Research Report DFE-RR145e

Individual budgets for families with disabled children

Final evaluation report: Recommendations and implications

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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The team

SQW was commissioned by the former Department for Children, Schools and Families to lead a consortium to undertake the evaluation and support/challenge role for the Individual Budget Pilots for Families with Disabled Children. The consortium comprised of two distinct teams – the evaluation and support teams – where the evaluation component has been conducted by SQW and Ipsos MORI, and the support function has been undertaken by iMPower and Helen Sanderson Associates.

Separate evaluation and support teams were developed to ensure: the pilot sites could approach the support team for assistance; while the evaluation team reviewed progress. In this way pilot sites did not need to feel concerned that asking for support would be viewed negatively by the evaluation team. Moreover, pilot sites were asked to provide feedback on the support that they received, which SQW used to provide direction to the support team.

The Evaluation team

Graham Thom, an Associate Director at SQW, acted as the Project Director of the Evaluation.

Meera Prabhakar, a Senior Consultant at SQW, acted as the Project Manager of the Evaluation.

Jennifer Hurstfield, Urvashi Parashar, Lisa McCrindle and Robert Turner, Laura Henderson and Rhian Johnson formed the remainder of the SQW research team.

Claire Lambert and **David Jeans** acted as the leads for Ipsos MORI.

The Support team

Jeremy Cooper and **David Colbear** acted as the support team leads for iMPower and **Jo Harvey** acted as the lead for Helen Sanderson Associates.

Executive summary

1. The Individual Budget (IB) approach was built on the premise that it offered greater choice and control to families with disabled children through the drawing together of a series of funding streams and use of an outcomes-based approach. This would enable the development and delivery of a holistic and family-led support plan, whose associated funding could be managed in a variety of ways.

2. The IBs for disabled children pilot programme was established in April 2009 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.

Key findings around process and delivery

3. The programme operated in six pilot local authority areas (Coventry, Derbyshire, Essex, Gateshead, Gloucestershire and Newcastle). It is to the credit of the areas that much learning came from this process. **The over-arching conclusion appears to be that while the pilots have achieved much and demonstrated what can be done (there are many successes), there is still a need to refine some elements of the delivery process**.

4. The main lessons about the implementation of IBs are:

- **The requirement of dedicated resources** to drive activity and to engage wider professionals and families in the process
- **The willingness of a range of families to engage with IBs**, where considerable effort at the level of the individual family is required to draw out this demand
- **The challenges of resource allocation**, where the technical aspects are not yet fully resolved
- **The importance of support planning** in delivering the benefits of the IB approach

- **The challenge of engaging health and education** services as part of the process
- While much progress has been made in engaging parents in the process, **practice is less developed and sure around how best to engage you people**.

5. This learning has largely validated the stages set out in the Common Delivery Model, albeit with the addition or strengthening of a couple of elements, and greater clarity around the sequencing of the element.

The impact of IBs on families

6. The survey and focus group evidence from parents clearly **demonstrates an increased sense of choice and control after the pilot**, compared to their baseline position. This is widespread across the cohort (slightly more so for higher social classes). As a result of their involvement in the planning their support and reflecting the areas of funding mainly covered by the IB, families reported:

- **Improved access to social care services** (where 54% more families reported an increase than decreases from the baseline position)
- **A shift in the types of service that they use**, mainly through increased use of Personal Assistants (PAs) and community/mainstream resources
- **Greater satisfaction with the services they received** (a net 40% of families reported an improvement)
- **That these findings appear to occur independently of increases or decreases in a family's budget allocation**, again suggesting that the impact may be coming through the planning process.

7. These **changes are beginning to feed through in to improved wellbeing. The reporting of such benefits is less widespread than improvements in satisfaction, or choice and control**. This may however, be a function of time, as wellbeing improvements may take longer to materialise.

8. It must be remembered that participation was optional, and as such the pilots were to some extent working with the willing. The extent to which such benefits would be repeated amongst a wider, perhaps less willing or motivated group of parents is uncertain and requires further testing.

Looking to the future

9. The Green Paper on special educational needs and disability provides the context in which the findings will be taken forward. The **evaluation evidence provides broad support for the direction of travel set out in the Green Paper**. In particular it should be possible to improve the extent of choice and control, and in turn satisfaction with services through personalised approaches across a range of policy fields.

10. **The setting out of the range of support services available to families should support personalisation**. That said, in the spirit of a personalised approach this should not be seen to restrict choice: if families identify additional services or options these should still be worth consideration. **The main challenge may come around describing how accessible individual services are related to the nature of the disability of any young person and the unit costs of supply**.

11. The issues and opportunities around single assessment, the single plan and increased scope of personalised funding run together. The pilot experience reinforced the overlap in needs between service areas. However, **even where needs were flagged the pilot staff nor the family often had no power to bring about change in other provision**. The pilot sites all faced difficulties in generating change outside their own service areas. There appear to be a series of barriers to be worked through covering: the commitment of other services, technical issues around unpacking the budget of an individual in the context of block funding and contracts; and concerns/cultural issues as to how far families are best placed to judge the most appropriate course of action around education and health.

12. The intentions set out in the Green Paper may help to address the issues of commitment from other services. However, the experience of the pilots would suggest that **cross sector working is more likely to be delivered if there is a clear expectation of what should be offered** (which funds could be personalised, staff support etc) and progress is properly assessed and reported. These steps would enable other agencies and families to better hold all parts of the system accountable.

13. There are also resource issues related to the proposals set out in the Green Paper. Firstly, there will be **a need to significant staff time invested in developing personalised approaches in each local area and policy field**. Issues encountered by the pilots around IT and staff development will be more significant as programmes

are scaled up. Indeed, ensuring sufficient culture change and skill development amongst a larger number of support planners and a suitable supply of PAs will be key challenges in expanding the offer.

14. The important role of professionals in facilitating the process should not be underestimated. Indeed, in many cases it appears that **it is through the planning process that real value is added**. This process enables families to better tailor the support that they receive to their needs. Without this support it is less likely that any transfer of budget would produce the same scale of outcomes.

15. The issue of **resource allocation is likely to remain prominent**. Even recognising the progress made by the pilots it is clear that there is still a distance to travel for many to develop a truly robust and verified model.

16. Moreover, if personal budgets are offered on an optional basis and resource allocation systems create winner and losers what is to stop the losers reverting to their previous, higher allocation. If this occurs then the overall impact of offering an opt-out will be inflationary. Therefore, **the choice may have to be around how a family wishes to plan for and manage the resource it is allocated** (or if it prefers for the local authority to do this as in the traditional system), rather than in choosing to accept the calculation of the package value or revert to the previous value.

17. There were wide variations at a local and individual level when comparing budgets before and after resource allocation, which seem to reflect particular approaches adopted. There is little evidence to say that an IB approach must be less costly than the traditional system. Moreover, if personalised approaches draw in newcomers to the system (who were not catered for before) then this will add to costs.

18. As such, personalised approaches alone may not save money as some had hoped. However, an IB approach can lead to improve satisfaction and outcomes for a lower budget, as was seen for some families. Given the current pressures facing public services it will be **important that moves towards personalised budgets are focussed on improving the quality of the offer to families and enabling them to generate the best value for money available**.

