DEMOS

THE MOTIVATIONAL STATE

A STRENGTHS-BASED APPROACH TO IMPROVING PUBLIC SECTOR PRODUCTIVITY

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ABOUT THIS ESSAY

As part of Demos' work on public service reform, we will be publishing a series of essays, provocations and ideas throughout 2024 giving a platform to other peoples' ideas on the subject.

I hope you enjoy reading this essay as much as I did.

Ben Glover
Head of Social Policy, Demos

November 2024

SUMMARY

This paper argues that traditional approaches to improving public sector productivity, such as adopting private sector practices, technology-driven reforms, and tighter management, have failed to address the complex and evolving needs of public service users. It proposes a shift towards a strengths-based, person-led model, where public services are co-produced with individuals, families, and communities. By focusing on building relationships, empowering individuals, and leveraging their strengths and capacities, public services can improve both outcomes and efficiency. This paper emphasises that this relational, strengths-based approach is not only a more effective way to increase productivity, but also a fundamental right for individuals accessing public services. Ultimately, the paper calls for a radical rethinking of public service productivity, prioritising long-term well-being and co-creation over transactional, deficit-based models.

INTRODUCTION

Poor UK productivity has been a significant issue for many years and is a key challenge for the new government and one of its five 'missions'. Public service productivity is an important component of national productivity figures (around a fifth of GDP) and the headline figures are not good. According to the ONS, public service productivity grew by an average of only 0.2% per annum between 1997 and 2019. It remains 6.4% below its pre-pandemic levels and in Quarter 1 of 2024 it dropped by 0.6% compared to the same quarter a year ago. But, of course, this is not just an economic issue; poor public service productivity means increased rationing of services, longer waits, poorer outcomes and a demoralised workforce, as Lord Darzi notes in his damning report on the state of the NHS. We can turn this around, but just as we need to re-think the point of public services, we also need to re-think public service productivity.

WHAT DO WE MEAN BY PUBLIC SECTOR PRODUCTIVITY?

At its simplest, productivity is the measure of how many units of output are produced from one unit of inputs, calculated by dividing total output by total inputs. If a new process or piece of equipment means a factory worker produces more cars, then their productivity has increased. However, if those cars are of poorer quality and sell for less there may be no overall gain in productivity. In the private sector a higher price usually reflects higher quality, but in the public sector there is often no price to the end user and the cost of a service is not necessarily reflective of its quality. When we think about public service productivity we also need to think about the quality of services. For example, productivity in education isn't just about increasing the number of students attending school; it is also about their academic achievements while at school, such as increased attainment in GCSEs, and indeed, their preparation for adult life. When the Office for National Statistics (ONS) measures public service productivity it adjusts for quality. It asks two key questions: what benefits does someone receive from being provided a public service and how much of that benefit is attributable to the service. Taking account of quality can help us understand whether improvements in productivity are due to better services or just an increase in the volume of services.

Public service productivity as measured in the UK covers several service areas including healthcare, education, social care, social security, public order and safety, policing and defence, with healthcare, spending over £180bn a year of public money, as the largest sector contributing to overall public service productivity.

Too often reforms intended to increase public sector productivity have mimicked approaches taken from the private sector, including tighter management and increased use of tech, with disappointing results. Pay increases and a new focus on outcomes have also been posited as solutions. We argue that the approaches taken to date do not add up to a coherent plan for productivity gains. They fail to recognise that the world has changed and that the challenges people using public services face are very different to those in the second half of the twentieth century, when many public services were created. They don't recognise the people-focused motivations of staff who work in public services. They lead to public service reforms that are driven by the corporate priorities and financial pressures of public service organisations, not the needs of people who use them, and much less by maximising the potential for those people to be more active participants in their own and their families' support. The result is short-term solutions that disempower people and local communities and undermine the professionalism of front-line staff who deliver services.

A radically different approach is needed and at the heart of this approach are relational services that focus on people's strengths, as Demos has advocated for on many occasions. This 'strengths-based' and 'person-led' approach means creating a new kind of relationship as the norm within all of our long-term public services: a relationship in which needs are recognised and responded to, but also are the strengths, capacity, and compassion of people, their families and even their communities. If families can already create over £150bn of care with little or no recognition, information, training or emergency back-up, what could they create with all of those things?

If we were serious about public sector productivity, we would find out.

WHERE DID IT ALL GO WRONG?

THE PRODUCTIVITY CHALLENGES FACING PUBLIC SERVICES

Our public services are in crisis. The challenges they face are complex and cumulative. They are a product of under-investment over the last decade but also of ill-conceived structural and managerial reforms over the last 30 years. Councils, for instance, after a real-terms cut in central government funding of 40% between 2010 and 2020, are now declaring bankruptcy in growing numbers, with one in five of their leaders expecting to follow suit in the short term. Many NHS organisations have posted deficit budgets and NHS Trusts are typically looking for efficiencies of 5 – 11%, with the majority of local leaders expecting to struggle to do so. The new government has pronounced a range of public services from health and social care, to criminal justice and higher education to be 'broken' (the NHS), in crisis or unfit for purpose. Public confidence in those services is falling.

The new government has made it clear that the economic challenges facing public service budgets are entrenched, and there will be no significant funding increases to return spending to pre-austerity levels. Public services will need to find a different way to become sustainable. Increasing productivity so that services can achieve more with the same, or less, resources, would therefore be game-changing for the future of the welfare state.

