond Fellowship restructuring means up2us project manager leaves up2us. A new project manager is seconded to run the pilot.

August 2011: Gym equipment installed.

September 2011: Further funding for People and Places online portal confirmed by Knowsley Council (to run from January 2012 to January 2013).

2012

January 2012: A strategy for running the Knowsley web portal is developed by the project manager. Discussions begin about the handover of the portal to Knowsley health and well-being board.

March 2012: Up2us pilot ends. Management and implementation of the portal is handed over to Knowsley health and well-being board.

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Introduction

The up2us pilot in Knowsley ran from late in 2009 until March 2012. It had the benefit of learning from earlier developments in the Oxfordshire and Kent pilots, and had two distinct elements: to develop the up2us web portal for the Knowsley community, and to support individuals who wanted to buy things together. Most of the work revolved around helping three men with enduring mental health conditions to jointly purchase gym equipment. This experience was also the main source of learning from the pilot.

Local funders and supporters

The project manager for the Knowsley pilot was seconded from the Richmond Fellowship, a UK-wide housing provider with expertise in supporting people with enduring mental health conditions. Due to restructuring within Richmond Fellowship, the project manager left the role in February 2011, was briefly replaced and then returned to manage the pilot in July 2011.

The LRG included Knowsley Council (whose representative was a commissioner and co-ordinator of self-directed support), a community psychiatric nurse (CPN), representatives from a local advocacy service, a local housing trust, HACT, the Richmond Fellowship, and a number of individuals who had experience of using services or caring for someone who uses services.

The practical collective purchasing took place in an Extra Care setting, but neither the housing association nor the care provider from this site was represented on the LRG.

Aims of the pilot

The overarching aims of the pilot were:

- to support the development of personalisation for people with enduring mental health conditions and to do this by engaging the whole community; and
- to promote collective purchasing as a mechanism to encourage personalisation.

The Knowsley site was selected by the Richmond Fellowship because the area had a longstanding positive relationship with local commissioners and other service providers. The local authority recognised that it was 'time for a change' and was forming a partnership with five other boroughs to promote personalisation.

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Deciding what to do

At the start of the pilot, Knowsley had around 400 people using personal budgets, with approximately 20 of those recorded as having enduring mental health conditions. There were some local examples of collective purchasing identified in the area:

- A group of people pooled money to cover the costs of attending a conference to learn about setting up your own self-help group.
- A social placement scheme supported people to jointly purchase group activities and events (at a reduced rate). This was happening before personal budgets were available.

In January 2010 (before the project manager was recruited) a workshop was held for the newly formed LRG to identify key outcomes for the pilot and some activities to achieve them. This was a service-focused event, reflecting the composition of the LRG. It arrived at the following medium- and longer-term outcomes:

- Reduce levels of bureaucratic culture among providers.
- Reduced reliance or dependency on services.
- Relax the rigidity of services.
- Increased use of universal services.
- Improved mental health.
- Autonomy and improved control for people using services.

Activities were identified as follows:

- Develop new information and tools, for example a social search engine and local mapping.
- Influence existing roles and networks, for example working with brokerage, care co-ordinators, networking, sign-posting, and working with ULOs. Create an environment for collective approaches, for example enabling people to buy activities in bulk, creating the environment for collective decision-making, and facilitating relationships and awareness of groups.

The workshop also identified the following local barriers to progress:

- *Cultural barriers*: things are 'done' to people in mental health; they often don't contribute to care plans or even get a copy; risk assessments and safeguarding documents.
- *Access barriers*: lack of awareness among service users of options for personal budgets and direct payments; individual care plan outcomes.
- *Commissioning barriers*: services commissioned in large blocks of activity.

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The project manager was seconded from Richmond Fellowship in May 2010. At an early stage, she took steps to find and connect with local service user forums to test out some of the ideas and potential activities that had been identified by the LRG. She found these groups welcomed the idea of collective purchasing, quickly identifying the practical and financial benefits. A small group of service users offered their time to develop practical elements of the work, such as publicity materials or testing the online portal. This group found that 'collective purchasing' was not accessible language and instead described the work of the pilot as 'buying things together'.

Out of these discussions, it was decided that the two main activities would be

- to support a group to buy things together; and
- to develop the up2us portal for Knowsley, based on the Oxfordshire portal.

Supporting a group purchase

The project manager introduced the buying together approach to colleagues and teams within Richmond Fellowship. There was some interest but it wasn't possible to introduce it into their current activities. There was also some interest in the online portal; several Richmond Fellowship activities are now registered on the site.

The initiative for the group purchase came from a local care co-ordinator. He contacted the up2us project manager, explaining that he was working with three men who wanted to pool their budgets to purchase gym equipment.

Buying gym equipment as a group

Peter (not his real name) lives in a local Extra Care scheme. It has 23 apartments for people of all ages with mental health, physical, and learning difficulties, with staff on site around the clock. The accommodation is owned by a housing association, with a separate organisation providing care, which has a staff office on site. Peter told his CPN that he wanted to get fit again (he had boxed for 10 years when he was younger). His medication (for schizophrenia) made him lethargic and for the last eight years he had taken little exercise, which made him feel worse. He used to walk his dogs regularly but isn't able to have a dog at the Extra Care scheme. He had put on weight and his GP had told him that he was at risk of diabetes and chronic obstructive pulmonary disease. Peter wanted to reduce these risks, but did not think he would have enough motivation to use a local gym on a regular basis.

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Sam and Martin (not their real names), two other residents at the Extra Care Scheme, knew Peter and shared his aim of getting fit again. Peter didn't want to exercise on his own and felt that doing it with Sam and Martin would be more enjoyable, more motivating, and more likely to keep him going.

The three men had the same CPN and discussed with him the idea of getting some equipment. The CPN found out about up2us and saw it as a mechanism to help them buy some equipment together, using direct payments (a novelty, as none of the men had used direct payments before). Initially the men applied for £500 to purchase the equipment. The final total cost was £895, including £500 for equipment, £200 for assembly, a one-off payment of £25 for an induction, and ongoing costs of £170 per year for maintenance and servicing of the equipment.

Taking the idea forward

To take the idea forward, the up2us project manager, the CPN, and the men involved had several meetings with the manager of the care services provided at their accommodation. She assured them that she had clearance for the project from the Housing Association that owned the property and from her own employer, the contracted care provider.

To pay for the equipment, the suppliers wanted an electronic bank transfer (through BACS). The Direct Payment system couldn't do BACS, which meant that additional time and paperwork was involved before the suppliers agreed to accept payment on receipt of an invoice.

To pool money and make this joint purchase, the up2us project manager, the CPN, and the care manager helped the men to form the Potters Bar Association, an unincorporated legal body responsible for owning the equipment and managing its future use. They had to get legal advice to ensure that the association was properly established. The CPN's involvement was then withdrawn by his line manager, because this type of support was considered beyond his competency.

It wasn't easy...

It took a very long time to get the equipment set up and ready for use. It was installed in communal space at the Extra Care scheme, behind the TV room and near to the kitchen. The men wanted it to be in a central place so that others would see them using it and want to get involved. The room is locked

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and people have to request access to use it.

The men purchased home-gym equipment, usually assembled at home by the people who buy it. Due to concerns about liability raised by the care provider, it had to be assembled by someone with suitable insurance and qualifications. This cost £200, not in the original budget, which was covered by Richmond Fellowship. Getting agreement for the assembly and the funds to pay for it took approximately three months.

Shortly after the equipment was purchased and assembled, the care manager was replaced by a new temporary manager. It soon transpired that no one at a senior level in the care provider organisation was aware of the collective purchase of the gym equipment. The temporary manager would not take the matter forward without more senior support. The regional manager became involved and decided to consult the local authority's independent living commissioners about protocols governing gym equipment.

Following the protocols

Following this advice, the Potters Bar Association has set out conditions for using the gym equipment. It stipulates that people must have:

- consulted their GP and consultant beforehand and have a signed recommendation from their GP;
- completed a 'physical activity readiness' questionnaire (PAR-Q) and if this indicates any concerns, go to the GP for a 'Well Person' check-up and signed confirmation of fitness to use the equipment;
- completed an induction by a fitness instructor approved by the care provider;
- a separate risk assessment implemented by the care provider; and
- signed a disclaimer that neither the Potters Bar Association nor the care provider will be responsible for any injury.

A qualified fitness instructor offered to do the inductions free of charge, but this option was removed because the care provider insisted that the inductions be paid for, so as not to undermine their validity should a problem arise in future. According to the local authority's protocol, the equipment suppliers should themselves induct the fitness instructors in how to use their equipment, before the instructors could induct the people who would actually use it. This would have cost an extra £85 had the up2us project manager not intervened. Eventually it was agreed that the equipment was standard and there was no

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need for the instructor to undergo additional training.

According to the local authority's protocol, a maintenance agreement should be signed with the supplier of equipment for the first three years, as part of the original purchase. This had not been agreed or budgeted for when the gym equipment was purchased. Following investigation by the up2us project manager it transpired that the supplier, who only traded in home gym equipment, did not offer a maintenance agreement system. The supplier then agreed to make a six-monthly maintenance visit at an annual cost of £170 (or £85 per visit). It is hoped that membership contributions from others using the gym equipment will cover these costs. If not, the extra costs will be discussed with Peter, Martin, and Sam and, if appropriate, built in to their support plans.

Making it happen

At first other residents were interested in using the equipment but there was such a long interval – at least seven months – between talking about it and making it happen that they lost interest. According to Peter, 'the fact that the equipment had already been bought and delivered, so we could see it was here, even if we couldn't use it, kept up our spirits and has made it easier to stay enthusiastic'. He is optimistic that people's interest will build again when they eventually see the three men using the equipment.

Later in 2011, a new permanent care manager was appointed. She became a keen supporter of the collective purchase and of the Potters Bar Association. For her, personalisation was about having an 'ordinary life' and the men should be supported to take responsibility of the implications of their spending.

Staff at the Extra Care scheme have resolved to encourage the men to keep up their use of the equipment, making access easy, and prompting them to display personal fitness plans on the walls to encourage themselves and others. The staff aim to help the men to have a positive experience of running and managing the Potters Bar Association. They are aware of potential problems – for example, some of the men have had problems managing money in the past, but now they will need to manage an appropriate banking system.

Developing the membership

The Potters Bar Association, and particularly Peter, wants to develop a membership model for the gym, whereby people pay a small annual fee plus £2 per week to use the equipment as much as they like. Other residents have

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told him they feel this is reasonable, particularly since the equipment is right there.

Peter wants to offer membership to the staff at the Extra Care scheme and to other local residents from the surrounding community. A business account has been set up for the Potters Bar Association to process all funds including membership fees, continuing maintenance and new equipment.

The new, permanent care manager was not happy to support this. She pointed out that, if people were charged a membership fee, the Potters Bar Association would have to take out public liability insurance. She was also worried about staff time management and potential confusion between residents and staff about whether staff were using the equipment on or off duty. Opening up access to the wider local community was thought to put residents' safety at risk.

The up2us project manager has been helping the care manager and the Potters Bar Association to understand the implications and getting estimates for purchasing public liability insurance to enable the men to explore the membership model.

A final set of hurdles

In the last two weeks of the pilot, a major problem arose that could put the entire equipment purchase in jeopardy. The Housing Association manager told the up2us project manager that his organisation had never been informed of the gym project and no permission had been sought for the installation or the changed use of the room where it was installed. (This contradicted advice received at the outset.) The association was committed to this kind of innovation work, but had a number of concerns:

- *Health and safety*: the type of equipment being used; the fact that it was not secured to the ground; inadequate ventilation in the room; use of equipment as potential weapons.
- *Consultation and use of premises*: restricting access to the room by tenants who may want to use it for other purposes (although the pool table, which was originally in the room, was now more accessible in the common room); there had been no consultation with the landlord or other tenants before the change occurred.

At time of writing, efforts were being made to address these concerns. Another

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room had been found in the building and the housing association is arranging for a consultant to assess its suitability as a gym. Pending the outcome, the association will see whether its own public liability insurance will cover use of the gym. As a last resort, two further options have been mooted. The housing association could purchase the equipment and take responsibility for it; or the equipment could be moved to one of the tenants' flats. The costs of dismantling, moving and re-installing the equipment have not been discussed.

Developing the Knowsley up2us online portal

The initial workshop found that it was difficult for people to discover what was available locally and to identify other people who might be interested in doing similar things.

Knowsley was able to benefit from the development of the up2us portal in Oxfordshire (*page 35*). However, this was for the whole community, while in Knowsley the portal is intended mainly for people who use services. The Knowsley portal is described in local advertising as a safe and secure online community which you can join to:

- see what services and activities are available,
- link up with others to share costs, and
- find out what's going on in your community.

It is open to citizens of Knowsley who use social care and support services; their carers; service providers and local agencies; and community groups.

The project manager used her own local networks to approach organisations that could become part of the portal. She visited local organisations, gave presentations and workshops, and provided materials and online trials. It was also part of the role of the service user group and LRG to promote the site locally.

The process of developing an online profile is straightforward. Online guidance, written materials, and a short Youtube clip are available to help. The project manager offered all organisations one-to-one support to register their organisation and go live on the site. This was well received and put to use. Continuing online or telephone support was available from the project manager once organisations had 'gone live'.

It is technically straightforward to go live after one session. However, the

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project manager found that many people she supported were not confident about putting their organisation online immediately. They said they needed internal clearance or time to bring together further information or offered other excuses. Once the project manager wasn't there to support them, the task of going live often lost priority and was not completed. Many organisations stalled at this stage. An additional challenge was that several organisations (including the council's day services) had inadequate IT facilities to support the portal. CDSM made recommendations to the council about what software and network access was required. There are currently 30 organisations online, with 14 actively using the site.

Future plans for the portal

At the beginning of the pilot it was thought possible to align the development of the up2us portal with a new ULO. The project manager made contact with the ULO and introduced the up2us pilot. She regularly attended the ULO board meetings and found the chair to be passionate about social media. It looked promising, but as the ULO has developed, it has decided that the website was not a priority and was not keen to host it.

Subsequently, the local authority agreed to invest £10,000 in the portal to cover the license for the platform for an additional year (£7000) plus a launch event and training for future administration of the site (£3000). The portal will support planned changes within day service provision. Organisations currently providing day services locally will be asked to use the site to advertise their own work and to support their members to link up with other services and activities. They will support new people to get online and register new members and provide other administrative back-up. In the short-term the key focus is on building online social networks and ensuring the portal is suitably busy so that it seems an attractive and useful place for people to visit. In the longer-term, if it proves to be effective, it is anticipated that the portal will cover its own costs by requiring organisations to pay a small fee to appear online.

Key learning from Knowsley

Learning about personalisation

A large number of agencies have played a role in the group purchasing of gym equipment, including care providers, landlords, community psychiatric teams, people who use services, local commissioners, and the up2us pilot team. This

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level of complexity is not uncommon in a housing context but as the pilot has demonstrated working together effectively to achieve personalisation has been problematic. Each organisation has struggled to maintain its own procedures. At times these have significantly delayed practical progress. This suggests that some organisations should play different roles; for example, landlords may need to be more active. All will need to be more accountable to people who use services – rather than just to those who commission them.

This pilot shows how important it is to take a positive approach to risk and to health and safety procedures. Of course, people should not be exposed to unnecessary dangers, but home gym equipment is purchased, owned, and used by huge numbers of people across the UK at very low risk. Personalisation seeks to support people to live 'normal lives' and is bound to lead to individuals doing new things. Applying traditional processes of risk assessment or taking an overly risk averse approach threatens to undermine or stall such initiatives. At times it seemed that risk management was more about protecting organisations than supporting the individuals involved. Issues of risk and health and safety have been magnified in this pilot as each organisation has tried to follow its own procedures instead of recognising and sharing those of other organisations. This has led to duplication and delays of more than 18 months. Such conflicts must be resolved if real progress is to be made towards personalisation.

Learning about collective approaches

When planning a direct payment it is vital to take account of all actual or potential expenditure, including insurance, maintenance, membership and other relevant items, so that the application can be submitted to cover full costs. In the example the cost of the joint purchase increased from £500 to £895 once additional elements were included. Ideally at an early stage there would be an outline plan for the future of the purchase, which would cover things like setting it up as a new business, as in this example. Notwithstanding the complications, the Extra Care manager gives clear advice: 'Don't let the obstacles stop you from doing it because really the whole principle of direct payments is the sky's the limit.'

In this case the collective purchase of equipment by residents was unprecedented and required some specialist support, such as business planning, legal advice, and finding appropriate insurance. The Richmond Fellowship is a large organisation, but this way of working was unfamiliar to its

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in-house teams. The project manager had to identify organisations who were already working in this way – for example, Community Catalysts⁷¹ – and get appropriate support through them.

Learning about co-production

This pilot was dogged throughout by staff changes. The up2us project manager temporarily left because of the Richmond Fellowship's internal restructuring. Staff changes by the care provider seriously undermined the future of the pilot as senior support had not been established at the outset. A significant proportion of the project manager's time was subsequently spent sharing information between all the parties and rebuilding trust. These levels of trust and engagement are crucial when a new approach is being developed.

Learning about the role of Housing Associations

The collective purchase has been beset by delays. The slow pace has been compounded by changes in frontline staffing, which have revealed a lack of organisational involvement or support. At each stage, the up2us project manager has had to commit considerable time and resources to informing and engaging broader, more senior teams within the relevant housing and support organisations to ensure they became backers rather than blockers of the pilot. When frontline staff are themselves beset by a great deal of change, it is vital that they feel they have the confidence of senior managers and are expected to deliver. They must feel sufficiently empowered to take new approaches forward. In this pilot, frontline staff initially supported the group purchase, but the initiative stalled when it was taken to more senior managers. The main interaction between organisations and people who use their services is through the relationship between service users and frontline workers, who are more important within this dynamic than their managers. If there is no empowerment at this point of interaction, it will be difficult to achieve more personalised ways of working. This is a real challenge as final sign-off for decisions is frequently held away from the frontline.