19. One other possible risk would be for those in one service area to identify needs, but argue that the need should be met from other budgets. In moving forward it will be **important that there is clear agreement between different services about their respective responsibilities, and that each service is held accountable to this agreement**.

Final comment

20. The IB pilots have demonstrated clearly the challenges involved in developing personalised approaches, but also given encouragement that overcoming these challenges could lead to better wellbeing for some families. The next phases envisaged by the Green Paper provide an ideal opportunity to test the concept further and in a larger and holistic way.

1: Introduction

Purpose of this report

1.1 This report is one of three volumes containing the findings from the first two years of the Individual Budgets for disabled children pilot programme. The three volumes cover:

- *The IB process evaluation,* which described the approaches adopted to implement the pilot and the lessons emerging
- *The Family Journey evaluation,* which provides an assessment of the outcomes and distance travelled by participating families
- ***The Recommendations and Implications****,* which draws together the findings of the evaluation and presents recommendations for the future use of the IB approach – **these issues are contained in this volume.**

The Individual budgets programme

1.2 The personalisation of public services has been a consistent direction of policy over the last few years. This direction has been maintained by the Coalition Government, with the recent Green Paper[1] including a clear expectation of increased choice and control for young people and families.

1.3 One way of delivering choice and control is through the facilitation of individual budgets (IBs) for disabled children. An IB in this context is defined as follows:

> An individual budget (IB) applies to an arrangement whereby a service user gains direct control over the application of funding allocated to them following an assessment process or processes, and where funding is sourced from a number of income streams held by local statutory bodies. The intention in bringing different funding streams together is to go beyond current direct payment arrangements, and provide a more holistic and joined up package of support.
>
> Under IB, the service user will also be offered the support of a broker to help manage the allocation provided - some of which may be in cash form, but can also be services provided in-kind. The broker may also hold the budget on behalf of the beneficiary.

Source: Individual Budgets for Disabled Children and their Families Pilot Specification and Application Pack

[1] DFE (2011) *Support and aspiration: A new approach to special educational needs and disability – A Consultation*

1.4 A commitment to pilot IBs for families with disabled children was expressed in Aiming High for Disabled Children[2]. This led the then Department for Children Schools and Families to commission SQW in April 2008 to undertake a scoping study prior to the piloting of IBs for families with disabled children. The primary purpose of the study was to inform the development of the IB pilot programme and therefore the research sought to review a range of existing approaches that were being used to deliver IBs and interventions of a similar nature. This highlighted a wide range of existing activity, which was either adult focused or sought to support the personalisation of services for children with additional or complex needs using approaches that did not align with the above definition of an IB. As such, the report identified a lack of robust evidence on the effectiveness of IB provision for families with disabled children, which when combined with the widely held view that many families would welcome the notion of greater choice and control in the type of support/services they receive, suggested the need to pilot the IB approach for families with disabled children.

1.5 *Individual budgets (IBs) for families with disabled children: A scoping study* (hereafter referred to as 'the Scoping Study') was published in October 2008 and concluded by recommending that:

- A series of pilots should be established to test the IB approach
- The activities of the pilots should be guided by a Common Delivery Model (CDM) which set out ten key elements to be addressed by the pilot sites (see Table 1 below for a summary of the elements).

1.6 Each requirement of the CDM was: based on a rationale which was identified during the course of the research; but defined in a way that was flexible as to how each element should be delivered to ensure sites were given the autonomy to test different approaches to address each issue.

[2] DCSF (2007) *Aiming High for Disabled Children (AHDC): Better support for families*

Table 1: Summary of the Common Delivery Model

Element of the CDM
1. Adequate staff and organisational engagement
2. A change management programme for all staff involved in the pilots
3. Facilitation of awareness raising and information dissemination for potential beneficiaries
4. Provision of advocacy and support brokerage for IB users
5. Facilitation of peer support mechanisms
6. Development of IT resources
7. Development and implementation of a resource and funding mechanism
8. A spectrum of choice for management of IB funds
9. Facilitation of sufficient market development
10. Engagement of all parties in the development of the pilot

Source: SQW Consulting (2008) Individual Budgets for Families with Disabled Children: Scoping Study, DCSF Research Report RR057

1.7 The recommendations from the scoping study were subsequently taken forward and in March 2009 a number of local authorities along with their Primary Care Trust (PCT) partners were invited to apply to pilot IBs for families with disabled children. Six pilot sites were commissioned in April 2009 (see Table 2).

Table 2: IB pilot sites

• Coventry	• Gateshead
• Derbyshire	• Gloucestershire
• Essex	• Newcastle

Objectives of the programme

1.8 The IB pilots were originally commissioned to run from April 2009 to March 2011, with a possible extension beyond this period subject to available funding. Sites received between £200,000 and £280,000 in grant funding over the two years to deliver the pilots.

1.9 The activities of each site fed into the national pilot programme, which was set up 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.

1.10 The sites also sought to:

- Establish whether or not the IB pilots resulted in some, or all, disabled children and their families reporting increased levels of satisfaction with the experience of gaining service provision through an IB
- Identify any unintended consequences and critical barriers experienced by the pilot Local Authorities and PCTs to the successful implementation of IBs, and record successful approaches to addressing those barriers
- Assess the relative importance of the 10 factors making up the common delivery model to the successful implementation of IBs
- Facilitate a range of means of providing user control therefore, they are considering the facilitation of more than just direct cash payments, where securing alternative means of building user control will be particularly important in bringing health services and additional resources into the pilots
- Provide a comparison of the costs to the Local Authorities and PCTs of implementing IBs for disabled children and the costs of providing services through current arrangements.

1.11 Individual budgets require a family-centred approach which calls for partnership and integrated service delivery between providers. Therefore each pilot site was set up to be delivered by both local authority and PCT partners. Each local authority was also encouraged to develop their assessment procedures and resource allocation and funding mechanisms. In conjunction with this, the sites were also asked to determine the exact scope of their funding, where there was an expectation that sites would incorporate as wide a range of service provision and funding streams as possible (i.e. move beyond the devolution of just social care funding) with the exception of school based education funding, which was to be excluded.

An introduction to the evaluation

1.12 The pilots were commissioned to test whether the IB concept and approach worked in practice, and to what extent the approach was cost-effective. This evidence in turn would help to inform any decision on rolling out the IB approach. Therefore the evaluation, which sought to assess the progress made during the original two year pilot programme, was to provide an evidence base for both the Department and others wishing to facilitate the provision of IBs to families with disabled children.

1.13 The aims of the evaluation, as set out in the Terms of Reference (ToR), were as follows:

- Evaluate whether provision secured through an IB improved outcomes for some, or all, disabled children and families compared with provision secured through existing routes to accessing services
- Rest whether the IB pilots resulted in some, or all, disabled children and their families reporting increased levels of satisfaction with the experience of gaining service provision through an IB
- Identify any critical barriers experienced by the pilot local authorities and PCTs to the successful implementation of IBs, and record successful approaches to addressing those barriers
- Assess the relative importance of the 10 factors making up the common delivery model (CDM) to the successful implementation of IBs
- Provide a comparison of (a) the costs to the local authority and PCT of implementing IB for disabled children and (b) the costs of providing services through current arrangements
- Recommendations on the likely costs of extending IBs to all eligible families with disabled children in the pilot areas and the actions that the Government could take to support the extension of IBs for disabled children and young people beyond the pilot areas.