While funding cuts have been cataclysmic for some services, it is hard to identify a period in which public services were delivering the best possible value for money, and the challenges facing services could not be rectified simply with more money. Those challenges include decreasing health, wellbeing, recruitment and retention of public sector workers, evidenced for instance by the recruitment crisis in nursing. The vacancy rate for probation officers in London boroughs is reaching as high as 43%. The government appears interested in spending what little available funds it has on wages, but pay is only one of the many issues public sector workers cite as a reason for leaving services in record numbers. The need for services is increasing in almost every area, as is the complexity of that demand, for instance, with rapid rises in the numbers of

children being referred to children's social care or Special Educational Needs (SEND) services showing symptoms of mental ill health, trauma, and autistic spectrum conditions. Services set up to meet one kind of need (health, social, housing, education) have always struggled to respond to people with multiple kinds of need, and the integration of services to coordinate their responses with each other, remains much talked-about but little evidenced. Now the number of people with complex needs is increasing, as more people have more than one long term health condition, and increased public service pressure is coming at a time of increased poverty, inequalities and housing shortages, so people with one set of needs can often find them leading to another.

It is only relatively recently in the history of public service development that major initiatives have been designed with the intention of working with the full complexity of people's lives. The 'personalisation' of adult social care and, more recently, some areas of longer-term healthcare, is based around the idea that people are likely to have the most insight into the complexities of their own lives and support needs, so councils or the NHS offer choice and control over services, including through allocating Personal Budgets or Personal Health Budgets which enable people and families to decide how best to spend public service budgets. Uptake of this approach has remained at around a quarter of adult social care users, and a smaller proportion of healthcare users. Initiatives like Making Every Adult Matter and the Troubled Families (now Supporting Families) programme aim to respond to individuals or families with the most complexity and challenge. Most mainstream services remain focused on a single set of needs, health condition, diagnosis or age group and continue to offer a limited choice of service responses.

Advocates of complexity theory are increasingly challenging this approach, and initiatives like Human Learning Systems argue that embracing complexity in people's lives and in public service systems should become the norm, not through creating ever-more complex sets of services and service pathways, but through services being routinely more individually-tailored and person-led, recognising that the best person to understand what is the right set of support interventions for an individual is the individual themselves. This 'personalised' approach is referenced in most service sectors, but people's experiences of using public services remains impersonal and inflexible. Far too many, with the experience of being left on waiting lists, offered little, or feeling unheard, become more rather than less common as many services are repeatedly cut during austerity.

WE KEEP TRYING APPROACHES TO RAISING PRODUCTIVITY WHICH DON'T WORK

This combination of misunderstanding the changing demands on support services, and misapplying simplistic notions of productivity, starts to explain why we continually introduce public service reforms which do not show signs of creating the flexible, human, sustainable public services we all want.

INCREASING PRODUCTIVITY THROUGH PAY INCREASES

There is some evidence that increasing public sector pay can increase productivity, but improving productivity through this measure alone is likely to only lead to modest gains. One well known example is from the education sector where a link between teacher pay and school productivity has been demonstrated. But it seems implausible that, even where the government sees them as affordable and accepts pay review body recommendations, increases in public sector pay alone will lead to significant productivity gains, when it is clear that many public services exhibit deep morale issues with large numbers of nurses, doctors, social workers, teachers, prison officers, probation officers and others leaving their professions. There are also many other limiting factors to how much a better-paid professional can achieve in a day, such as physical infrastructure (for example, the number of beds that can be fitted in a hospital ward) or the length of time it takes to carry out service tasks safely, with dignity and effectively.

INCREASING PRODUCTIVITY THROUGH NEW TECHNOLOGY

In the private sector, technology is often assumed to be one of the biggest contributors to what is known as Total Factor Productivity (TFP). Increasing the use of technology is certainly part of the solution to the challenge of public service productivity. Technology offers a range of possibilities including joining up and better utilising data, technology to allow remote working and the use of AI to undertake repetitive tasks that people take a relatively long time to do such as assessing X-rays and scans, marking exams, processing tax returns or scheduling

appointments. As AI is combined with robotics there will be opportunities to undertake some manual tasks more efficiently, such as hospital cleaning and driverless ambulances. While there are certainly gains to be had from many of these possibilities, the prospect of them replacing significant relational services or physical care seem some way off at best and the potential negative impacts they might have on emotional care and wellbeing seem increasingly clear. An important part of our social care system is to provide care for elderly and often socially isolated people for whom human contact with a care provider may be the only significant human contact they have. Would they want that replaced with a robot? Covid showed us that while our children and young people can be educated remotely, the long-term costs to education and wellbeing of replacing face to face contact with remote learning have been high.

INCREASING PRODUCTIVITY THROUGH TIGHTER MANAGEMENT

While the public and politicians are fond of the image of top-heavy public services, with too many, overpaid managers, in the private sector, after technology, better management is often seen as another important factor driving TFP. The idea that public services are top-heavy in terms of management is not borne out in the data. For example, the NHS has a lower proportion of managers than the highly productive German health care system and a much lower proportion of managers than is typical in the UK private sector.

The real management challenge is the type of management that prevails in the public sector. The New Public Management (NPM) approach to public services that has been dominant for the last 30 years rested on the idea that approaches which have been successful in the private sector could be applied to the public sector, to increase quality and productivity. This meant moving from a model of monolithic state-controlled service providers, with no competition and few material incentives to improve and innovate, to marketplaces of commissioned services, a larger role for professional managers, more use of performance management data, performance indicators and incentive structures.