When it came to developing the up2us portal, there was a similar problem. Providers needed higher level sign-off to commit to using the portal effectively, which required investing staff time over a sustained period of time.

It is important to recognise why and how the portal is different from having a group on Facebook or a website advertising services. Getting the maximum benefit from the portal, and from new online technology generally, requires

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new skills and new ways of working. Currently, service users tend to be ahead of providers. If organisations are to reach people with offers of new, personalised services, they must think differently about how they promote themselves. Digital marketing is becoming more and more important but few support organisations have the necessary skills. They will need to invest time and resources to build their capacity and to think differently about promoting themselves, not just to commissioners, but to people who use their services. The new media are a natural route for this.

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NORFOLK

Overview of the Norfolk pilot

Lead local agencies

Norfolk County Council.

Local partners

Norfolk Coalition of Disabled People (NCODP), a ULO; Broadlands Housing Association; CSV, a national volunteering organisation; and the Centre for Empowering Practice, a charity.

People involved

People with learning disabilities, older people, and people with physical disabilities in group settings and living independently.

Aims and activities

To extend and improve collective purchasing. The project manager learned from local examples and developed practical recommendations for staff supporting collective purchasing. The work linked co-production, personalisation and collective purchasing. It also tested participatory budgeting⁷² as a way of deciding what to buy together.

Timescale and costs

The project manager was in post for two years from October 2010. She was seconded from Norfolk County Council and worked 2.5 days per week on up2us at an annual cost of £30,126.

Future plans

Norfolk County Council's disability development team will continue to work on collective purchasing and co-production in Norfolk.

Key learning from this pilot

The pilot offers useful lessons about making collective purchasing a positive experience for people sharing services; about practical problems with personal budgets; and about how collective approaches can help a local authority to put personalisation into practice.

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Main activities 2009-2011

2009

Norfolk up2us local reference group forms. Aims and objectives established.

Norfolk County Council reviews its day services. It decided to phase out grants for support groups for people with low support needs. Future funding for support groups expected to come from people's personal budgets.

Funding for the up2us pilot agreed.

2010

Up2us project manager seconded from Norfolk County Council Development Work team.

Outcomes workshop held to agree objectives for the pilot.

2011

Up2us project manager supports providers and residents to improve a struggling collective purchase.

Participatory budgeting used by older people to plan their future day care services.

Norfolk County Council restructures.

Project manager studies a successful example of group purchasing.

Up2us raises awareness of collective purchasing with senior Norfolk County Council staff and commissioners.

Norfolk County Council and NCODP produce a joint commissioning vision statement on co-production.

Up2us LRG explores the up2us portal (developed in Oxfordshire). Local support for this is growing as people see that it provides opportunities for people to meet and purchase things together.

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Introduction

The Norfolk up2us pilot was the last to be established. It is the only one that has a local authority as the lead agency, Norfolk County Council. The pilot, which is county-wide, aimed to improve and extend collective purchasing. There were already examples of this in Norfolk, some of them in housing settings. Norfolk County Council was changing how it supported day services and some grants were due to end. The pilot wanted to support people affected by these changes to see if they could spend money together to buy services. The pilot sought to learn from these local examples to develop guidance for others who might buy things together.

Local funders and supporters

No local housing organisations were willing to run the pilot. Norfolk County Council's Adult Social Services Department took the lead, with support from the voluntary sector and local ULOs. The project manager was seconded from the Council's Day Services Development Team. The county manager of the Day Services Team has been the local champion.

The LRG in Norfolk included local authority members; the Centre for Empowering Practice, a local charity; NCOOP, a ULO; HACT; and voluntary groups including CSV. Saffron Housing Association attends some of the reference group meetings. Individual service users and their supporters, who have experience of the pooling budgets, are also members.

Aims of the pilot

The pilot aimed to extend and improve collective purchasing, learning from existing local practice. The project manager worked alongside professionals who were already pooling budgets in supported housing and day services. The project manager reviewed what professionals did, identifying problems and what went well and why. Up2us then raised the profile of collective purchasing and shared practical information with professionals and user-led networks within Norfolk.

Deciding what to do

The local authority has been consulting with people who use services for over eight years. During these consultations people said the things that mattered to them were:

- increasing opportunities to do things in the evenings, at weekends, and in the community rather than just in day centres;

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- having support to exercise choice and control and to manage personal budgets; and
- maintaining contact with friends and widening social networks.

A workshop in December 2010 brought together current and future users of services, Norfolk County Council staff, ULOs, and local third sector providers.

The workshop identified three areas of work for the pilot:

1. Support tenants and staff in supported living housing where pooled budgeting was happening or being planned. Find current practice, compare approaches from different places and build learning.
2. Support pooling budgets for day services. Link to existing local participatory budgeting pilots. Work with older people and service providers to develop self-funding models.
3. Raise the profile of collective purchasing. Network with the local authority and local providers. Ensure strategy and practice supports collective purchasing.

The project manager has also promoted personalisation and personal budgets. This has led to learning what is required to make personalisation successful.

Towards the end of the pilot, the LRG became interested in the up2us portal. The up2us portal was originally developed in the Oxfordshire pilot. It is a user-formulated community networking web portal that brings together local people, local knowledge, and local resources. The Norfolk pilot wanted young disabled people to be able to access the portal, too.

1. Pooling budgets with residents in supported living

The project manager worked in two places (called here 'Housing A' and 'Housing B'), where residents had pooled budgets to purchase shared overnight support in their accommodation.

Housing A

The support had already been purchased when the up2us project manager made contact with the eight residents. All the residents had physical disabilities and were living near Norwich. The eight tenants were selected for the accommodation by the local authority. They each had support to create a personal support plan. No-one had met before and several people were new to the area. Nothing was done to find common interests or experiences between the residents. No one introduced the tenants to each other before or after moving in.

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As part of their tenancy, everyone had a shared overnight support package. The eight residents all had to be part of a 'pooled payment' for overnight support. Each had to pay about £5000 annually to the pooled service. This wasn't discussed with people before they moved in. No residents were involved in deciding what the shared support service would be or in influencing the service specification. No residents assessed or interviewed potential providers. They said the night care purchased was not meeting their needs, describing a number of problems including:

- Feeling unhappy about the lack of consultation when they moved in.
 - Receiving unclear information about the support they would get.
 - Moving in at different times and not being introduced to one another.
 - Having nothing in common with other residents.
 - Having different support needs to other residents.
 - Feeling unhappy about the cost of the night care.
 - Being worried about family members who were extremely stressed about their circumstances.
 - Worrying that some personal budgets were not meeting people's needs.
- Residents had tried to deal with problems but found it difficult. They weren't clear who was responsible for their housing, care, and support services. The member of staff who had helped them initially was transferred to a new activity once everyone had 'moved in'.

Housing B

Six new flats near Kings Lynn were available within a larger new development. A social worker, an occupational therapist, and a behaviour learning difficulties nurse formed a housing group. They identified some people who needed housing, had some common support needs, and were likely to get on. They organised some social activities to get people together and let them find out whether they got on with each other.

As they got on well together, the six future residents became closely involved in organising their housing support. The future residents and their families were told that they would be jointly buying a support package as part of their care. They would decide as a group what they needed and who would provide it. Payment for the support package would only be a part of each resident's personal budget. They could spend the rest of their budget how they wanted with no requirement to spend any more with the support provider.

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Before the support package was commissioned, the group met up formally and informally. Sometimes social workers were invited to these meetings. The group discussed what people felt they needed and wanted to buy. This became the service tender. It had a focus on quality rather than cost. The group then had support to review submissions to the tender and three providers were short-listed.

The potential providers gave presentations to the residents and their families. The group then chose one of them – a local provider. The residents said that they wanted to be able to go to the office easily if they needed to.

Once the provider organisation was chosen, the residents met the managers to decide exactly what hours and duties would be needed and to confirm the cost. The group decided to have two staff on duty at night (4pm to 10am), one awake and one asleep. One member of staff would be available at weekends. If tenants wanted support outside these hours they would purchase it individually. The residents met staff before they were employed to make sure they liked them and it was agreed that they would meet any new staff introduced in future. There is nowhere designated for overnight staff to sleep, but two residents agreed they could stay in their spare rooms. Staff could always be reached by the tenants on their mobile phones.

Everyone moved into the accommodation within a two-week period. They already knew each other, with some firm friendships already established. The residents are confident in dealing with the care provider. They seem to be less reliant on their families to help them live independently than the tenants in Housing A.

Learning about pooling budgets with residents in supported living

- People need to co-produce the process. This means that people understand the process and get the services they want. It makes them more confident in their relationship with services.
- Helping people meet in informal and formal ways helps them get to know each other and develop friendships. This has led to a lower dependence on staff or family members as people support one another as friends.
- Collective purchasing helps people take on personal budgets. In both these cases no one had a personal budget before moving in.
- If people's circumstances change and they want to opt out of the support package, it will affect what the other residents need to pay.

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- The procurement process was laborious but it could be followed by others and provided protection against future challenges.
- The professionals involved here suggest that it could be difficult to work with groups consisting of more than eight people: it would be harder to get larger groups to meet together and reach agreement.

2. Pooling personal budgets for day-time activities

The introduction of personalisation in Norfolk has affected voluntary and private organisations as well as the local authority's in-house services. The up2us project manager reviewed activities in three settings and asked two questions of people who use services and providers:

- What support do providers need to move from grant funding or service level agreements (SLAs) to services funded from users' personal budgets?
- What support do individuals need to pool their own personal budgets to fund an existing group or activity, or to start a new one?

Older people's day centre

Participatory budgeting was tested in a 10-week trial with older people. The project aimed to help them explore individual budgets and understand the future changes to how their day services would be funded. It was expected that the participatory budgeting would be with people's own personal budgets. Very few people had a personal budget so funding had to come from elsewhere. Over the 10-week pilot, all participants were assessed and, when eligible, received a personal budget.

Twenty people at the day centre were given a list of potential activities. Each person had £50 to spend on a day a week for 10 weeks. The list was developed by staff and some service users. The activities cost up to £20 but many were free. Some were at the day centre while others involved travelling to new places. Some things needed minimum or maximum numbers in order to take place.

A participatory budgeting day was held. Older people were helped to budget their own activities. Staff then reviewed these choices and designed the future activity schedule. If there weren't enough people for an activity, people had to choose other things.

Since the participatory budgeting exercise, a wider range of activities has taken place. People seem more confident to tell the staff how they want things to

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happen. For example, the baking group told staff they didn't always want to eat their cakes at the end of the session, but instead wanted to take them home to share with friends or neighbours. Initially, staff were surprised by this but they were able to change the sessions.

The centre is now using participatory budgeting to plan activities four days per week. Community-based activities continue to be most important. People have formed groups based on where they live more than on common age or health conditions.

So far the prices for activities have not included the centre's overheads or staff costs, or travel to and from the centre, which remains free for people who go there.

Supporting day-time activities

Norfolk County Council is changing the way it funds support for people with critical and substantial needs. SLAs and grants will stop and people will need to fund support from their personal budgets or their own money. Some professionals have worked with people to buy services together.

The M Group

A group running five sessions a week for people was de-commissioned by Norfolk County Council. Thirteen people came regularly. Local authority development workers met with them and found that seven people wanted to keep meeting up. They found a local village hall to meet, in the same building as the post office and a doctor's surgery and shared with other group activities. Transport is provided by West Norfolk Community Transport. People use direct payments to pay for two carers to support the whole group when they meet up.

Learning about pooling budgets for day-time activities

- Participatory budgeting will be more virtual than real until costs are known for building, staff, and transport. But it has provided a useful introduction for people who have so far received services free of charge.
- Staff found it difficult to find new activities locally. It took a lot of time to arrange 'real' opportunities.
- There were some restrictions when people went out for the day. Some things hadn't been budgeted for. For example, a higher ratio of staff to service users was required for activities outside the centre, which meant fewer older people could take part.

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- The development workers found pooling funds took longer than they expected because of problems in finding suitable times and locations for people to plan things, and because of the time needed for everyone to be assessed for direct payment before a collective budget could be agreed. People needed support during the process and didn't want to be rushed because it was a big change
- Money was a big issue because people found themselves paying for things that had previously been free of charge. People were sceptical that this way of doing things would work and felt that services were being taken away from them unless they paid out of their own pocket.

3. Raising the profile of collective purchasing

The project manager has been part of a working group shaping the new Norfolk County Council practice guide, *Involving people in commissioning services – a guide for Norfolk County Council Staff*. This guide is for all council staff, particularly those involved in commissioning services. It emphasises the importance of co-producing activities with people who use them, and involving people who use services in designing, commissioning, and delivering services.

The up2us project manager took part in the consultation that informed another document, *Commissioning for Personalised Health and Social Care Outcomes in Norfolk*. This was co-produced in 2011 by older people, disabled people, people with long-term conditions and carers, working with a representative of Norfolk's Health and Social Care Integrated Commissioning Team. The group developed 16 outcomes that Health or Social Care services should deliver. Outcome 8 says: 'I am able to use my personal or health budget to group purchase equipment, support, or to pay towards an activity so I can make the most of the money allocated to me.' It will be possible to challenge anything that inhibits pooling budgets because it is now an outcome approved by the Community Services Senior Management Team.

The project manager combined her own experience of managing a personal budget with the learning from the Norfolk pilot. She has given expert testimony to national groups including the SCIE Personalisation and Housing group, the Norfolk personal health budget pilots, clinical commissioning groups and Budgets and Beyond (research funded by the Social Care Institute for Excellence (SCIE) on personalisation and co-production). Some things about personalisation that can be a barrier to collective purchasing have been identified:

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- People's personal budgets start at different times and not always at the beginning of the financial year.
- The cost of a group purchase may affect people differently.
- Support workers overwhelmingly take an individualised approach to people planning a personal budget.
- Professionals are wary about group buying as they have found it difficult to find new or different activities for people.
- No information is available for individuals, or for professionals supporting them, about how to go about pooling budgets and crucially how to find people to share experiences (and costs).
- It has helped to have one person able to approve all of the personal budgets for people who are pooling; when this isn't the case there are delays.
- Staff and people with budgets struggle to meet and agree spending decisions when lots of people are involved.

Supporting smaller groups and ULOs

Smaller voluntary groups and ULOs aren't clear how personal budgets will affect them and how to respond. The up2us project manager met smaller groups and found they needed more tailored information. They are in a strong position to create opportunities for collective purchasing. Local people with budgets were clear that groups locally organised and run were meeting their needs.

With the introduction of personal budgets more groups and organisations are being moved away from grants, SLAs, or block funding. In future they will be funded by personal budgets, spot contracts, or people paying from their own savings. In Norfolk there isn't information specifically for smaller organisations, user-led or collective purchasing groups. The up2us project manager is working with NCODP to provide this. In particular they will help groups understand personal budgets and how to price their services and support collective purchasing.

Developing a community website

Norfolk was able to benefit from developments in other up2us pilots, such as the web portal launched in Oxfordshire. People in Norfolk said it was difficult to:

- access good information about what is already available;
- meet people who share similar interests, rather than similar conditions; and
- find enough people to make economies of scale possible.

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The Norfolk LRG wants to develop an up2us portal for Norfolk. Local service users, third sector organisations, and community groups are interested in the up2us portal but so far funding bids to develop one for Norfolk have been unsuccessful. Norfolk County Council is investing in its own citizens' portal. The reference group aims to develop the up2us portal as a community site, run independently of the local authority – although the council could be a partner.

The portal would also be open for young people. Many young people with physical or learning disabilities in Norfolk live far from their friends and have few opportunities to meet each other outside school. Young people would have access to the portal whilst still at school, strengthening their existing means of keeping in touch with friends. The portal could help them to maintain friendships and make new ones when they leave school.

Future plans

Norfolk intends to continue the up2us approach. At least one development worker within the Norfolk County Council Development Team will lead on developing pooled activities. Other development workers will get support and information about how to support groups to buy and do things together.

The up2us portal will be developed with service users testing it for accessibility and relevance. A plan to grow a healthy online membership of people and organisations/opportunities will be developed. The portal will be promoted across council teams and ULOs.

The development workers will continue to work with NCODP, the local ULO. It is hoped that NCODP will champion pooled budgeting and share ideas and practical examples with its members.

Key learning from Norfolk

Learning about personalisation

The lack of transparency about real costs of services makes it hard for people to allocate real or virtual budgets. The slow pace of assessments means some people are missing opportunities to do things together. Dedicated support is needed for small voluntary sector or ULOs to operate in more personalised ways.

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Learning about collective approaches

It can be hard for people to find opportunities to do things with others. Technical issues make it difficult for people with personal budgets to pool their funds successfully. People receive their personal budget payments at different times. This makes it hard to find a good time for everyone to pay into something at the same time. Support workers tend to work in an individualised way so do not introduce the opportunity for collective approaches. The best examples from Norfolk have relied on one proactive professional who has been able to introduce groups of people and to sign off all of the personal budgets involved.

Learning about co-production

Co-production can generate positive results in designing and commissioning services. It is important to allow people time to get to know one another. The approach needs to be open and accessible and shaped by the assets and needs of everyone involved. ULOs such as NCODP can play a valuable role in co-producing future strategies with and for people with direct experience of services.

Learning about the role of Housing Associations

Housing Associations have not been very involved in the Norfolk up2us pilot. Pooled budgeting has taken place in Housing Associations' properties but they have not been directly involved. The good (and less good) work that has taken place has been led by social workers, care providers, and the individuals involved. In the positive housing examples, it is clear that Housing Associations don't necessarily need to be heavily involved or leading the work. However the residents in Housing A were negatively effected by the complete absence of their landlord. Housing associations need to think carefully about what role or level of involvement is appropriate in various situations and work with people who use services to find the most effective types of involvement.

