

# SEND Pathfinder Information Pack



Version 4, April 2014 – Personal Budgets

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Nottinghamshire  
Bromley and Bexley  
Cornwall and Scilly  
Gateshead  
Solihull  
Manchester  
Wiltshire  
SE7  
Hertfordshire  
Southampton  
Northamptonshire  
Leicester City  
Calderdale  
North Yorkshire  
Trafford  
Wigan  
Lewisham  
Devon  
Greenwich  
Oldham and Rochdale  
Hartlepool and Darlington

# INTRODUCTION

## **Background & Context**

The pathfinder programme has been running for over 2.5 years. There is a growing body of learning that the new approaches pathfinders are trialling are making a real difference to the lives of children, young people and families, but that putting these reforms in place takes time, energy and determination.

**All areas will need to implement the SEND reforms from September 2014 as outlined within the Children and Families Act (2014).** The experience of the pathfinders has shown that the workforce development and culture change needed to implement the reforms takes time. Services and professionals across education, health and care for children and adults need to work together closely, putting families and young people at the centre of commissioning, assessment and planning. Every area will therefore want to begin considering the steps they need to take to implement the reforms successfully.

There have been clear messages that local areas would value practical advice and support in preparing for implementation. A pathfinder champion will be available in every region providing a mixture of information, advice and support to all non-pathfinder areas. **The information packs support the work of the regional champions by demonstrating learning from across the whole programme.** On 8 April 2014, Edward Timpson (Parliamentary Under-Secretary of State for Children and Families) and Dr Dan Poulter (Parliamentary Under-Secretary of State at the Department of Health) [wrote to local authority and health leaders](#) with further information on transition arrangements in relation to the reforms. The Department for Education and Department of Health also recently published an updated [implementation pack](#) which outlines the vision for the reforms and contains useful information for strategic leaders. Further information and case studies, together with details of the pathfinder champions, are available at [www.sendpathfinder.co.uk](http://www.sendpathfinder.co.uk).

## **Information Pack Format & Structure**

**This fourth version has been updated to reflect the Children and Families Act (2014), draft SEN Code of Practice, draft regulations and the proposals for transitional arrangements which were published in October 2013.** It is designed to draw together useful resources and case study learning from the pathfinder programme to support non-pathfinder areas to prepare to implement the SEND reforms themselves. **This month it has been updated to provide top tips for implementation based on a combination of key learning from Pathfinders areas, delivery partners and other VCS organisations including examples of how to use them and associated resources and case studies.**

This pack is created for everyone involved in making the reforms work – amongst others, children, young people and families, parent carer forums, local authority children's and adult services, the health service, early years settings, schools, post 16 institutions and VCS providers.

This information pack covers the following six overarching themes of pathfinder testing:

- Coordinated assessment and EHC planning
- Personal Budgets
- Local Offer
- Preparing for adulthood
- Engagement and participation of children, young people, parents and carers
- Joint Commissioning

Please note these packs are supported by a glossary and resource list which can be found at the end of each pack.

### **Future Versions**

The pathfinder champion programme will run until March 2015. Pathfinders are now scaling up their new approaches to whole areas, working across the 0-25 age range and with the full range of providers. This will provide further vital learning that will be incorporated into future packs.

Information packs will be updated and published periodically over the coming months and feedback will inform development of future packs. **Resources and examples from other sources are welcomed and can be incorporated into later versions of the information pack** contact [pathfinder@mottmac.com](mailto:pathfinder@mottmac.com) to share your approach and any associated resources.

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# Personal Budgets

## Introduction (Last updated April 2014)

The Children and Families Act 2014 gives parents and young people the right to request that the local authority prepare a personal budget.

'A personal budget is an amount of money identified by the local authority to deliver all or some of the provision set out in an EHC plan. By having a say in the way this budget is used, a parent or young person can control elements of their support'<sup>i</sup>

Parents and young people will be able to request a personal budget when the local authority has completed a statutory EHC assessment and confirmed that it will prepare an EHC plan. They may also request a personal budget during a statutory review of an existing EHC plan.

Personal budgets should therefore, not be seen in isolation but as an integral part of the coordinated assessment and Education, Health and Care planning process, aligned to and with a clear focus on improving outcomes for children and young people with SEND. Pathfinder evidence from testing personal budgets, both SEN-specific and otherwise, should be viewed within the wider context of the personalisation of public services. Pathfinder learning demonstrates that a personal budget is one of a number of ways of achieving increased personalisation of services for children and young people. This learning has also demonstrated that provision offered as a

personal budget can be provided in a number of ways (further information on different approaches can be found below).

Much work has taken place across the country in implementing personal budgets, for example in social care. In addition, a number of national programmes provide valuable insight and information which complement and supplement the work of the pathfinders, such as:

- The Individual Budget (IB) Pilot Programme for families with disabled children - The [evaluation report](#)<sup>ii</sup> provides good practice examples of the infrastructure necessary to support the delivery of personal budgets.
- The Personal health budgets (PHB) programme - The [evaluation report](#)<sup>iii</sup> shows that personal health budgets work best where individuals have flexibility around what they can use them for and how they are managed. A [practical toolkit](#)<sup>iv</sup> has also been published which includes information on budget setting, support and different ways of managing budgets. Personal Health Budgets are now being progressively rolled out across England, towards October 2014, when anyone with a long term physical or mental health condition will have the 'right to have' for a Personal Health Budget where they can benefit.<sup>v</sup>

On 8 October 2013, Norman Lamb summarised this as:

“

**Norman Lamb MP in a Ministerial Statement to Parliament, 8 October 2013:** “I am today announcing to the House that the position is to be strengthened for those groups who gain the “right to ask” for a PHB [Personal Health Budget] in April 2014, as from October 2014 this group will further be given the “right to have” a PHB. A “right to have” will guarantee that people in receipt of NHS CHC and those transitioning in from social care or children’s services will have continuity of care in the services they receive.”

”

There is an acknowledgement that personal budgets have previously been more established in social care and health settings, in comparison to educational settings. Much work and focus has been undertaken by a number of pathfinders in this area which has resulted in some key learning and tips which you will find in this pack. This includes the use of SEN personal budgets, including direct payments in and around educational settings, and development of integrated personal budgets (and aligned funding streams) across Education, Health and Social Care with families.

This is **version 4**, which **builds upon learning from previous introductory packs** as well as developing more of an illustration of **‘How’ authorities have carried out these changes**. This is a working document and the latest version can be found on the [SEND Pathfinder website<sup>vi</sup>](#). More detailed information will be included in future pathfinder information packs.

## Section 2 - Implementation of personal budgets from September 2014 (New)

Act and Support Documents				
<a href="#"><u>Children and Families Act 2014 (Section 49 – Personal Budgets)<sup>vii</sup></u></a>	<a href="#"><u>Information on personal budgets is contained in the updated SEN Code of Practice<sup>viii</sup></u></a>	<a href="#"><u>Draft Personal Budgets Regulations<sup>ix</sup></u></a>	<a href="#"><u>Consultation on transition to Education, Health and Care plans and the local offer<sup>x</sup></u></a>	<a href="#"><u>Implementing a new 0 to 25 special needs system: LAs and partners. Further Government advice for local authorities and health partners<sup>xi</sup></u></a>

In April 2014 the DfE and DH published ['Implementing a new 0 to 25 special needs system: LAs and partners. Further Government advice for local authorities and health partners.'](#)<sup>xii</sup> This is non-statutory advice to help Local Authorities and their Health partners understand their role in implementing the reforms to the special educational needs and disability system.