1.14 Thus, the evaluation sought to capture evidence on:

- The process involved in setting up and delivering IBs (thereby incorporating an assessment of the common delivery model)
- The resultant inputs, processes, outputs, outcomes and impacts that were undertaken and experienced by the families with disabled children participating in the pilot.

1.15 This evidence was gathered through a wide range of methods including regular monitoring data from each pilot site, case study research in the six areas and surveys of families and professionals involved in the pilot. A full description is provided in the accompanying Technical Report.

Structure of the report

1.16 This report brings together the evidence gathered through the evaluation to address the research questions set. From this evidence base it then considers the implications of the findings in light of the direction of travel signalled by the recent Green Paper. It covers in turn:

- Chapter two – the key findings in relation to the delivery process
- Chapter three – summarises the findings in relation to family benefits arising from the introduction of the IB approach
- Chapter four - draws together the evidence to highlight the key learning that has emerged and its implications for future developments.

2: Key findings around process and delivery

Introduction

2.1 This chapter draws together the evidence and learning around the introduction of the IB approach in the six pilot sites. In doing so it considers the delivery of each of the elements of the CDM. The CDM, as set out in Chapter one, contains ten elements. In the sections that follow each of the ten elements are discussed, with elements grouped together to reflect their contribution to different stages of the development process. It concludes with a review of resource implications.

Reflections on the delivery of the CDM

Organisational engagement and cultural change (Elements 1, 2, 9 and 10 of the CDM)

Element 1: Adequate staff and organisational engagement

2.2 All sites had recruited the majority of their IB-pilot specific teams within the first 6-7 months of the pilot. However, some sites experienced delays in recruiting pilot staff as a result of either restrictive internal recruitment processes or shortages of appropriately skilled staff. Some of the IB teams chose to recruit additional staff at the beginning of 2010 to deliver the resource allocation and support planning stages of the process, as they required significant time inputs from 'frontline' staff.

2.3 There was widespread agreement of the need to have a dedicated lead/team to drive forward the pilot. Moreover, the sites expected that sustaining current pilot activities and the potential extension of the IB approach to a wider group of families was likely to continue to require a dedicated staff resource of a smaller or similar scale to that used during the pilot. This need reflects the time involved in developing structures and processes, and in building relationships with professionals and families as we discuss below.

Element 2: A change management programme for all staff

2.4 All sites adopted formal, informal or a mixed approach to change management, which sought to build on the existing experience and associated cultural change of the relevant teams. Both informal and formal training were viewed as effective. In the first year this focused on engaging and raising awareness in the teams that were the

most accessible. This included the children's social care team, but usually not PCT and education teams.

2.5 During the second year of the pilot, the sites widened their engagement strategies and sought to gain 'buy-in' from additional stakeholders, which included the PCT and pre and post 16 education colleagues. However, these activities proved challenging in most cases, where it was felt that engagement from both PCT and education colleagues had been limited as a result of:

- The scale and uncertain future of the pilot
- Differences in policy approaches to personalisation, which led them to be more risk averse in relation to the IB pilot
- Cultural issues around how far the family or professional was best able to identify an appropriate course of action
- Technical issues with limitations of where direct payments can be offered
- A lack of capacity and resource to engage in a meaningful way.

2.6 It was hoped that the Green Paper, which announced plans to extend the remit of the IB pilot programme to include education funding and more effective engagement from health, would help to address some of these issues.

Element 9: facilitation of sufficient market development

2.7 Prior to the IB programme, demand-led market development had been stimulated through the general evolution of the AHDC strategy and its suite of programmes. The majority of the sites begun to focus their attention on developing the provider market during year two of the programme, which built on the pre-IB developments and sought to ensure that the required forms of provision were available.

2.8 Provider-related cultural change in the IB context involved a focus on the development of community capacity to enable families to access local and universal services. Community-based provision was developed using a variety of methods including: the facilitation of provider forums; the use of inclusion workers, who went out into the community to build capacity within individual organisations and to source the services that families wanted to access; and the provision of pump priming funding to organisations to build capacity to deliver services for disabled children.

2.9 The IB pilots illustrated a trend by families to choose more PA related and universal/community based provision. However, most sites experienced problems in sourcing sufficient and suitable PAs, which was in the main a result of a shortage of PAs aged 16-25 years old (the preferred age group cited by participating young people), with the appropriate skills to provide the required support.

2.10 The majority of sites reported a drop in demand for overnight residential care. This had not impacted significantly on the market given the small number of families participating in the pilot. However, the implications of a transition away from overnight residential care provision will need to be carefully considered if the IB approach is extended to incorporate more families.

Element 10: Engagement of all parties in the development of the pilot

2.11 Successful stakeholder engagement had in the majority of cases led to the development of a 'shared understanding' of the purpose of an IB. In the best cases this included improved joint working between Children's and Adult social care teams, engaging special schools, and in some cases additional funding being made available through the IB. However, in general it proved difficult for the social care led pilots to gain the active involvement of health and education colleagues. As such the health and education monies were often limited, for example to very specific items or to nominal amounts of money (Table 3).

Table 3: Funding stream/service inclusion by site

Site	Funding stream/service							
	Short Breaks	Social care core budget	PCT funding	Early Years funding	RPA pilot funds	Extended services	School transport funds	Are based grant
Coventry	✓	✓	✓					
Derbyshire	✓	✓	✓			✓	✓	
Essex		✓						
Gateshead	✓	✓	✓					
Gloucestershire	✓	✓		✓				✓
Newcastle	✓	✓	✓		✓			

Source: SQW case study research

2.12 The sites had used both formal and informal mechanisms to engage parents and disabled children. For example, several of the sites had formally appointed a parent

representative onto the IB pilot project board to enable co-production of the pilot. This was felt to have provided a valuable 'reality check' to some of the discussions. Similarly, another site had engaged their parent council to feed into the development of their pilot.

Safeguarding

2.13 The IB pilot sites raised the issue of safeguarding as a key delivery challenge early in the programme. The majority of concerns raised related to two main issues: how best to balance the shift in control from professionals to families brought about by personalised approaches with an authority's safeguarding duties; and uncertainty around the legal framework governing personalised approaches. It was also apparent that the challenges discussed were not new concerns as they had been previously raised in relation to direct payments.

2.14 The sites considered carefully how to ensure sufficient safeguarding processes were in place. Emerging practice from the IB sites included ensuring that risk assessment was built into all stages of the IB approach and its associated process through:

- Recognition of a need to undertake risk assessments on an individual family basis, where the relevant professional would assess what the family was proposing to do and whether it was appropriate
- Raising awareness of safeguarding issues in the community and with service providers.