WELL-BEING FINDINGS

Introduction

This section considers how the pilots have affected the well-being of participants. As noted earlier, an important goal of the up2us project has been to explore if being involved in an up2us project improves the well-being of people availing of care and support. This involves creating conditions that enable them to do well in life and to flourish. Improving well-being is not only ethical and fair; it is also a strong predictor of people's resilience, of their ability to build positive family and social relationships, and of their productivity at work.

To assess the impact of the pilots on well-being, we used a combination of quantitative and qualitative methods: a set of before and after questionnaires, and a secondary analysis of in-depth interviews, using a well-being lens. The findings are indicative rather than definitive. They are intended to help build knowledge about how changing attitudes and practice in relation to services and support can affect the way people feel about themselves and their capacity to flourish.

The well-being questionnaires

Participants in the up2us pilots were invited to respond to two sets of questionnaires, one towards the beginning of the pilot and one at the end (called here T_1 and T_2 , respectively). The questionnaires were developed by **nef**, drawing on existing measures, in consultation with the pilots' project managers.

The T_1 questionnaire included measures of well-being plus questions about the support people currently received, their expectations of the up2us project, and some basic demographic information. The T_2 questionnaire repeated the well-being measures and included additional practical questions about whether participants received a personal budget and whether they had spent any money as part of their involvement in the pilot. At the T_2 stage participants were also asked:

- What practical changes, if any, had occurred in their lives as a result of up2us.

- What, if anything, made it difficult to get involved.
- Whether they used their time differently.
- Whether their involvement had helped with other changes such as making friends or choices, learning new things, and getting better care and support.
- Whether they would like to continue their involvement and would recommend up2us to others.

Both questionnaires (T₁ and T₂) asked the same set of questions about how people experienced their care and support, about being part of a group, and about some of the choices they made. They asked people to evaluate their well-being overall and to answer a series of questions designed to assess their emotional well-being and how they functioned in their day-to-day lives. The comparison of before and after responses was intended to shed light on how far and in what ways the pilots had affected well-being.

Some caveats

The findings from these questionnaires must be interpreted with caution. For one thing, a relatively small number of participants in the pilots responded to them: 58 and 38 people at T₁ and T₂, respectively. There are various reasons for this, including day-to-day pressures on the project managers' time and a low priority given to evaluation in each area. Completing the questionnaire was not mandatory; many who opted not to respond remained interested and active in the pilots. It is possible that those who did respond were most engaged with the pilots and therefore prone to be more positive about them, especially at T₂.

There is some danger of responses being biased in particular ways that are fairly common when people are asked to reflect directly on their experiences. These might include a propensity to agree with questions (acquiescence bias) and a tendency for the memory of something to be stronger or weaker, depending on whether it was experienced as positive or negative (recall bias). There is some evidence that such biases did not overly distort the responses to our questionnaires (e.g. respondents' willingness to report that being involved in the pilots had made no overall change to their lives), but the caveat remains. There was some overlap between those answering at T₁ and T₂ but the two groups comprised different individuals with potentially different characteristics. Furthermore, there were no comparison groups, so participants' responses could not be compared with those of people not involved in the pilots.

Summary of findings from the questionnaires

Less than twenty percent of respondents to the second questionnaire (T₂) knew that they were receiving a personal budget.⁷³ A relatively small proportion of respondents had spent any money as part of their involvement in up2us. These findings confirm those from other parts of the learning exercise, which show that the projects were less directly focused on pooling personal budgets than originally envisaged.

The findings from the T² questionnaire provide a useful source of information about how the respondents perceived the projects. When answering in their own words, considerable numbers spoke about changes in their life which they attributed to up2us, for example, doing more activities, making friends, or meeting new people. Others said there had been little or no change to their life overall. However, the majority of respondents responded positively to specific questions to indicate that up2us had helped them make new friends, to make more choices about what they do, to learn new things, and to find out more about what is available in the area. The changes that were reported least often were getting involved in organising events or activities, and having or doing things that were not previously affordable.

There were few reports of problems that made it difficult to get involved in up2us. A large minority of respondents reported that, since getting involved in up2us, they spent more time getting out and about, doing things with other people, and going on trips. More, however, said that they had spent either the same amount of time as before or less time doing each of these things.

A large majority of respondents said they would like to continue their involvement with up2us and would recommend similar activities to other people.

The results show that, where the same questions were posed in both before and after questionnaires, those who responded to the second one (T₂) were generally more positive than those who responded to the first (T₁). We cannot provide a definitive explanation for this difference; it is likely that the different composition of the two respondent groups, the impact of up2us and other changes in respondents' lives over the period all played a part.

Participants responded more positively at T₂ than at T₁ about feeling that they got the right support to help them live their daily life and that they were part

of a supportive group. More respondents at T₂ said they experienced frequent positive emotions, but when asked about negative emotions, there was no significant change between the two questionnaires. The extremely skewed distribution towards positive responses on the question about happiness with life overall at T₂ should be regarded with extreme caution, because this is a very unusual response pattern to a standard question, which may be due to the potential biases noted above. Respondents at both stages were broadly positive about the functioning aspect of well-being. There was, however, a significant change between T₁ and T₂ on two elements of functioning: more respondents to T₂ gave positive responses to questions about making choices in their daily life and getting the chance to do things they are good at.

We now set out a series of tables and charts that present the main findings from the questionnaires. These are arranged in the following categories.

All respondents

- *Who responded.* The first table shows responses to each questionnaire.

Respondents at stage two only

- *Experience and impact of the project.* The tables and charts marked 2–6 show responses to the after questionnaire (T₂) about their experience of the project and the impact it had on their lives.

Comparing responses before and after the project

- *Day-to-day experience.* Charts numbered 7–10 show comparisons between participants' responses at both stages (T₁ and T₂) to a set of statements about their daily lives.
- *Emotional well-being.* The next set of charts, numbered 11–14, show participants' responses at both stages to questions about their feelings, which are likely to contribute positively or negatively to their sense of well-being.
- *Good functioning.* Charts numbered 15–21 focus on how respondents do things and feel about their actions – their capacity to function in the world which is the central aspect of the dynamic model of well-being (page 25).
- *Overall evaluation of life.* Chart 22 reports on people's happiness with life overall.

Who responded**1. Pilot sites of respondents to T₁ and T₂ questionnaires.**

Pilot site	Number of respondents to well-being questionnaires		Total number of people involved in up2us pilot
	T ₁	T ₂ *	
Barking & Dagenham	14	6	112
Kensington & Chelsea	4	11	55
Kent	15	0	15
Knowsley	1	3	49
Norfolk	20	11	73
Oxford	4	7	100
Total	58	38	404

**Three respondents from Knowsley and one from Oxford filled in a questionnaire designed for use at T₁ at T₂. Their responses have been included in the analysis for questions common between the two questionnaires.*

Experience and impact of the project

These reports of experiences of up2us come from people responding to the T₂ questionnaire.

2. Changes in their lives which respondents think up2us has made.

Type of change	Number of respondents reporting change
Doing more activities, trips/getting out	12
No/little change	10
Met new people/made friends	9
Having a say/making choices	5
Contact with other people	2
Confidence	2
Awareness of available activities	2
Better understanding of available care and support	2
New skills	1
Self-esteem	1
Having somewhere to come to	1
Sharing costs	1
Generally good	1
Answer not codeable	3
Total responses*	52
Number of respondents responding to question	34

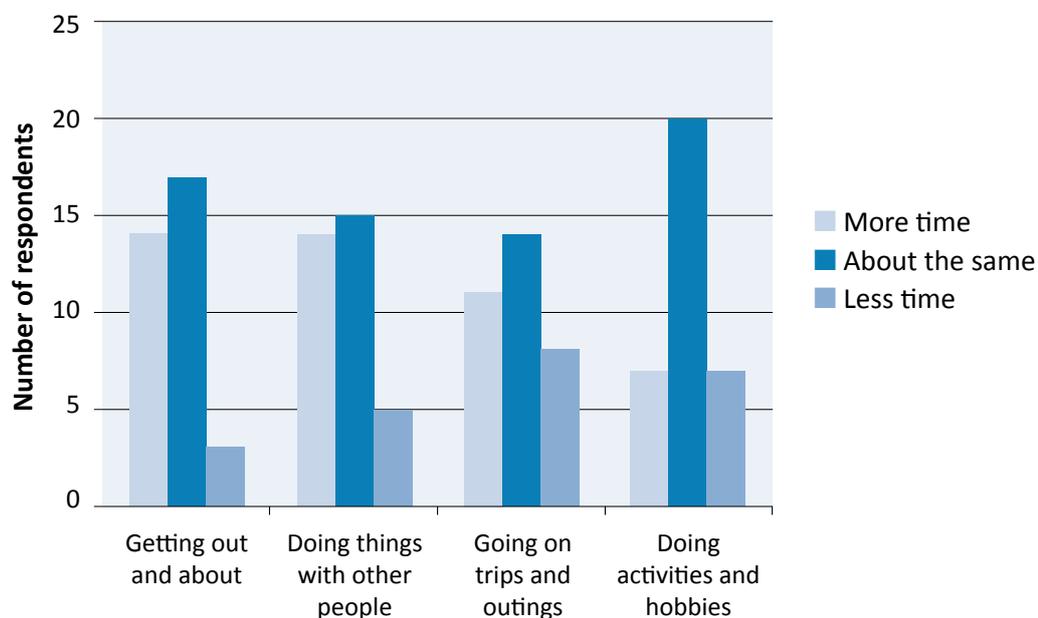
**NB Respondents could report more than one type of change.*

3. Things which have made it difficult to get involved in up2us.

Type of difficulty	Number of respondents reporting difficulty
Nothing	16
Scheduling of activities	3
Lack of availability or promptness of support staff	3
Activities not wheelchair accessible	2
Learning new skills	1
Needing to build confidence	1
IT systems not working	1
Lack of IT access	1
Disappointment with specific activities	1
Affordability	1
Lack of places on trips	1
Apprehension of new activities	1
Lack of desire to take part	1
Problems with other project members	1
Difficulty absorbing information	1
Don't know	1
Total responses*	36
Number of respondents responding to question	33

**NB Respondents could report more than one type of difficulty.*

4. Change in time spent on activities since involvement in up2us.

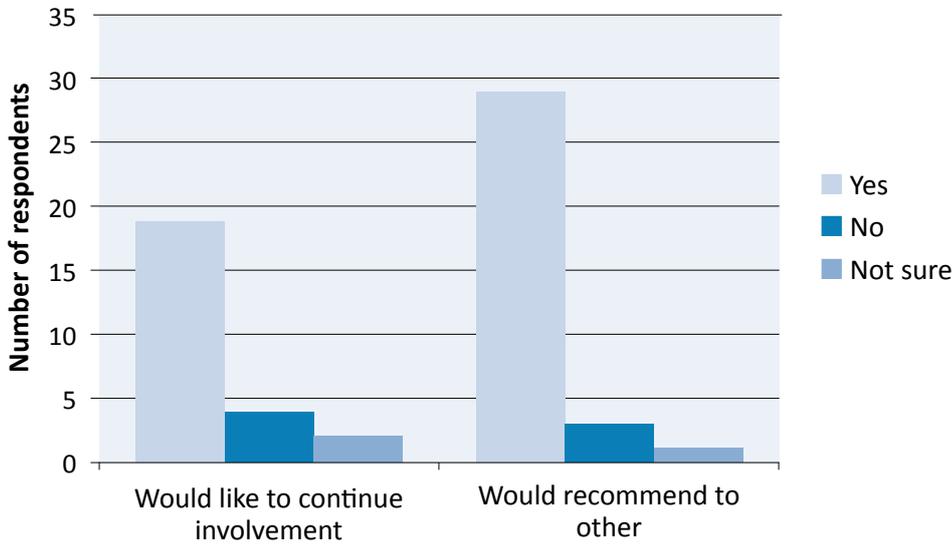


Number of responses = 33

5. Whether involvement with up2us has helped with various changes.

Type of change	Number of respondents			
	Yes	No	Not sure	Total responding
Made new friends	26	7	0	33
Made more choices about what you do	22	8	3	33
Learned new things	21	8	4	33
Found out more about what is available in your area	19	10	3	32
Got better day-to-day care or support	17	10	5	32
Learned more about personal or individual budgets	15	13	4	32
Got involved in organising events or activities	13	17	2	32
Had or did things you could not afford before	9	15	9	33

6. Views of the future of up2us.

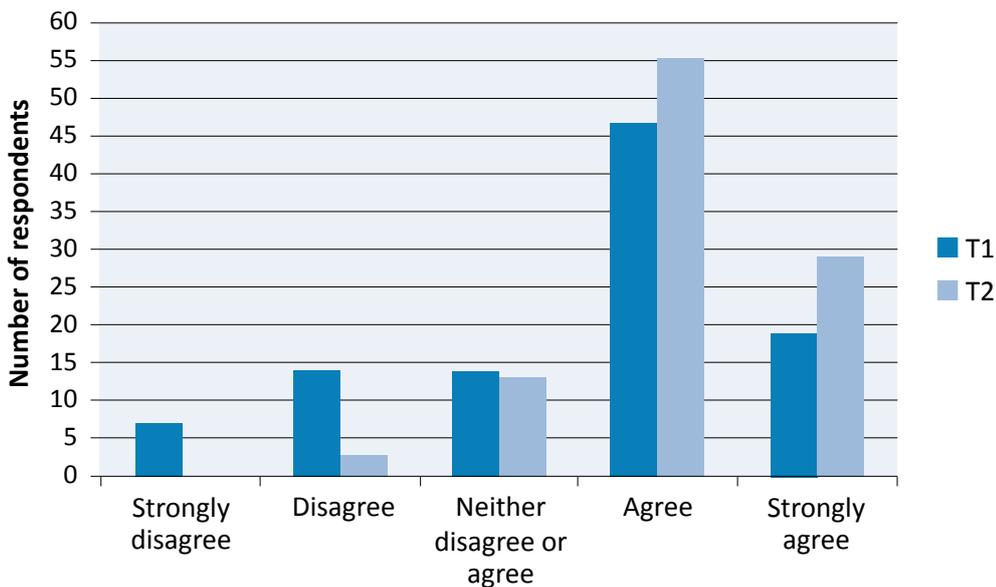


Responses about continued involvement=30; responses on recommending to others=33.
Experience of support and daily activities

Experience of support and daily activities

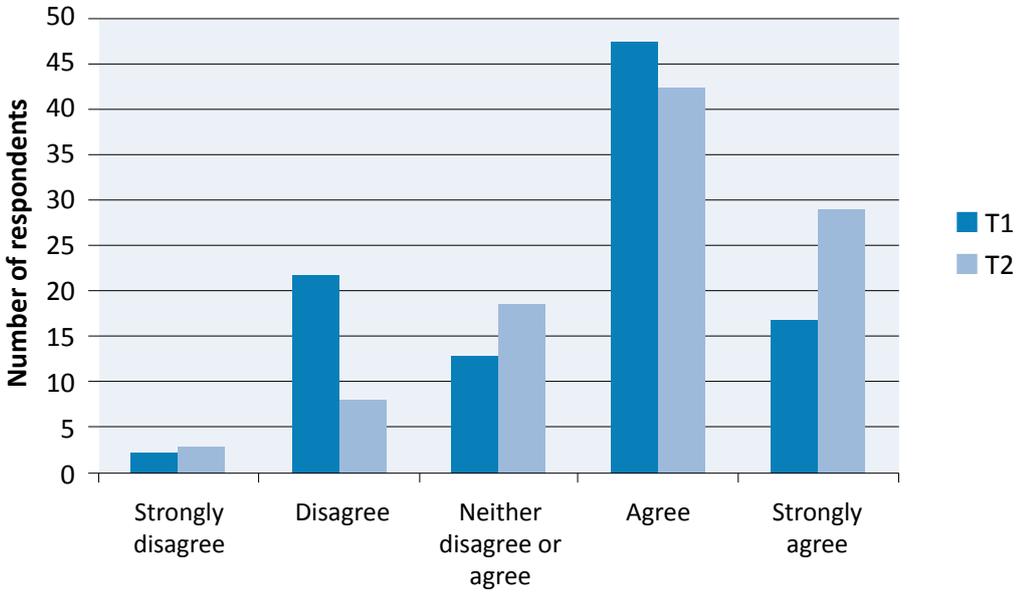
These results compare responses to questions about support and daily activities asked both at T₁ and T₂.

7. 'I get the right support to help me live my daily life.'



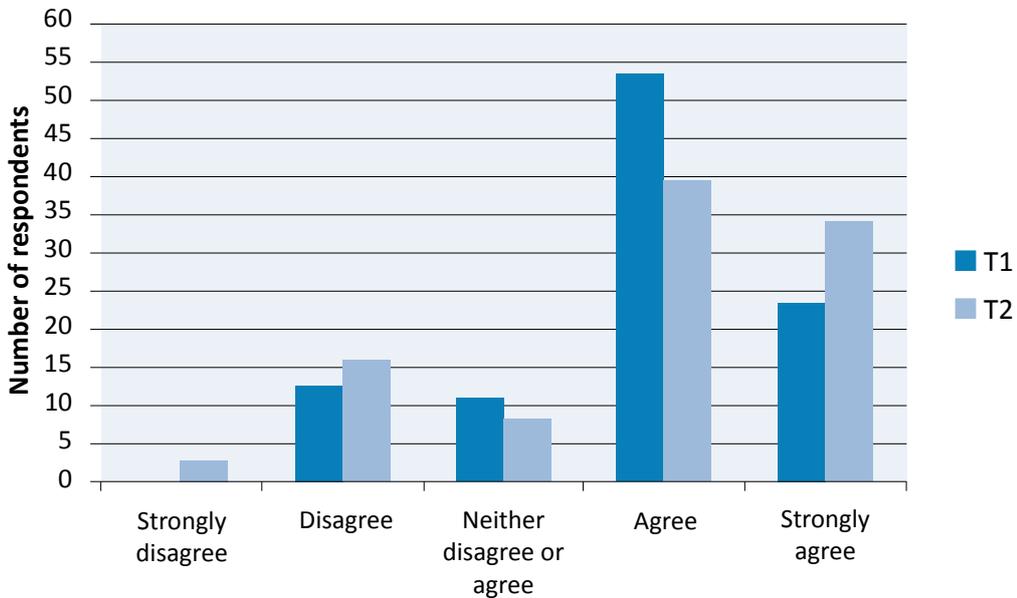
Responses at T₁=58; Responses at T₂=38

8. 'I can choose what support best suits me.'