Below are a number of extracts taken from this non-statutory guidance ['Implementing a new 0 to 25 special needs system'](#)<sup>xiii</sup>:

*'From September 2014: local offers published following consultation; joint commissioning duty commences; new assessment and planning starts (for new entrants); personal budgets offered as part of Education, Health and Care (EHC) plans; mediation arrangements in place; local authorities should publish plans for EHC plan transfers'*<sup>xiv</sup>.

*'Roll-out of personal budgets will take place alongside the introduction of EHC plans. So children and young people assessed as needing an EHC plan or with an EHC plan will have the option of a personal budget from September 2014'*<sup>xv</sup>.

**Services which can be offered as a personal budget:**

*'As part of their local offer, local authorities should set out a local policy for personal budgets, developed with parents and young people, which describes the services across education, health and social care that currently lend themselves to the use of personal budgets, how that funding will be made available, and includes clear and simple statements of eligibility criteria and the decision making processes that underpin them.*

*To achieve this, local authorities should work with their partners to:*

- *identify and agree the funding streams and services for inclusion from September 2014 and develop the necessary infrastructure to support their inclusion;*
- *identify and establish the information advice and support necessary at an area and individual level to help families consider options for, and to take up and manage, personal budgets;*
- *develop a pathway for personal budgets within the assessment and planning process and the workforce and cultural changes necessary for a person centred approach;*
- *identify how the new joint commissioning strategies will support greater choice and control beyond September 2014, with a view to new enhanced offers from September 2015 through to September 2017 (and beyond) as the market is developed and funding streams freed up from existing contractual arrangements; and*
- *maintain the core principles in the SEND Code of Practice at all times, ensuring children, young people and families are involved in the decision making processes at both an individual and strategic level<sup>xvi</sup>.*

In addition to this there are a number of resources referenced in the following sections of this pack including the **Implementation Framework from InControl and SQW** [refer to **Appendix 2**], and the [Making it Personal Project<sup>xvii</sup>](#)

### **Section 3: Top Tips for Implementation (New)**

Since September 2011 Pathfinders have been working with their partners to develop personal budgets, working together with providers, families, children and young people. These approaches have evolved in light of their collective and individual experiences and the emerging legislation, which is also supplemented by learning from a number of non-pathfinder areas who are also preparing for the implementation of SEN reforms. This



section provides top tips for implementation based on a combination of key learning from Pathfinders areas to date, research and learning from 'In Control', examples of how to use these and associated resources.

Please note that resources and examples, from other sources, are welcomed and can be incorporated into later versions of the information pack. Please contact [pathfinder@mottmac.com](mailto:pathfinder@mottmac.com) to share your approach and associated resources.

**Summary of Top Tips (please note these are not in sequential order)**

Please click on the links below for further information and resources:

- [Top Tip 1: Develop brokerage and support mechanisms](#)
- [Top Tip 2: Understand funding opportunities and constraints and agree approach to alignment](#)
- [Top Tip 3: Develop a sustainable approach to workforce development](#)
- [Top Tip 4: Engage commissioners and ensure they understand wider opportunities](#)

<b>Top Tip 1: Develop brokerage and support mechanisms</b>	
<b><i>Ideas and examples of how to use and/or embed this learning</i></b>	<b><i>Examples/ Resources</i></b>
<ul style="list-style-type: none"> <li>• The local offer is crucial – start there and train staff how to use it with families.</li> <li>• Start developing your market as early as possible.</li> <li>• Undertake an activity to map your services to identify gaps and surpluses.</li> <li>• Know your local area's service offerings and develop knowledge of the Local Authority practices.</li> <li>• Train brokers, or staff undertaking a brokerage role, (fieldworkers/keyworkers/coordinators) to work across social care, education and health budgets.</li> <li>• Ensure independent brokers offer creative planning in the budgeting process.</li> <li>• Use family peer champions – share their stories.</li> <li>• Share data strategically and engage with families and providers to scope provision.</li> <li>• Consider innovative solutions - some of the best outcomes for children/young people and their families have arisen from "different ways of doing things" rather than the simple allocation of</li> </ul>	<p><b><u>Resources:</u></b></p> <ul style="list-style-type: none"> <li>• Please refer to <a href="#"><u>Version 4 of the Local Offer Information pack</u></a> for further information on the local offer.</li> <li>• Please refer to <b>Embrace Wigan and Leigh</b> – brokerage and planning support delivered by family led organisation in Wigan (SEND Pathfinder) – by <a href="#"><u>clicking here<sup>xviii</sup></u></a>.</li> <li>• Please refer to <b>KID's 'Making it Personal' materials</b> – 26 case studies from families sharing their stories of having a personal</li> </ul>

a budget.	budget for their child by <a href="#">clicking here<sup>xix</sup></a> .
<b>Top Tip 2: Understand funding opportunities and constraints and agree approach to alignment</b>	
<b>Ideas and examples of how to use and/or embed this learning</b>	<b>Examples/ Resources</b>
<ul style="list-style-type: none"> <li>Develop a robust money management function. Where possible, keep it simple. If there is a Direct Payment arrangement, consider how various funding streams can be amalgamated into one stream by the time it gets to the parent, for example: <ul style="list-style-type: none"> <li>try to avoid multiple Direct Payment accounts for one child</li> <li>use existing social care infrastructure to administer payments</li> <li>align funding streams for 0-25</li> </ul> </li> <li>Talk to your Clinical Commissioning Group (CCG) regarding <a href="#">Continuing Health Care (CHC)<sup>xx</sup></a> funding for Adults or <a href="#">Continuing Care funding for Children<sup>xxi</sup></a>, from the NHS.</li> <li>Encourage informal pooling of funds i.e. across education, health and social care, which allow flexibility and creativity.</li> <li>Identify what funding can lend itself to personalisation and the mechanism for delivery of the funding. There is a choice of 4 mechanisms of delivery for a personal budget<sup>xxii</sup>, direct payment, an organised arrangement, third party arrangements/nominees or a combination of these.</li> <li>Work closely with adult services to improve transition and capitalise upon their experience to date.</li> <li>Keep a person centred approach when developing a Resource Allocation System (RAS).</li> <li>Include post 16 education and recognise that high needs funding and programmes of study provide great opportunities for personalisation.</li> <li>Consider the way in which children and young people are supported to participate. The forums and mechanisms used are often different from those for parent carers (but not always), for example in the form of focus groups as opposed to a dedicated young person's forum.</li> </ul>	<p><b>Case Studies:</b></p> <ul style="list-style-type: none"> <li><a href="#">Resource allocation case studies</a> - examples of work in Wigan, West Sussex, Newcastle in relation to developing their approach.</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li><a href="#">Southampton Centre for Independent Living<sup>xxiii</sup></a> – delivering support to adults; their role has been extended to young people and families.</li> <li><a href="#">Action Plan – Support and Aspiration: Implementing Personal Budgets, In Control &amp; SQW<sup>xxiv</sup></a>.</li> </ul>

