

THE PERSONALIZED SERVICES APPROACH: A KEY COMPONENT IN MANAGING SOCIO-EDUCATIONAL SERVICES FOR AT-RISK YOUTH

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ABSTRACT

One of the central challenges at the core of the management of community social services intended for complex populations is the issue of matching the service to the client on the personal level. In recent years, coping with this challenge requires a growing use of the "Personalized Services Approach" (PSA). It was developed in the management sciences of the marketing field, and aimed at creating products and services that cater to the clients and are optimally adapted to their needs (Stuart & Gharabaghi, 2010; Michelsson, 2005; Vesanen, 2007). The use of this approach shifted from the world of business marketing management to the world of social marketing and management (educational/welfare/health services, etc.). This transition creates complex dilemmas, but encompasses also quite a few advantages, which are addressed in this article. According to this perception, the PSA is a social policy response to users' demand for more tailored, effective and flexible forms of health, education or social care support. Carr (2008) added that PSA approach has the potential to reorganize better ways for creating public goods and delivering public services to our clients. In this article, I present a case study of implementing the PSA in social services for working with at-risk youth in Israel. This issue preoccupies the managers of the social services that are intended for these populations, as well as the services' clients themselves, who in some cases have to receive a service that is unsuitable for them in its content, its process or its results.

Keywords: community social services, personalized services approach, management, service delivery, at-risk youth.

JEL classification: I20, I26, I28, I29, I31, I38, L20.

1. Introduction

The "Personalized Service Approach" is an approach that entered the agenda of production and marketing organizations as early as the beginning of the 1980s. Companies and businesses that grew and expanded found it difficult to reach their clients directly, as could be done when these companies and businesses were smaller and more intimate (Ross, 1992; Petrisson, Blattberg & Wang, 1997).

Hanson (2000, p. 450), defines personalization "as specialized form of product differentiation in which a solution is tailored for a specific individual". Imhoff, Lofits & Geiger (2001, p. 467), define personalization 'as the ability of a company to recognize and treat its customers as individuals

through personal messaging, targeted banner ads, special offers or other personal transactions'. Coner (2003), defines personalization, as a performance of company based on a match of categorized content to profiled users. And finally Roberts (2003, p.462), defines personalization as 'the process of preparing an individualized communication for a specific person based on stated or implied preference'.

The use of this approach expanded over the years in various forms (Reed, 1949; Hanau, 1971; Preston, 2001; Pine & Gilmore, 1999; Michelsson, 2005). From there it was also applied by social organizations that provide human services to various populations, in the fields of education, welfare and health.

In the transition to the use of the approach to human social services, the terminology changed to 'Personalized Service Delivery' innovation (Hanson, 2000; Peppers, M. Rogers, & Dorf. (1999). This terminology, which was borrowed from the world of business administration to the world of social administration, is directed particularly at the development and delivery of services for the special and complex populations of welfare and educational services, which require unique and complex solutions to their unique needs and Problems.

These also include groups of young people, such as: youths with disabilities and special needs, at-risk youths and detached youths, and their families. These services act under the same principles that were developed in the world of business, and include planning a personal service, in order to provide for each client, with his or special and complex needs, allowing them to receive services from various specialists and various service providers. The effort to operate services that are adapted to each client is today an encompassing effort that is directed at providing for the clients' needs in a real and optimal way (Evans, 2012).

In our case study of at-risk youths, this effort takes on a special meaning because of the complex and diverse characteristics of the research client population. We are talking about adolescents, who are in a situation that is harmful or may be harmful to their ability to be integrated into an appropriate lifestyle of studies, social life, and family. They might also be in a situation where there is genuine concern for their sound development and/or their personal potential and basic right to meaningful and high quality education will not be fulfilled (Lahav, 2014).

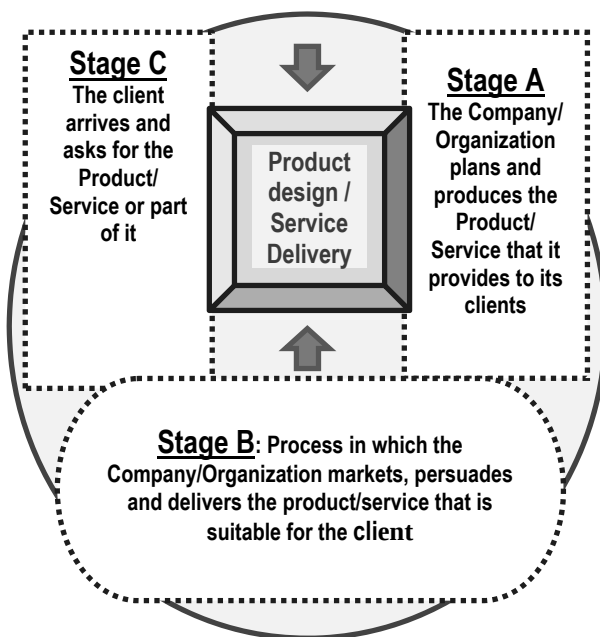
According to McNeill (2006, p. 130), 'effective interventions in settings with at-risk youth provide stronger evidence for the importance of a flexible, personalized approach. They include: empathy and genuineness; establishment of a working alliance; and the adoption of person-centred, collaborative and 'client-driven' approaches'.

