Voice4Change England briefing paper

Personalisation, the BME voluntary and community sector and social entrepreneurship

March 2012

1. What is personalisation?

Personalisation is the idea of giving individual service users more power to choose, co-design and even deliver the services they require to meet their specific needs.

Personalisation enables a bottom-up approach to ensure service users are central to service delivery and have a choice about the services they receive. This differs to traditional top down models of service delivery whereby institutions control the design of public services and their delivery to service users.

Personalisation is not a new concept. In fact personalised services have been being delivered since the 1970s when disability liberation groups championed for disabled people to receive direct payments to choose their own services.

Policymakers hope personalisation will make services more effective, efficient and sustainable. The previous administration aimed to embed personalisation in the delivery of adult social care services. The current Government intends to roll these ideas out further and it has made a number of proposals in its plans for public service reforms (see section 3 below).

For any Black and Minority Ethnic voluntary and community sector organisations (BME VCOs) and social entrepreneurs that want to deliver public services it will be important to understand what personalisation means for their service users and how they can ensure their users are engaged in the agenda.

2. In which areas are personalised services being delivered?

Personalised services have been important in the delivery of many adult social care services as well as other areas including mental health, disability, and older people and care services.

Personalised services are delivered through different mechanisms including:

- **Direct payments** - individuals receive the cash equivalent to a service. The individual can use the money to buy services from a private sector or voluntary sector provider or even to hire their own staff. Direct payments are only currently available for social care and cannot be used to buy public services.

- **Individual or personal budgets -** individuals are allocated funding following an assessment of needs. They can then either take their budget as a direct payment or leave the body distributing the money with the

responsibility   to   commission   the   services.
Alternatively they can use a combination of both.

Charles Leadbeater[1], has described personalisation through a rating scale, from a light touch to a deeper level at which personalised services are delivered:

a. **More customer-friendly interface with existing services**
   EXAMPLE: 24/7 call centres, booked appointments, guaranteed fast response times, better basic customer services.
b. **Giving users more say in navigating their way through services once the have gained access to them**
   EXAMPLE: giving children more choice over pace and style of learning in secondary education.
c. **Giving users more direct say over how money is spent**
   EXAMPLE: direct payments to individual service users to spend on services.
d. **Users are not just consumers but co-designers and co-producers of a services**
   EXAMPLE: Welfare to work schemes
e. **Self-organisation of the public good i.e. promoting a mass social innovation within society[2]**
   EXAMPLE: community organising

BME VCOs and social entrepreneurs should be aware that the implementation of the personalisation agenda at a local level will vary depending on the area's needs and priorities. For example in Barnet the council[3] has adopted a similar model of customer service used by the budget airline, Easyjet, whereby the basic council service is free, but individuals can receive a faster service if they pay a more. In Harrow the council has set up a website, shop4support[4], where local services users can find free and paid for products and services. However some VCOs have identified a policy and practice gap in their local area, where despite a national focus on personalised services, local services continue to be delivered in a traditional top-down fashion.

3. What next for personalisation?

Whilst there is initial focus on social care and support services, the Government plans to roll out personalisation in a range of other public service areas. A

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[1] http://www.charlesleadbeater.net/home.aspx
[2] To view the full continuum visit http://www.tsrc.ac.uk/LinkClick.aspx?fileticket=U8tazrnMZ%2Bs%3D&tabid=500 at page 9
[3] http://www.barnet.gov.uk/
[4] https://www.shop4support.com/S4S/UI/Content/MyCouncil/Details.aspx?Id=36564

personalised approach is at the heart of the Open Public Services White Paper[5] which outlines the Government's plans for reforming public services.

This includes plans to reform individual services (i.e. personal services used on an individual basis), to give service users greater power to choose services for themselves in education, skills training, early years, other children's services, family services, health and social housing. The Government will establish frameworks for choice in these areas to ensure:

- **Funding follows individual choices**: through mechanisms such as direct cash payments; personal budgets; vouchers; tariff payments; loans and entitlements.

- **Fair access**: Regulatory and financial incentives will be used to give people who are vulnerable or disadvantaged an equal opportunity to benefit from services. An example could include measures such as the pupil premium which gives schools extra funding for pupils eligible for school meals; and a Health Premium incentive payment for local authorities based on progress made on health outcomes, especially for disadvantaged groups.

- **Open data to support choice**: All public service providers, including voluntary and community sector organisations (VCOs) will provide key data such as user satisfaction, spending, performance and equality, publically, in an accessible form.

- **Clear minimum standards**: Government will continue to play a role in defining outcomes and setting standards. It will ensure that all individual service providers are licensed or registered by the relevant regulator for their sector, for example the Care Quality Commission.

- **Routes to redress if choice is not available**: Government is looking at the powers of Ombudsmen to investigate complaints, promote local resolution, and specify remedial action if needed. It also wants to increase service user voice through elected Champions such as Councillors and unelected Champions such as consumer organisations.