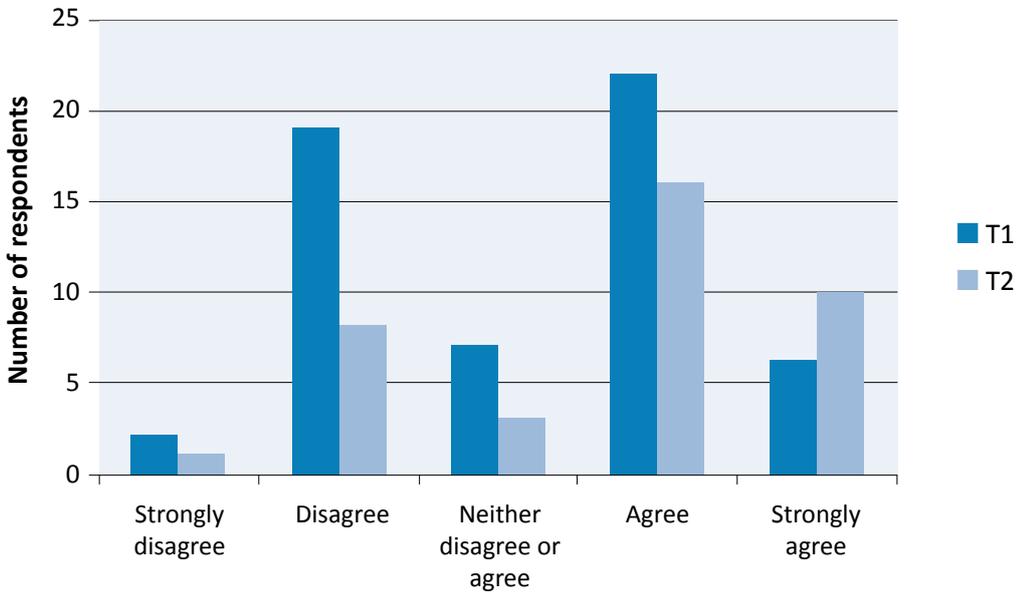
Responses at T₁=55; Responses at T₂=38

9. 'I'm part of a group which supports each other.'



Responses at T₁=56; Responses at T₂=38

10. 'I get the chance to plan activities I want to do.'

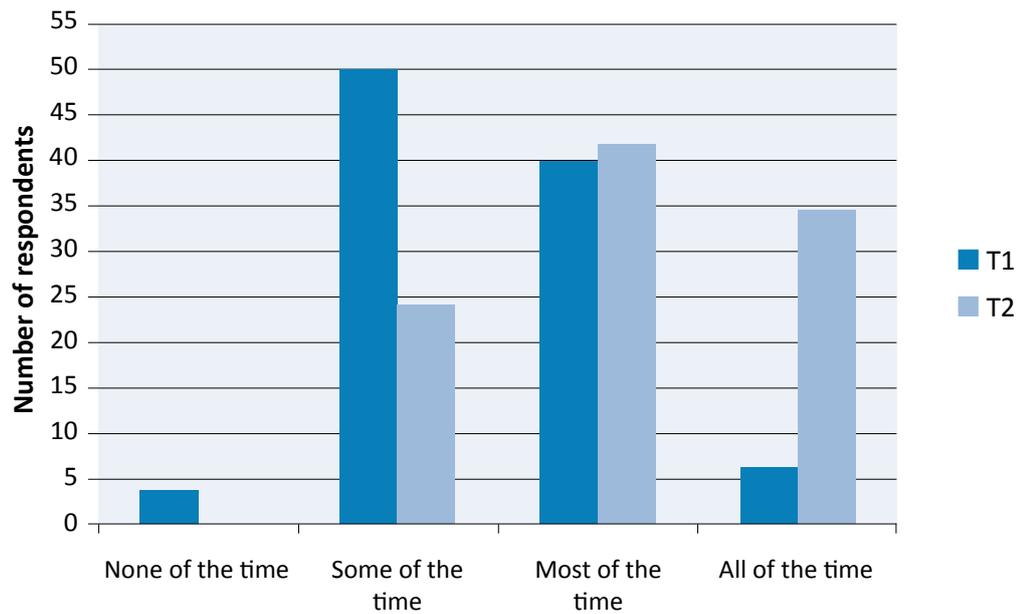


Responses at T₁=56; Responses at T₂=38

Emotional well-being

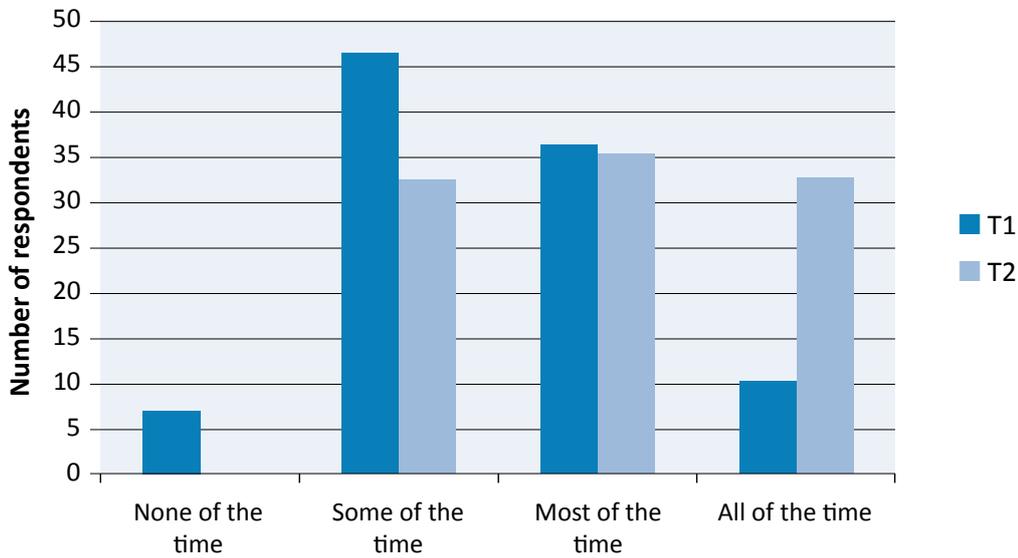
Results here compare responses to questions about emotional well-being asked both at T₁ and T₂.

11. How often respondents felt happy in the past week.



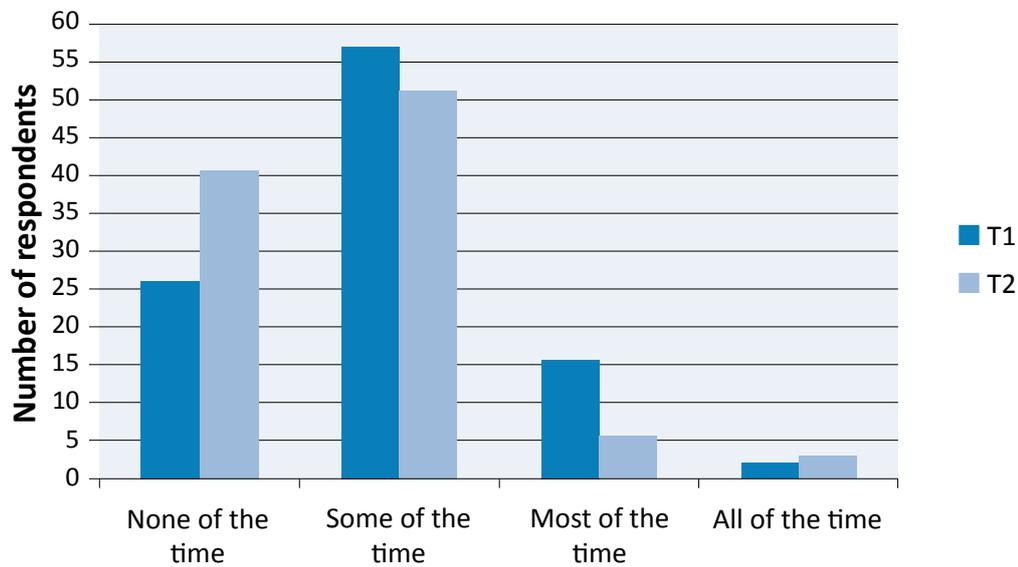
Responses at T₁=58; Responses at T₂=38

12. How often respondents enjoyed life in the past week.



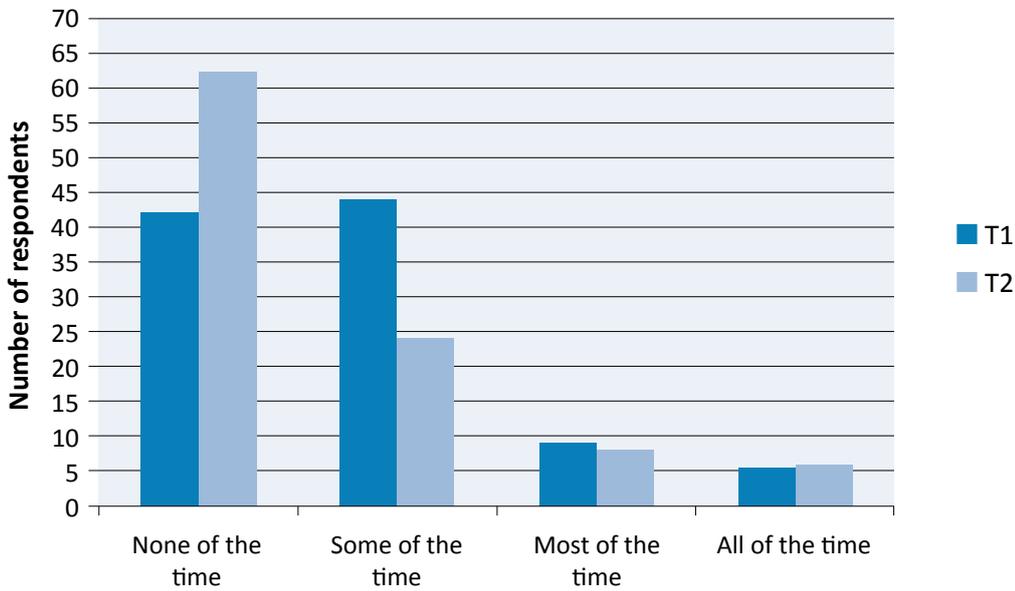
Responses at T₁=58; Responses at T₂=37

13. How often respondents felt sad in the past week



Responses at T₁=58; Responses at T₂=37

14. How often respondents felt lonely in the past week.

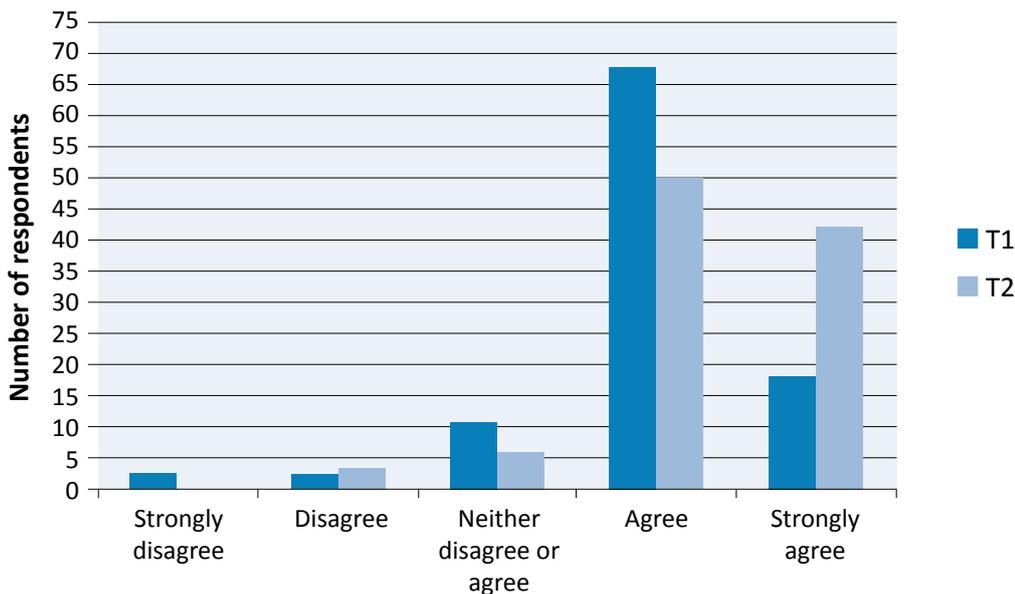


Responses at T₁=57; Responses at T₂=37

Good functioning

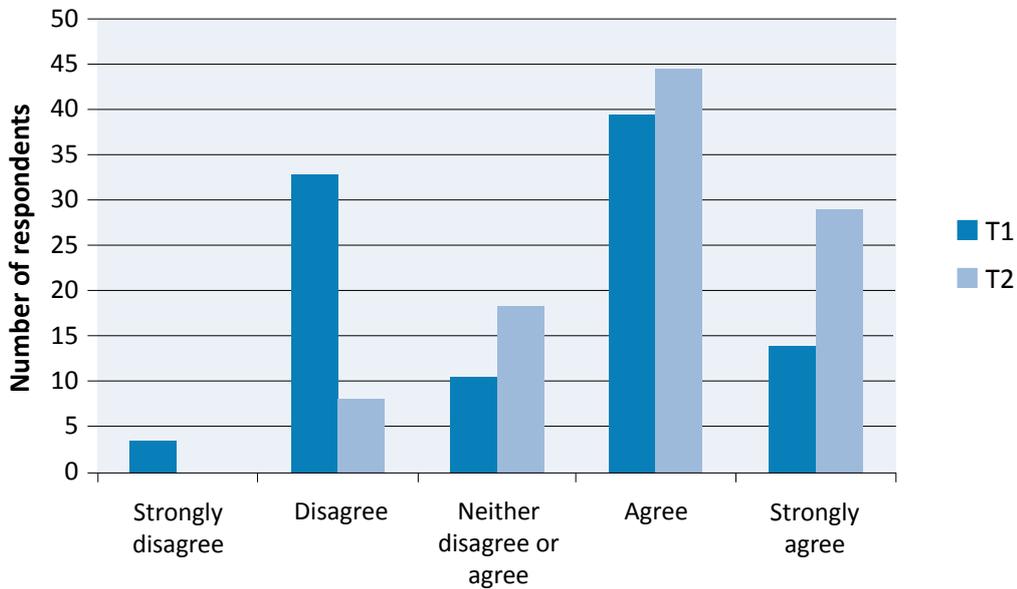
These results show responses to questions about good functioning asked both at T₁ and T₂.

15. 'I make choices in my daily life.'



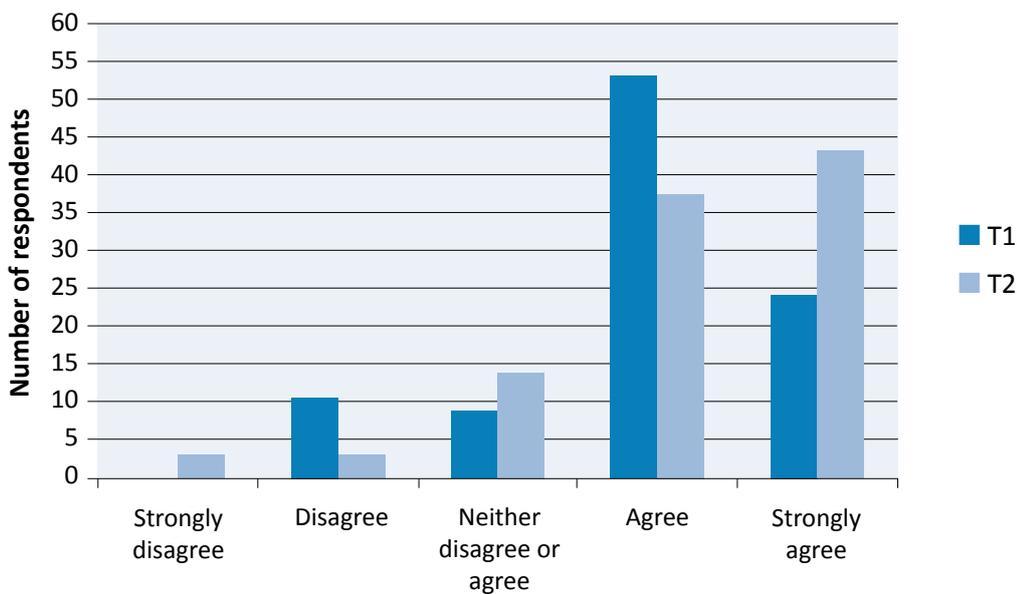
Responses at T₁=56; Responses at T₂=38

16. 'I get the chance to do things I am good at.'