<ul style="list-style-type: none"> <li>• Making contact is both parties responsibility. They should be open to welcoming new approaches and open to explore how a relationship can be developed.</li> <li>• Identify a lead person to take responsibility in coordinating between the parent carer/CYP group, Local Authority and partners.</li> <li>• Embed sustainable participation by co-producing an action plan across the partnership.</li> <li>• Spend time working on the financial models and projections. This includes developing new models and supporting mechanisms to integrate personal budgets across Education, Health and Social Care. Get your finance team involved. In some areas, this has been approached by developing multi-agency Resource Allocation Systems (RAS).</li> </ul>	
<b>Top Tip 3: Develop a sustainable approach to workforce development</b>	
<i>Ideas and examples of how to use and/or embed this learning</i>	<i>Examples/ Resources</i>
<ul style="list-style-type: none"> <li>• Work in a person centred way, for example, developing and using the structured conversation approach and using other person centred planning techniques such as ‘Good Day Bad Day’.</li> <li>• Learn from other Local Authorities by speaking to them to understand how they have approached this.</li> <li>• Think about a strategy to engage providers in the personalisation agenda.</li> <li>• Communicate and provide clarity around language and terminology on areas such as personalisation, direct payments and personal budgets as these are often misunderstood.</li> <li>• Be clear where roles begin, end and overlap, for example, what is the role of the key worker? This is important to avoid parent/carers being inundated with information and advice from different sources.</li> <li>• Plan ahead and engage HR early if considering changing job descriptions and roles as this can be met with resistance.</li> <li>• Make the best use of independent supporters.</li> </ul>	<p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <b>Hertfordshire workforce development [Appendix 1]</b> - in partnership with In Control; a programme of workforce development focused on embedding simple person centred approaches across the workforce backed up with information about personal budgets and the EHC Pathway.</li> <li>• <b>Making it Personal – Guidance for providers, KIDS and In Control, to be published in August 2014</b> - for more information contact <a href="mailto:tricia.nicoll@in-control.org.uk">tricia.nicoll@in-control.org.uk</a>.</li> <li>• <b>Support and Aspiration; Implementing</b></li> </ul>

- Training needs should be taken into consideration:
  - Engage educational settings, early year's providers, schools, FE providers and training providers to ensure you take a co-production approach.
  - Identify specific training needs for specific roles i.e. managers, facilitators, SENCOs (Special Educational Needs Coordinators).
  - Support parents/young people to attend training events and consider the 'train the trainer' approach where, for example parents can become trainers for other parents Train staff in person centred planning techniques.
  - Plan and deliver training with parent carers and young people involved.
- Ensure training is in place for professionals alongside parent carers and young people. Actively engaging families in these developments allows them to feel listened to and more able to discuss and work through issues with professionals.
- Ensure someone is present to ask challenging questions when coproducing or indeed for everyone to have the remit to challenge where appropriate - "why can't we do that?"
- Agree a common definition of an outcome with examples, ensuring it is communicated in a consistent and appropriate manner. Parent/carers and young people should also be included.
- Communicate the different personal budgets delivery options to families clearly and consistently and clearly across all professionals, with agreed terminology across agencies and providers.
- Look at 'functions' required as opposed to 'roles'.
- Ensure you work closely with providers to prepare them for the introduction of SEN personal budgets alongside other types of personal budgets. It is important to prepare providers in advance for more person-centred approaches, and, potentially, for changed contractual arrangements resulting from the personalisation of provision.
- Don't expect to develop the perfect system immediately – test a number of different

**Personal Budgets, In Control & SQW Part 2, Page 16 [refer to Appendix 2] and the Common Delivery Model Stocktake exercise [refer to Appendix 3].**

<p>models and see which works best. Process should evolve continuously.</p> <ul style="list-style-type: none"> <li>• Realise that this is an opportunity to do things better, not a headache.</li> <li>• Use personal budgets to reinforce the importance of a person-centred approach. Pathfinders found that this was a useful way of encouraging different types of conversation between the school/college and the family and the more personalised outcome focused approach (in terms of the planning and the provision agreed).</li> <li>• The types of personal budget and ways of offering them should be communicated to families clearly and from an early stage in the coordinated assessment and EHC planning process to clarify the options available to families. This should also be clearly explained within the local offer, including who may be eligible for a personal budget and the ways in which a personal budget can be accessed.</li> <li>• Ensure discussions take place around the positive implications of personalisation with parents and young people so they are fully informed to make the right decision for their child or young person, especially those who require specific support. It is important to address any concerns that parents, carers, children, young people and professionals have about personal budgets within the wider personalisation context.</li> <li>• Taking a phased approach to introduce the process - working in small steps provides more opportunity to build the framework behind the process in readiness for full scale up.</li> <li>• Celebrate and share success!</li> </ul>	
<b><i>Top Tip 4: Engage commissioners and ensure they understand wider opportunities</i></b>	
<b><i>Ideas and examples of how to use and/or embed this learning</i></b>	<b><i>Examples/ Resources</i></b>
<ul style="list-style-type: none"> <li>• Think 'personalisation' (especially in SEN) – this will be much more helpful than promoting personal budgets.</li> <li>• Commissioning support units are helpful – try them if CCGs are not engaging.</li> <li>• Work with adult services, health, social care and education settings to ensure a true multi-agency approach is being taken.</li> </ul>	<p><b><u>Resources:</u></b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Making it Personal – How to Commission for Personalisation<sup>xxv</sup></u></a> – provides guidance useful to people wanting to understand how the whole system needs to be</li> </ul>

<ul style="list-style-type: none"> <li>• Engage the market – don't assume they know what's going on. Provide awareness training and support.</li> <li>• Involve and engage families from the start.</li> <li>• Accept that the role of commissioning is changing – Quality assurance, safeguarding, outcome led.</li> <li>• Think about your attitude to risk in the context of choice and control to families.</li> <li>• Infrastructure costs need to support change.</li> <li>• Involve adult social care to learn from the 'Short Breaks' experience in children's services.</li> <li>• Adapt your commissioning processes to allow them to be more outcome focused.</li> <li>• Work out what families can already do for themselves and don't provide more of the same.</li> <li>• Work closely with the market place. Providers are anxious about cessation of block contracts.</li> </ul>	<p>changed in order to improve outcomes for children, young people and families.</p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Personal budgets and the school day, In Control, SQW with NASEN<sup>xxvi</sup></u></a> - explains how personal budgets can be a positive approach to improving support and outcomes to pupils and students.</li> </ul>
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## *Frequently asked questions – Overview (New)*

[In Control<sup>xxvii</sup>](#) is a member of the SEND Pathfinder personal budgets accelerated testing group. They have published a paper which explains their approach to resource allocation, which has been developed working with many of the SEND Pathfinders. The paper sets out and explains the key components of the approach which is built upon co-production, please note this is not the only model or approach available. In Control's report 'Understanding the RAS' can be found by [clicking here<sup>xxviii</sup>](#).

### **Agreed principles for Resource Allocation – SEND Pathfinder Personal Budgets Accelerator Group:**

Allocation systems should be:

1. Outcomes focused
2. Simple
3. Transparent
4. Up-front, i.e. indicative budget is set 'up-front' to inform the planning process
5. Participatory
6. Fair and equitable, i.e. is both robust and allocates resources impartially based upon required support

It was also noted that any resource allocation system would have to be relevant to local need.

### ***Frequently asked questions (FAQ's) – Resource Allocation Systems***

The SEND Pathfinder personal budgets accelerated testing group identified a number of questions and answers, shown on the next page, which were seen as a priority to address in order to aid understanding and debunk myths. These FAQs will evolve over time, for example with the publication of the final Code of Practice, and will be continually updated and included in subsequent versions of the Personal Budgets Information Pack.