2.15 The ongoing uncertainty and development around this area is reflected in the practice of a number of local authorities. They strongly promoted to families the use of CRB checks when employing individuals and the use of registered organisations. However, the policy perspective is to increase family choice around such issues.

Engaging and involving families (Elements 3 and 5)

Element 3: Facilitation of awareness raising and information dissemination for potential families

2.16 The sites used a variety of mechanisms to raise awareness and share information with prospective families with disabled children. The most effective mechanism was personal one-to-one contact. This was facilitated by members of the pilot teams who were well versed in the workings of the pilot and could therefore provide detailed and tailored explanation and reassurance to families.

2.17 Most families that participated in the focus groups reported that they had received a good level of support and information, and added that the pilot managers in particular had been very supportive. The only exceptions to the generally positive views related to a need to more effectively manage the expectations of families in terms of both the timescales associated with the process and the potential for a family's funding allocation to increase or decrease as a result of the IB approach.

2.18 Although the pace of family engagement varied by site, all sites successfully engaged a cohort of families to take part in the pilot. This indicated an apparent level of demand from families to take up the IB offer in the event that the approach was made to them in the appropriate way.

Element 5: Facilitation of peer support mechanisms

2.19 Peer support mechanisms were family led in the main and as a result varied in scale, nature and formality. Informal parent peer support occurred through general networking between families outside of the formal confines of the pilot. Conversely, formal parent peer support included tailored focus groups and the use of existing parent forums/groups.

2.20 Support for participating young people was less developed and proved more of a challenge as a result of the group's very differing needs and desires, alongside the wide range of ages covered.

Resource allocation (Element 7)

2.21 Three sites opted to use an adapted version of the Taking Control model (i.e. the Resource Allocation System (RAS) version 4 or 5), two sites opted to develop their own alternative system and one site chose to use the RAS and to develop an alternative system (where each was used for different groups). In each case it was widely recognised that these approaches had taken considerable time and thinking, and to varying degrees were developmental. Issues were identified as each of the models was introduced (Table 4). These issues were mainly focussed around: a reliance on the value of traditional packages, which were not seen to be wholly reliable; and the scope for variation introduced by the role of the professional in interpreting the families' circumstances or choices around service packages.

Table 4: Identified strengths and weaknesses of the individual models

Strengths	Weaknesses
In-Control RAS version 4	
• Was relatively simple to understand and so local authorities were able to explain the steps involved to families and thereby engage the family fully in the assessment process • Focused on outcomes and so provided the basis for a budget based on need rather than from a predetermined mix of services • Was comprehensive in seeking to cover all needs and so provided an option to value needs on a common basis[3].	• The initial price point developed was strongly related to the previous value of packages (especially because pilots often restricted themselves to the total value of the budgets allocated previously to the pilot families), which may not have been appropriate • The conversion of the RAS assessment scores into 'indicative budgets' was dependent on the weightings that had been developed by the professionals in each of the relevant pilot site. This may be difficult to replicate in a robust way in any large scale roll out • The model tended to favour families that needed a breadth of support over a range of issues rather than extremely high levels of need on a few questions, simply because it added the scores from each question together.
In-Control RAS version 5	
• The strengths identified were similar in nature to version 4 of the RAS , especially around comprehensive and outcome focussed nature of the assessment • However, RAS 5 also avoided significant change in the cost curve by allocating resources based on the previous profile.	• One of the pilot sites that used this model struggled to understand how it operated, which in turn made it difficult to explain to participating families. This issue led to a lack of confidence in the results produced by the model • The nature of the conversion in this model meant that budget allocations could at points be very sensitive to the RAS score, which introduced a greater level of risk around the accuracy and quality of completion of the RAS questionnaire • Indicative budgets were based on old care package values, where it was recognised that these may not be accurate in reflecting need. The nature of the conversion, which can move an allocation from one family to another may amplify this issue.
Alternative models 1 and 2	
• The budget follows agreement of the service package by the professional/family and so the process was felt to be easy for families to understand.	• (Indicative) budgets were derived using professional judgement of what a family would have received in the traditional system. Therefore, this model risks being more open to variation in associating need to budget because of the additional step of first converting need to support rather than focussing on outcomes. Moreover, the strong professional; involvement also creates the possibility of variation in deciding what the family would have received.

Source: SQW case study research

[3] ADASS's Common Resource Allocation Framework (2009) recommends that local authorities should not exclude very high levels of need from their allocation framework

2.22 Regardless of the model, sites expressed a desire to be equitable and transparent. In terms of equity the key issue was to provide a budget which reflected needs. The initial calculations of the IB signalled a significant amount of change in allocation for some families that were already in receipt of services. In practice sites sought to moderate the budgets produced through the models. This reflected some lack of confidence in the figures produced and a desire to limit the scale of budget changes for the period of the pilot.

2.23 Even so, three quarters of participating families saw change in excess of 10% from their previous allocations. However, overall the changes in budget were broadly cost neutral, although with significant differences across the pilot areas (Table 5). The differences across areas would suggest that overall impact of the IB approach on budget values is highly dependent on the interpretation and approach adopted.

Table 5: Changes in budget

Pilot site	% change in average package value	% change in median package value
1	-40%	-41%
2	-3%	82%
3	61%	109%
4	38%	58%
5	3%	-3%
6	9%	-1%
All sites	**0%**	**17%**

Source: Source: SQW pilot site monitoring returns, all sites n= 92, average package costs reflect annual budgets

2.24 Families that remained in the pilot were twice as likely to see an increase in their budget as a decrease. This varied by site, but generally reflected that:

- The previous allocation was not appropriate (either in scale or because the family chose not to take up all service offered)
- Needs may have changed since the time of the last assessment
- Some families which were told of decreases chose to leave the pilot.

2.25 The issue of dropout appeared to relate to the issue of transparency. All but one of the models included the provision of an indicative budget to the participating families at some stage in the planning cycle, which was felt to be necessary to enable both families and support planners to form realistic support packages. However, on being

told their budget some families chose to leave the pilot. That said, many families who knew their budget in advance of support planning were very positive about this, believing it helped empower and inform their decisions.

2.26 The risk of families leaving the pilot having been told their budget was addressed in some cases by engaging the family in a discussion at the point of notification. Staff were able to explain that although there may be fewer resources, it could be possible to design a more appropriate support package. An example of this happening in practice is described in the next chapter.

2.27 However, where dropout occurred due to a reduced budget allocation the overall impact on resources was inflationary because those who gained stayed in, while the cases where there would be a decrease which would have balanced this out left the pilot. This highlights an issue moving forward where any rollout is based on an opt-in model.

Support planning and the family journey (Elements 4, 6 and 8)

Element 4: Provision of advocacy and support brokerage for IB users

2.28 The majority of sites commissioned an external advocacy service to offer support to families. Sites opted for independent support planning provision sourced from the third sector, in-house support planning (i.e. within the local authority) or a combination of internal and external provision. It appears that all can work, so long as they are delivered flexibly and to the needs of the family.

2.29 Support planning formed an integral part of the resource allocation process. It occurred at different stages in the process in relation to budget allocation, dependent on the allocation model used. However, across all models it was reported by families and staff to have been both challenging and rewarding. Staff were very positive about the experience, describing being able to work very intensively and creatively with families; the families correspondingly reported how rewarding the outcomes could be.