Much has been written about this approach and there is a broad consensus amongst academics that the approach is flawed and has led to a "fragmented, over-specialized and atomized public administration complex incapable of meeting modern expectations of quality and efficiency". Some self-evident drawbacks of NPM are that no sector has been able to create a genuine free market with new entrants, market disruptors and disappearance of underperforming organisations. In reality, the barriers to market entry are high in any regulated service area, innovation is also difficult within highly regulated environments. The aims of public services are often diametrically opposed to the aims of private sector services. Where the private sector often wants to create life-long and even intergenerational relationships with its customers, public services often aim to break the 'revolving door' cycle of repeated use of services and where the private sector seeks an exclusive relationship with its customers public sector organisations often aim to refer their clients on to other services. Even where they are not compelled to use a service, people who need and use public services typically have little of the real choice that drives competition in many markets, because there may only be one school or hospital within easy reach and even in systems like social care, where everyone has the right to take a cash Direct Payment in place of the service on offer, budgets are so stretched, that people find themselves as 'customers' who lack the money to buy from any but a very narrow range of state-approved providers. Other 'clients' and 'customers' in reality are compelled to use services. This is clearest in the criminal justice system, but also is sometimes the reality of the situation in other services such as substance misuse and mental health services. A key factor in any dynamic marketplace is that poor services lose customers and go bust. The consequences of most public service providers going bust can be severe for people who use – or live in – their services, so provider failure is often responded to by those services being maintained in some form, at the expense of the state.

This can lead to "sellers' markets," as can be seen in children's care where private equity backed services are achieving 20% profit levels, accruing large and risky debts funded by public money, and subject to safeguarding concerns. Josh MacAlister who chaired the Department for Education's (DfE) government-commissioned review of children's social care identified profiteering and a "broken" market. People can experience the worst of both the public and private worlds: with little real choice or control, but also less of the cohesion and risk-pooling that is evident in the best publicly-controlled services. Those with the least common or most complex support needs, and communities who are most likely to be excluded or marginalised, are at most risk of 'falling through the gaps' in public service quasi-marketplaces.

INCREASING PRODUCTIVITY THROUGH A FOCUS ON OUTCOMES

Outcomes-based payments and commissioning attempt to square that circle, rewarding the achievement of outcomes, rather than the volume of activity carried out.

There have been some successes with this approach, often involving social outcomes contracts (Social Impact Bonds). Research that one of us undertook on a number of social outcomes contracts that adopted strengths-based models of service delivery showed great promise. Several elements of SIB design were important in supporting strengths-based practices within these programmes including greater autonomy for service providers; shifting risk to investors; use of a rate card with multiple shorter and longer-term outcomes; and long-term, flexible funding. A good example of this approach to social outcomes contracts is the Kirklees Better Outcomes Partnership (KBOP) which brings voluntary sector organisations together in outcome-based support contracts which support organisations to achieve better housing, employment and other support outcomes with people with complex support needs. Strengths-based working is built into every aspect of the programme from the recruitment and training of staff to management practice and partnership working. A recent review of social outcomes contracts by Government Outcomes Lab makes some similar points.

However, outcomes-based commissioning remains small-scale within UK public services despite sector leaders universally professing the need to focus on results, outcomes and impact, rather than on process. Barriers to its adoption and scaling include the difficulties of measuring outcomes, particularly those described as 'soft outcomes' (wellbeing, confidence, new skills) which are often the best indicators of future use of services. It is easier to measure, and therefore pay for, short-term 'hard outcomes', such as getting a job, achieving a qualification, or leaving hospital on time, but these indicators are eminently game-able and can motivate short-termism (a service is more likely to be paid for an individual getting a job, than them remaining in it for any length of time). 'Hard outcomes' tend to focus on the most lucrative groups (it may be more rewarding for an education establishment to support someone near a significant grade boundary to achieve that grade, than to invest in someone with multiple barriers to achieving a lower grade), or perverse incentives (an older person who leaves hospital promptly as health targets mandate, but does so by going straight to a care home bed may have poorer long term outcomes, and need more lifetime support, than someone who goes on a slower rehabilitative journey via their own home). For the large, key group whose support most challenges public services - those who have complex and multiple needs - achieving a specific measurable outcome is likely to be harder to do, harder to attribute to a single intervention, and less significant amongst multiple challenges. Furthermore, the procurement, monitoring and financial structures required to pay for outcomes are themselves complex and expensive, reducing any net savings or efficiencies, and being prohibitively expensive for the most innovative new approaches which tend to be small-scale with lighter infrastructure and management resources to draw on.

THESE APPROACHES MAY HELP, BUT WON'T FIX THE PRODUCTIVITY CRISIS

So, while the greater use of technology, better management, a focus on outcomes, and higher pay have potential to create some improvements in public sector productivity, they have not collectively shown potential to solve the ongoing public sector productivity crisis.

New Public Management's attempts to translate private sector practises wholesale into public services have not resulted in thriving, sustainable and consistently equitable public services. Productivity is no exception. Over the last 30 years public sector productivity, whether measured by looking at inputs and outputs or through also taking account of quality and outcomes, has been weak overall. In some sectors (education, adult social care and children's social care) there has been no growth and in public order and safety (fire, courts, prison and probation) there has been negative growth. We have argued above that public services are not yet matching the increasing complexity of our lives, so simply trying to do more of what we currently do (or do the same amount for less money) is unlikely to result in service transformation.