Background to legislative change	
Question	Answer
What is different about the PB approach?	A personal budget, if requested by a young person or family, will provide a flexible sum of money which can be used in conjunction with other provision and support in personalised ways to meet the needs and outcomes of the individual as agreed in the EHC Plan.
Terminology	
Question	Answer
What is a RAS?	RAS stands for Resource Allocation System. It defines each person's personal budget and the system works to define how much money should be made available to the person in their personal budget and say clearly what should be achieved through the use of that money <sup>xxix</sup> .
What is an RIQ?	There are many different names given to the process of RAS and parts of the approach including: RIQ – Resource Indication Questionnaire SSAQ – Supported Self-Assessment Questionnaire
What models are out there in the market?	<ul style="list-style-type: none"> <li>Children's Services have been using two approaches to date to allocate personal budgets, mostly drawing on experience in the adult social care world and on examples being developed in other services. The two approaches either set out a simple set of questions (most often outcomes based) which when answered by family with support provide an indicative amount of funding which can be used to draw up a plan. The second makes decisions about what is available after the plan has been drawn up and tends to focus on what outcomes are 'appropriate' to be funded.</li> <li>There are many different versions of resource allocation being used in the adult social care world, most drawing on the <a href="#">Common Resource Allocation Guidance</a><sup>xxx</sup> published by the Putting People First Team, Department of Health (DH) and Association of</li> </ul>



	<p>Directors of Adult Social Services (ADASS).</p> <ul style="list-style-type: none"> <li>Newcastle's Resource Allocation System (Children's Social Care) is the most common base for other services to take work forward and can be accessed <a href="#">by clicking here<sup>xxxi</sup></a>.</li> </ul>
<b>Will there be 3 different RASs for Education, Health and Social Care?</b>	<p>Currently, work is underway with a small group of children's services to tackle this question with an objective of setting out a simple and single approach to allocating personal budgets that either combine or integrate Education, Health and Social Care. Further information about this will be available from the <a href="#">Mott MacDonald SEND Pathfinder website<sup>xxxii</sup></a> when available. If you would like to find out more about work at present please contact In Control (<a href="mailto:info@in-control.org.uk">info@in-control.org.uk</a>).</p>
<b>Overview</b>	
<b>Question</b>	<b>Answer</b>
<b>Where does the RAS fit in the process?</b>	<ul style="list-style-type: none"> <li>The RAS is the first part of the process that the family will go through to understand whether a personal budget is a best choice to meet the child/young person's needs.</li> <li>The family and practitioners will then use the outcome of the RAS in the meeting where they plan and set out how all resources available will be used to meet the child/young person's support needs and outcomes.</li> <li>It should allow families to make an informed choice about whether or not to request a personal budget.</li> </ul>
<b>Do I have to use one?</b> <ul style="list-style-type: none"> <li><i>For individual families</i></li> <li><i>To implement the personalisation agenda</i></li> </ul>	<p>You will need a transparent approach to providing families with the information they will need about available funding to make an informed choice about requesting a personal budget. A person centred approach to Resource Allocation will be a key part of personalisation</p>
<b>Does this need to be co-produced?</b>	<p>The strongest models (linked to in these answers) are all co-produced. Involving families from the outset will be a key factor in the success of the approach.</p>

Process	
Question	Answer
How do you make a RAS work?	There is guidance available already on the <a href="#">Mott MacDonald SEND Pathfinder website</a> <sup>xxxiii</sup> as well as the document ' <a href="#">Understanding the RAS</a> ' <sup>xxxiv</sup> produced by In Control. It sets out a simple explanation of making a RAS work.
Will it result in a direct payment?	No, it will result in an indicative allocation of funding which can then, if requested by a family, be used as a personal budget. As part of the planning discussion and process families will be able to decide whether they wish to take and use all or part of the personal budget as a direct payment.
What is the critical path for agreeing and embedding an agreed RAS?	Questionnaire, development and testing: <ul style="list-style-type: none"> <li>• Gathering information about current costs</li> <li>• Exercise to test information and questionnaire</li> <li>• Analyse results</li> <li>• Test with first group of families – ensure it is clear that this is a first trial and indicative</li> <li>• Once plans are live revise questions and allocation table</li> <li>• Publish allocation table.</li> </ul>
How do you empower staff to embed a process?	<ul style="list-style-type: none"> <li>• Awareness training; provide simple information which explains it to practitioners and enables them to explain the whole process to families.</li> <li>• Provide ongoing support – local Action Learning Networks (ALNs) to share and support staff and promote consistency in use of the allocation questions.</li> </ul>
How do you determine supplementary support?	Assuming 'supplementary' means support where the funding is likely to become part of the 'additional resource' then: <ul style="list-style-type: none"> <li>• Use the <a href="#">quadrants of personalisation</a> or a similar approach/tool, with parents/families and commissioners to work through different funding streams and explore this – there</li> </ul>

	<p>is no national guidance on this, it will be a local decision, and will be part of the information provided as part of the Local Offer.</p> <ul style="list-style-type: none"> <li>• Most importantly although some funding may come from changes in what is being commissioned by the service, when allocated as an indicative budget it should be focused on the delivery of support for outcomes.</li> </ul>
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## *In Focus: Local Authority Case Studies (New)*



### *InControl and SE7 Thinking about implementing Personal Budgets – implications for the Local Offer (New)*

*Many Children's Services are finding the following list useful as a method of checking what information they have, and what they need to produce, in order to support families in thinking about personal budgets come September 2014.*

**It will be important to ensure that the Local Offer includes:**

#### **General information about:**

- What a personal budget is and what different options there are for managing a personal budget including an explanation of direct payments.
- Who may be eligible for a personal budget across education, health and care.
- How parents and young people will be supported to consider their options and decide whether or not to request a PB and when they can do this (should include information about any

differences in the education element if a mainstream or a special school is chosen).

#### **Information about the personal budget process:**

- How funding from different agencies will be integrated into a personal budget.
- How joint commissioning will seek to increase choice and control over time through a wider range of budget areas being available for personal budgets.
- How parent carers and young people are involved in strategic decision making about PBs.
- How the amount of a personal budget will be decided and by whom.
- How can parents and young people appeal against the amount of a personal budget or the refusal to provide one.
- How parents and young people will know how much indicative funding would be in their personal budget and at what point in the coordinated assessment and planning process.
- How parents and young people can ask to be considered as an exceptional case in the resource allocation and what the criteria for this are.
- How the amount of the PB is agreed, how this links to the agreement of the content of the EHCP.

- How a PB could impact on the provision within the EHCP and how parents and young people will be able to exercise choice and control.

**Information about managing and using a personal budget:**

- Clear information on the services and provision that are available in the area for parents and young people to access through a personal budget/direct payment; and information about outcomes and the flexible and personalised use of a personal budget.
- How parents and young people will be supported to plan for and manage their PB; by the local authority, by a provider service or VCS organisation and direct payments (including information about bank accounts, being an employer and keeping accounts).
- How the spend will be monitored, what the arrangements for auditing and reviewing direct payments are, and how this links to the reviews of the EHC Plans.
- A statement about 'rolling over' funding in the next year; what money can be taken forward and what money would be claimed back by the local authority.

**Information about changes and crisis:**

- What would happen if the family/young person's circumstances change.
- What happens if there is a sudden change in the child or young person's support needs.
- How parents and young people can use part of their personal budget as a contingency if there are 'fluctuating' support needs, and what happens to this contingency at the end of the year / at review.

### *Resource allocation systems (New)*

Resource allocation systems have a long history; historically they have been linked to decisions made following the drawing up of a care plan, or the setting of a health budget once provision has been identified. The work being undertaken by many SEND Pathfinders is focused on a more person centred approach, i.e. making available information prior to the drawing up of an EHC Plan about what may be available as a personal budget should the family choose to make such a request. Using the four stages set out in the SE7 Framework for Assessment and Planning, this person centred and informative approach is sited prior to the detailed planning stage (step 3).