2. The PSA in the social services

The term Personalization developed in the practice of companies and organizations in two modes:

First mode – in which the company or organization produces the product/service, and then the client arrives and defines his needs vis-a-vis the pre-existing product/service. At this stage, the company/organization enables the clients to choose from existing products only, and to define what they want to receive from what has been produced by the company/organization, and when and how they wish to receive it.

Figure 1: First model of Personalized Service delivery

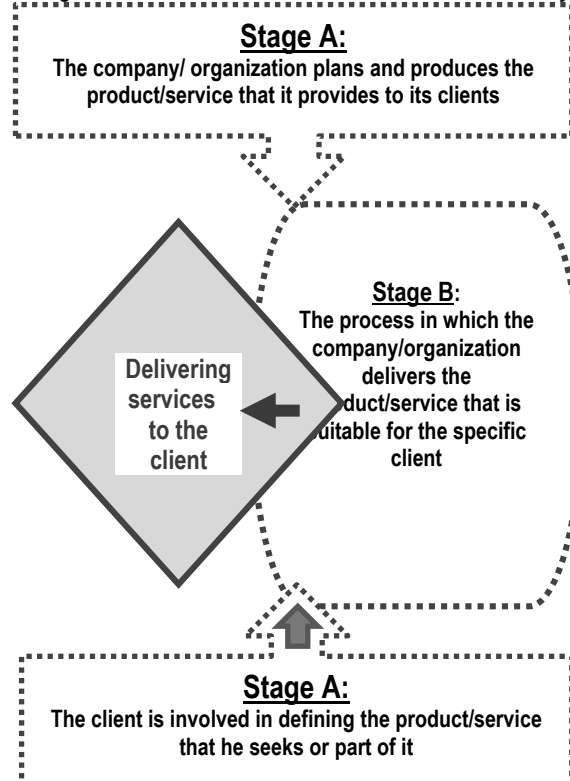


In this operational model (Figure 1), the company/organization are the active factor throughout the planning and delivery of the services to the relevant clients. The clients themselves have only one role – to choose out of what has been prepared for and delivered to them as a service by the company/ organization.

Second mode – in which the clients define to the company what the product/service should be and how it should be provided, before the company/organization produces it (Merisavo et al., 2002).

In this operational model (Figure 2), the company/ organization together with the clients are the active factor throughout the, planning of the required product/service in the first stage. Then, the company delivers the product/service that the clients themselves were involved in defining. In the terms of Merisavo et al. (2002), the company does the final design of product or service, after the customers have done the personalization. It took this approach, which evolved in the world of business services, a long time to be transferred and assimilated into the world of social services (Mithras, 2010).

Figure 2: Second model of Personalized Service delivery



According to Newman (2009), 'Personalization is a word that was hardly used in a social care context – or in any other for that matter – until a few years ago. Now, it is not just a buzzword, but a term that has come to signify and represent probably the biggest change in social services and social care practice for a generation'.

Personalization ensures that people who need care and support are acknowledged as individuals who have strengths and preferences, and should have choice and control over the way they live their lives. Today Personalization is one of the most widely known aspects of human and social services. It attempts to give people a wider choice of services and more control over those services through individual control of the money allocated to their support. (Hatton & Waters, 2011)

The Personalized Service approach in the field of human services, with emphasis on social services, meets the need to adapt personal responses to the special needs of each client (in the short and long term), and through adaptation to the space in which they live their life (family/friends/ community). Through this, the PSA finds importance not only in empowering the client, but also in adapting attention to the client's environmental components, such as: culture/society/family etc., which also affect the empowerment of the client.

Management of personalized service at the individual level implies a single point of contact or case manager (coordinator), who ensures that all other professionals as well as the person and their family are aware of, and involved in, decisions that impact the daily life of the young person. The models extensively use existing social capital that is available to the young person and their family. By

involving community members, extended family, and professional resources for support, the funded service system is not stretched to the same extent and the young person is supported by familiar people even as professionals inevitably change.