There are some exceptions to this rule. Some public services are largely transactional and greater use of technology and improvements in efficiency could transform them. Examples might include issuing passports or tax returns where on-line services, AI, data analytics, blockchain technology, etc. have the potential to be transformative. In some other services which deliver mainly physical, rather than relational, interventions, such as surgical procedures, configuring services to enable a swifter and more efficient throughput of patients can not only be more cost-effective, but also raise quality, because the skill level of practitioners may increase. The Virginia Mason Medical Center in Seattle, USA adopted the "Virginia Mason Production System" (VMPS), based on lean manufacturing principles from the Toyota Production System, with peer reviews and sector awards recognising the productivity and outcomes gains. Narayana Health hospital in India implemented lean principles to improve the number and quality of heart surgeries at a fraction of the cost compared to Western countries.[1]

But the existential challenges facing public services are not increases in demand for transactional or technical processes; they are the increasing number of people living for increasing proportions of their lives with multiple and complex health, care and support needs. Too often services don't reflect this reality. In home care for the elderly for example, outsourced services have offered shorter and shorter visits – now as brief as 15 minutes - enabling them to see more older people per day. But the costs to the individual's wellbeing and dignity are well-documented as a different, rushed stranger arrives each day to carry out essential tasks at breakneck speed, with little chance for even basic interactions with someone who may have little other human contact all day. Policy and research papers[2] in the sector agree that the best outcome for people and for services is for as many people as possible to be 're-abled', through support that helps them to rebuild their skills, physical ability and confidence after an illness or hospital stay for instance. This requires personalised support from skilled professionals with the time to form relationships and work alongside an older person. Brief functional morning visits enabling older people to sit alone all day before being another brief visit for lunch, and at bedtime, offers maintenance of dependence at best, and more often is accompanied by health and cognitive decline, resulting in the need for more expensive care, and less value for money for the public pound.

There is, however, a different concept of productivity, which offers far greater cost-effectiveness gains in public services, than any of these could extract from our exhausted and demoralised public service workforces: the widespread adoption of strengths-based working.

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WE NEED A NEW UNDERSTANDING OF PRODUCTIVITY FOR PUBLIC SERVICES

So, we need to think harder about what public services do. This is often thought of as being service tasks: the number of people advised, treated medically, supported to dress and so on. But modern public service thinking recognises that the value of public services is not just the number of people whose lives they touch, but the outcome and impact of those interventions. We need to think about the quality of the service to properly understand productivity, and to ensure that quality is measured in terms of the positive change created in someone's life, not just in adherence to minimum standards or service specifications. So the NHS's goal is not to treat an ever greater number of sick people, but to create better health and wellbeing. Social care's goal is not to dress and feed as many people as possible, but to create wellbeing. State education aims to raise attainment for all children and to equip them with the very broad range of skills and aptitudes to thrive as young adults. To some extent this is already recognised in the way that public service productivity is measured. For example, when the ONS measures productivity in the health sector it adjusts for quality using measures such as patient outcomes, patient experience, waiting times and safety measures. But we need to go further.

One set of academic critiques of NPM focuses on values. The business orientation embedded in NPM favours quantifiable measures, but pays less attention to broader understandings of public value and the value creation process. Grounded as it is in ideas taken from the private sector it applies a "transactional gaze" to the challenges of public service reform. But from our point of view, the people using public services (and ultimately funding them), our goal is to be able to live well when we need education, or have health, care or housing challenges. If a public service responds to our symptoms but we keep getting sicker, or if it gets us up when we are old and frail, but the life we lead each day is miserable, then those services have failed us. A transactional approach, no matter how efficient, will not be enough for the interactions we have with many public services. But even viewed dispassionately, from the point of view of the

public purse, services cannot currently keep pace with the increasing demands of the increasing number of us who are spending more years of life physically and mentally unhealthy and who necessarily need to have long-term relationships with the services that we need.

Setting aside the complicated but achievable challenges of delivering very technical services, such as some medical procedures, much of what public sector workers do is form relationships with people who seek support, and interact with them in ways intended to enable people to live well. Great public service workers are great at relationships and have listening, empathy and communication skills. Most people who enter public service careers do so because they want to help people live better lives, so procurement and performance management mechanisms built on the assumption that provider organisations will be best motivated by extrinsic reward and competition are either mistaken, or are evidence that those organisations' values are misaligned with that of their own workforces and the people they support. You do not get the best out of well-motivated people by either recruiting them into organisations with which they are values-misaligned, or by treating them as if they cannot be trusted, so we need approaches to increasing productivity which support values-led organisations to build and scale up relational services, and which enable workers to be as caring, creative and dedicated as they aim to be.

That most public service is relational, points to the other key aspect of achieving value through public services: that the worker can only contribute part of the value. The remainder comes from what is contributed by the individual or family that service is working with. In the academic literature, relational understandings of public service reform emphasise that public services are co-created and that the value public services create is only created "at the nexus of the interaction". A great teacher can support a troubled young person to learn, but that young person can only achieve educationally through what they then do themselves in their coursework and exams. An individual with a learning disability may need support their whole lives, but support workers cannot live their life for them: the achievement, joy and meaningfulness of that individual's life will depend as much on those workers' ability to enable the individual to have their own space, relationships and achievements outside of the confines of the service user/practitioner relationship. Across health, education, criminal justice and social care, the greatest value comes when an individual moves on from that service, if they can do so with their capacity and potential enriched.

A STRENGTHS-BASED APPROACH TO PUBLIC SERVICES

Strengths and asset-based approaches are increasingly referenced in public service literature as a way to reflect and enable the relational, and person-led nature of much public service provision. Traditional 'deficit based' services start with a focus on an individual's needs and problems, often captured through a needs assessment which decides an individual's eligibility for that service: higher levels of need result in more rapid and higher levels of support. The drawback of this is that it is fundamentally disempowering to begin a relational service with an exclusive focus on the deficits of the person seeking support, and the expertise and strengths of the worker and organisation offering support. This mindset creates assumptions about the limitations of the individual's potential to achieve the desired outcomes, and to move away from needing support. By highlighting risks rather than capacity and potential, these services become risk averse, which in reality is to be "risk selective": focused on risks which concern the organisation's liabilities, but not on the risks, such as not achieving independence, most important to the individual.