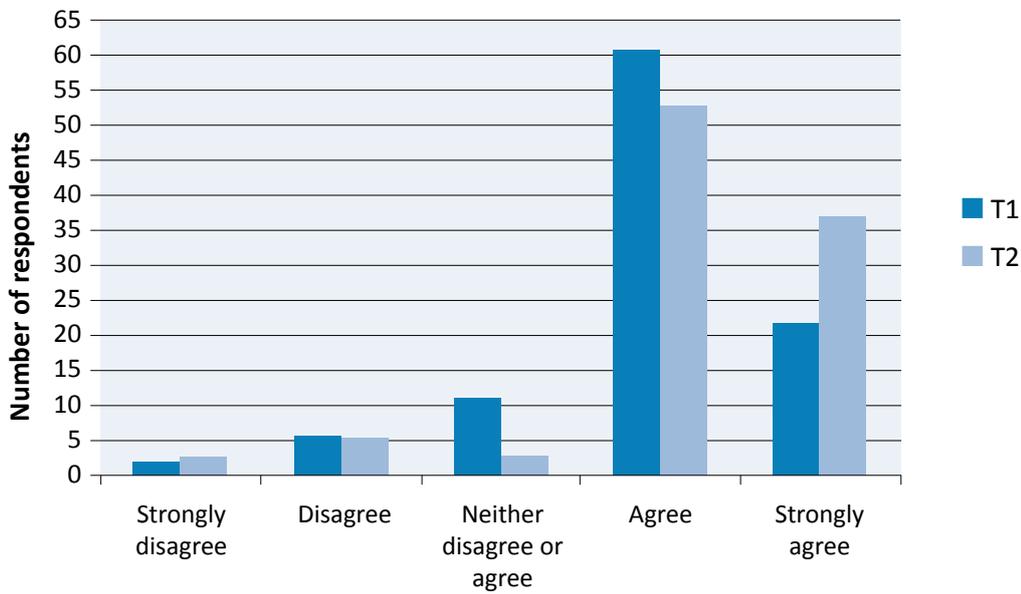
Responses at T₁=58; Responses at T₂=38

17. 'There are people I can talk to about how I really feel.'



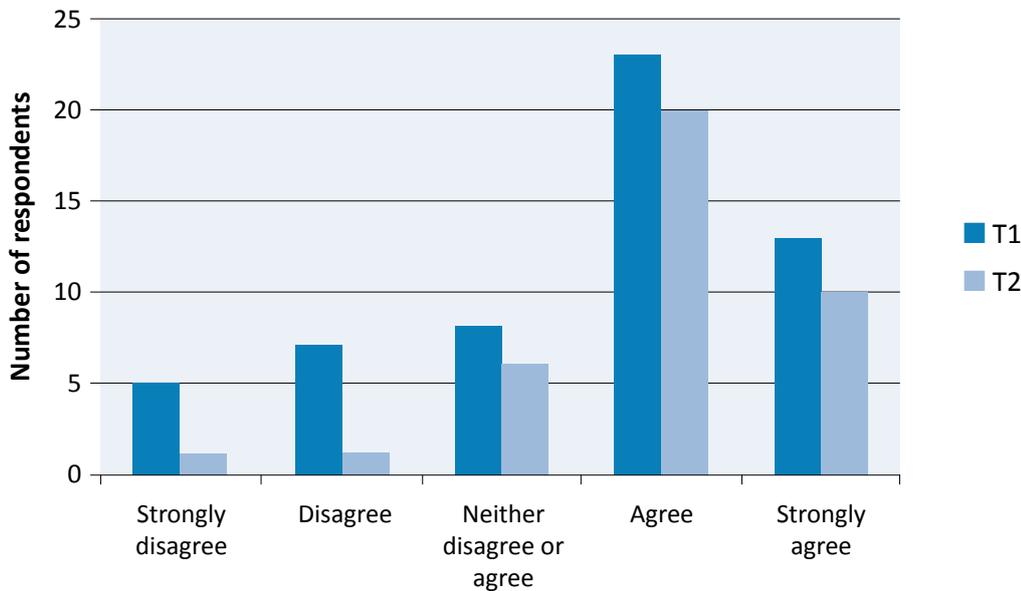
Responses at T₁=56; Responses at T₂=37

18. 'I regularly meet up with friends or relatives.'



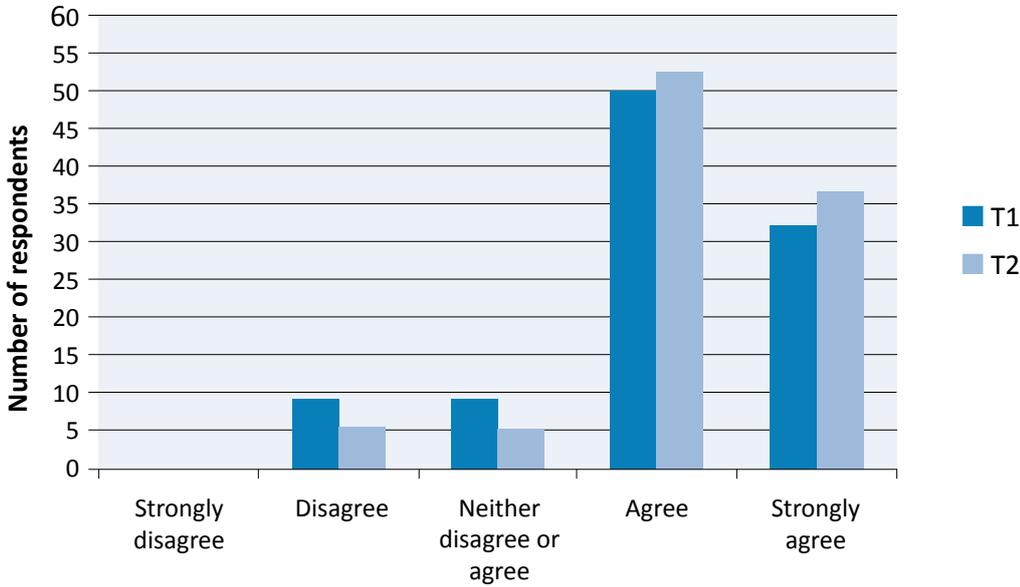
Responses at T₁=56; Responses at T₂=38

19. 'What I do in my life is worthwhile.'



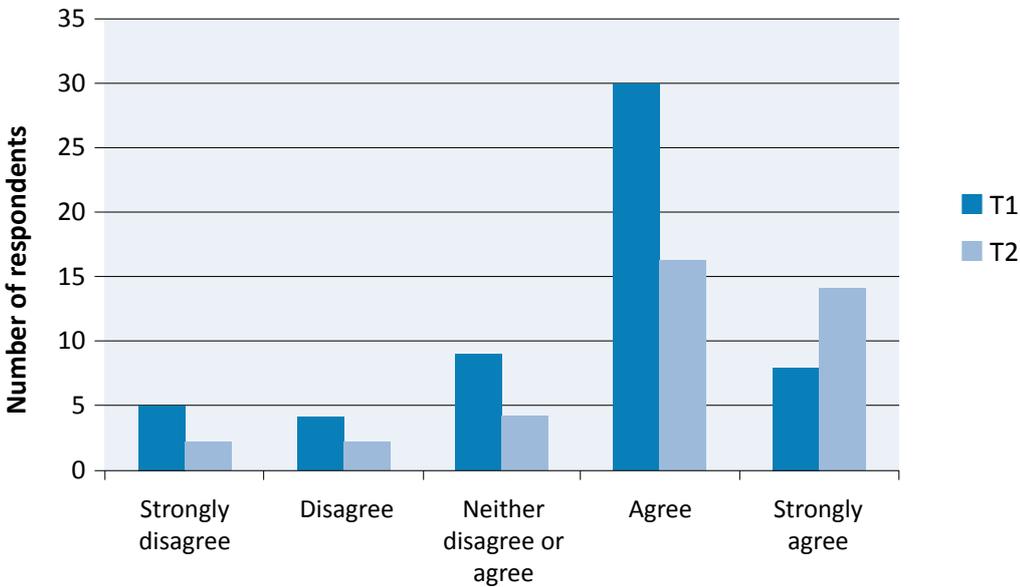
Responses at T₁=56; Responses at T₂=38

20. 'I am interested in trying new things.'



Responses at T₁=56; Responses at T₂=38

21. 'In general I feel good about myself.'

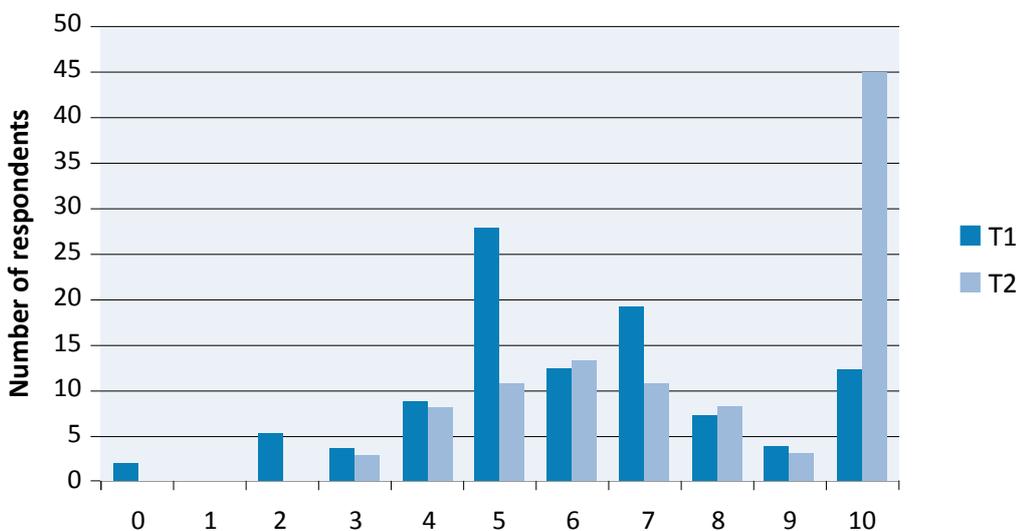


Responses at T₁=56; Responses at T₂=38

Overall evaluation of life

22. Happiness with life

Taking everything together, how happy are you with your lives nowadays (0-10 scale)



Responses at $T_1=58$; Responses at $T_2=38$

Findings from the qualitative research

To gain a more textured understanding of how up2us affected participants' well-being, we conducted a secondary analysis of findings from the qualitative component of the learning exercise. This consisted of a series of semi-structured interviews with people engaged in the pilots. It involved reviewing the transcripts of interviews using a well-being lens. We drew out three themes from the qualitative findings and related them back to elements of the dynamic model of well-being, shown on page 25.

1. The importance of fostering strong social relationships

Relationships appear twice within the dynamic model of well-being: first, as part of the external social context within which an individual is situated, and second, as part of functioning well, the personal relationships which allow an individual to feel connected to others. This is reflected in the finding from our qualitative research that fostering strong social relationships between participants makes an important contribution to the effectiveness of the project.

In the Norfolk pilot, for example, residents in one location (Housing A) had little sense of being able to influence the design of a shared night service with pooled costs which they had to meet. An important cause of this was identified as the tenants having had limited opportunities to get to know each other before or during the time they first moved in. This meant that the social context of the residence – an external condition – was very weak, making it difficult for individuals to function well by forming personal relationships with others.

In the other Norfolk location (Housing B), efforts were made to involve future residents in the design and commissioning of their shared service, and much greater attention was paid to establishing its social context. For example, when residents were selected to live in Housing B, thought was given to forming a group likely to be able to build good relationships with each other; a number of group sessions were held encouraging residents to talk to each other about how they saw a good life. This seemed to have resulted in clear friendships between residents enhancing their day to day lives, as well as supporting the commissioning of a shared service.

In Barking & Dagenham, a number of residents who had been involved in (at least) initial meetings as part of up2us were interviewed about the project. A strong theme to emerge was that the initial meetings did not result in a sense of shared opinions. One resident described her experience this way:

“I’m afraid that I put my hand up and say my piece. Possibly nobody else might think the same as me. I don’t know, I don’t know[...]So it was a waste of time with me putting my hand up”.

The meetings seemed to have focused on discussion of issues of common interest to the residents (e.g. mealtime arrangements), but without having first effectively allowed residents to make connections, to get to know each other, and to establish a group identity so that opinions could be shared in what felt like a safe space, with a sense of trust. Without this important foundation in place, residents were nervous about contributing their own opinions or suggesting improvements, meaning that the meeting did not achieve its purpose. This was improved when the pilot involved residents at the second estate.

In Kensington & Chelsea, a strong motivator for the design of the project was the sense that people felt lonely and isolated, particularly in the evenings and

at weekends. While people had the opportunity to go out with paid personal assistants, this was not the same as doing activities with peers and friends, something the project was able to facilitate. This suggests that the nature and motivation of social contact matters – people are sensitive to others' motivations in their relationships. It clearly matters to people that a paid assistant's motivation for spending time with them is different from that of a friend, but until up2us was established, people did not feel they had the resources to set up activities with peers.

2. The need to address participants' lack of sense of control

Choice and control is a key aim of policies relating to personalisation. Having a sense of control is an important component of the autonomy element of good functioning. People's sense of a lack of control over their lives emerged strongly as an issue for the pilots to address.

One Barking & Dagenham resident described the lack of control in basic aspects of their life, in relation to the food that the carer prepared:

Every day they make the same food for me. They make a sandwich, a bread sandwich and a ham sandwich and all this business. And... it gets so boring that I want something else Because they said they're not supposed to go on the stove and light the stove and make a dinner for you or anything like that. They're only supposed to make a sandwich and a cup of tea.

The rules set by unknown others for the carer (expressed here in terms of 'they're not supposed to') led to a severe constraint in the everyday life of this resident. The sense of lacking control in everyday life was mirrored in the same resident's negative views of what the pilot had offered them. They rejected the suggestions put by the interviewer that it could bring about changes in their life or give them more choice and control.

Another Barking & Dagenham resident said:

No, it's just too big. [The] Project was too big. And people don't want to change and get too involved with it. I don't think people were all that happy about it really.

These comments suggest that participants not used to a sense of control in their everyday lives may not be able to engage effectively with projects like up2us, unless a lot of attention is paid to equipping them with the self-confidence and skills (personal resources) they need to interact with the opportunities and choices presented to them by the project. This learning is very important for embedding good personalisation approaches.

The Kensington & Chelsea project, which achieved a high level of engagement from a number of participants, took an approach which recognised the need to equip people with the skills to make the most of the project. The project spent a considerable period at the beginning training the board (who were predominantly service users) who took the main decisions about the project.

3. The tension between autonomy and safety & security

Autonomy and a sense of safety and security are both elements of good functioning. However, there can be tensions between them, particularly where some people are seen as vulnerable, leading others to feel responsible for their safety and security. This is an important tension within the personalisation agenda, which aims to increase people's choice and control, but without risking the basic purpose of social care to provide a supportive and safe environment.

This tension was brought to light in a number of the pilots. Both the Oxfordshire and Knowsley projects found they needed to struggle against the view of some professionals that it was inherently risky to allow vulnerable people to go online. Yet preventing access meant they were cut off from information that could help them make decisions about activities and services, and from a means of forming real-world relationships with others.

The experience of the participants in Knowsley, who decided to pool their budgets to purchase gym equipment, highlights this tension clearly. The severe, multiple delays in using their equipment were largely due to a series of concerns about safety (real and imagined) on the part of various professionals. It became apparent that the need for safety often trumped the need for autonomy. If professionals could be helped to recognise the tension and trade-offs between these two important elements of good functioning, this might happen less often.

Key messages from the well-being research

- Most respondents to the after questionnaire (T₂) described in their own words changes in their lives which up2us had made. The most common changes were undertaking more activities and trips and going out more often, meeting new people and making friends. Some participants (10 of 38 responding) said there had been no overall change to their lives.
- When responding to specific questions, nearly eighty percent of respondents at T₂ felt that their involvement in up2us had helped them make new friends, sixty six percent felt it helped them make more choices about what they do and just under sixty percent felt it helped them learn new things. Just over twenty five percent of respondents said up2us had helped people have or do things they could not afford before. Eighty-eight per cent of respondents at T₂ said they would recommend that other people get involved in planning and paying for activities together.
- Responses to some questions were more positive at T₂ than T₁ (which may have been due partly to the fact that different individuals responded, to other changes in people's lives over the same period, to the up2us project itself (or to a combination of these). There were statistically significant improvements in responses to the statements: 'I get the right support to help me live my daily life'; 'I get the chance to plan activities that I want to do'; 'I make choices in my daily life'; and 'I get the chance to do things that I'm good at.'
- Relationships are vital to good well-being, as part of the external social context within which an individual is situated, and as part of functioning well. Fostering strong social relationships between people is an important part of the up2us approach and underpins successful collective purchasing approaches.
- Having a sense of control is an important part of the autonomy element of good functioning. For people not used to a sense of control in their everyday lives, it is important that attention is paid to equipping them with the self-confidence and skills (personal resources) they need in order to deal with new opportunities and choices presented to them.
- Autonomy and a sense of safety and security are elements of good functioning. Participants' experiences highlight the fact that professionals need to recognise the tensions and trade-offs between these two important elements of good functioning and ensure that decisions are not always made in favour of safety at the expense of autonomy.

WHAT WE'VE LEARNED

This chapter sets out the main themes that have emerged during the pilot phase of up2us. It shows how larger organisations, as Housing Associations commonly are, can enable and support ways of doing things that start from the bottom up and are co-produced by professionals alongside those who use services. Where such organisations seek to move towards more personalised or co-produced approaches, these may, at first, be at odds with the prevailing culture and ethos. Many of the procedural conventions to which staff are expected to conform have been developed in times when there was less emphasis on empowerment. If the aim is now to shift the balance of power towards people who use services, it is vital to understand how much control organisations currently exercise and to consider what is an appropriate distribution of power.

The chapter is structured under the following headings;

- *General learning on piloting new ideas* reviews some of the barriers and opportunities experienced by those involved in the pilots
- *What we've learned about personalisation in a housing context* has three components: personalisation, personal budgets, and collective approaches
- *How co-production has been developed locally* explores the use of this way of working across the pilots
- *Reflections on social networking and new media* reviews the significance of online technology in many of the pilots.

General learning on piloting new ideas

For many years, the housing and support sector has been at the forefront of piloting new ideas and innovation. The sector has found that the commissioning process itself can either support or stifle innovation. The capacity or appetite for innovation can be stifled where providers have become more focused on delivering commissioned services within a strictly applied performance framework.

The Supporting People framework (*page 18*) can be implemented narrowly, with block contracts standardised and inflexible. As housing moves away from

block contracts and towards personalisation, there are more opportunities to listen and respond to people who use services, and to be flexible and collaborative in ways previously deterred.