2.30 The challenges came from the newness of the approach, which meant for example that families were not aware of what services they might want or the costs of different services. Families required support to consider alternative options, including community and mainstream provision. At the end of this process was the reward of families developing care packages that were more tailored to their needs. For example, one parent commented:

> *'I have been able to create something for my son for the first time from us rather than an outside agency recommending what should happen'.*

2.31 The extent to which the young people themselves engaged in this process varied considerably, with 40% of parents reporting that the young person had had at least a 'fair amount' of involvement. In some cases the limitation appears to have reflected the nature of the disability or age of the child, but in others it appears to have reflected skills/cultural issues on the part of parents and support planners.

2.32 The other challenge around support planning related to the focus of the budget. In the main the IB focussed on social care funds. However, the support plan sought to take a holistic view of need including health and education. In spite of this, because of the engagement issues raised above it was difficult to have influence on these services, or flex their provision alongside the IB.

Element 8: A spectrum of choice the management of IB funds

2.33 Families were offered a range of options as to how they managed their IB funds. Almost two-thirds of families chose to receive their IB in the form of a direct payment. The popularity of direct payments appeared to reflect that a number of participating families were accessing direct payments prior to joining the pilot.

2.34 In addition, it was evident that particular sites and specific support workers had promoted direct payments as the preferred option. The rationale behind this preference appeared to be a strong sense that a direct payment could offer more control, as a family would have a clearer sense of what they were accessing if they managed the payments themselves. In addition direct payments were viewed as more flexible, for example they gave the family the ability to spot purchase a service, such as a taxi, as opposed to having to organise and seek approval from a third party.

2.35 However, this view was not shared by all the sites, some of which felt that all the options should be equally considered and that each offered the same level of choice and control. A small number of families had elected for the local authority to manage the IB fund on their behalf, and commented in the focus groups that they may have been put off the IB approach had this option not been available.

Element 6: Development of IT resources

2.36 IT was approached in one of two ways: the first involved some sites integrating the requirements of the pilot onto existing systems; and the second involved the

development of relatively low tech, standalone systems including spreadsheets. The Integrated Children's System (ICS) proved to be too rigid in its nature to facilitate useful IT provision for the IB pilot sites. This was because the system did not allow an individual local authority to make the required additions to the existing fields of information.

2.37 The relatively low tech, standalone solutions were sufficient for the lifetime of the programme. However, they would not be sustainable over the longer term if the IB approach is extended to include more families.

Reflections on the CDM

2.38 The CDM was generally seen to have been a helpful framework to guide the development of the IB approach. A number of fairly small but important amendments were suggested:

- **Categorisation of the elements into themes -** organisational engagement and cultural change, engaging and involving families, setting up the infrastructure and safeguarding and risk management
- **Redefinition of some of the elements** – for example, element one now refers to the recruitment of designated staff to run the activities and element three (element ten in the original CDM) involves the engagement of wider agencies outside of this team
- **Sequencing to reflect the stages at which each element is likely to require consideration** – split into five stages leading to IBs going live
- **Addition of safeguarding and risk management as a new standalone element**
- **Addition of sub-elements** to ensure that development of the relevant elements includes critical success factors identified by the pilot sites.

Resource implications

2.39 Above we identified that across the sites there were more families who after the resource allocation process saw a budget increase than decrease. At an aggregate level across the six sites the overall level of spend was the same before and after. However, at an individual site level there were some very marked increases and decreases in the average and median value of packages. This variation suggests

that the overall budget neutrality was most likely a coincidence rather than a strong finding about the resource implications of IBs.

2.40 Moreover, it was apparent that the introduction of an IB approach drew in a number of families who had previously not been covered by services. This seemed to reflect a concern from the families that what had been on offer previously was not appropriate to their needs. A similar issue also arose from families which had chosen previously to use only part of their service offer, but used the IB process to better configure services to more fully meet their needs. Such changes will increase the call on resources.

2.41 The attraction of newcomers or returners to the social care system and the risk that those who see their budget decline will revert to their previous offer both put pressure on cost control around any wider introduction of IBs.

Estimating the costs of undertaking an IB pilot and roll out of the IB approach

2.42 Potential set-up and running costs of an IB pilot which seeks to recruit approximately 30 families with disabled children was estimated to to fall in the range of: £153,500 - £256,000 (over a 2-3 period) and £152,500 - £235,500 (per year) per local authority respectively, where exact figures will be dependent on the existing infrastructure and extent to which appropriate cultural change has already taken place in the area. And similarly, the potential set-up and running costs associated with roll out of the IB approach were estimate to fall in the range of: £189,500 - £668,500 (over a 2-3 year period) and £167,000 - £633,500 (per year) per local authority respectively.

3: Key findings around the family journey

Introduction

3.1 This chapter draws together the evidence and learning as to how IBs have impacted on the lives of the participating families. In doing so it reports on:

- The nature of the participating families
- The progress made in terms of family choice and control, and their satisfaction with the process
- Impacts of the IB on the families' wellbeing.

The participating families

3.2 A concern at the time of the Scoping Report was the personalised approach would appeal most to more articulate, wealthier families. It was therefore encouraging that the Pilots achieved a broad mix across social classes: 52% of participants were from the lower social classes (C2DE).

3.3 Most areas also managed to attract families from a range of minority ethnic groups. In one case the IB approach was used to offer support to a particular faith group, which had previously been reluctant to engage.

IBs and choice and control

3.4 Much of the rationale for personalisation is that giving individuals and families more choice and control over the services they receive will enhance their satisfaction levels and that this will lead to improved impacts. This section considers how far the IB pilots have delivered enhanced choice and control.

3.5 The balance of parental responses to the survey around a range of aspects of service delivery was consistently positive. A majority of parents reported some improvement over their own baseline position on several variables, suggesting that these benefits were widely held across the cohort. The most widespread areas of improvement, as shown in Table 6, were around:

- Access to social care services
- Control over service receipt

- Satisfaction with services.

Table 6: Change in outcomes for families

Issues	% reporting improved position from baseline	% reporting worse position than at from baseline	Net change
Parents are involved in decisions	33	9	24
Parents are kept informed about decisions	38	15	23
Control over services	60	9	57
Satisfaction with support received	57	17	40
Control over daily lives	40	9	31
Access to social care services	64	11	54
Staff appear joined up	47	21	26

Source: SQW and Ipsos Mori surveys of participant families

3.6 These results are encouraging. They indicate that the pilots were successful not just in establishing an infrastructure for IBs, but in introducing the approach in a way which empowered families as intended. Through this a number of families have been able to access what they consider to be more appropriate social care services.

3.7 The survey highlighted some important subtleties within these broadly positive findings:

- Families from social grades ABC1 were more likely than those from C2DE grades to report experiencing an improvement in choice and control, along with (to a lesser extent) newcomers to the system
- Newcomers to the social care system were particularly likely to report an improvement in the help received in relation to their child's disability – most likely reflecting that previously they were not receiving significant support
- Existing users' perceptions of the help received did not vary substantially according to whether the family's IB was higher or lower in value than their previous, traditional provision (Figure 7) provides an example of why this was sometimes the case)
- Families who reported an increase in choice and control were slightly more likely to report feeling more satisfaction with services.

