

TOGETHER WE CAN

Exploring asset-based approaches and complex needs service transformation

Research summary



Our health needs as a nation are changing and, along with them, our expectations of the health and social care services we rely on. Increasing numbers of people are living with complex needs, and living longer. At the same time, there is a shift to personalised care, co-produced by people recognised as experts in their own needs.

Asset-based approaches have been successful in engaging people in health and social care services who are traditionally less likely to be involved with their services and communities. Yet the evidence on working with those with the most complex needs has been limited and mixed. This research, however, exposes the clear potential for asset-based approaches to transform the lives and services of people who have complex needs and sets out three calls to action for policy makers, commissioners and service providers alike to make this potential transformation a reality.

Asset-based approaches and co-production of services are now widely acknowledged to represent best practice in health and social care and advocated in government policy and leading organisations which support and represent different user groups.^{1,2,3}

Through ethnographic research, expert interviews and a literature review, we set out to explore two main questions:

- How does current service provision reflect the aspirations of asset-based ways of working?
- What is the potential for asset-based approaches in complex needs services, and what are the barriers and challenges to adoption?

We spoke with experts from across the country and spent time with people and services in Greater London, and rural Kent and Wiltshire. At the heart of this research are the stories and experiences of 11 people who generously gave their time and shared their lives with us.⁴

UNDERSTANDING THE LIVES OF PEOPLE WITH COMPLEX NEEDS

Through spending time with people and sharing in the day-to-day routine of their lives we identified eight main factors which shape the lives of people with complex needs.

The research highlighted the structures which make things possible, as well as those which are barriers to opportunities and integration.

Overview of factors shaping the lives of people with complex needs

“We don’t have a car so it’s difficult for us to get Mary-Lynn to places ... She used to love going horse-riding but since they stopped funding it we just can’t afford it.”

“I work as an ‘expert by experience’ ... I know what it’s like to be in that situation.”



“I had best friends before, I’ve got a best friend here and I expect I’ll make new friends in my next place. I’m used to it. It’s good to meet new people.”

“I have my schedule on the fridge. I plan each week what I’m going to eat every day and when I have to be where.”

“It’s just boredom half the time ... But when we went to the Tower of London, I just wanted to stay out... I didn’t want to have to come back to my empty room.”

MIND THE GAP: ASPIRATION AND REALITY

It is evident that there is still a long way to go before we can truly say that asset-based approaches are integral to services for those with complex needs. Social inclusion, opportunity and control are core principles which underpin best practice in health and social care. They are also at the heart of asset-based approaches. Yet for everyone we met, there is huge potential to make improvements in these areas.

The overarching influences which shape people’s lives – the practical logistics, family and support networks, and routine – all mean that those we spoke with typically feel they have little control over their lives. Many professionals

and commissioners also recognise that there needs to be a cultural shift and process of education to make co-design and co-production of services standard practice.

Together social inclusion, opportunity and control are essential to leading a meaningful and fulfilling life. Like everyone, people with complex needs want to feel that their life has purpose and that they can contribute to their community. Yet identifying, and for some articulating, the way in which they can contribute can require significant support and a personalised approach. The rewards, however, can be huge.

SPICE TIME CREDITS: WORKING ACROSS THE SYSTEM

Spice work with partners in health and social care and wider communities, using Time Credits as a tool to achieve co-production. The Spice model is simple; people receive Time Credits as a thank you for contributing time to their community or service. They then spend Time Credits on events, training and leisure, or thanking others in turn.

Spice Time Credits systems are designed to work across the whole system, integrating with service delivery to support and enhance outcomes for individuals, services and communities.

Time Credits recognise and value the expertise that people have of their own conditions and lives. This is particularly effective where professionals and service users come together enabling a level playing field in an environment of mutual respect.

“We have found getting customers to spend quite hard – the main way customers spend is at evening service ... We have also had one very successful trip out to The Tower of London.”

However, alongside the opportunities offered by Time Credits are some challenges to be overcome when it comes to working with complex needs services and the commissioning system. Working with people with complex needs demands flexibility and a personal approach in everything, including details like how much a Time Credit is worth and how they can be earned, to better suit individual abilities. There is also a need for greater recognition of the time needed for paid staff to implement and integrate Time Credits into existing systems, with appropriate workforce support.