In conclusion, for the clients 'Personalization' means:

- Tailoring support to individual's needs and maximizing choice and control over care and support.
- Ensuring that people have access to information, advocacy and advice for making informed decisions about their care and support.
- Finding collaborative ways of working with that support people in order to actively engage in the design, delivery and evaluation of local services.

For the local authorities and services 'Personalization' means to:

- Develop local partnerships for co-producing a range of services and opportunities for social inclusion and community development.
- Embed early intervention, re-ablement and prevention in service planning and provision.
- Acknowledge and support careers.
- Ensure everyone has access to universal community services and resources as well as opportunities for meaningful occupation.

3. The PSA principles and Components

According to the model that was developed by the Social Care Institute for Excellence (Carr, 2010), several basic principles support the service's probability of being implemented successfully and in a client-adapted way, including:

- Listening to the clients at the stage of identifying and characterizing their emergent needs.
- Listening to the client regarding adaptation of the relevant responses that address these emergent needs.
- Taking into consideration that every client has ties and interactions with additional factors in the environment in which they live, and that this environment affects their life. Thus, they should be considered while planning the product/service for the client.
- Taking into consideration that the clients live in various cultural contexts that often entail conflicts and difficulties that may significantly affect the service's results.

The professional literature dealing with managing social services, which focused on the customer and personal services and aimed accessibility to their needs, identifies some basic components that allow us to examine whether the organization is working in this leaning on customer orientation (Morgan, 2010).

Elements relating to the customer perception:

- The clients know what they need.
- The clients are endowed with different capabilities, qualities and desires for the future.
- The clients are usually part of support networks within family, friends and community.
- The clients often know how their needs can best be met and can make their own decisions responsibly.

- The clients need a sense of personal control over the service decisions about their care.

Elements related to the organization:

- The organization should provide information about the choices that client can make.
- The organization should not expect the client to fit in with what services provide.
- The organization should focus on the personal qualities, interests, abilities and achievements, rather than the weaknesses or problems of service users.
- The organization should identify solutions to meet their needs also in the local communities.
- The organization should create trusting cooperation with clients and environment environment that are relevant to them.

Elements required for implementing the PSA:

- Defining risks and response according to specific situations.
- Taking into consideration different perspectives and cultures.
- Identifying potential risks and their consequences.
- Working on strengths and opportunities.
- Providing responses when needed.
- Developing cooperation and partnership with family and other youth care organizations in the community

4. The PSA Tools and operational management

In addition, Stuart & Gharabaghi. (2010) that there are several operational organizational tools that help to design interventions in order to create 'a personal suit' for the clients. According to these researchers, in order to manage effectively personalized services, the organizations require tools that incorporate and prioritize the principles throughout the service. There are four platforms of planning which are common to the service models: Integrated Case Management, Systems of Care, Wraparound and Every Child Matters.

'Throughout the planning process personalization of services requires that service providers negotiate the tensions between their roles as agency representatives, and their roles as advocates for the young person and family' (Stuart & Gharabaghi. 2010, p. 56). The idea is to ensure that: [1] child and family decision-making is encouraged through graduated participation and increasing responsibility; [2] the planning focuses on the strengths and priorities of the young person and family and celebrates achievement; [3] meetings are easily accessible for young person and family and assist the young person to formulate the agenda. Preparation is offered before and after meetings; [4] funding for transportation and childcare is provided; [5] community members and advocates are included; [6] there is a balance between respecting the privacy of young people and sharing necessary information. Specific tools such as meeting agendas, common assessment frameworks, participant guides, and training and certification programs have evolved around the initiatives and models that take a personalized service

delivery approach. These tools provide consistency within the initiative and ensure that the set of principles and values that form the personalization service delivery approach are implemented.

These elements form the basis for the questionnaire administered to a group of managers in Israeli case study - The youth at risk advancement services.

5. Methodology

The theoretical approaches described above formed our basis lines for examining the Israeli case study (a socio-educational services), responsible for the development services for at-risk youth in Israel. The questions arising from the PSA approach developed in the field of management in general and human services management in particular, about sewing a 'personal suit' for each customer. This theoretical literature directed us to the following questions:

1. How is personalized intervention tailored to the diverse needs of each client in the study case?
2. How have these diverse needs been delivered to the individual client?
3. What mechanisms of monitoring are made to ensure that the clients are getting what they need in all aspect ('life spaces')?

The research participants came from a random sample chosen from our case study, the Israeli unit for youth at risk advancement services (Ministry of Education, 2014). The sample was chosen among the entire manager population of the local municipalities who are in charge of adapting and implementing the practices of process and programs. (54 out of the 150 communities level managers – 33% from the field population).