Figure 7: Example of family with lower budget being satisfied
An annual budget using social care funding was worked out through using a resource allocation system that reduced the cost of the previous provision. The family found that they were able to provide better support and more interesting activities with less resources by using links to voluntary organisations, the support of a PA and using outward bound centre and centre parks rather than local authority residential care and an independent care provider.

Source: IB Pilot Site

3.8 A similar view of increased engagement and satisfaction with services emerged from the (smaller number of) interviews with young people. Overall the involvement of young people in the process was mixed, although as Figure 8 shows there was a willingness amongst some young people to be heavily involved. This variety reflected the severity of their disability (with some more able to engage fully than others) and the wide range of ages covered.

Figure 8: Example of young person wanting involved in support planning
One young person involved in the project, age 16 wrote…… " I don't usually make decisions, I usually get told what to do. I'm slow at making decisions and processing things and my Mum normally makes decisions for me. I would like to make more decisions for the reason of the independence and make my Mum and Dad realise I can take steps in life and I'm trying to climb up the ladder of success and not sitting back and letting them do things for me all of my life. I'm not one of those people. I want them to realise that what's happened has happened and I don't want them to have to do everything for me all my life I want to try to do things. It's not about cancelling my parents out but giving them a break and letting them know they don't have to do everything.'"

Source: IB Pilot Site

The impact of IBs on family wellbeing

3.9 Through improved choice over services and so access to appropriate services it was hypothesised that IBs would lead to improved family wellbeing. The evaluation results present a less conclusive case as to how far such improvements have occurred. It appears that there have been fairly widespread improvements in terms of the parents perceptions of:

- Their child's social life
- The safety of their child when outside the home.

3.10 These improvements reflect the feedback we received about how families had used the IB to change their service provision. A number had used the opportunity to gain more time from personal assistant (PA) and/or select a more age and gender appropriate PA who would then enable the young person to access activities which

were more typical for someone their age. Similarly, support planning was used to identify community/mainstream provision which the young person could access (Figure 9).

Figure 9: Improved social of life through an IB

K and his circle of support were able to identify how he would like to be supported. One of the key elements was having a PA to help him to access activities and develop his independence. Rather than employing two people to ensure his safety when moving and handling, K support plan included the purchase of a portable hoist. This specialist piece of equipment, identified by his occupational therapist, could be easily folded and put into a car, allowing his personal assistant to take K out independently. The likely alternative to purchasing this equipment would have been employing two personal assistants for moving and handling.

As well as providing a financial saving, K's family were happier managing one member of staff, and he has built a strong relationship with his personal assistant over the past year.

Source: IB Pilot Site

3.11 Similar but less widespread types of impact were also reported around reduced levels of family stress, safety inside the home, the parents' own social life, quality of life and family strength. There is less evidence of impact around indicators relating to health or education (Table 10). This most likely reflects the focus of the pilots on social care funds, although there were a few cases where education and health services and monies were drawn in through a holistic approach to support planning, or where changes in packages could be expected to have wider benefits through the better use of mainstream services.

Table 10: Change in impacts for families

Issues	% reporting improved position from baseline	% reporting worse position than at from baseline	Net change
Be healthy			
Home is calm	33	22	11
Home is disorganised	32	20	12
Be safe			
Concern over child's safety - in home	45	23	22
Concern over child's safety – outside home	41	11	30
Enjoy and achieve			
Attainment at school	29	13	16

Issues	% reporting improved position from baseline	% reporting worse position than at from baseline	Net change
Enjoyment at school	19	13	6
Making a positive contribution			
Childs social life	58	17	41
Childs self confidence	34	15	19
Parents social life	43	19	24
Achieve economic wellbeing			
Childs quality of life	35	13	22
Parents quality of life	37	19	18
Family strength	44	22	22

Source: SQW and Ipsos Mori surveys of participant families

3.12 The follow up survey was conducted a number of months after the IBs had come in to operation and this may have limited the extent to which change could take place. If the initial positive changes around socialisation are maintained it may be that they lead to further benefits in terms of the young person’s confidence and the families’ quality of life. It is intended to track the cohort of families over the next 12 months to ascertain how far such benefits are maintained or indeed grow.

4: Implications for the future development of Individual Budgets

Introduction

4.1 This final chapter begins by setting out the main evaluation findings. It then proceeds to consider the implications of these findings for the wider development of IBs as trailed in the Green Paper. In doing so it considers how the findings from a short and fairly small pilot may inform a much wider expansion of the IB approach.

Success and issues in delivering IBs

4.2 The evaluation was asked to identify any critical barriers experienced by the pilot local authorities and PCTs to the successful implementation of IBs, and record successful approaches to addressing those barriers. The pilots provided a good basis to assess these issues given their success in developing a sufficient infrastructure through which they then delivered a series of real IBs for families.

4.3 It is to the credit of the areas that much learning came from this process. The key points are structured in terms of the CDM in Table 11, where **the over-arching conclusion appears to be that while the pilots have achieved much and demonstrated what can be done (there are many successes), there is still a need to refine some elements of the delivery process**. In some cases this refinement will require significant thought and development work.

4.4 The pilot experience has demonstrated the amount of effort that is required to introduce a personalised approach. The **pilots took many months to develop their approach to the point where they could engage families in a robust process**. It is important that this development process is undertaken properly, as not doing so could lead to greater financial risk for funders and/or an unsatisfactory experience for families.

4.5 The main messages from the review of the CDM elements in Table 11 are:

- **The requirement of dedicated resources** to drive activity and to engage wider professionals and families in the process

- **The willingness of a range of families to engage with IBs**, where considerable effort at the level of the individual family is required to draw out this demand
- **The challenges of resource allocation**, where the technical aspects are not yet fully resolved and the implementation can create significant changes in the resources available to individual families
- **The importance of support planning** in delivering the benefits of the IB approach, and the inputs families have required to maximise this opportunity
- **The challenge of engaging health and education** as part of the process
- While much progress has been made in engaging parents in the process, **practice is less developed and sure around how best to engage you people.**

Table 11: Successful approaches and barriers

CDM element	Key successes	Issues
1. Adequate staff and organisational engagement	Delivery in each area was heavily influenced by the appointment of an appropriate manager. Resource allocation and support planning were particularly staff intensive, and this often required additional people to be brought in to deliver.	Staff recruitment was sometimes difficult. Further resources will be required to sustain the focus and momentum of IBs beyond a pilot.
2. A change management programme for all staff involved in the pilots	Formal and informal approaches appeared to generate a good response, most often amongst other social care staff.	It was difficult for sites to generate significant commitment outside their immediate teams.
3. Facilitation of awareness raising and information dissemination for potential beneficiaries	Personal approaches to individual families appear to have worked best, with staff able to respond to particular questions as they arose. These approaches generated a good level of family interest in IBs, and this interest crossed the social spectrum.	The need for individual approaches is resource intensive, requiring staff time. The IB has drawn in a series of newcomers to the system. This will create additional cost pressures for funders.
4. Provision of advocacy and support brokerage for IB users	The support planning process was reported by families and staff as challenging but ultimately rewarding. The support plan is a key output of the IB process, bringing together the budget and the families' wishes around service delivery. It is the process of developing the plan that enables families to develop more appropriate solutions to their needs.	Support planning is resource intensive, and need to be delivered by skilled people over a fairly short period of time. Support planning can be limited by the scope of the funds included by the IB and the extent to which other services engage in the process.