The support needed to help people spend Time Credits is also more intensive than in many other settings, and needs integration with existing structures and outcome frameworks.

As well as looking to unlock the assets of participants, organisations must consider their own assets and be open to new partnerships and collaborations. Further experimentation and development will help to overcome some of the challenges and unlock the undoubted potential of asset-based approaches, empowering those with complex needs.

“Getting [time credits] makes you feel you can say something; that you are being listened to.”

MEETING THE CHALLENGE

Experts we spoke to stressed the potential for asset-based approaches to unlock opportunities, enable people to fulfil personal goals and increase social inclusion.

Of course, although hugely important, the task is not simple and there are many challenges along the road. Tackling these requires policy makers, commissioners and service providers to accept three fundamental principles:

- **It takes time** – new ways of working do not become embedded overnight. Commissioners and service staff must be trained and developed, and people with complex needs will require support to transition to co-produced services. Allied to this is the need to have sufficient funding and resources in place to allow for a supported, progressive implementation, beyond an initial 1–2 year period.
- **Flexibility and creativity breed success** – strict targets or visions for how approaches might work can be unhelpful not only in terms of funding arrangements but also run counter to their spirit of co-production and user involvement. Staff and commissioners need to be prepared to work in non-traditional ways and collaborate with new partners in order to develop new service models, with outcomes defined together with people with complex needs.
- **Use organisational as well as individual assets** – organisations should look at how they can use their own assets and resources – from facilities and staff to external relationships and local amenities – to support implementation of Time Credits and maximise opportunities for collaboration.

CALLS TO ACTION: IMPLICATIONS FOR THE SECTOR

CALL 1

The sector must better capture and share learning to enable replication and long-term success

- Policy makers and influencers must continue to share learning from both successes and failures to enable commissioners and services to understand the long-term commitment and inputs required to achieve transformational change.
- Commissioners must support and promote the evaluation of services and innovative ways of working, prioritising the gathering of evidence on impact and outcomes.
- Services and providers must gather evidence of impact, outcomes and success factors, and build knowledge and expertise among their workforce to drive new ways of working. They should showcase successes and champion these approaches across the sector.

CALL 2

Commissioning and delivery models should prioritise outcomes and enable innovation

- Commissioning practices must encourage and reward service providers who are taking innovative or asset-based approaches to achieving the co-production of services, and allow risk taking, flexibility and creativity by providing long-term funding and focusing on outcomes and impact rather than output targets alone.
- Services must commit to integrating asset-based approaches and co-production into delivery of services, and support their workforce to use their skills and experiences to develop and drive innovation. They should be written into core funding and evaluation, in line with existing agendas around personalisation and integration.
- Policy makers and influencers must support commissioners to commission this type of creative work more widely, and to take risks in developing approaches and adopting innovations.

CALL 3

Collaboration and partnership working must be embraced to achieve transformation

- Services must explore new delivery relationships and partnerships, including linking with the wider community and voluntary sectors that go beyond traditional health and social care. The untapped potential for community groups, traditional service providers and larger bodies to innovate together and pool budgets and resources must be explored more fully.
- Commissioners should encourage and support collaborative approaches and partnerships between agencies and bodies with a vested interest such as CCGs, community groups, grant funders and user groups through the commissioning process.
- Policy makers and influencers should promote the role of communities in health and care service transformation, embracing people-powered initiatives in policy and practice.

Endnotes

1. HM Government (2012) *Caring for our future: care and support*, London: HM Government
2. HM Government (2009) *Valuing People Now*, London: Department of Health
3. Shepherd, G, Boardman, J, and Slade, M. (2008) *Making Recovery a Reality*. London: Sainsbury Centre for Mental Health
4. With particular thanks to the service users and their families we visited, and the staff of Ladywell Day Centre in Lewisham, Riverside Day Centre in Wiltshire, and the Look Ahead teams at Glenister Gardens, Harrow Road, Kean Street and Kent floating support.

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