The methodology is based on the mixed methods research approach, which combines qualitative and quantitative elements in order to understand complex phenomena that are interrelated and cannot be separated (Lincoln & Guba, 2000; Creswell & Plano Clark, 2007; Creswell, 2009; Alpert, 2010). This includes the examination of:

1. Elements for delivering the "client-focused service".
2. Guiding principles for constructing personal intervention programs (the 'customized suit' of the service).
3. The actions that are required of these service managers on the way to operating the client-focused service for at-risk adolescents

6. Findings and discussion

As part of a primary exploratory study of the implementation of the PSA approach within the youth at-risk advancement units (a social service organization), we examined how managers of these units attributed a meaning to the PSA principles and practices.

The research tries to identify: [1] the actions of managers in the case study regarding implementation of Personalized Service delivery. [2] The use of tools of this approach that was introduced above (the 'case manager' and the 'wraparound' approach and the use of the overall conception of the approach.

There are the results:

Table 1: The strategy chosen by the managers (based on Likert scale of priority given Score 1-5)
N=54

Strategy concerning the 'Personalized Service delivery' in the youth at-risk advancement units	The percentage of managers giving priority strategy
Using the wraparound administrative tool	%63
Using the case manager administrative tool	85%
Planning a personal intervention to each client	%85
Creating a broad perspective on the community services for client	%72
Faith in each client's ability to change & achieve	%88
Provide a sense of protection \ reliability \ confidentiality	%95

As can be seen from Table 1, the main strategy in which managers are taking the test case is creating trust between the customer and the organization (95% from the managers), creating customers' confidence in themselves and their ability to change (88% from the managers).

In addition, 85% from the managers are planning a personal intervention for each client and the same percentage of the managers (85%) provides a personal case manager to each client. Finally we can see that the 'wraparound' strategy (63%) and the broad perspective on the community services for clients are only at the last places of the managers' choice. The following findings (Table 2) show the actions taken by the managers in order to create the mechanisms that promote access to the Personalized Service approach.

The finding on these matters was:

Table 2: Map of actions undertaken for developing cooperation with other services in community (Based on Likert scale of priority given Score 1-5)
N=54

The managerial actions for 'customize a personal suit' for client	Extremely important & relevant to my work N=54	Not important at all & less relevant to work N=54
Inter-professional coordination team with other community youth services	87%	%13
Inter-professional coordination team within the unit of my service	%88.8	%11.2
Appointing a case manager who is	%81.4	%18.6

responsible for coordinating between the services		
Creating an inter-professional therapeutic wraparound focusing on the youth	%83.3	%16.7
Creating a shared managerial organizational roof for all the units that handle at-risk	%66.6	%33.4

The research found that several components constitute a condition for successful operation of services that are based on the PSA. The principal components Included:

- [1] Relations between the organization and its workers and the clients; Listening to the clients themselves (and in some cases their family and their environment);
- [2] A process of diagnosis and creation of the personal service;
- [3] A personal program for each client, with maximal adaptation to the personality (tendencies, abilities, and capabilities) and the environment (cultural, social, etc.) of each client;
- [4] Monitoring and ongoing (monthly) follow-up of the provided service and the changes that it leads to, in order to identify changes in the needs and in the required responses. This combination of operational principles actually constitutes the key to the success of the service that is provided to these youths, based on the PSA.

7. Conclusions

The conclusion from the findings in our case study with regard to the delivery of the service focused on PSA approach was:

- i. Managers should invest a great deal of effort in forming a meaningful personal connection with the clients and their family, based on relations of trust, transparency, attentiveness, consistency, etc.
- ii. The research shows that each client can have risk conditions in more than one area that has to be differently treated.
- iii. Developing a network of services that are relevant to operating the PSA approach by creating an organizational 'umbrella' on the community level.
- iv. Developing and creating inter-professional cooperation in order to offer a totality of responses to the dropouts in the various life areas in which they require help, and which have a direct or indirect effect on the clients.
- v. Appointing a 'Case Manager' in order to find the optimal personal mix for the responses, aiming to provide customers with the most compatible personal suit.
- vi. Creating an inter-professional therapeutic 'wraparound' focusing on the youth by setting up a round table of

planning and cooperation for all the organizations in the community which handle youth at-risk services.

In conclusion, initiation of the PSA approach for the treatment of complex populations (on background of personal, social, family problems), requires a very large investment of managers in creating mechanisms and operational management. These actions which were based on the experience acquired in the management (production / marketing / delivery etc.) were converted into the world of social management and required adapting language and creating a different climate in the organization.

It is particularly noticeable that managers choose actions regarding the relationship with the clients over the elements pertaining to the actual operation of the PSA model service. On the other hand, there is no doubt that the ideas developed in this approach must be adjusted to social organizations in order to achieve better results and especially to get more out of opportunities for giving clients an optimally response.

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