CDM element	Key successes	Issues
	A number of families needed considerable support through this process to become fully aware of the range of options available and the costs associated with these options. As such, the skills of support planners are crucial to the introduction of IBs.	Young people were not consistently involved in developing their own support plan.
5. Facilitation of peer support mechanisms	The extent of formality of these mechanisms varied, but regardless a number of parents drew heavily on the support of their peers. This need reflects the newness of the approach with parents wanting to understand issues of process and options for how to use their IB.	It proved more difficult to set up peer mechanisms for young people. This reflected the variety of disabilities and ages involved.
6. Development of IT resources	This was a difficult area for the pilots. Standalone fixes were often developed.	More significant changes to IT systems would be required if IBs were offered to a larger number of families, and this would become more complex as more funding streams were drawn in.
7. Development and implementation of a resource and funding mechanism	Each site managed to implement a resource allocation approach, with a range of models adopted. This was resource intensive, but overall was achieved in a way which sites and families were broadly content with. Families who were told of the indicative allocation is advance of support planning considered that this gave them a more informed basis from which to plan.	While all areas managed to have a system in operation, all expected that some further changes would be required if the process was to be repeated. In some cases substantial revisions were anticipated. The models led to considerable changes in the value of resources allocated to individual families, and this created issues of confidence in the accuracy of some models and led some families to opt out of having an IB. While there was no overall change in budget allocation across areas for existing users there were significant changes in some local sites. It therefore appears that the cost implications of an IB approach are more dependent on local design factors around how the model is introduced, than anything inherent in the model.
8. A spectrum of choice for management of IB funds	Families were offered a range of options, from which the majority chose direct payments.	For some families any requirement to actually hold the money, such as through a direct payment would put them off having an IB.
9. Facilitation of sufficient market development	There was a general interest in utilising the IB to buy more PA time, or to change the PA to someone who was age and gender appropriate. IBs led to greater awareness and use of community and mainstream	Several areas reported a shortage of appropriate PAs, and this supply may need to be developed as part of any expansion in the IB offer The trend to PAs and community services could mean decreased demand for overnight and residential

CDM element	Key successes	Issues
	services.	services. Funds committed through block contracts to such facilities could restrict the roll out of IBs.
10. Engagement of all parties in the development of the pilot	This worked best where time could be taken and those approached had a direct interest in the pilot. In several cases this led to improved relationships between Children's and Adult services.	It was difficult for sites to generate significant time and financial inputs from other services including health and education. The health and education funds offered in to the IB were often small / limited. This seemed to reflect a series of structural barriers and issues of prioritisation in other service areas.

Source: SQW

4.6 The evaluation was also asked to consider the composition of the CDM and relative importance of each of its elements. From the summary above it would seem that in varying degrees **all elements of the CDM remain valid** as an organising structure for the introduction of IB. Indeed the issues covered are likely to be similar across all personalisation initiatives.

4.7 However, the **review of the CDM has also highlighted**:

- Some **points of emphasis** – in particular **given the importance of support planning this should be more prominent** within Element 4, and the **role of community and mainstream provision** should be better signalled in Element 9 as part of market development
- An important omission – all of the sites had considerable concerns about how to address **safeguarding** issues (which were addressed subsequently) and this should be flagged within the CDM as a separate issue
- **A sequencing of the CDM elements**, with some activities required in advance of others and some taking place at discrete points in time, whilst others run through several stages of development.

4.8 These changes lead to a slightly reconfigured CDM as shown in Figure 12.

Figure 12: Redefined Common Delivery Model

THE COMMON DELIVERY MODEL (CDM)

THEME	CDM ELEMENT	SUB ELEMENT(S)	Initial set-up	Developing a personalised approach	Introduction of new approach to families	Assessment, resource allocation and support planning	Ongoing management and review
Organisational engagement and cultural change	1. Engagement of wider agencies	Alignment/Inclusion of a wide range of funding streams	✓	✓	✓	✓	✓
	2. Recruitment of designated staff		✓				
	3. Change management			✓	✓	✓	✓
	4. Market development	Community development and inclusion		✓	✓	✓	✓
Engaging and involving families	5. Awareness raising with families				✓		
	6. Peer support					✓	✓
Setting up the infrastructure	7. Support planning	Advocacy		✓		✓	✓
	8. Development and implementation of a resource and funding mechanism			✓		✓	✓
	9. A spectrum of choice for management of IB funds			✓		✓	✓
	10. Development of IT resources	Continuous evaluation of outcomes achieved by the families		✓		✓	✓
Safeguarding and risk management	11. Safeguarding			✓	✓	✓	✓

TIME →

Source: SQW

The impact of IBs on families

4.9 The survey and focus group evidence from parents clearly **demonstrates an increased sense of choice and control after the pilot**, compared to their baseline position. This is widespread across the cohort (slightly more so for higher social classes) and seems to reflect their positive experience of the pilot and, more importantly, the planning process that they have engaged with.

4.10 As a result of their involvement in the planning their support and reflecting the areas of funding mainly covered by the IB, families reported:

- **Improved access to social care services**
- **A shift in the types of service that they use, mainly through increased use of PAs and community/mainstream resources**
- **Greater satisfaction with the services they received**
- **That these findings appear to occur independently of increases or decreases in a family's budget allocation**, again suggesting that the impact may be coming through the planning process.

4.11 These findings are encouraging. They suggest that in a fairly short length of time families have understood how they can use an IB to better meet their needs, and as a result are more satisfied with the support that they receive.

4.12 These **changes are beginning to feed through in to improved wellbeing**. **The reporting of such benefits is less widespread than improvements in satisfaction, or choice and control**. This may however, be a function of time, as wellbeing improvements may take longer to materialise. For example, the increased socialisation of the young people may in time lead to self confidence and quality of life. It will be important to track such developments in future.

4.13 Once again, the most commonly reported areas of improvement are around issues social care issues. The social care budgets have been the largest contributor to the IB package and the most amenable to family directed change.

4.14 One further caveat should be added to this broadly encouraging picture. We noted above that the pilots had worked hard to attract the number of families required. However, it must be remembered that participation was optional, and as such the **pilots were to some extent working with the willing**, who in turn may be most

amenable to this type of approach. This is not to undermine the achievements recorded, but rather to highlight that **the extent to which such benefits would be repeated amongst a wider, perhaps less willing or motivated group of parents is uncertain and requires further testing**.

