



The Extended Packages Report Research Brief

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The Extended Packages report is one of two volumes containing the findings from the extended year of the Individual Budget (IB) Pilot Programme for families with disabled children. The two volumes cover:

- *The Extended Packages*, which provides an assessment of how the pilot sites sought to broaden their IB offer to include both education and health funding, and the challenges associated with this - **these issues are contained in this volume**
- *The Family Journey One Year On*, which provides an update on the position and views of the original cohort of families that participated in the IB pilot 12-18 months after they began to receive their IB payments.

The extended Individual Budgets programme

The IB pilots were originally commissioned to run from April 2009 to March 2011 by the former Department for Children, Schools and Families (DCSF), to establish if an IB:

- Enabled disabled children and their families to have more choice and control over the delivery of their support package
- Improved outcomes for some, or all, disabled children and their families.

The programme operated in six pilot local authority areas (Coventry, Derbyshire, Essex, Gateshead, Gloucestershire and Newcastle), each of which generated a wealth of information and learning about the introduction of IBs for families with disabled children¹. However, much of the evidence was based on the inclusion of only or very largely social care funding in the IB packages, with health and education monies often limited, for example to very specific items or nominal amounts of money.

¹ The suite of reports from the original two year evaluation of the IB Pilot Programme can be found at <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR145>

In May 2011, and following the change in Government in 2010 when delivery of the Programme passed to the Department for Education (DfE), the six IB pilots were extended to run for an additional year (i.e. 2011-12) to test how they could broaden their offer to include Education and Health funds/services into their IB packages

It was expected that the development of the extended IB Pilot Programme would be strongly influenced by the concurrent development of the SEND Pathfinder Programme.

Our extended evaluation and support approach

Given the intentions set out in the SEND Green Paper, the focus for the third year of the pilots was to gain effective buy-in from education and health agencies, as a means of broadening the scope of the IB packages. Our approach to the evaluation of the extended programme was therefore developed to ensure consistency with the work undertaken during the preceding evaluation along with a broader perspective to reflect changing policy aspirations.

The approach incorporated a mix of on-the-ground research/support and desk based research. The work programme was divided into three strands, each of which was delivered simultaneously by different parts of the research and support consortium:

- **Scoping strand** – in-depth strategic work with social care, education and health colleagues was undertaken in each of the pilot sites over the course of the first three months of the extension (i.e. late May-August 2011) as a means of identifying the challenges faced in drawing together resources from the three agencies and how these issues might be worked through
- **Evaluation strand** – the evaluation research undertaken during the first two years of the pilot programme was extended, to enable the tracking of both the IB process and distance travelled by the families over an additional year
- **Support strand** – bespoke on-site support was offered and then provided on an ad hoc basis, as requested by sites.

Methodology

Table 1 provides a description of the research and support that was undertaken, where elements highlighted in pink illustrate the methods that were used to gather information to inform the Extended Packages Report.

Table 1: Research and support undertaken during the extended year of the IB Pilot Programme

Research Method	Description
Scoping	
On site development support and wider consultation	<ul style="list-style-type: none"> Liaison with the six IB pilot sites, other areas which are taking forward IB related work and subject experts to more fully understand what could be possible and achievable in terms of bringing wider funding streams into an IB
Two workshops	<ul style="list-style-type: none"> Pilot site workshops held in May and August 2011
Development of health and education 'scoping' papers	<ul style="list-style-type: none"> Development of health and education scoping papers which set out some of the options and possible paths for local areas to explore – see separate reports which can be found at http://www.sqw.co.uk/services/personalisation
Review and finalisation of delivery plans	<ul style="list-style-type: none"> Support to complete year three delivery plans
Evaluation	
Area case study fieldwork	<ul style="list-style-type: none"> 3 rounds of case study fieldwork were undertaken with each of the sites
Monitoring	<ul style="list-style-type: none"> Four monitoring submissions for 2011/12 were received and analysed
Workshop	<ul style="list-style-type: none"> Pilot site workshop held in Jan 2012 to share lessons learned
Wave 3 family survey	<ul style="list-style-type: none"> Wave 3 family survey undertaken over the course of Jan-Feb 2012 with families who took up the original IB offer and were surveyed in 2010 and 2011
Support and challenge	
Development of bespoke support	<ul style="list-style-type: none"> Tailored packages of support delivered to two sites to support development of: <ul style="list-style-type: none"> ➤ Health-related extension activities ➤ Shared objectives and processes between strategic partners ➤ Development of education transport budgets On-going support and feedback was provided to sites when requested