In contrast, strengths-based approaches focus first on what people can or could do with their skills, capacity and resources, including what they can draw on from their relationships, families and communities. Strengths-based approaches do not ignore needs, but they do look beyond them. They do not impose a single, uniform service on people according to what the service

regards as their needs. Strengths-based practice is person-led: with the individual identifying their own strengths and goals and working towards them at their own pace, rather than the service deciding what matters.

This approach is based on an optimistic set of assumptions which rejects the paternalism of the roots of public services in the Poor Laws and charitable endeavours for the 'deserving poor'. It assumes that most people seeking support want a good life as free from the involvement of organisations and their paid workers as possible. And that most public service workers aim to offer that, and that those goals are best achieved not by tightly-defined and controlled brief transactions between strangers, but by recruiting workers with the skills and values which enable them to form deeper, more collaborative relationships with individuals, around shared goals.

This is not without its risks: not every individual seeking support wants, or is able to form, a productive relationship. Not every worker is well-intentioned and relationally skilled. But most are, and forming service structures around assumptions that they are not restricts the most productive behaviours and results in too much of both parties' time being taken up with demonstrating their compliance to risk-management processes unlikely to be the best fit for their needs and goals.

Examples of strengths-based services include the 215,000 disabled people and their families who use social care Direct Payments, 70,000 of them to employ their own support workers, with greater control over who provides intimate care, and attaining the status of employer rather than care recipient, and typically having a smaller number of longer-lasting support relationships with people with whom they have real rapport. Also in social care, Shared Lives has grown to a UK-wide family-based alternative to care homes and other traditional support for around 15,000 people with learning disabilities and others who live with their chosen Shared Lives carer as part of the household, building a network of informal relationships and living day to day life within the more natural rhythms of an ordinary household, rather than a care service. Social Pedagogy brings psychologically-informed thinking into a more tailored approach to how children learn. Local Area Coordinators have a broad remit to form relationships with older people and others who may be at risk of needing support, reconnecting them to meaningful activities and community relationships. Strengths-based approaches are referenced in government guidance across adult social care and used in children and families support through models like Family Group Conferencing and the Signs of Safety approach to child safeguarding. A directory of strengths-based approaches and organisations working with adults and families has been published by Think Local Act Personal.

A STRENGTHS-BASED APPROACH TO GROWING PRODUCTIVITY IN PUBLIC SERVICES

The strengths-based approach to improving productivity in public services will require a different approach to growing productivity which is achieved through:

1. Increasing the consistency with which public service interactions create relationships which boost individuals' wellbeing, skills, confidence and capacity
2. Increasing the ability of individuals themselves to codesign and contribute to their own care
3. Building the caring capacity of families, and the sustainability of that care, and the inclusivity of the wider community

As the pressures on public services are not evenly distributed, and the gap between the value they are creating for the general population and for groups and communities who experience societal inequalities like poverty and racism is widening, an element is the extent to which

they are equally productive for all, reducing inequalities in outcomes of services. Without that equalities perspective, some groups and communities will continue to fall behind in terms of outcomes and life chances, while having a disproportionately high level of contact with the most expensive crisis services, creating both a rights and a sustainability challenge.

1. Boosting productivity through creating better relationships

Research in adult social work found that social workers using strengths-based approaches reported better quality relationships with the people they work with, and better experiences for those people, reinforcing the conceptual link between aiming to work with someone's strengths and needing a strong relationship with that person in order to identify those strengths and understand how to build them.

The relational nature of effective strengths-based support means that increasing productivity will require boosting the skills of public sector workforces which are not currently prioritised. People who deliver strengths-based services must be able to listen and empathise deeply, and to be able to recognise the wider context of a person's life, such as the inequalities they may be experiencing. (These include the well-evidenced inequalities created or perpetuated by our current public services themselves, with policing, education, healthcare and criminal justice all having been accused of institutional racism, for instance). A strong commitment to reflective practice (workers reflecting on their practice with peers, and learning from what worked and didn't) will imbue individual practice. Thea Stein of the Nuffield Trust has argued that psychological safety for staff is a key factor in improving NHS productivity. Work will tend to be psychologically informed, including a high awareness of the impact of trauma on people's behaviour and capacity. Fundamentally, the relationship between people who seek and people who offer help will change dramatically from the highly managed, narrowly defined transactions characterising current services.

This has implications for sectors such as social care which are mainly staffed by unqualified workers paid National Living Wage. Organisations like Skills for Care and the Association of Directors of Adult Services (ADASS) have long called for better pay in the sector, raising the status of workers, and 'professionalising' the workforce through greater expectations of qualifications, but the economic case for this has never persuaded the Treasury of the return on investment. A strengths-based approach to productivity would require a more fundamental re-think of the core support role at the frontline of many support services. Rather than just hope that resource-constrained providers and commissioners will pay people more or train them more extensively for existing narrow and tightly-managed functional roles, a move towards more autonomous, emotionally-demanding roles would require more training and higher wages. The costs of this could be partly offset by reduced management costs, as well as by productivity gains in terms of people achieving greater independence more swiftly, and others delaying or avoiding admission to the most expensive forms of care.

Even in highly skilled workforces, such as the medical profession, selection and training for relational skills is slight, despite the positive impact it can have on health outcomes, and the negative impact of 'compassion fatigue', which is greatest on people who experience health inequalities. As the Campaign for Kindness in Healthcare has argued, the skills and aptitude for kindness are achievable at little cost but would have a huge impact on productivity. It seems self-evident that kindness and compassion would be beneficial, and should be the expectation for anyone undergoing the stress, pain and risk of medical treatment or surgery: that the medical profession feels the need for a campaign for kindness suggests a considerable gap between people's expectations of the UK's iconic public service and what healthcare organisations and systems prioritise.