4. Personalisation and BME communities

Personalised services provide an opportunity for individuals within BME communities to receive services specific to their needs. This can mean that individuals choose services where their cultural, religious and linguistic needs are

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[5] Open Public Services White Paper, HM Government, July 2011. The paper can be downloaded at http://files.openpublicservices.cabinetoffice.gov.uk/OpenPublicServices-WhitePaper.pdf. Voice4Change England has produced a briefing on the White Paper which can be downloaded at http://www.voice4change-england.co.uk/webfm_send/84.

met. Research shows that where there is a take up of personalised services, BME service users steer towards the direct payments system. A survey conducted by Carers UK[6] found that out of 234 BME respondents 25% were receiving direct payments, as opposed to 22% for their White British counterparts. Research by Skills for Care into the use of personal assistants by direct payment holders shows that many more Black (66 per cent) and Asian (58 per cent) people employed friends or relatives as personal assistants than white people (39 per cent).

However Voice4Change England research[7] found that there are concerns over some elements of personalisation, particularly personal budgets, which historically have not been taken up frequently by BME communities. It was felt that personalisation could lead to a separation of support: those who are capable of managing their own services will seize the opportunity; those less able to will remain dependent on the state.

BME service users can face a number of challenges in benefiting from the personalisation agenda:

- Assessment processes not taking account of BME service users' specific backgrounds and needs. The Asian People's Disability Alliance[8] found that mainstream providers sometimes prescribe to the stereotype, albeit unintentionally, that the extended Asian family 'looks after their own'.
- Work by the Afiya Trust[9] found that BME communities are sometimes too proud to arrange a social worker for an assessment.
- Lack of accessible information about personalised services. The Joseph Rowntree Foundation[10] found that this can lead to BME communities giving up trying to get a service due to lack of knowledge about available services and entitlements.
- Confusion around how direct payments can be used.
- Lack of support for people to use the available information, including advocacy and support services.
- Difficulties in recruiting personal assistants who understand and can meet the needs of BME people.
- Lack of resources for local programmes and schemes.

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[6] http://www.carersuk.org/media/k2/attachments/Personalisation_Brief_BAME.pdf
[7] A shared vision for the BME voluntary and community sector, Voice4Change England, 2010. This publication can be downloaded at http://www.voice4change-england.co.uk/content/shared-vision-bme-voluntary-and-community-sector.
[8] http://www.apda.org.uk/
[9] http://www.afiya-trust.org/
[10] http://www.jrf.org.uk/

5. Opportunities for the BME VCS and social entrepreneurs

Personalisation and the idea of service users co-designing and delivering services is integral to the way the BME VCS operates. Often services delivered by the BME VCS have been developed in response to the needs of BME communities where these have not been met by mainstream services. Personalisation therefore provides huge opportunities for BME VCOs to sell their services and to champion an approach where cultural, religious and linguistic needs are met. This may include appointing personalisation champions to promote the agenda within BME communities and to feedback to those responsible for administering personalised services.

BME VCOs and social entrepreneurs will play a vital role in ensuring service users are aware of their options and have appropriate support to use their budgets. They could act as an advocate for service users, for example, where users have taken on unwanted responsibilities or need a route to redress.

The Equality Act 2010 requires public bodies and those carrying out public functions to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different equality groups. This is called the public sector equality duty. Therefore public bodies such as local authorities and health authorities must consider equality in all aspects of their work including when they are making provision for the administering and delivery of personalised services. BME VCOs can play a vital role in monitoring public bodies' adherence to the duty and to ensure that BME communities are listened to. They can encourage and assist public authorities in carrying out meaningful equality impact assessments.

The personalisation agenda is likely to mean working in different ways from traditional BME VCS service providers. A lack of capacity in organisations, particularly around ICT, finance systems and staffing, may limit the ability of BME VCOs to engage in the personalisation agenda without additional funding. The role of local authorities in market-shaping and stimulating the economy could be a key support mechanism. Marketing of services will become more important, requiring new skills and a culture shift in many organisations. It will be increasingly important for BME VCOs providing services to ensure visibility with the local authority to ensure they are 'on the list' that professionals, such as social workers, refer service users to.

Emerging social entrepreneurs have the added advantage of being able to explore newer ways of working from the outset of setting up their projects and organisations. They can explore the personalisation agenda and build their vision and business models around their reach to individual service users and an assessment of their needs.

6. Useful information and resources

The Social Care Institute for Excellence has a number of resources focussing on personalisation: http://www.scie.org.uk/topic/keyissues/personalisation

The Third Sector Research Centre has developed a briefing paper which outlines the key research, policy and practice implications of the personalisation agenda for the VCS:
http://www.tsrc.ac.uk/LinkClick.aspx?fileticket=eh6x3k7%2fQWU%3d&tabid=646

The Commission on Personalisation, set up by ACEVO, published an interim report in to how personalisation could be rolled out in to other areas of public service delivery: http://www.acevo.org.uk/personalisation

NCVO has developed a webpage which includes some useful definitions of terminology often used in the personalisation agenda: http://www.ncvo-vol.org.uk/personalisaton/introduction_definitions

The Centre for Regional Economic and Social Research has published a report which explores the implications of the personalisation agenda for VCOs: http://www.shu.ac.uk/_assets/pdf/cresr-understanding-personalisation-summaryreport.pdf

V4CE is a partner organisation to School for Social Entrepreneurs (SSE) for its Enterprising Community Advisors Programme ECAP project. ECAP is funded by the Equality and Human Rights Commission and is being delivered by SSE in partnership with V4CE and Advice UK.