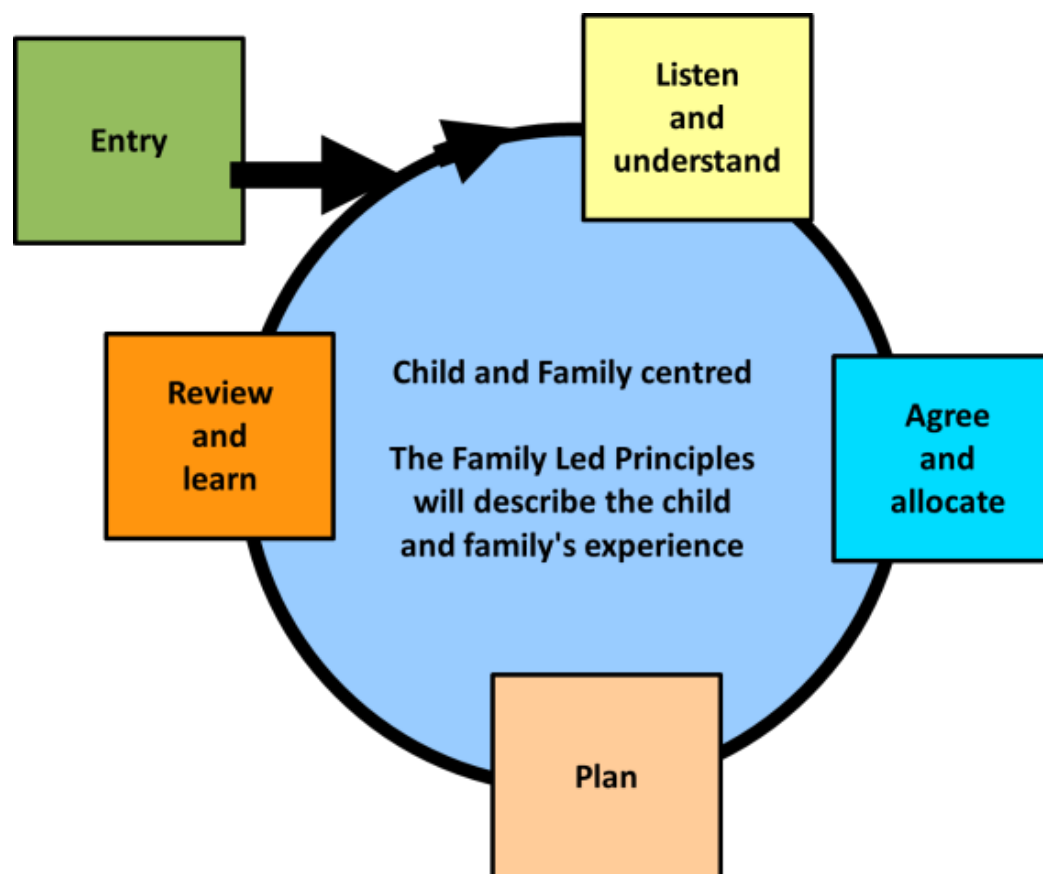


Figure 1: SE7's Person Centred Approach

- 1. Listen and Understand** – information gathering and assessment activity which establishes whether the child or young person needs an EHC Plan and identifies what the outcomes of such a plan will be.
- 2. Agree and Allocate** – In discussion with families and drawing on information gathered a decision is made about whether a child or young person needs an EHC Plan. Where it is identified that a child or young person needs an EHC Plan an allocation of resource (both targeted and additional) is made available to inform decisions about how support needs to be organised and what provision is needed to deliver identified outcomes.
- 3. Planning** – setting out the draft plan with the family, discussing opportunities and making best use of what is available locally along with any additional allocation of a personal budget.
- 4. Review and Learn** – once the plan has gone live and been enacted reviews will identify learning, success and challenges and set out how support will continue to be delivered or amended in the following months.

A person centred approach to resource allocation fits with Step 2. This will provide families with much needed information about the total amount of provision likely to be available including any which can be requested as a personal budget. At this stage it is an 'indicative'

location, i.e. a 'likely amount', it is only in later stages of detailed planning and at the stage of agreement that the final provision including that to be delivered through a personal budget will be agreed and finalised.

Although important to get right, 'resource allocation' is only one part of the whole process; the emphasis as evidenced in numerous evaluations and reports needs to be placed on 'good planning', as identified in SQW's Thematic report on the EHC Planning Pathway which headlines 'family centred, outcomes focused and holistic' ([click here<sup>xxxv</sup>](#)).

Looking ahead the challenge for resource allocation is to stay true to the spirit and ambition of the new SEND Reforms; to be transparent and challengeable, to provide information which enables families to make decisions about how their child or young person is supported and included in school and/or college and which looks ahead to providing the basis for one budget to support one EHC Plan, i.e. integrating funding around a child or young person to deliver a holistic set of outcomes.

## *Personal Health Budgets Discussion Document and Outline Pathway (New)*

It will be possible for families with a child receiving continuing health care funding to request a personal budget from 1<sup>st</sup> April 2014. Many of these children will currently have a Statement of SEN and be likely to have an EHC Plan. Personal health budgets can, for some families be an essential part of the provision set out in the EHC Plan; providing families with the opportunity to manage parts or all of the personalised support their child needs.

Personal health budgets are part of a wider drive to personalise public services. Personalisation is central to the ongoing reforms under way in social care, special educational needs and disability, and is at the core of the government's vision for the NHS.

[The NHS mandate \(2013\)](#)<sup>xxxvi</sup> and updated [NHS Constitution \(2013\)](#)<sup>xxxvii</sup> cited the need to personalise health services. This is further supported through the [Health and Social Care Act \(2008\)](#)<sup>xxxviii</sup> and the [Children and Families Act \(2014\)](#)<sup>xxxix</sup>.

Personal health budgets are a lever to supporting the wider personalisation agenda putting children and their families at the heart of planning and decision making.

### **Personal health budgets can be implemented in a number of ways:**

- **Notional budget** the recipient (family) is advised of their financial terms, their support package and supported to plan the support required via a personal plan with outcomes. Managing the finances remain the responsibility of the commissioner
- **Third party** a family delegates the responsibility for the delivery of a support package to a third party.
- **Direct payment** the family chooses to manage the age in its totality.
- **A mixture of the above** some packages are developed using a combination of all approaches.

Children and young people don't live their lives in the organisational silos in which professionals identify need and as such individual assessment should be discouraged for the process of integration enabling families to tell their story once. However it is recognised that areas who have yet to exercise **section 75 agreements** of pooled or joint budgets must seek to align processes to appear seamless at the point of contact. Personal health budget criterion via continuing health care should be viewed as the gateway to joint assessment and decision making not the end point.

### **[Section 75 of the Health Act 2006](#)**<sup>xl</sup>:

Describes the delegation of health responsibilities which are usually underwritten by an agreement between the local authority and local



health service and covers areas of commonality such as therapies, short breaks and in some instances domiciliary care through a direct payment scheme.

There is a real cultural shift and workforce development required to achieve the aspiration of personal health budgets particularly in relation to the way in which priorities are developed and defined within individual support plans. The context of personalisation is borne from a basis of co-production with children and families, recognising the expertise within families to identify priorities and define outcomes. This requires health and other professionals to develop skills of supported facilitation rather than traditional prescriptive care.

The purpose of this case study is to support, challenge, generate local discussion and support the development of a high level pathway to support implementation of the personal health budget (PHB) from a health commissioner perspective.

### **Context - Continuing Care**

Medical advances in paediatric care have resulted in an increase in the number of children needing long term medical and nursing care. These children are likely to be dependent on complex technological devices. Continuing care affects relatively small numbers of children, approx. 5000-6000 per year nationally however the cost of continuing care is

disproportionately high. Continuing care is seen in terms of high cost, low volume with some packages costing in excess of £1 million annually.

In 2010 the Department of Health published the [Framework for Children and Young Peoples Continuing Care<sup>xli</sup>](#); offering guidance to all Primary Care Trusts and Health Authority's clarifying NHS responsibility for meeting continuing care needs of children and young people.

Continuing Care is intended for children, young people, families, NHS organisations, local authorities and all other providers of services for children and young people. It provides a systematic approach to assessing the ongoing health needs of children, 0-18 years of age, which require support over and above those that can be met by existing universal services.