A more detailed account of the evaluation approach is provided in the accompanying *Extended Evaluation of the Individual Budget Pilot Programme Technical Annex*.

Intentions for the extended pilot

Each area was able to choose their own direction of travel and tailor developments to complement local arrangements/structures. As a result, each pilot site chose to explore a different set of funding streams/services, the most common of which were:

- NHS Continuing Healthcare
- Health-based equipment
- Early Year provision
- SEN transport

- School based budgets – including the SEN statement budget.

The rationale for exploring different funding streams/services was largely driven by the 'ease' with which they could be included, with some sites appearing to be more ambitious than others.

Intentions for the extended year also included:

- Alignment, joining up and integration of budgets, assessment and support plans – which was heavily influenced by each site's SEND Pathfinder application
- Expansion of the pilot in terms of increased numbers of children and young people with an IB
- Continued development, testing and evidencing of the effectiveness of the IB and personalised approaches.

The most commonly identified risks associated with taking the IB work forward included: challenges around disaggregating health/education budgets; and a lack of understanding/commitment and capacity on the part of health/education staff to get involved.

Progress made against the intentions

The initial four months of the extended IB pilot were largely developmental, the main outcome of which was additional strategic engagement from health and education colleagues. The majority of the pilot sites suffered a hiatus in activity over the subsequent period – September to November 2011 - as a result of notification that they had been unsuccessful in their application to become part of the SEND Pathfinder Programme. This led to some disengagement from both health and education colleagues, which took considerable resource and effort to rebuild (and even then not all partners re-engaged).

The sites reduced their ambitions considerably during the course of the extended year which led to the adoption of one or more of the following three approaches:

- Refinement of the existing social-care based IB approach
- Development of discrete and often small-scale trials of extended health and/or education IB packages
- Focus on expanding the IB packages of the original cohort of IB families.

The small scale trials that were taken forward resulted in limited consideration of how best to align social care, education and health IB approaches.

Inclusion of education services in an IB

All six of the IB pilot sites set out clear education-related intentions in their Year Three Delivery Plans. This included exploration of early years, school-age and post-16 service/budget areas. The following were explored over the course of the pilot:

- **Community Enhanced Nursery Allocation IBs** – which provided a set sum of money per child and formed part of a notional budget that was provided directly to the nursery setting chosen by the family, to support the child to access/attend that setting. Parents and professionals were involved in planning how to spend the IB allocation
- **IB approach for the Early Years Service** – this approach focused on providing choice and control to families via the introduction of a support planning process, following which a notional budget was calculated and spent accordingly. The approach was still in development at the point of drafting this report, and it was hoped that the site would produce a working Early Years resource allocation model during 2012/13
- **Working with a small number of families with social care IBs, to ‘flex’ their SEN funding** – which had included creating flexibilities around how the education based therapies provision was used and re-shaping a potential out of county placement budget into locally sourced provision
- **Development of a schools based IB trial to reshape the SEN statementing process** – this trial was still in development at the point of drafting this report and was to be taken forward during 2012/13
- **Roll out of a Personal Transport Budget (PTB) approach** – which was based on a mileage rate paid directly to the family and was monitored via school attendance records.

Observations across the range of approaches that have either been trialled or rolled out included: a tendency to reshape existing packages in cases where areas have worked with a small number of families, with wider costing/resource allocation developments undertaken only in cases where an area intends to make a wholesale change to their approach; a reliance on the use notional budgets; and a focus on introducing proportionate support planning processes into the trials/approaches.