As well as the skills and aptitude for forming effective support relationships, workers will need autonomy within their roles and organisations, and time. While a simplistic view of productivity has tended to focus on how many contacts a worker can have, where the value and impact of those contacts is prioritised, a new approach to valuing and allotting time will be needed. This cannot mean limitless time offered to individuals in a system with scarce resources, scheduling and rostering of support will need to built on an understanding of what is typically a minimum, and an optimum amount of time needed to establish the level of rapport a particular worker needs in order to create an effective relationship, with the flexibility to vary this according to the varying needs of each individuals. People who have complex needs to understand and multiple barriers to forming effective relationships (such as communication barriers or the impact of trauma) are likely to need more time to build trust. This investment of time should be commensurate to the likely length and depth of the support relationship. This increases unit costs of each service offering, but there are also savings in this approach:

- As Seddon's widely-respected and adopted Vanguard Method has identified, an unacceptably high proportion of the demand for services is "failure demand", caused by services offering the wrong intervention in the wrong way, through a lack of understanding of the people being served. Gateshead Council's Mark Smith's "Liberated Method" and others argue that "tailored by default" is typically lower cost wherever there is risk or complexity in someone's support needs, because the increased cost of getting it right first time is dwarfed by the huge cost of multiple unsuccessful service contacts, which for some individuals can reach costs of hundreds of thousands a year across multiple services.
- The process of 'hand-offs' between workers, and the greater recording and micro-management needed when large teams have poorly-informed and shallow contact with individuals is reduced when an individual receives support from a small number of trusted individuals who know them well. More of the resources can be spent on contact time and less on process.
- Any contact which increases someone's independence or ability to self-care creates a lasting saving, whereas any deterioration requiring increased care creates a repeated cost.

2. Boosting productivity through individuals' contributing more themselves

One approach to unlocking public sector productivity is simple, if difficult: reframe those services around the idea that everyone who uses them has the capacity now, or the future potential, to contribute to their own health, education, care or support goals.

There are already attempts to do this, particularly in adult social care, such as the move to Self-Directed Support, funding through Direct Payments mentioned above, and the widespread introduction of reablement (often) for older people leaving hospital, and less widespread enablement (often) for disabled adults seeking to build their independent living skills. But there is much to do to develop the scale and methodology of these approaches, which often need to draw on the skills of multiple teams, such as Occupational Therapists, Physical Therapists, psychotherapists and guidance and planning workers. Families may be encouraged to take up Direct Payments but are much less often offered advice, guidance and support to get the most value for money from those payments. Some council 'Reablement' services struggle to differentiate their practice from standard homecare services. Moves towards "Shared Decision Making" and self-directed support are at an even earlier stage in healthcare, and co-production and strengths-based working in children and young people's services can lose out to a focus on risk in tightly regulated environments. To be serious about productivity in support services, every interaction would be carried out by someone who had at least some training in building rapport, enabling and empowering, and those goals would be universal to every sector.

In the criminal justice system, a strengths-based approach focuses on rehabilitation and reintegration rather than punishment. It recognizes the potential for individuals to change and the importance of addressing underlying issues such as trauma, addiction, or mental health problems. By offering individuals opportunities for education, skill development, and community support, a strengths-based approach aims to reduce reoffending rates and create safer communities. Desistance theory in criminal justice is a strengths-based approach that places emphasis on the process of change and both the internal and external resources, including in the community, that people can bring to the process of desistance from crime. This leads to a personalised and relational approach to rehabilitation with a strong emphasis on co-production.[3]

Strengths-based working implies that people who are usually seen as the passive recipients of services have knowledge that not only has value for shaping their own lives, but also for codesigning the service offered to them, and service systems more generally. This is often termed 'co-production', which can extend from codesign into co-delivery of services, through peer-support and employing people who draw on their own lived experience of facing a challenge or using a service, to support others. The productivity gains here come from the (often unpaid) expertise available to a service to improve its offer and the experience of the diverse communities seeking to use it, and through contributing to delivering a service doubling up as a contribution to their own progress or recovery for a worker with lived experience in, for instance, a service for care leavers, or people with mental health or substance misuse issues.

3. Boosting productivity through more sustainable family care and inclusive communities

Most of us would prefer to receive care from a partner or family member than a stranger, and much more care is provided by the UK's 5.7m carers (almost 10% of the population at any one time). So, if we recognise the welfare state as a partnership between people, families and services (not a new idea: Bevan described it exactly as this), then the true productivity of our public services, in terms of both the amount of support people ultimately receive, and the results in terms of health and wellbeing of that support, already depends hugely on what people and their families do themselves. And yet that care and self-care is carried out in sub-optimal circumstances, often in the face of service practices which could almost have been designed to limit it, or make it unsustainable, given the negative experiences of many family carers who have no right to the information, let alone training they need to care and up to half of carers report lacking crucial information to enable them to care. Disabled people and their families have legal rights to take charge of care packages and care budgets, but continually report bureaucratic processes being put in the way of them doing so, and which make continuing to do so frustrating and difficult.

High productivity in a skilled, relational sector requires well-trained, rested and supported workers, but the unpaid care workforce is not offered the support that paid workers are entitled to. Many family carers report limited and patchy access to breaks from caring, and their entitlements to support in their own right only arise when there is a tangible negative impact, or risk of one, of their caring role. While it would be prohibitively expensive to pay family carers a wage for their caring, opening up existing workforce support approaches such as online training courses and guidance would be low-cost, as would routinely involving family carers in support planning (as guidance already suggests), and making expert interactive advice available to those carers providing the most demanding and complex care. While it is important to safeguard the confidentiality of people's care records, most would agree to share that information with a close relative who was heavily involved in their care, but are not routinely asked to give permission for this, or given ownership of their support service records in order to make their own decisions about information sharing.