Generally there are three categories of children and young people who require continuing care:

- Congenital
- Long term degenerative conditions
- Sudden unexpected need

### **Commissioning Responsibilities**

The National Framework for Continuing Care (2010), the NHS Act (2006) (updated) the Children and Families Act (2014) and [Who pays? Establishing the responsible commissioner \(2007\)](#)<sup>xlii</sup> describes the role and responsibility of NHS commissioners as:

- Commissioners have a named lead for continuing care assessment and commissioning of packages
- A data base with details of all children in receipt of continuing care packages, all children who have received a continuing care assessment including the financial allocation to packages.
- Fast track arrangements in place.
- Consistent regular review of all packages.
- Process for resolution of disputes

### **Other useful resources**

- [NHS High quality care for all \(2008\)](#)<sup>xliii</sup>
- [NCB briefing on the Aiming High for Disabled Children for charities and voluntary and community sector \(VCS\) \(2009\)](#)<sup>xliiv</sup>
- [NHS Children's Outcome Framework \(2012\)](#)<sup>xlv</sup>

### *Continuing Care Personal Health Budgets (New)*

This section and subsequent pathway description and checklist should to be viewed as an element of health's contribution and readiness to participate to the wider integration agenda and seeks to set out health's assessment, decision making and review in relation to continuing care.

The pathway is intended to begin the start of the conversation with families around the wider personal budgets which require a collegiate response to the fulfilment of individual outcomes. Integrated personal budgets reduce duplication, improve efficiency and support families leading shared decision making.

The model is outcome focused, utilising a single point of access and single assessment using a case management/lead professional acting in a coordination function. The pathway supports multi professional assessment sharing, care planning and delivery based on the aspirations/needs of the child and family by putting children and young people and their families/carer at the centre of care planning and decision making.

#### **Personal Health Budgets Checklist**

Pathway Area	Required action	Markers of success
<b>Assessment and identification</b>	<ul style="list-style-type: none"><li>• Agree scope of personal health budgets</li><li>• Develop Continuing health care register</li><li>• Agree shared approaches to assessment sharing</li><li>• Develop communication and engagement strategy</li><li>• Agree timescales for assessment process</li></ul>	<ul style="list-style-type: none"><li>• Pathway with timescales developed and agreed</li><li>• Database completed</li><li>• Shared risk process developed</li><li>• Communications strategy shared across organisations</li></ul>
<b>Decision Making</b>	<ul style="list-style-type: none"><li>• Understand current contracting arrangements with actual activity costs</li></ul>	<ul style="list-style-type: none"><li>• Clarity of current unit costs for service delivery</li></ul>

	<ul style="list-style-type: none"> <li>• Agree decommissioning process from current block on an incremental basis</li> <li>• Agree unit cost for packages (Resource Allocation or Ready Reckoner)</li> <li>• Agree transitional arrangements and how organisationally the process will be adopted</li> <li>• Develop transparent systems for indicative budget sharing with families</li> <li>• Agree percentage contribution in financial terms in shared arrangements</li> <li>• Develop service specifications and contracting agreements that focus success on outcomes and increasing choice and opportunity for families</li> <li>• Develop arbitration process</li> <li>• Workforce development and training</li> </ul>	<ul style="list-style-type: none"> <li>• Financial process for allocation agreed (indicative budget)</li> <li>• Understand current user views and anticipated shift</li> <li>• Amendment to current block contract to incremental increase to PHB's across contract</li> <li>• Sharing system (single sheet) agreed and shared with families indicating current spend based on assessed need</li> <li>• Peer review and supervision formalised across organisations</li> <li>• Pooled or notional pooling of budgets to develop overarching personal budget information for families</li> <li>• Arbitration processes and risk sharing agreement formalised</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Develop knowledge skill and expertise in Person Centred Planning and Outcomes focused models</li> <li>• Agree process for information sharing regarding budgets with families</li> <li>• Agree who will coordinate the process</li> <li>• Agree who will support families in relation to developing a personalised plan</li> <li>• Develop system for translating outcomes into support</li> <li>• Agree types of PHB</li> </ul>	<ul style="list-style-type: none"> <li>• Workshop and competency framework developed for staff <ul style="list-style-type: none"> <li>- Person centred planning</li> <li>- Outcomes based approaches</li> <li>- Loss and control</li> </ul> </li> <li>• Health agreement template developed</li> <li>• Monitoring systems developed</li> <li>• Support for families in managing budgets</li> </ul>

	<ul style="list-style-type: none"> <li>• Agree 'claw back' arrangements</li> <li>• Agree brokerage arrangements</li> <li>• Agree process for 'signing off' the Plan</li> <li>• 'In plan' governance – delivery and financial</li> </ul>	
<b>Implementation</b>	<ul style="list-style-type: none"> <li>• Agree process and pathway for case management</li> <li>• Identify training requirements for families in managing PHB's</li> <li>• Engage with existing parent forums</li> <li>• Stimulating the market and increasing choice</li> <li>• Training and Quality Assurance in relation to health dominated tasks – competence</li> <li>• Develop metrics for success</li> </ul>	<ul style="list-style-type: none"> <li>• Training and development programme developed re case management and outcomes</li> <li>• KPI's developed and in specification/contracting</li> </ul>
<b>Review</b>	<ul style="list-style-type: none"> <li>• Agree monitoring processes</li> <li>• Agree financial management arrangements</li> <li>• Agree clinical review process</li> <li>• Agree 'in year' review and amendment to budget based on need</li> </ul>	<ul style="list-style-type: none"> <li>• Build into pathway monitoring clinical and financial review</li> <li>• Ensure flexibility within year within PHB</li> </ul>

## Moving away from block contracts (New)

### Context

The degree to which personalisation and PBs can transform services is limited by how far providers develop personalised services & the support that children & families want to buy.

Commissioners need to work with existing providers and potential providers to support them to respond to this agenda. This includes the need for them to take the lead in reviewing existing block contracts, be they procured by the local authority or clinical commissioning group(s). Commissioners need to consider the length of any existing contracts and form a view, together with users, about whether the contracts should be continued, re-procured in a different way or stopped altogether in order to extend opportunities for greater personalisation.



Figure 2: In Control's Quadrants

This quadrant graphic (figure 2) provides an overview and useful way to think through commissioning decisions. For example the provision of a targeted family activity programme. The discussion would focus on whether it should be maintained as a targeted service or de-commissioned and funding placed in to the personal budget 'pot'.

The **local offer** will include provision across mainstream (schools, colleges, A+E, GP surgeries), targeted (family support, health diagnosis services, additional learning support) and additional support (personalised / personal budget funded provision). Joint commissioners should also be paying attention to commissioning activity which may support the generation of additional social capital / community wealth.

Some providers have already taken the lead in personalising services in order to enable children and families to have greater choice & control. Others are either not aware of the need to do so or need help to transform their current range and type of services, this may include support to work out costs as well as new ways of children, young people and families accessing their services.

### **Learning to date**

Commissioners are beginning to signal to the market their commitment to personalisation and the use of personal budgets as well as the clear business case for providers to personalise their services. Commissioners are using a number of methods to do this for example developing market position statements and inclusion strategies which indicate to the market the direction of travel.

Commissioners are actively working with existing and potential providers to ensure they understand personalisation and the opportunities that personal budgets provide.

Some local authorities are bringing providers together to better understand the personalisation agenda and local demand, to share practice and provide support. Some are including providers in the training that they are providing to in-house staff, in some cases across local authority boundaries.