This section outlines the experiences of the up2us pilots that suggest ways of supporting innovative approaches in a housing setting.

People who use services leading change. Developing meaningful role models can have a powerful effect. People who use services have played a significant role in making up2us happen. They have been co-chairs, board members, and members of advisory groups, LRGs, and commissioners. They have delivered training to managers within one housing organisation, Yarrow. Some pilots have encouraged people who have been involved in events and activities to begin to organise future activities. Training, support, and mentoring have been available to develop people's confidence and capacity to do this.

Senior managers backing new ideas. Across the pilot sites it has been clear that strong and sustained strategic leadership and support has been absolutely vital. 'Project champion' roles were created and nurtured at each of the sites. Each champion operated differently but most were connectors, linking project managers to others within and outside their organisations who could provide practical support.

Without senior management backing and their active support to link new approaches to other activity, innovative up2us activities became side-lined, disconnected from the mainstream activity of the organisation, or entangled in organisational bureaucracy. The backing and interest of senior staff increases the likelihood of practical progress.

Understanding that resources are more than just money. When organisations were asked to support up2us, their default response has been to look for money. While financial support helps make things happen, it has not always been necessary to find new or additional money. Often up2us staff were seconded to the pilots from other roles – a great example of using existing resources differently.

Over a number of years Housing Associations have tried to develop relationships with commissioners and other funders, to attract new financial resources to ensure that their services are sustainable. This would seem to

overlook existing resources, both physical and human, that could be engaged differently.

Starting and ending with money can mean that other opportunities are overlooked. More significant to the progress and ultimately to the success of the pilots is the broader range of non-financial resources and support that was mobilised. Housing Associations and local authorities (as the Norfolk pilot showed) have considerable resources. Providing practical support by raising the profile of the initiative, endorsing the approach, or actively enabling it to be promoted to residents, service users, staff or other providers, has had a considerable impact.

Integrating learning. For innovations to be successful piloting organisations must be prepared to let new ideas influence their existing activities. Innovations may be risky, but it is reasonable to assume that risks can be addressed during the pilot phase: that's what pilots are for. Leaving an innovation on the margins of routine activity will decrease the potential benefit for people using existing services and significantly increase the work needed to get new ideas off the ground.

Up2us did not stipulate that the pilots would become a blue-printed 'model' to be replicated across their host Housing Associations. The starting point was a set of questions and propositions (*see executive summary*) and it was expected that the experimentation generated by up2us would be discussed more widely within the organisations funding them.

New ways of working will continue to falter unless the organisations behind them are prepared fundamentally to challenge their own habits and routines. The process of piloting and adapting takes considerable time. It is therefore important to have effective and continuing processes for review and feedback, so that the pilots can act as a test bed to identify what kinds of change are likely to work best.

Innovation and piloting don't have to take place on a large scale. The pilots have frequently taken small steps towards changing the way things happen. (This is in part necessary in order to build relationships and trust with the people who use services, discussed later in this chapter.) If the gradual development of experience and learning can be fed back into the organisation, it will play a vital role in supporting an iterative process of change.

Being able to set your own agenda matters. When organisations used their own money, they could work at their own pace, and respond to and change processes quickly when needed, rather than wait for clearance from an external funder or commissioner. Several pilot sites found that using money that didn't come with targets (or other strings attached) enabled them to be flexible in their approach and to develop activity from the bottom up and at an appropriate pace. This kind of approach is also more likely to encourage innovation.

None of the up2us pilots specified a model of delivery at the outset. This doesn't mean there was no plan. Each site signed up to a strong set of principles that would guide their activity, stipulating that people who use services would be at the centre of the pilot work, and that opportunities for pooling money would be explored. A wide range of activities then developed in the pilot sites, because they were able to design their work in response to local circumstances and in partnership with people who use services.

However, in the current financial climate, where less money is available, there are increasing pressures to justify that it is spent well. For funders (commissioners and grant givers), this can result in increasingly tight specifications for services, designating 'contact hours' and time allocated to specific activities, in a drive to reduce waste and inefficiency. Yet overly specified approaches such as these can be formidable barriers to innovation and experimentation.

Co-producing change. Greater flexibility contrasts with the current contract culture. But 'setting your own agenda' is not about local professionals or service providers knowing what's needed, and how best to fix it. It calls for a culture change within provider organisations, moving away from 'doing to' and moving towards co-producing, or doing things with local people. The experience from the pilots suggests that commissioners and senior managers within housing associations are primarily focused on talking to each other rather than effectively communicating with people who use their services.

Senior managers can find themselves in the unenviable position of being supportive of personalisation whilst needing to work within organisational systems and processes that pull in the opposite direction. This can also create tensions between middle managers and frontline staff who are able (and expected) to co-produce with people who use services. As the pilots have

demonstrated, innovation in practice is often about small-scale changes that can be supported by adjusting or re-directing existing resources. It's vital that housing associations assess how far their processes and structures are fit for personalisation, and that senior managers feel confident and supported in changing things when appropriate.

Continuity matters for relationships. Throughout the pilots, the wider local and national policy environment has been in a considerable state of flux. Those involved in the pilots have witnessed staff changes due to redundancy and restructuring, changing roles and refocusing of the broader work of organisations. This has hindered efforts to establish and maintain meaningful engagement with local people – in spite of a widespread understanding of the importance of continuity and quality relationships in delivering care in any setting. The extent of continuity appears to have directly affected the ability of local project managers to co-produce the up2us pilots.

External changes have created significant challenges. There have been considerable cuts to local services in all the pilot areas, which have reduced the capacity of local voluntary sector and ULOs to engage. Most of the local authorities in the pilot areas have undergone significant restructuring. This has directly affected the pilots by changing the membership and disrupting the continuity of the LRGs. Indirectly, it has made service providers more reluctant to do things differently.

The wider climate of austerity has meant that people who receive services tend to be more cynical about the motivation behind any new initiatives, expecting changes to be driven by cuts rather than by any desire to improve quality. This presented considerable challenges in some areas where people perceived personal budgets, and up2us by association with this, to be a stealth route to cutting budgets and reducing services. Considerable time and resources had to be committed to challenging this perception and build trust.

Involve people and organisations from the outset. It is important to develop a clear and consistent message from the outset for residents and to invite their contribution at an early stage so that they can actively shape the direction of the work. Without this active involvement and without opportunities to build trusting relationships, people can quickly become concerned. Rumour spreads rapidly and can set back efforts to develop trust between those involved. Trust and engagement are particularly critical when a new approach is being

developed and when actions are required of people who use services or partner organisations.

Some people need support before they can express their views freely: this support is an important activity, often overlooked. It will be crucial in enabling personalisation to flourish, particularly in settings where people are not used to being asked their opinions or to being listened to. Some people who use services have expressed cynicism, feeling that things wouldn't change despite their involvement, which the projects have worked hard to counter.

Implications for providers of housing care and support

- Current cultures and processes within the housing sector are likely to restrict opportunities for innovation. This has not always been the case. It is important for organisations to challenge themselves and the prevailing commissioning-led approach, in order to create space to do things differently.
- If Housing Associations are genuinely committed to embedding personalisation, they must work with people who use their services to review and change their current structures and processes. Bottom-up innovation in partnership with people who already use or might want to use services in the future is unlikely to thrive within current systems and structures.
- Piloting new approaches will have little chance of success when it is undertaken in isolation from the day-to-day activities of the whole organisation.
- Severe financial pressures can be expected for the foreseeable future, but there is an abundance of other human and social resources available to housing organisations, which can be deployed to support innovation. Today's crisis-ridden circumstances present an opportunity to use these resources more creatively.

What we've learned about personalisation in a housing context

A central aim of up2us has been to explore how housing care and support organisations might be able to respond to increased levels of personalisation and the wider use of personal budgets. This section contains three interrelated sets of findings, clustered around personalisation, personal budgets, and collective approaches.

The pilot phase coincided with an increased focus on personalisation among

national policymakers and local authorities, particularly in health and social care (*page 17*). There has been a clear drive towards increasing numbers of people with access to budgets, whether as personal budgets, direct payments or in other forms. Sometimes this seems to be at the expense of personalisation, with processes being standardised and 'done to' people with little time available to develop real relationships and understand the true meaning of a good life for each individual involved.

Repeated reviews^{74, 75, 76} have reported concerns that many people who now have access to budgets are choosing to spend them in much the same way as they always have, particularly when the budgets are managed by a local authority on behalf of the individual. This could make comforting reading for Housing Associations. But there are serious questions about the extent to which people are currently being supported to exercise more choice and control, even when they have access to their own budgets.

There is a moral and business case for Housing Associations to develop (or maintain) a commitment to the principles of personalisation in the face of the rush to allocate budgets. During the pilot phase it was clear that many Housing Associations lacked a clear understanding of how they could promote a more personalised approach. Many seemed unaware that they are now in a strong position to nurture a new type of relationship with the people who currently use their services.

Learning about personalisation

Resist too much focus on money. Increasingly the real vision and potential of personalisation has been subsumed by the managerially driven process to achieve the targets set for take-up of personal budgets. But, as discussed earlier in this report, the vision of personalisation is much broader than this, with budgets being just one of many vehicles that can support the shift towards more personalised approaches. Budgets should be seen to be part of the personalisation journey, not the beginning and end of it.

Some up2us pilots have shown that people can feel a greater sense of choice and control over the services they receive and the life that support affords them, without necessarily accessing their own personal budgets. Older people in Extra Care made it clear that their primary area of concern was increasing their level of involvement in shaping the care and support services available to them. This took priority over having direct control of their money. It's

important that people are able to play a role in determining what choice should look like and assessing when it is being achieved. This implies significant challenges for all parties.

Being in control matters. However the money is managed, what really matters to people is having a voice and control over what happens in their day-to-day lives. We have evidence that being in control supports good well-being. It is possible for people to have more control or influence over the content and quality of support, regardless of whether they have their own budget.

This involves changing the dynamic of staff and service user interactions. It requires support for people who use services as well as the staff involved.

Enable rather than deliver. This is a challenge to the traditional way in which Housing Associations have worked, doing things for and to people, drawn from a menu of available services. Some pilots have found it hard to combine a strategic vision from the top of the housing organisation, with a new, more co-produced approach, working with people from the bottom up.

Co-producing means thinking differently about ownership as well as reassessing who is contributing skills and effort. Traditionally the approach most comfortable to Housing Associations has been to systematise and 'brand' activities and manage them in ways that comply with internal project management protocols. This isn't necessarily the best way to support and enable co-produced approaches. As we have noted, larger organisations often have formalised processes and structures to which they need to conform. To work effectively alongside smaller and more diverse organisations, such as service user groups, as partners and supporters, it is important to find ways to ensure that professional skills are 'on tap, not on top' and develop a sense of shared ownership.

This working alongside people who use services means thinking differently about who is doing work and how this work is credited, rather than branding the work in a way that assumes ownership and responsibility. The planning and timetabling of activities also needs to be done collectively.

Getting the pace right can be challenging. Moving too quickly makes it hard for people to get on board, particularly if decisions are made early on. But moving too slowly risks people losing interest and becoming cynical,

particularly when the individuals involved want to make changes to their day-to-day lives. People have been frustrated by the perceived slow pace of Housing Associations or local authorities. This is in part because the internal processes required may not be sufficiently transparent to people who use their services. It is not surprising that people find this frustrating when they are keen to make progress; they can see how it directly affects their own lives.

Support people to take more personal responsibility. People who use services were involved in all of the pilots. Many found that moving towards personalisation requires a culture change for all involved. Much has been made of the support needed for professionals to change their practice but the pilots were also clear that people who use services need support to make this change, too. Some people have needed support to challenge and change their past behaviour.

Previously people have not been expected to take responsibility for themselves, or been able to play an active role in organising things for themselves. In the past, 'the routine was always that someone was there to say "you have to do this" and get them there; now people had to "take more responsibility for organising things themselves, thinking for themselves"⁷⁷.' Support and positive role models have helped people to develop the confidence to do more for themselves.

Control and responsibility are closely linked. As noted earlier, a sense of control is important for well-being. Staff need to be supported to work in ways that help people who use services to develop the skills and confidence to exercise control and take responsibility in ways that are meaningful to them.

Ensure that the organisation's processes are aligned with the culture change expected of staff. In Oxfordshire, the project manager went through a transformation in her way of working as a result of the up2us pilot. She felt that this shift in practice was critical to enabling the up2us pilot to be genuinely co-produced, with service users contributing their skills, capabilities, and practical support. It is important to create practical opportunities and time for reflection for staff, so that they develop a more critical understanding of what it means to work in a personalised way. There are many innovative ways in which this can be approached, but one of the most powerful, used by Kensington & Chelsea, involves staff receiving training from service users.

Avoid superfluous risk aversion. Housing, care, and support organisations have high levels of awareness of risk and health and safety, which makes them risk averse. Their ways of dealing with risk have often been developed in response to standardised ways of doing things for people, which seek to eliminate risk from people's lives. Increasingly, professionals seem to be driven by a need to protect their own organisations rather than the individuals they serve. But whatever the motivation, these approaches to risk are no longer fit for purpose.

With increased personalisation comes increased diversity of activity. And with increased control should come the opportunity for increased personal responsibility, requiring a more proportionate and enabling approach to risk. Risk is part of all our lives. And if personalisation is to be about people living real lives, then they must be supported to consider and choose which risks they want to take, weighing them against potential benefits. Organisations need to rewrite their approaches to risk, starting from the presumption that someone can do the risky thing and then explore, from this positive perspective, how it can be carried out safely. It is also important to explore with individuals who hold personal budgets how to apportion responsibility for different kinds of risk, and what levels of risk they are prepared personally to accept.

Within the pilots we found that while no-one was prepared to come out openly against people having personal budgets, there was nevertheless a range of processes imposed for guarding against risk and ensuring health and safety that undermined people's opportunity to take more control of their lives and their budgets.

In some pilots, concerns about risk influenced the actual shape of what it was possible for them to do. In other places, people addressed and responded to concerns raised about risk and developed practical strategies to support people to take more responsibility for themselves.

Moving to a more positive and enabling approach to risk taking is vital if personalisation is to achieve its true potential. This requires a two-pronged approach: organisations must support positive risk-taking, coupled with practical training and support for frontline staff on how to do this. Larger organisations do not always have up-to-date knowledge about what is required in relation to personalisation. It may be necessary to link to groups or organisations with more practical experience in this field, such as Community Catalysts⁷⁸, for advice or trouble-shooting.

Learning about personal budgets

As we have noted, personal budgets are just one aspect of personalisation. In general, levels of personalisation were low, although they increased over the duration of the up2us pilots. While initially the pilots were focused on developing opportunities to pool money, we encountered a range of experiences related to accessing and using personal budgets and other types of financial support.

People have different appetites for personal budgets. Across the pilots people approached personal budgets in different ways. In some areas, such as Barking & Dagenham, people were resistant to changing from the existing system. This remained the case after the pilot had come to an end, in particular from a number of experts by experience from the local Centre for Independent Living, and in spite of information sharing and awareness raising about personal budgets

In other pilots, such as Knowsley, people were keen to access a direct payment once they had established that it could support them to make the changes that they were looking for.

Inflexibility of the support planning process. For some people involved with the up2us pilots, personal budgets were not sufficiently flexible to respond to changes in their personal circumstances. Some people were putting up with unsatisfactory situations because in order to change things they would have to undertake another care plan review, which would take time and effort to organise. It is important to recognise that people's own circumstances evolve and that support should be flexible enough to evolve with them.

Value of supportive challenge. The up2us pilot in Kent was working to support young people to access a personal allowance of up to £500. Because this money came from Porchlight's own funds, rather than from statutory sources, it was possible for it to develop its own process for doing this. This involved a flexible 'critical friend' approach, to help the young people think things through and make a case for their proposed way of spending the money. This was important not only because some accountability was needed for the spending, but also because the process improved the financial skills of young people who may in future need them for such things as approaching a bank for a loan.

Budgeting for true costs. It is hard for holders of personal budgets to unearth the true costs of some activities, particularly those that involve the use of facilities or space within buildings. There are many hidden subsidies in the current costs of buildings, staff, and transport. There are also unexpected costs that arise when doing something differently; for example, in one pilot, staff-to-client ratios were different when groups were outside the day-centre setting.

Budget holders need to plan ahead, but this is difficult when subsidies are removed and the true costs of services only emerge later in the planning process. People holding personal budgets are concerned that they will be liable for the shortfall if provider organisations adjust their costs midway through an individual's own budgeting cycle. Some are encouraged to build in a contingency, but this is not always the case and, where there is a contingency, people are understandably hesitant about spending it.

When people are planning how to spend personal budgets, these types of hidden or additional costs need to be easy to see and clearly justified. This demonstrates the value of piloting new approaches so that unanticipated costs can be exposed.

Variety of types of budgets. Across the pilots, where people spent their money jointly with others, the money came from a variety of sources: some was respondents' own money; some was from a group budget or money linked to a project; for a small number of respondents, the money came from a personal or individual budget. Only 7 of the 34 participants who responded to our surveys said that they held a personal or individual budget; 13 said no and one declined to answer. More significantly, 13 people said they were not sure whether or not they held a personal or individual budget. This exposes considerable confusion.

Learning about collective approaches

Personalisation can be seen to be moving forward, if progress is measured by the increasing numbers of people with personal budgets. However, the Putting People First quadrant that underpinned early descriptions of personalisation (*page 12*) also included Social Capital, Universal Services, and Early Intervention and Prevention. The Think Local Act Personal (TLAP) partnership has a continuing workstream focused on Building Community Capacity. Its Making it Real framework includes a number of community-focused statements.

Nevertheless, personalisation often remains individualised in practice. As a consequence it can be hard for people to speak up as a lone voice or for the market to respond to individual requests for new services or support.

During the pilots, we found examples of pooling taking place informally in each local area, commonly to enable people to access mainstream activities, which is a key aim of personalisation. But collective activity and pooling budgets has yet to become a common approach or open to all. Here we outline some of the learning about collective approaches.