3 Baines, S., Fox, C. and Marsh, C. Co-creating rehabilitation: Findings from a pilot and implications for wider public service reform. Probation Journal, 2018. Available at: https://journals.sagepub.com/doi/full/10.1177/02645505211065683

This may be most relevant in long term support services such as social care, but could be a factor across public services. For example, the Education Endowment Foundation estimates that the average impact of parental engagement in their child's education is about four additional months of progress over a year.

THESE APPROACHES CAN RESULT IN MEASURABLE GAINS IN PRODUCTIVITY AND FINANCIAL SUSTAINABILITY

Below we set out why strengths-based services are not just more effective, they are a right, but it's important to stress that there is no conflict between those perspectives. Lincolnshire County Council, with support from public sector consultancy IMPOWER, introduced an approach called Better Lives which enabled adult social care workers to take a more holistic, strengths-based view of people using services, and found in a third of cases that there were opportunities to create better outcomes through lower-cost, more community-based alternatives to traditional services. The council had previously used a similar approach to understanding the needs and strengths of children using social care and the capacity and potential of their families and foster carers, to identify 45 children who moved back with their families or closer to home, delivering better outcomes as part of a programme that created in-year savings of £3.2m. Whether in health, adults, children's or education services, the unit costs of support which is based around living in or close to the individual or family home is invariably lower than that of intensive, formal services where pupils, patients or residents rely more heavily on the work of teams of paid professionals.

A striking example of how taking a strengths-based approach resulted in productivity gains is the Community Appointment Days (CAD) NHS initiative in Sussex,[4] where the physiotherapy team had a sixteen week wait for an initial consultation which offered limited opportunities for a tailored response. First, physiotherapists were trained in strengths-based conversations which empowered the participants to talk about anything and everything that mattered in their lives without any time limit. Then the team invited everyone on the waiting list to a two-day event in a leisure centre gym where they were guaranteed a conversation with a physiotherapist. Five hundred people took up the offer. Local charities, networks and community groups were invited to the CAD providing support in a range of areas such as isolation, bereavement and inactivity, so people didn't just access medical advise, but also holistic support for their well-being which could speed recovery from a musculo-skeletal condition. Six CADs were held in 2023. On average 52% of those who attended were discharged from the waiting list on the day of the CAD with only 23% of those who had been discharged returning to the waiting list over coming months. Waiting lists have been cut to below 10 weeks, with the numbers waiting over eighteen weeks falling from over 750 people to under 200. This figure has stayed stable despite significant increases in numbers across England over the same time period. Sussex NHS are now exploring how the approach could be scaled for conditions such as cardio-vascular disease, diabetes, chronic pain, and multi-morbidity.

4 The authors are grateful to Adam Lent for sharing this case study, featured in his forthcoming essay for the King's Fund.

STRENGTHS-BASED SERVICES ARE A RIGHT, NOT A ‘NICE TO HAVE’

This paper has set out how a strengths-based, co-produced public service ethos could increase the productivity of public services. But it is important to note that increased productivity should not be the primary driver for introducing relational, strengths-based approaches. To do so would potentially drive the wrong behaviours and system design to achieve that end. Instead, we should recognise that support being led by the individual and aiming to develop their independence is a right. Once we establish enabling people to live a good life, as they define it, as the common goal of public services, it becomes clear that, as subjective as that notion sounds, there are some aspects which are universal, nicely summed up by the Social Care Future vision for adult social care, which was coproduced by people using services: “We all want to live in the place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.” Self-determination is a universal human right, and a person-led and strengths-based approach is essential for anyone drawing on support to pursue self-determination. This extends beyond codesigning our own support package, into having the opportunity to codesign and share ownership of the services with which we find ourselves needing a long-term and intimate relationship.

This extension from the individual to the collective, brings notions of power into any serious discussion of strengths-based working, and addresses a frequent criticism of strengths-based public services, which is that they are overly individualistic and that a focus on the individual diverts attention away from addressing the structural causes of the issues that people face such as poverty and inequality. This is true of simplistic versions of strengths-based approaches, which think only about what skills an individual can build. The model for strengths-based working that we set out above recognises that our relationships with others, and our ability to contribute to household, family or community, are key strengths we all wish to have. So our rights and responsibilities are intertwined and necessarily have a social dimension. The strengths-based approach removes any perceived conflict between a rights-based approach and a productivity-based approach: seen through either lens, the aim of services is to enable people to self-actualise and to contribute to their own and others’ wellbeing.

HOW TO SCALE STRENGTHS-BASED PUBLIC SERVICES AND SECURE PRODUCTIVITY GAINS

Having defined strengths-based support more clearly, and built the contribution of people, families and communities into measures of public sector productivity, we can identify policy changes requiring new legislation, regulation or guidance, which should apply across all support services offered on more than a short-term basis:

1. a new set of core skills and practices, which embed strengths-based and person-led approaches into all frontline public service roles, through training, qualifications and professional standards
2. a requirement for public service assessments to create a holistic view of the individual's strengths, potential and goals as well as their needs
3. building in brokerage as a new public service function, as part of offering people a genuine choice of support approaches to the individual (and their family or carers where they are involved), incentivising and supporting individuals to direct their own support
4. ongoing coproduction of support packages, built into reviews and case management, with incentives for gaining independence and the removal of current disincentives
5. a new package of support for unpaid carers, which includes the information, training and access to emergency back up that they need to care sustainably, as well as their existing rights to breaks, benefits and involvement in plans
6. a national programme of support provider development which promotes coproduction and co-ownership of providers by the people who use them, including scaling up micro-enterprises and mutuals.