Looking to the future

4.15 The evaluation was commissioned to inform a possible rollout of the IB approach. However, in the interim the change of Government has led to a Green Paper covering young people with special educational needs and disability. The Green Paper provides the context in which the findings will be taken forward. Therefore, this final section begins by summarising the most relevant parts of the Green paper and then reflects on these issues by drawing from evaluation findings.

4.16 The IB experience is most relevant to the following issues in the Green Paper:

- A new single assessment process and 'Health, Education and Care Plan'
- Requiring local authorities and others services to set out an offer of available local services
- Providing the option of a personal budget to all families with a statement of special educational needs or a new HECP
- Local authorities and health services to explore how to extend the scope of personalised funding and direct payments, including work with schools, colleges, early years settings and health providers.

4.17 The **evaluation evidence would provide broad support for the direction of travel set out in the Green Paper**. In particular it should be possible to improve the extent of choice and control, and in turn satisfaction with services through personalised approaches across a range of policy fields. How far this leads to improved impacts on wellbeing is less certain from the evidence to date. However, the testing of the approach over a longer period (for the current pilots) and over a larger number of families is to be welcomed.

4.18 **The setting out of the range of support services available to families should support personalisation**. An important challenge faced in support planning was raising the awareness of parents around what was possible. For some a menu of services would be an appropriate way of addressing this issue.

4.19 In the spirit of a personalised approach the menu should not be seen to restrict choice: if families identify additional services or options these should still be worth consideration. The main challenge may come around describing how accessible individual services are, which will be a function of the service, the skills of the staff (including those in mainstream settings), the nature of the disability of any young person and the unit costs of supply. Each of these pieces of information will be required by families in deciding how to use their personal budget.

4.20 The issues and opportunities around single assessment, the single plan and increased scope of personalised funding run together. The intentions of the Green Paper are strongly supported by the evaluation evidence where, for example, the assessment in relation to the IB flagged up issues around health or education. These needs could in part be taken forward in developing the support plan, especially where funds could be flexed or mainstream services used to meet needs.

4.21 Yet in other cases while needs were identified and flagged to other services, the extent of change was more limited. **Even where needs were flagged the pilot staff nor the family often had no power to bring about change in other provision**.

4.22 More generally, the pilot sites all faced difficulties in generating change outside their own service areas and in encouraging other services to include the appropriate family budget in the IB package. There appear to be **a series of barriers to be worked through**:

- **The commitment of other services** – this was often weak and it remains to be seen how GPs, schools and others will commit to the process
- **Technical issues around unpacking the budget of an individual in the context of block funding and contracts**
- **Concerns as to how far families are best placed to judge the most appropriate course of action** around education needs (where the emphasis has been on teachers developing personalised learning plans for pupils) and in health, especially around clinical judgements.

4.23 The intentions set out in the Green Paper may help to address the issues of commitment from other services. However, the experience of the pilots would suggest that **cross sector working is more likely to be delivered if there is a clear expectation of what should be offered** (which funds could be personalised, staff support etc) and progress is properly assessed and reported. These steps

would enable other agencies and families to better hold all parts of the system accountable.

4.24 **The issues around block contracts and service requirements will raise difficult pressures**. The evidence to date would suggest a movement away from specialist services, and this may be repeated in other fields. Demand may well remain, just at a lower level as some families continue to choose specialist services, while others change.

4.25 The issue here, as in social care, will be if demand for some specialist services falls below a certain level services may no longer be viable as currently delivered. This could mean closure or re-configuration, and perhaps the loss of economies of scale that come from current levels of demand and contracting. In such a scenario the unit cost of specialist services may rise further, which would put pressure on the budget allocations of those families who feel the strongest need for such services (most likely those families with the most disadvantaged circumstances either because of the severity of the disability or difficult home situation).

4.26 This is not to argue against a move away from such contracts or indeed the choices that families wish to make. Rather, it requires careful monitoring and perhaps creative thinking to mitigate a perhaps unintended consequence on families who still wish to use services provided through such contracts.

4.27 There are also resource issues related to the proposals set out in the Green Paper. Firstly, there will be **a need to significant staff time invested in developing personalised approaches in each local area and policy field**. The CDM set out above provides a structure for such developments. However, it is important to recognise that issues flagged up above around IT and staff development will be more significant as programmes are scaled up. Indeed, ensuring **sufficient culture change and skill development amongst a larger number of support planners and a suitable supply of PAs will be key challenges** in expanding the offer.

4.28 The important role of professionals in facilitating the process should not be underestimated. Indeed, in many cases it appears that **it is through the planning process that real value is added**. This process enables families to better tailor the support that they receive to their needs. However, many families will find this challenging and so will need supportive professionals to help them identify how best to use the new influence that the family has been given. Without this support it is less likely that any transfer of budget would produce the same scale of outcomes.

4.29 The issues around resource allocation and IT will be repeated in other service areas. Yet they will have less to build on than the pilots which drew on previous social care experience. Moreover, these other service areas will often be facing a very steep learning curve in relation to personalisation and so change management will be key and challenging.

4.30 The issue of **resource allocation is likely to remain prominent**. Even recognising the progress made by the pilots it is clear that there is still a distance to travel for many to develop a truly robust and verified model.

4.31 Moreover, in a time of increasingly constrained resources other significant risks remain. If personal budgets are offered on an opt-in basis (as envisaged) and resource allocation systems create winner and losers what is to stop the losers reverting to their previous allocation. If this occurs then the overall impact of offering an opt-out will be inflationary. Therefore, **the choice may have to be around how a family wishes to plan for and manage the resource it is allocated** (or if it prefers for the local authority to do this as in the traditional system), rather than in choosing to accept the calculation of the package value or revert to the previous value.

4.32 Even though the overall cost of the IB packages for existing users balanced out across the sites, this appears to have been more down to chance than judgement. In particular there were wide variations at a local and individual level, which seem to reflect particular approaches adopted. There is little evidence to say that an IB approach must be less costly than the traditional system.

4.33 Moreover, if personalised approaches draw in newcomers to the system (who were not catered for before) then this again will add to costs. As such, personalised approaches alone may not save money as some had hoped. However, if an IB approach can lead to improve satisfaction and outcomes for a lower budget, as was seen for some families then this change may be manageable. Given the current pressures facing public services it will **be important that moves towards personalised budgets are focussed on improving the quality of the offer to families and enabling them to generate the best value for money available**.

4.34 One other possible risk would be for those in one service area to identify needs, but argue that the need should be met from other budgets. In so far as the family's personal budget is combined to one from different sources this should not be a major issue. Perhaps the bigger possibility is disagreements over the needs assessed and funds allocated from different services in the first place. **In moving forward it will be**

important that there is clear agreement between different services about their respective responsibilities, and that each service is held accountable to this agreement.

Final comment

4.35 The IB pilots have demonstrated clearly the challenges involved in developing personalised approaches, but also given encouragement that overcoming these challenges could lead to better wellbeing for some families. The evidence should become stronger as more families feedback on their experience, and are able to do so over a longer period of time. The next phases envisaged by the Green Paper provide an ideal opportunity for this further testing to occur and to do so in a more holistic way than has been possible until now. This will once again be no doubt challenging to deliver, but if it is done well the potential gains are significant.

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