Collective purchasing is already happening. In each of the pilot sites we found practical examples of collective purchasing already in place. They usually arose out of existing friendship groups, where people had shared interests in certain activities. Some collective activity was led by people who use services, particularly when they were already actively engaged in peer networks. In other areas, individual professionals have been supporting people to work together in this way. The only pilot area found to be taking a systematic approach to collective spending was Norfolk, through its development worker team, in response to the end of grants to building-based day services.

It is important to champion these examples and help them to flourish. However, those involved so far probably already have access to and support from social networks. Unless a pro-active approach is taken to supporting collective purchasing for all people with individual or personal budgets, those who don't currently have wider social networks are unlikely to be able to benefit from the approach and could remain marginalised.

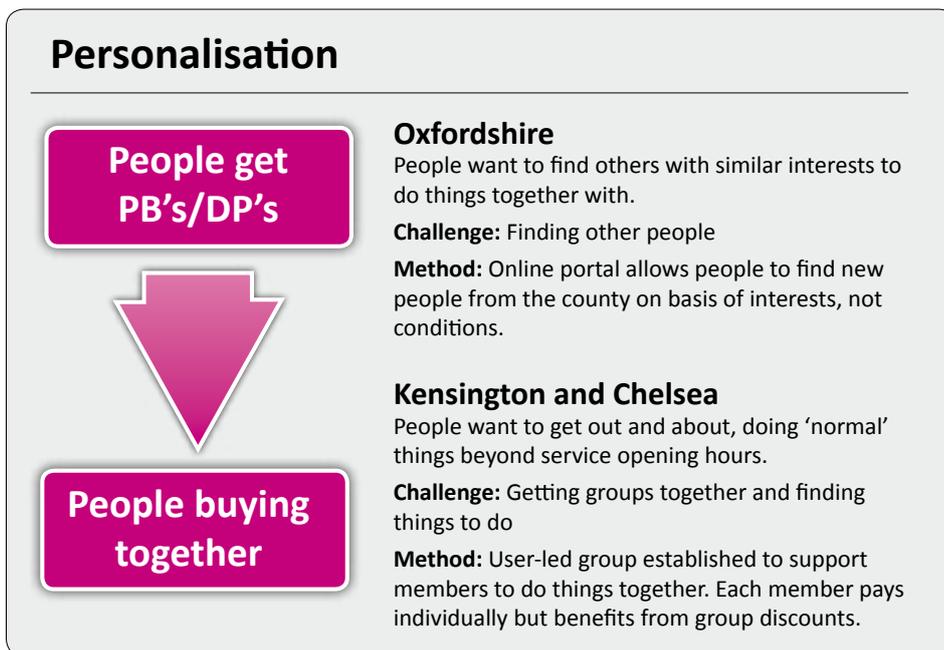
Throughout the pilot we found that people using services, their carers, and their families were broadly supportive of buying things together. But this enthusiasm was seldom put into practice. We found no evidence that people employed in support planning were actively introducing the idea of collective or group purchasing. Few mechanisms exist to support professionals to identify groups or individuals who may want to be part of a wider group purchase, beyond those with whom they work directly. Efforts are needed to share positive examples and address the barriers faced by some.

Some of the actual or potential barriers groups wanting to pool money encountered include the time it takes for individuals to access their own budgets, which has restricted or delayed group purchasing.

Different starting points for pooling budgets. Within the pilots there have been contrasting opinions on the best route into collective approaches. For some it is most important for people to be able to feel like an individual before beginning to group themselves again. Historically people have grouped based on their problems or conditions, separating them from the wider community because of their difference from others. The groups and activities that have then been available to people have most commonly been populated by others with the same needs or conditions. This may help them gain access to peer support and insight from others who share some of their experience, but personalisation is about the whole person, not just their needs and conditions.

In some areas, while progress has been made introducing budgets there was concern that people were getting much the same as before, even though they had personal budgets or direct payments. Some service users felt that before moving towards pooling budgets, people needed to be clearer about their individual rights, and to have increased opportunities to meet and talk to others about their own lives and the future they wanted. On this basis they would be able to identify where they shared interests with others. For this reason it has been suggested that pooling budgets remain on the horizon or at least several steps away, until people gain more experience in managing their own individual budget.

Figure 3. Opportunity to buy things together introduced during process of getting personal budgets or direct payments (PBs/DPs).



In other pilots, a second route to pooling budgets was identified, where the pooling process itself acts as a gateway for more people to take on personal budgets. In these cases, the experience of pooling budgets made people feel more confident about making choices and gaining access to things they wanted.

Figure 4. Opportunity to buy things together leads to people getting their own PBs/DPs.



Connecting around interests rather than conditions. A common challenge across many of the areas has been how to enable people to find others with a common interest, rather than with the same condition.

Different geographies have required different approaches. In rural areas the online portal was developed to provide people with access to a sufficiently sized community to make it possible to find, for example, another dart player who wants to set up a local league.

In areas where distance and access to transport is less problematic, people have come together to design and plan the things they want to do, many

of which they describe as 'normal things in everyday places', such as going shopping with friends for clothes or CDs.

The sources of money to pay for these activities are varied. The 'whole community' approach that is taken by the online portal means that someone is just as likely to be paying to do something from their own pocket as from a personal budget. This offers real opportunities for providers to generate income from new sources such as self-funders, or to find economies of scale by catering for a wider audience. Working in this way makes it easier to overcome stigma and discrimination within communities, because people meet and make friendships on the basis of common interests rather than being catered for in groups sharing a diagnosis.

Getting buy-in from people pooling budgets. Where the aim is to get buy-in from people, it is important to start by really listening to them and responding to what is heard. In some pilots it became apparent that some residents felt there were longstanding, unresolved issues relating to service quality. Before people were prepared to commit any of their time or resources to the up2us pilot, they needed, understandably, to see that outstanding concerns would be addressed. As a result of the pilots there are stronger relationships between housing providers and residents.

Getting buy-in from professionals. The slow pace of some pilots has been compounded by changes in staffing. In some cases this has exposed a lack organisational buy-in for personalisation and group purchasing. Some pilots have shown that despite frontline workers being actively supportive, they were relatively powerless when more senior managers became involved.

The main interaction between organisations and individuals is through the relationship that they have with the frontline worker. Frontline workers are more important than their managers within this dynamic, though this is rarely recognised in practice. Without empowerment at this point of interaction, personalisation cannot work. This presents a challenge to the hierarchical nature of most organisations and to the need for control by managers.

Variety of types of purchase. Across the pilots a range of purchases have been made, summarised in the Figure 5. The most common spending was on trips and activities, where people were able to enjoy things together within the wider community. In some cases these were paid for by putting money into

a common pot but in others no centralised spending was needed with each person paying for themselves. Even when people paid individually, they were able to benefit from discounts and savings as part of a larger group. These group experiences were relatively easy to organise and enabled participants to meet new people or spend time with existing friends.

In several examples, people worked together to design and commission shared services. Sometimes these were received individually, sometimes as groups. This collective approach has also required those involved to maintain a constant review process to ensure that the support commissioned remains relevant to all involved.

The examples of pooling, and our interviews with the people who have made them happen, show that people have been able to make better use of their resources by buying things together or doing things they wouldn't have been able to afford to do on their own. There are examples of people doing new things as part of the group, things that they wouldn't have done on their own. There are examples of a new confidence in accessing a range of mainstream activities as part of the up2us group. Some examples also demonstrate how this collective approach has enabled people to influence who provides support and how it is provided.

Technical challenges to pooling. Beyond the significant challenge of finding the right people to do things with, there are a number of practical or technical issues that can make it difficult for people with personal budgets to successfully pool their funds. These include aligning the timing of people's budgets and financial years and getting beyond the current overwhelmingly individualised approach of support planners. As noted, examples of pooling that preceded the pilots have arisen either because groups of people already know one another, or because a local professional is supportive of collective approaches, is familiar with a number of people and prepared to introduce them, and is able, if opportunities arise, to sign off all of the personal budgets involved.

Pooling takes time. People involved in pooling funds found it took time, for a number of reasons:

- Problems in finding suitable times and locations to get together for planning sessions.
- Not having enough time for people to get to know one another and develop

trust and understanding where relationships are new. Waiting for all the people involved to go through the assessment process to confirm the amount of direct payment or individual budget available before a collective budget can be agreed.

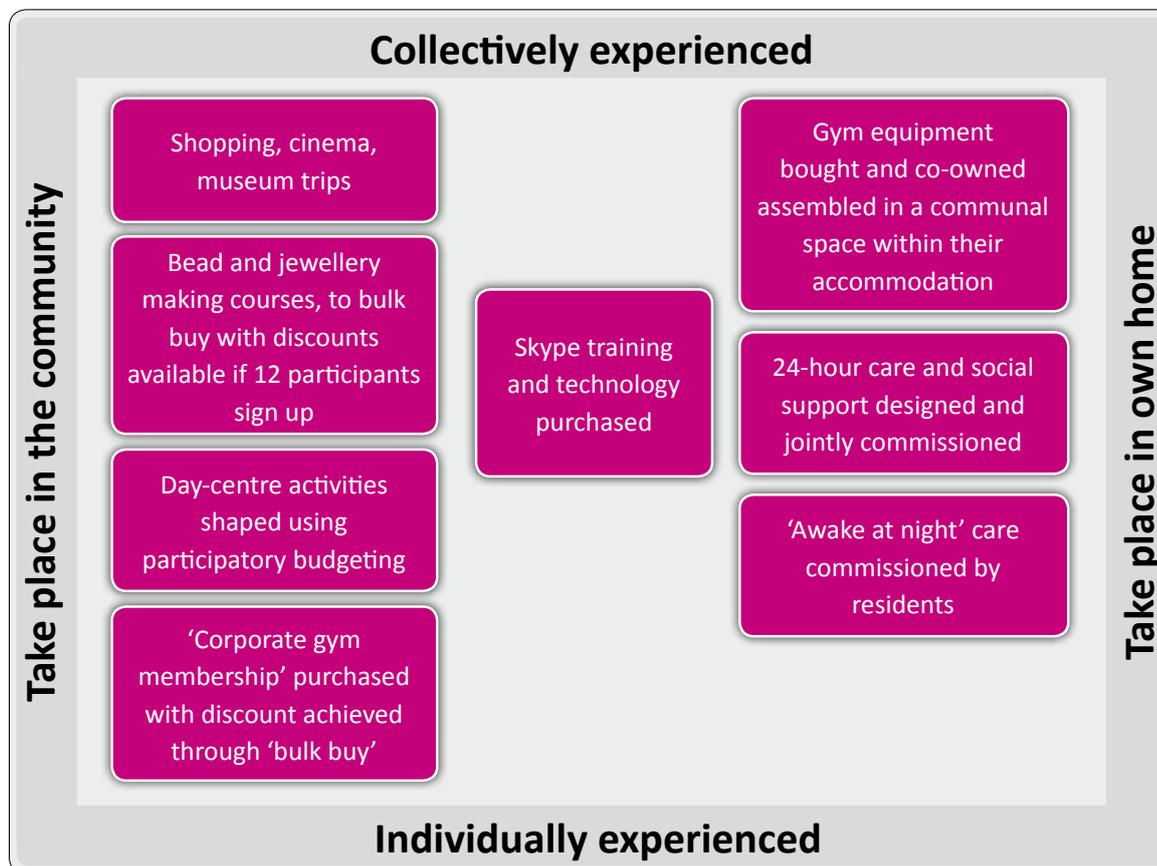
- Time needed for continuing support and encouragement throughout the process.

A positive approach to supporting a group to buy things together is likely to include the following:

- Time invested in building trust and friendships within the group.
- People involved being actively enabled to co-produce the process.
- People supported to discuss and debate the 'culture' and 'qualities' of the support they want to receive and the outcomes they want to achieve, rather than starting with the nuts and bolts of costs of activities and number of contact hours.
- Group supported to review its wider resources (beyond just the money) and the extent to which it wishes to contribute its own time, knowledge and skills to support one another – formally and informally.
- Constant review and feedback, to evolve the support provided.

It is likely that people's circumstances will change over time. In some up2us examples, people now wish to opt out of the original group purchase. This will affect others in the group. Although not insurmountable, this is a reminder that any collective purchasing should not undermine the flexibility envisaged by a more personalised approach.

Figure 5. Variety of collective purchases.



New technical expertise needed: Once people come together and identify a group purchase, it is important that the group is supported to think through any practical or legal issues that might arise. There are bound to be some teething troubles when collective purchases haven't occurred before. Some issues will require specific support, such as legal advice and finding appropriate public liability insurance and some of the technical expertise required may be unfamiliar to in-house teams. It is possible to avoid reinventing the wheel by working with organisations who are already successfully working in this way and getting support from them – for example, Community Catalysts.

Finding the appropriate scale for local activities. In most areas the pilots aimed to reach a large number of people. This so that everyone can find enough individuals with similar interests. Face-to-face activities are expected to take place in smaller groups. People have said they became involved to meet new people and to make new friends: for this to be effective, groups must be small enough to allow everyone taking part to meet one another.

The groups who have commissioned shared services have involved up to eight people. Professionals supporting this activity have suggested that more than eight could make the commissioning process logistically difficult, as it would be harder to reach consensus. But this is only speculation and, over time, professionals and participants can determine what is an appropriate size for a group.

Implications for providers of housing care and support

- It's important to decouple personalisation and individual budgets. Central to personalisation and good well-being is being in control. Developing personalised models of working that put individuals in control is possible and desirable, regardless of the individual's funding package.
- Personalisation and person-centred approaches don't automatically involve individualised approaches. Professionals working in person-centred ways can help people to consider where collective approaches might be the preferred route for them to achieve their personal objectives.
- Organisational support needs to shift from delivering to enabling, working alongside individuals or groups and treating them as active partners rather than passive or 'vulnerable' recipients. Staff need help to develop their skills to work in this way. Training from people who use services can be effective in supporting this change.
- Policies must support and underpin the cultural and systemic changes needed for personalisation to flourish. Some traditional organisational policies and procedures (such as approaches to risk) may no longer be fit for purpose. They must be reviewed and updated when they are found to restrict more personalised ways of working.
- For some individuals, taking more control is a continuing, iterative process. Professionals need to work alongside individuals who are taking on personal budgets, throughout the process and beyond, linking them to other sources of support from professionals and peers.
- Collective purchasing is already happening. Organisations should seek out examples locally and learn from these in order to understand how the approach can flourish for them and the communities around them.

- Collective approaches do not need to be exclusively for people with access to individual budgets or direct payments. Taking a community-based approach may provide the opportunity to reach new members of local communities, growing social networks and community cohesion and generating new income for services providers.
- Collective approaches can be a gateway to budget-holding for individuals who might not currently hold an individual budget. Identifying and working with groups of people who already have a shared interest could provide an opportunity to support them to consider taking on a direct payment or personal budget.

How co-production has been developed locally⁷⁹

The up2us pilots have been able to explore not only 'what' to do about collective purchasing but also 'how' to do it. In some of the areas significant steps have been taken to co-produce the activity, with project managers working alongside people who use services as collaborators and co-workers. This has shaped the activity and scope of some of the pilots. It has also presented some challenges for housing care and support organisations as outlined now:

Building on service users' skills and capabilities. In Kensington & Chelsea, the housing organisation Yarrow made it clear at the outset that it did not want to develop a new cadre of professionals. Yarrow took the decision to put time and resources into developing people's own capacity to manage and deliver the pilot. This meant a relatively long time was taken between forming the board, hosting the launch event, and then establishing regular activities. This led to frustrations for the board and members. However, everyone involved is confident that this approach has created a more sustainable project, with a number of individuals experiencing significant personal changes as a result of their involvement.

Working in this way is difficult for professionals who are more commonly focused on identifying people's problems and vulnerabilities. One consequence of people with learning disabilities acquiring more power and control is that professionals will have less power and control. There is evidence that people's well-being depends on feeling able to achieve things and having a sense of purpose. Training and support is needed to enable professionals to address their concerns and see the benefits of working in this way.

Rethinking professional roles. Co-production is about recognising that everyone is the expert in their own life and enabling everyone involved to make their own unique contribution. In the pilots, this resulted in people bringing skills, experience, and networks that the professionals involved did not have. But it is also important that people are able to draw on professional support where they feel it is required. This support is most effective when it builds people's confidence and capacity to do more for themselves in the future, with a view to freeing up the professional resource to be used in other ways.

A critical role that professionals can play in the often complicated world of housing, care, and support, is to act as a bridge between people using services and other professionals. Agencies are used to talking directly to one another, rather than involving people who use services. Professionals can intervene to ensure people are not sidelined in this way and to 'translate' the various bureaucratic processes demanded by the various agencies.

Being where people are. The up2us pilots worked best when they kept things informal and linked with existing groups. The pilots linked with informal networks like local coffee mornings through to formally constituted local user groups. Keeping it informal and flexible made it easier to develop relationships with people. Blending informal one-to-one conversations as well as larger group meetings made it easier to hear everyone, rather than just the vocal ones.

Valuing the journey. The up2us pilots were not set targets at the outset but all sites had to sign up to a commitment to put people at the heart of the work. Not having a pre-defined delivery model made it more important for project staff to be alongside people. Working in this way meant it was vital to listen and respond to people, rather than determine direction of travel from the outset. Working with people who use services has been challenging for some pilots: some supporters and funders want to see instant returns, but this can be at the expense of quality.

For people to be genuinely involved, the organisations around them must ensure their actions are timely and flexible. This often challenges professional organisations and others who work to their own timetables and sometimes opaque schedules. It is important to allow enough time and to ensure that processes are open and accessible, and shaped by the assets and needs of

everyone involved. It is essential that strategic activity is coupled with direct opportunities to co-produce face-to-face activity as well.