These changes would create the conditions in which individuals' and families' own capacity to codesign, manage and co-produce their own support would be maximised, supported by systems, a workforce and providers with the necessary expertise in helping to establish and co-deliver support that created the greatest gains in wellbeing, capacity and future resilience.

This suggests a fundamental re-imagining of a wide range of frontline support roles, to be more autonomous, more demanding in terms of communication and relational skills, and more valued for the outcomes they achieve. Where services typically offer lots of shallow, brief interactions with strangers, high-productivity alternatives would offer a smaller number of deeper, longer-lasting and more chosen collaborative relationships. Some of these changes have been developed to varying degrees in the social care and health sectors, where strengths-based thinking has had the greatest traction, so there are precedents to build on for the other sectors involved in long term support. But all would require significant change across all sectors.

Organisations will need redesigning around this ethos. Regardless of the area of public service (health, social care, criminal justice, education, welfare) there are some common characteristics of strengths-based organisations that include:

- Creating new kinds of roles for front-line staff with values-led recruitment to attract people capable of relational, collaborative and person-led working.
- Authentic and relational leaders who also embody the qualities of strengths-based front-line workers, such as self-awareness, strong values and self-reflection. Devolved, flat and self-managed power structures support this.
- Co-creation - the idea that people with lived experience are integral to the design and running of services - will feature in organisational governance structures.
- Striving to be learning organisations which are constantly innovating.

Thus, strengths-based organisations will tend to have a different 'shape' involving flatter organisational structures with more porous organisational boundaries, based on networks rather than hierarchies, where knowledge can flow across organisational boundaries and new innovative solutions can be developed both within and across organisations.

These new kinds of organisations will be enabled by new approaches to commissioning for strengths-based and person-led support. Commissioning itself is currently deficit-based: based on adversarial relationships in which commissioners assume that providers will need to be policed to ensure they succeed and prevent them from wasting resources. This prioritises management of some risks (cost overruns, deviation from models, fraud) above the benefits of services being responsive, creative and having learning cultures. Outcome-based commissioning can retain that reductionist worldview even while it judges provision on more sophisticated success measures.

Commissioning can reflect strengths-based principles through adopting collaborative and trust-based commissioning approaches, with all parties collectively held to account for their behaviours, responsiveness and outcomes data used to create positive change. For instance, The Lambeth Living Well Network Alliance[5], is an alliance contracting approach to reshaping Lambeth's mental health services. The NHS, Lambeth Council, and voluntary sector organisations have codesigned a programme which combines separate contracts into a single, pooled budget, funding support based on a shared goal of maximising individuals' independence and participation, helping them recover and stay well. People using services,

5 Lambeth Together. Living Well Network Alliance. Available at: https://www.lambethtogether.net/living-well-network-alliance/; LH Alliances. Lambeth Mental Health Alliances. Available at: https://lhalliances.org.uk/case-study/lambeth-mental-health-alliance/; The Collaborative. Living WellNetwork Alliance. Available at: https://www.lambethcollaborative.org.uk/lwn-alliance.

providers, and commissioners work together to design and implement services and the contract is designed to last between 7-10 years, ensuring sustained support and continuous improvement. This approach has reduced the need for residential placements, meeting financial challenges while improving quality of life.

CQC's new powers for place-based commissioning across health and care services are one place where strengths-based commissioning can be promoted in those sectors, with similar reforms needed across others.

CONCLUSION
PUBLIC SERVICE PRODUCTIVITY IS SOLVABLE, BUT WE HAVE BEEN LOOKING IN THE WRONG PLACES

We can't talk about public service productivity without talking about public service reform. Incremental gains will come through new technologies and better management, but step change will come from fundamentally re-thinking how public services and the people they support are related to each other.

Even if the austerity of the last decade was reversed and public spending could keep pace with inflation, the complexity of people's lives and new challenges that people face such as living with long-term health conditions and loneliness will require more resources to address them. Much public service reform over recent years has been driven by the needs of public service organisations, not the needs of people and communities who use the services. Many of the solutions proposed, particularly those which are supposed to improve public service productivity focus on technology. Adopting a strengths-based approach allows us to pivot away from thinking about productivity from the perspective of services to thinking about it from the perspective of those who use services. This paves the way for more radical solutions to the challenges public services face and shifts us from thinking about improving efficiency to fundamentally re-thinking the purpose and role of public services. Strengths-based public services still recognise and respond to people's needs, but they also recognise and tap into the strengths, capacity, and compassion of people, their families and even their communities. This in turn leads to longer-term thinking and a stronger focus on prevention. Services that are co-created have more likelihood of being preventative in nature because when people are given more control of how services are designed and delivered they take a longer-term view.

This is not wishful thinking. If families can already create well over £100bn of social care with little or no recognition, information, training or emergency back-up, what could they create with all of those things? Many of the ideas we draw on in this chapter are already well understood in the social innovation space and we draw the relevant parallels.

If we want public services designed to tackle the challenges people face in the twenty-first century and that are affordable, we need radical reform. Radical reform needs to be built on a clear set of principles, underpinned by a coherent theory and a clear framework of legislation, regulation, commissioning and workforce development. It needs to recognise the complexity of the world we live in and the public services we have created and embrace this complexity, not ignore it. It needs to be evidence-based, but recognise that we need new kinds of evidence. If we adopt the approach that we describe in this paper we can create strengths-based services better able to foster a preventative approach to service design, better able to tackle deep-rooted inequalities in public services and better able to generate more productive public services.

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