Examples of how commissioners are changing the way they use in-house or external block contracts building on learning from adult services and from children's social care:

- reducing the size of block contracts with providers to cover essential core costs with the expectation that individual arrangements are then spot funded through personal budgets
- tapering the value of block contracts over a period of years to provide an initial 'safety net' for providers as they move towards all their services being paid for by personal budgets
- working with adult services to develop framework rather than block contracts for providers who have been quality assured (whilst allowing families and young people to use their personal budgets to commission other providers as well)
- working with young people and families to cease a block contract for overnight residential short breaks provision and to reinvest funding into local community services
- a local authority and CCG working together to develop more targeted personalised speech and language therapy services with a focus on prevention
- supporting local providers to develop their offer across children and adults services
- supporting schools to use their notional schools funding to further personalise opportunities for example using a school's teaching assistant to support a young person access community facilities

### **Next steps**

- Co-produce, with young people and families, market position statements to signal to providers the direction of travel.
  - Ensure Health and Wellbeing Boards are committed to the direction of travel and the commitment of local politicians too
  - Nurture existing providers and potential new providers to develop the market.
  - Aggregate information from Education, Health and Care Plans about what young people and families want; share this information with providers.
- Review existing block contracts with providers so that they offer increasingly personalised services Consider different types of procurement techniques that support the use of personal budgets. Consider, for example developing framework contracts as a way of offering quality assured provision to young people and families.
  - Make it clear in your local offer whether named providers have been quality assured by the CCG or local authority.

### **Useful resources**

- Implementation Framework from InControl and SQW [Refer to Appendix 2]
- [KID'S Making It Personal Guidance for Commissioners and others in children's services](#)<sup>xlvi</sup>
- [Think Local Act Personal's 'Shaping the market for personalisation, diagnostic and action planning tool'](#)<sup>xlvi</sup>
- [Think Local Act Personal's 'Making it Real markers'](#)<sup>xlvi</sup>



## *Oldham Case Study Snapshot (Last updated December 2013)*

### **Participation & Coproduction with stakeholders**

Oldham's personal budgets work has been underpinned by routine engagement, participation, and co-production with families, parents, parent/carers, children, and young people. The nature of this work with stakeholders has however developed over the course of the pathfinder programme. For example:

- At first, working in this collaborative way was very new for families and professionals. As such, some were reluctant to work in this way, as this approach was not yet proven.
- Once families started to work in this way, supported by training for professionals and parent/carers in Person-Centred Planning techniques, co-production progressed more strongly and all parties became more actively engaged.

#### Parents & *POINT* (Oldham's Parent Carer Forum)

Parents worked in collaboration to develop the social care Resource Allocation System (RAS) and had input into shaping each stage of the process. Parents have undertaken person centred planning training and have provided peer-support to others in the process. This has built parental capacity and peer support, to enable both professionals and parents to productively challenge one another and develop outcome-focused support for children and young people.

#### Educational Settings & Health Partners

Health professionals and educational settings have attended a range of events and workshops to support developments. A core group of educational settings have supported the development of guidance for wider educational settings regarding unit costing of school support and have had input into developing the Education RAS. Educational settings have been involved in design workshops developing Oldham's 0-25's SEND Pathway, including personal budgets, and the wider educational settings community have been kept informed through briefing notes sent out to every setting (including guidance on the new SEND Pathway, and discussion of personal budgets).

#### Children & Young People

Oldham has an **Involvement Officer for young people with additional & complex needs**, who facilitates their engagement through the ***Barrier Breakers*** youth group and by **promoting inclusion in mainstream settings**. Children and young people supported by the Involvement Officer have also had opportunities to discuss personal budgets and the benefits of increased **choice and control**.

Figure 3: Examples of Oldham's engagement with different stakeholders

## *Essex Case Study Snapshot: Unpicking block contracts (Last updated December 2013)*

### **Continuing Care Block Contracts**

Currently focusing on unpicking their block contracts awarded under their continuing health care budget. This has been approached through developing a list of approved providers based on Any Qualified Provider (AQP). All providers are required to complete an assessment based on a set of specific criteria. Please refer to accompanying **Appendix 4** for further information on these criteria. If successful, the provider is then added to the approved provider list. If unsuccessful, the provider is offered support to help them understand the assessment criteria and the steps they need to take to ensure they meet these. Families can access this approved provider list through their health assessment co-ordinator. Some providers contracted under previous arrangements were not initially successful with this new model with its clear emphasis on personalisation. Some providers have responded positively to the challenges of this approach and are changing their delivery models for example, considering offering a training service for carers employed directly by families.

### **Communication Aids Block Contracts**

***In addition to this, Essex has also started to unpick their communication aids block contract funded jointly by health and***

education services. This work is in its infancy and more work is currently being carried out to establish how best to move forward.

### **Short Breaks Provider Block Contracts**

Essex has also worked to unpick the block contracts for their Short Breaks Providers. One Short Breaks provider had a block contract with the local authority but families refused to use the service as they did not believe it was providing the correct support for their child's or young person's needs. Through Essex ending the block contract, reinforcing the need to focus on personalisation and providing the necessary support, the provider has now fundamentally changed their service model through the development of a new service offering. This offering has a much broader focus to include outreach and personalisation, services within homes and communities as well as their original residential services, which are now only a small strand of what they offer. The provider is now also concentrating much more on selling services directly to families and has received very positive feedback to date. This has also benefited the local authority through allowing them to spot purchase services only when required and hence reduce wasted capacity.

Despite the improved services of social care providers as a result of heavy personalisation, it is worth noting that can also lead to potential skewing of demand resulting from high quality services pushing up expectations of user.

**Additional Resource:** Essex County Council has produced a DVD from their Children's Individual Budgets pilot which follows a number of families with children and young people with special education needs and/or disabilities who receive personal budget, providing insight into how this has helped to increase flexibility and personalisation of support and improve outcomes for both the child or young person and their family. This DVD can be viewed on YouTube via the following link: <http://www.youtube.com/watch?v=moXxCh1zRQ0>

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<sup>i</sup> Draft SEN Code of Practice, Section 7.12, p. 114 -

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251839/Draft\\_SEN\\_Code\\_of\\_Practice\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251839/Draft_SEN_Code_of_Practice_-_statutory_guidance.pdf)

<sup>ii</sup> The suite of Final Evaluation Reports for the original two year Pilot Programme can be found on the DfE website via the following link:

<https://www.gov.uk/government/publications/individual-budgets-for-families-with-disabled-children>

<sup>iii</sup> The suite of Personal Health Budgets Evaluation Reports can be found via the following link: [https://www.phbe.org.uk/about\\_the\\_evaluation.php](https://www.phbe.org.uk/about_the_evaluation.php)

<sup>iv</sup> The Personal Health Budgets Practical toolkit can be accessed via the following link; <http://www.personalhealthbudgets.england.nhs.uk/Topics/Toolkit/>

<sup>v</sup> Norman Lamb MP Ministerial Statement , 8 October 2013 -

<http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131008/wmstext/131008m0001.htm#13100836000008>

<sup>vi</sup> SEND Pathfinder website available at [www.sendpathfinder.co.uk](http://www.sendpathfinder.co.uk)

<sup>vii</sup> Children and Families Act 2014, Section 49, <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<sup>viii</sup> Updated draft SEN Code of Practice - <https://www.education.gov.uk/consultations/downloadableDocs/SEN%20Code%20of%20Practice1.pdf>

<sup>ix</sup> Draft SEN Regulations: Personal Budgets:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251860/Consultation\\_on\\_draft\\_0\\_to\\_25\\_Special\\_Educational\\_Needs\\_SEN\\_-\\_personal\\_budgets\\_regulations.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251860/Consultation_on_draft_0_to_25_Special_Educational_Needs_SEN_-_personal_budgets_regulations.pdf)