Only limited evidence could be gathered on the families’ experiences of receiving the new education IB packages (as only a small number of families were in receipt of their budget at the end of the extended year). However, early indications have shown that families have reported increased flexibility and more choice and control in their service offer.

Inclusion of health services in an IB

Following the hiatus in activity caused by the unsuccessful SEND Pathfinder bids, only three out of the six sites managed to operationalise health budgets during the extended year of the pilot. A fourth site drew on resources provided through DfE funded support, to develop an action plan for targeted health work, which was to be taken forward during 2012/13.

Developments across the four sites that had undertaken health-related work included:

- **Work to operationalise NHS Continuing Healthcare (CHC) IBs** – two sites were working to reshape the current CHC processes to align them with the social care IB approach. In one case, this had involved the development of a CHC based resource allocation tool, based on the existing *Bradford Tool*, which it was hoped could be embedded within the social care RAS. A small number of joint social care and CHC packages had been successfully developed, however, it was too early to assess the effectiveness of the new packages
- **Development of continence-based IB packages** – one site continued the development work they had undertaken during the original pilot, which led to the delivery of a small number of continence related IBs. The continence offer was made to families that were not happy with their existing provision and facilitated through the opening up of the ‘continence catalogue of products’, thereby creating a wider menu of choice for families to select from. Families existing packages were costed and offered as a notional budget, which was used to purchase alternative products to those previously used. Feedback from families had been positive and had illustrated that they had valued being given an informed choice
- **Intentions to explore the inclusion of Physiotherapy and Occupational Therapy** – which were to be taken forward over the course of 2012/13.

Implications and concluding thoughts

Although mixed progress had been made during the extended year of the pilot, much can be learnt from the discrete individual trials that have taken place. Table 2 sets out a summary of the implications of the findings for wider work.

Table 2: Summary of the implications for wider work

Implications for wider work over the short-term:

Gaining **buy-in from the relevant Strategic Lead** is required to unlock potential sources of education and/or health funding/services

The provision of a **dedicated and specialist education/health Project Manager/officer** may help to overcome capacity issues and is likely to speed up the exploration of options, costing of services and development of resource allocation processes

It may be easier to focus on some initial 'quick wins' in education/health to '*get the ball rolling*', which could lead to resolution for some families that have been dissatisfied with their service provision

Service areas that lend themselves more easily to inclusion within an IB package are likely to be those that:

- Offer a choice of treatment or alternatives
- Can be costed at the level of the individual child/young person
- Services that are centrally funded either by the local authority or relevant health agency

It is likely that in the short term **some education/health services will lend themselves to a resource allocation approach that is similar to that used in social care** (e.g. NHS Continuing Healthcare, Early Years), **whereas others would be more effectively costed on the basis of unit costs** (e.g. Continence aids, Personal Transport Budgets)

The **economies of scale offered through purchasing services through the NHS** (and potentially through schools and education settings) may only be **utilised through the use of notional budgets**. This may imply that notional budgets offer better value for money than a direct payment in the short term in particular cases

The pilot sites highlighted some demand for education transport related direct payments, which were taken up as part of the Personal Transport Budget approach, which could be easily understood and influenced by families. However, **SEN direct payments had not been trialled** during the extended year of the pilot. This **will be explored through the SENDP pilot work that is being taken forward over the course of 2012/13**

Wholesale roll out of the social care IB approach should consider the use of transitional budget allocation arrangements to smooth the move from traditional to IB resource allocation methods and **consider the speed and scale at which the roll out it to take place.**

Source: SQW

To conclude, a number of different trials were developed within education and health settings to understand how to employ an IB approach. The majority of these trials were small in scale and would require significant resource and cultural change to up-scale. As such, it was felt that there was '*still a way to go*' and a significant number of challenges needed to be resolved before the IB approach was effectively trialled and adopted within the both the health and education sectors.

Additional Information

The full report can be accessed at <http://www.education.gov.uk/publications/>

Further information about this research can be obtained from

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