Working collectively. Within the housing, care, and support sectors, professional models of working with people, even when they are person-centred, operate predominantly on a one-to-one basis. They are often backed up by the organisation's policies on confidentiality, safeguarding vulnerable people and health and safety protocols. Sometimes, this is appropriate, but the service user can rarely specify whether they interact with organisations individually or collectively.

Traditionally, these sectors have supported a certain amount of group work, especially therapeutic groups where people can benefit from interactions with their peers. The drive from commissioners to specify costs for individual contact hours within contracts may have influenced the way organisations work with individuals. Collective groups can prove to be cost effective for providers as well as generating significant well-being benefits for people who chose to be involved. Developing more collective opportunities increases the potential for people to develop group-purchasing approaches.

Working effectively with groups of people rather than individuals requires particular skills, particularly when helping the group to take the lead or facilitate their own discussions and activities. This calls for support for staff to develop these skills and for the development of roles that prioritise working in this way.

Implications for providers of housing care and support

- In times of financial austerity, co-production offers the opportunity to gain access to and benefit from new and diverse resources that have previously been underutilised.
- All housing care and support agencies have regular contact with people who live in their properties and interact with their services. Frequently this is a one-way transaction based on an individual's needs or problems. Personalisation and person-centred approaches require support organisations to enable staff to see the whole person and understand their vision of a good life. Co-production provides a method that enables people to put their skills, experience, and talents into action, improving their own well-being in the process.

- For co-production to thrive, people need to be able to get beyond one-to-one interactions with paid professionals. Peer-support networks provide opportunities to share skills, support one another, and develop new opportunities to do things together.
- Co-production (like personalisation) requires professionals to work alongside people, focusing on their agenda, rather than on the priorities of organisations or commissioners. This calls for a major shift in the way commissioners, organisations, and staff operate, but there are significant benefits, such as more effective, sustainable interventions, and better well-being for the people they work with.
- It is important to take a community development approach to personalisation, seeking out assets and people willing to contribute. Housing Associations are in a great position to reach out to and support residents to take action but need to do so in ways that develop shared ownership.

Reflections on social networking and new media

The only pilot area that didn't make use of online technology is Barking & Dagenham. This might in part be due to the fact that people involved here lived in very close proximity to one another. Oxfordshire and Knowsley are both involved (at different stages) in developing the People and Places up2us web portal. Norfolk is currently seeking funding to do the same. The Kensington & Chelsea pilot has developed its own facebook style website. In Kent, one of the pooling pilots was focused on purchasing and learning how to use Skype technology to support networking. All of these technologies help people to communicate in different ways and to reach a wide number of new people rapidly. This can make it easier to find other people with the same interests, or to achieve economies of scale through significant bulk purchases.

The pilot sites found that some people faced discriminatory barriers to online access. Fears were frequently voiced that 'vulnerable' people might not be safe online. Care and support workers themselves often lacked confidence or experience in using this technology, which made it harder for them to help others to get online. One Housing Association has now altered its recruitment policy to ensure that IT and social networking skills appear as standard on all job descriptions for support staff.

Whilst it is important to acknowledge the costs of investing in online technology, social networking is increasingly a routine part of day-to-day life. The pilots demonstrated that online technology is attractive to many people who currently use services, and to members of the wider community. In most areas housing care and support organisations seemed to lag behind service users and the general public in using these tools to communicate about their work and to link with people. Operating effectively online requires different behaviour from people who use services, as well as from professionals and support organisations. Some of the changes that are needed are set out below.

Investing in growing online activity. Online networks don't just form themselves. There are particular activities that are needed, both offline and online, in order to ensure that the up2us portal becomes an active and welcoming place that people want to join and contribute to. All of the areas using the People and Places approach have been able to secure costs for the operating license but have not been able to secure the additional finance needed in the short term to pay for people's time to develop the online community and enable it to thrive, as funders have not seen this as legitimate expenditure.

People who use services online. In Oxfordshire, the user-led group played an important role in designing the functions and testing the accessibility of the up2us portal. They helped develop an online moderation function, as a positive response to people's concerns about online safety. This helped people to grow their confidence online, with support phased out at a pace they decide for themselves. Norfolk is now mirroring Oxfordshire in working closely with a user-led group who is designing local functions and testing accessibility for a future site.

In Kensington & Chelsea, the online platform is different but is intended to perform a similar function, making it easier for people to post ideas of things they want to do and to meet others who share similar interests. In all cases people have made it clear that the aim of this online technology is to enable more 'real world' activity, rather than creating 'virtual friendships'. The technology is just another method to enable people to do more of what matters to them in their day-to-day lives.

Professionals online. Some support staff and brokers have felt that uploading their own profiles challenges the professional boundaries that they should maintain with people they support. However, in the development of the portal, users responded directly to people's desire to choose the people who support them on the basis of common interests or experiences, rather than simply on their professional qualifications and availability. There is a mismatch between the boundaries of professional practice and what service users are expected to disclose about themselves. This presents a major challenge to personalisation and to co-production.

In Housing Associations frontline staff often use rather old technologies, with access blocked to some online platforms; social networks such as Facebook are frequently barred. When IT access is available to residents, these policies often apply to them, too; in some cases Internet access is not provided as standard and people have limited access to computers.

Organisations online. Local organisations found it challenging to operate effectively online. Providers did not seem to engage creatively with the promotional tools favoured by people who use their services. In the two sites where the portal is most established, Oxfordshire and Knowsley, the up2us project managers were frustrated in their efforts to embed the learning from the up2us approach comprehensively within their own organisations. A key to making the site successful is having sufficient activity online so that it becomes an attractive place for people to visit and return to frequently. So far the large organisations that have a profile online have tended to use it as a promotional website, with a static presence, rather than actively engaging with people who currently use the site.

Provider organisations that are not engaging with people online are missing vital 'customer insight'. For example, members of the portal use functions like rating services where they can score, and blog about the quality of services. This is a useful source of information for provider organisations and an inexpensive way of helping them understand how users perceive their work. People can post ideas for new things they want to spend money on doing together – suggesting opportunities for organisations to develop new service offers to existing or new customers. So far, however, provider organisations have used the site for static advertising purposes, talking at, rather than listening to other members of the portal.

Provider organisations need to invest in helping staff to communicate differently with people who do or might use their services. It is important to be clear why and how the portal is different from having a group on Facebook or a website advertising their services. Working in this way requires investing in different skills and resources internally, but this is not currently a priority for the sector. As the shift towards personalisation continues and the funding for housing care and support changes, provider organisations will need to think harder about how they engage those who use their services, or might do so in future, rather than simply with those who have commissioned them to provide services.

Implications for providers of housing care and support

- Review current approaches and attitudes to online technology and social networking.
- Recognise the development opportunities that being a member of an online portal can offer the organisation and the people who are currently using its services.
- Work alongside people who use services to develop, design and test future online activity as they will be able to provide vital insights into what service users want.
- Consider direct online support as part of the package of support offered to people.
- Explore opportunities to collaborate with other providers to provide an online support network for people – one that is people-centred rather than driven by the needs of organisations.

RECOMMENDATIONS

This chapter sets out recommendations from the up2us pilots. The first section makes recommendations for everyone involved in personalisation and collective purchasing. The second section sets out specific questions for housing care and support providers, for local authority commissioners, for ULOs, and for people who use services.

Taking personalisation and collective purchasing forward

Decouple personalisation and individual budgets. Central to personalisation and good well-being is being in control. Developing personalised ways of working that put individuals in control is possible and desirable regardless of the individual's funding package.

Choice is important. There are benefits for individuals and organisations from grouping together to do and buy things. For this to be a success, it is absolutely crucial that people using services are able to exercise choice. It won't work if service providers or commissioners simply impose collective approaches or assign people to groups that don't matter to them. Professionals working in person-centred ways should help people to consider what groups might matter to them and how these would help them to achieve their personal objectives.

Take an asset-based approach. Understanding what people are good at and enjoy doing is as important as understanding the challenges they face. Working alongside people and benefiting from their skills and lived experience makes interventions more effective for everyone. Organisational support needs to shift from delivering to enabling, treating individuals or groups as active partners rather than passive or 'vulnerable' recipients. Staff need help to develop their skills to work in this way. Training from people who use services can be effective in supporting this change.

Support initiatives that start from the bottom up. Current systems and structures do not readily support bottom-up innovation in partnership with people who use services or might want to in the future. Nurturing such

initiatives means developing new partnerships at the frontline and re-orienting organisational policies and procedures to support and value small or informal developments. Frontline staff must feel trusted and supported by their employers in order to work in this way.

Ensure personalised practice is supported by organisational procedures, inspection, and auditing regimes. Many of the procedures that staff are expected to conform to have been developed in times when there was less emphasis on empowerment. This is evident in particular to how risk is approached. Organisations' efforts to become more personalised or to adopt co-produced approaches may be undermined by their own or external inspection or auditing regimes. Organisations' policies must support the cultural and systemic changes needed for personalisation to flourish. Some traditional organisational policies and procedures (such as approaches to risk) may no longer be fit for purpose. They must be reviewed and updated when they are found to restrict more personalised ways of working.

Learn from current practice. We found collective purchasing already happening in each pilot area. Organisations must seek out examples locally and learn from these in order to understand how the approach can flourish within and in the communities around them. Collective approaches do not need to be exclusively for people with access to individual budgets or direct payments. Taking a community-based approach may provide the opportunity to reach new members of local communities, to grow social networks, strengthen community cohesion and generate new income.

Innovation doesn't have to be expensive. The pilots have shown that innovation can take place at relatively small cost. Co-producing the pilots means benefiting from the skills, lived experience, and resources of service users. There is an abundance of human and social resources in communities which is often overlooked. Most staff were seconded meaning no additional salary costs. LRGs enabled the pilots to draw skills and information from a range of local organisations. Severe financial pressures can be expected for the foreseeable future. Today's crisis-ridden circumstances present an opportunity to use resources more creatively and to achieve better outcomes for people who use services.

Consider well-being impacts. The review has drawn attention to the way in which the pilots have affected people's well-being. The way in which people

have been involved in the pilots has an important influence on well-being. Relationships are vital to good well-being and fostering strong social networks has been an important element of many of the pilots. Control is a key aspect of the autonomy element, as is a sense of safety and security. The pilots have worked with people to build their self-confidence in dealing with new opportunities and choices.

Questions for housing, care, and support providers

- *Is your current approach to personalisation chiefly about assigning budgets? Do you support collective approaches as well as individual opportunities?*

Work with people who use services to review this. The Making it Real statements (*page 15*) provide a useful starting point for describing your future personalisation intentions.

- *Is your vision held back by policies and procedures?*

Work with people who use services and frontline staff to review internal policies and procedures to ensure they are fit for purpose. Tackle difficult areas such as safeguarding policies and health and safety procedures.

- *Is your approach to risk management fit for purpose? Do staff feel held back by real or presumed concerns about risk management?*

Work with people who use services and frontline staff to understand how concerns about risk management could impede personalisation and co-production. Work with people who use services and staff to develop a supportive approach to risk taking.

- *Do you understand what people can do as well as what they can't?*

Embed an asset-based approach when working with people who use services. Invest in staff skills to work in this way.

- *Do your staff give people the help they need to support one another?*

Co-production thrives when people get beyond one-to-one interactions with paid professionals. Peer-support networks provide opportunities to share skills,

support one another and develop new opportunities to do things together. Conduct an audit of existing ways in which people are co-producing activities and understand what makes this happen. Develop a team of co-production champions (including frontline staff and people who use services) to share their experience and mentor others. Support people who use services to be co-production assessors, able to report back on levels of co-production in action and blocks to further development.

- *Are staff aware of the benefits of people doing and buying things together?*

Ensure they are confident to talk to people about this as one way of achieving personal goals. Provide them with the necessary guidance to support an individual to explore a group purchase if they want to. Ensure a team or individual is responsible for supporting people interested in developing or joining groups and managing information about existing groups.

- *Are the people you support able to get online?*

Support digital inclusion for people who use your services. Review computer competency of frontline staff. But don't let this become a substitute for human interaction: both are needed.

- *How does your organisation currently interact with people online?*

Recognise the development opportunities that being a member of an online portal can offer your organisation and the people who are currently using your services. Work alongside people who use services to develop, design, and test future online activity. They will provide vital insights into what service users want. Consider direct online support as part of the package of support offered to people.

- *How do you work collectively with people and encourage interactions between people? Is working with people one to one the predominant style of working?*

Review your current approaches with people who use services to explore where group settings may be more welcome. Ensure that groups can be based on shared interests or shared conditions depending on people's preferences.

Questions for local authority commissioners

- *Is there room for personalisation within the services you commission?*

Shaping services that put individuals in control is possible and desirable regardless of the individual's funding package. Being in control is central to personalisation and good well-being.

- *Do you specify services that encourage co-production and personalisation?*

Resist over-specifying services. Predetermining activities and quantifying contact hours makes it difficult for people to be innovative and flexible with service delivery. Focus commissioning on the results, or outcomes, the service should support. Assess service providers on their ability to work with service users to achieve their aims.

- *Are you including measures that matter to people who receive services?*

Build well-being measures into your performance frameworks for service providers. Specify that providers should be co-producing activity with people who use services and the wider community. Assess levels of co-production practice with people who use services or local ULOs.

- *Are people co-designing services?*

Ensure that people who use services are involved in shaping services and interviewing potential providers.

Be prepared to adjust your commissioning schedule to ensure people are able to get to know one another before committing to a shared service

- *Do you enable people to get the information they need?*

Assess what information is currently available about local groups and activities. Do people and organisations find this information useful. Is it easily shaped and updated? Consider commissioning an online portal that lets people find other people with shared interests and do and buy things together. Alongside this, make digital inclusion training available for people who receive services and frontline staff who are not yet confident online.

Questions for ULOs

- *Can your organisation help groups of people develop purchasing relationships with existing or new providers?*

Work with your members to explore what common or shared purchases already exist and whether there is an appetite for more.

- *Are you helping individuals to take more control?*

Work alongside individuals who are taking on personal budgets, throughout the process and beyond, linking them to other sources of support from professionals and peers.

- *Do people want particular help to understand money management?*

Explore with them where group activities can help to build their confidence.

- *Could a collective purchase encourage someone to take on an individual budget?*

Identify and work with groups of people who already have a shared interest. Developing a purchase together could be a route to their considering a direct payment or personal budget.

Questions for people who use services

- *Have you offered to contribute to setting up and running activities rather than just participating in them? Is there support that you want in order to be able to play a more active role in organising group activities?*

Talk to service providers and local people about the types of things you would like to do and what role you are prepared to play in making this happen. Are there ways in which other people can provide support that is useful to you, for example through being a mentor or buddy when you are starting out.

Have you thought about the interests and hobbies you currently have or would like to develop? Would you benefit from learning about any of these with a group of people rather than individually? Have you done any work of your own

to find other people or groups with similar interests? What support would enable you to do this?

- *How comfortable are you in discussing and planning things with other people?*

When developing an idea with a group of people, it is unlikely that everyone will agree on everything that needs to be done. Are you willing to negotiate and possibly make compromises in order to find a solution that suits a group of people? Working with a group of people might show that some people have different priorities to you. This might sometimes be a barrier to doing things together but shouldn't always be difficult. Think about any support that you or your group could get to work through any differences effectively and make this an enjoyable experience.

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⁶³ CDSM was paid £5000 for its work, which was a fairly token fee given the level of investment and time it has committed to making it work. Its involvement is ongoing and its commitment is as co-workers.

⁶⁴ My Life My Choice. (2012). Website. Retrieved from:
<http://www.mylifemychoice.org.uk/groups/oxford.html>

⁶⁵ Oxford Student Mental Health Network. (2012). Website. Retrieved from:
http://www.osmhn.org.uk/students/support/local_voluntary_sector_organisations

⁶⁶ Telephone interview with Oxfordshire up2us project manager.

⁶⁷ There was concern, primarily from professionals, that this would be an issue if people required a password to access their profile. The user group developed a small business card that people could use to record their profile name and password. In reality it has been professionals who have most frequently forgotten their passwords.

⁶⁸ DCLG is currently setting up a range of pilots of Supporting People funding to be delivered through personal budgets. This may include young people at risk of homelessness, though this is not yet known. Risk of homelessness is not commonly an issue that secures social care funding, so if a pilot takes place with this group it will be through the Supporting People route. There have been some pilots involving young people with providers such as Family Mosaic in Essex and Look Ahead in London.

⁶⁹ The up2us money cannot be used to clear debts but young people are supported by their keyworkers to access other support available to clear their debts. It is important that the young person has dealt with their debts before they access the up2us money.

⁷⁰ From interview with project manager, May 2012.

⁷¹ <http://www.communitycatalysts.co.uk>

⁷² **Participatory budgeting** is a decision-making process where groups of people decide how to spend a budget. People meet, identify ideas, discuss these and then make decisions about how money is spent.

⁷³ Only 7 of the 34 respondents said that they received a personal budget (13 said no, 13 said they were not sure, 1 person declined to answer).

⁷⁴ Slay J, 2012, Budgets and beyond, **nef**, London.

⁷⁵ Boyle, David, 2013, Barriers to Choice Review, Cabinet Office, London.

⁷⁶ Community Care, The State of Personalisation 2012. Accessed at: <http://www.communitycare.co.uk/the-state-of-personalisation-2012>

⁷⁷ Up2us Kensington and Chelsea project manager in conversation with **nef**, March 2012.

⁷⁸ <http://www.communitycatalysts.co.uk>

⁷⁹ Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families, and their neighbours. Where activities are co-produced in this way, both services, and neighbourhoods become far more effective agents of change.

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About HACT

Founded in 1960, but relaunched in 2012 with funding and support from a range of leading housing providers, HACT is a charity, social enterprise and industry-focused think/do tank established by the housing association sector. We seek to influence and innovate in ways which help all housing providers deliver more effectively within their communities.

HACT believes that the provision of housing is about more than just bricks and mortar – that housing providers are at their most successful when they focus on the social value they create, engage with and invest in their communities and actively seek to identify and meet the needs of those who live in them.

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