<sup>x</sup> Consultation on transition to Education, Health and Care plans and the local offer:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251879/SEN\\_-\\_Transitional\\_arrangements\\_document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251879/SEN_-_Transitional_arrangements_document.pdf)

<sup>xi</sup> Implementing the 0 to 25 special needs system: advice for local authorities and health partners, April 2014.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/301779/Implementing\\_a\\_new\\_0\\_to\\_25\\_special\\_needs\\_system\\_LAs\\_and\\_partners\\_-\\_April\\_2014\\_v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301779/Implementing_a_new_0_to_25_special_needs_system_LAs_and_partners_-_April_2014_v2.pdf)

<sup>xii</sup> Implementing the 0 to 25 special needs system: advice for local authorities and health partners, April 2014.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/301779/Implementing\\_a\\_new\\_0\\_to\\_25\\_special\\_needs\\_system\\_LAs\\_and\\_partners\\_-\\_April\\_2014\\_v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301779/Implementing_a_new_0_to_25_special_needs_system_LAs_and_partners_-_April_2014_v2.pdf)

<sup>xiii</sup> Implementing the 0 to 25 special needs system: advice for local authorities and health partners, April 2014.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/301779/Implementing\\_a\\_new\\_0\\_to\\_25\\_special\\_needs\\_system\\_LAs\\_and\\_partners\\_-\\_April\\_2014\\_v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301779/Implementing_a_new_0_to_25_special_needs_system_LAs_and_partners_-_April_2014_v2.pdf)

<sup>xiv</sup> Page 8 (number 15) Implementing the 0 to 25 special needs system: advice for local authorities and health partners, April 2014.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/301779/Implementing\\_a\\_new\\_0\\_to\\_25\\_special\\_needs\\_system\\_LAs\\_and\\_partners\\_-\\_April\\_2014\\_v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301779/Implementing_a_new_0_to_25_special_needs_system_LAs_and_partners_-_April_2014_v2.pdf)

<sup>xv</sup> Page 14 (number 46) Implementing the 0 to 25 special needs system: advice for local authorities and health partners, April 2014.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/301779/Implementing\\_a\\_new\\_0\\_to\\_25\\_special\\_needs\\_system\\_LAs\\_and\\_partners\\_-\\_April\\_2014\\_v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301779/Implementing_a_new_0_to_25_special_needs_system_LAs_and_partners_-_April_2014_v2.pdf)

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- <sup>xvi</sup> Page 14 (numbers 47 & 48) Implementing the 0 to 25 special needs system: advice for local authorities and health partners, April 2014.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/301779/Implementing a new 0 to 25 special needs system LAs and partners - April 2014 v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301779/Implementing_a_new_0_to_25_special_needs_system_LAs_and_partners_-_April_2014_v2.pdf)
- <sup>xvii</sup> KIDS 'Making it Personal' Documentation, available at [http://www.kids.org.uk/mip?sm\\_au=iMVbZHHqM9qsn4SR](http://www.kids.org.uk/mip?sm_au=iMVbZHHqM9qsn4SR)
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# Glossary

Term	Meaning
CoP	Code of Practice
CCG	Clinical Commissioning Group
CYP	Children and Young People
DH/DoH	Department of Health
EHC plan	Education, Health, and Care plan
ES	Early Support
FE	Further Education
FIS	Family Information Service
FSD	Family Services Directory
ISP	Independent Specialist Provider
Joint Commissioning	Commissioning arrangements that are coordinated or integrated across agencies or groups
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LDA	Learning Difficulty Assessment
NEET	Not in Education, Employment or Training
Personal Budgets Accelerated Testing Group	A group of the SEND Pathfinders asked to produce a set of case studies on work with families who have received SEN Personal Budgets.
PfA	Preparing for adulthood (both the theme and DfE SEND Delivery Partner - <a href="http://www.preparingforadulthood.org.uk/">http://www.preparingforadulthood.org.uk/</a> )
SE7	South East 7 – a consortium of 7 local areas in the South East of England, acting as a SEND Pathfinder.
SEN	Special Educational Needs
SENCo	SEN Coordinator (based in educational settings)
SEND	Special Educational Needs and Disability
VCS	Voluntary and Community Sector



# RESOURCES

In addition to the resources outlined within the information packs, below are links to additional resources linked to the SEND Pathfinder Programme.

***Support offer available to local authorities and their partners in 2014-15 to help prepare for implementation of the SEND reforms:*** On 8 April 2014, Edward Timpson (Parliamentary Under-Secretary of State for Children and Families) and Dr Dan Poulter (Parliamentary Under-Secretary of State at the Department of Health) [wrote to local authority and health leaders](#) with further information on transition arrangements in relation to the reforms. The Department for Education and Department of Health also recently published an updated [implementation pack](#) which outlines the vision for the reforms and contains useful information for strategic leaders.

***Strategic Reform Partner - Council for Disabled Children (CDC):*** The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to other UK nations, bringing together the diverse range of organisations that work with and for disabled children to support the development and implementation of policy and practice. CDC has developed a number of useful resources which can be found on their website via the following link <http://www.councilfordisabledchildren.org.uk/resources/cdcs-resources>

***SEND Pathfinder Support Team (Mott MacDonald)*** – Further information and case studies, together with details of the pathfinder champions, are available at [www.sendpathfinder.co.uk](http://www.sendpathfinder.co.uk)

## ***Department for Education (DfE) SEND Delivery Partners:***

There are seven Delivery Partners focusing on the following areas:

- ***The Bond consortium:*** child mental health - [http://www.youngminds.org.uk/training\\_services/bond](http://www.youngminds.org.uk/training_services/bond)
- ***The Early Language Consortium:*** early language development - <http://eldp.talkingpoint.org.uk/>
- ***The ES Trust with the National Children's Bureau:*** early support and key working - <http://ncb.org.uk/early-support>
- ***Contact a Family and the National Network of Parent Carer Forums (NNPCF):*** parent participation - <http://www.nnpcf.org.uk/> & <http://www.cafamily.org.uk/>
- ***The National Parent Partnership Network:*** supporting Parent Partnership Services - <http://www.parentpartnership.org.uk/>
- ***The National Development Team for Inclusion the Council for Disabled Children and Helen Sanderson Associates (Preparing for Adulthood):*** preparing for adulthood - <http://preparingforadulthood.org.uk/>
- ***The IMPACT consortium:*** short breaks delivery - <http://www.shortbreaksnetwork.org.uk/policyandpractice/impact>

***Achievement for All***, a school improvement approach that was piloted in ten local authorities from 2009 - 2011, is also being rolled out nationally - <http://www.afa3as.org.uk/>

***Additional DfE-funded SEND Organisations referenced in these packs:***

***VIPER:*** VIPER is a three year project, funded by the Big Lottery to research disabled children and young people's participation in decision-making about local services with the aim of improving services used by disabled children and young people in England. The website can be accessed here: <http://www.councilfordisabledchildren.org.uk/viper>

***EPIC:*** EPIC are a group of 16 disabled young people from across the country who are supported by the Council for Disabled Children to advise the Department for Education on changes to the special educational needs and disabilities (SEND) system. Their website can be accessed here: <http://www.councilfordisabledchildren.org.uk/epic>

***In Control:*** In Control is a DfE SEND Grant Holder, is a charity supporting organisations implement personalisation. They are one of the organisations supporting the SEN Personal Budgets Accelerated Testing Group - <http://www.in-control.org.uk/>

***The Communication Trust:*** The Communication Trust is a coalition of nearly 50 VCS organisations with expertise in speech, language and communication - <https://www.thecommunicationtrust.org.uk>

***The Dyslexia SPLD Trust:*** The Dyslexia-SpLD-Trust is a collaboration of voluntary and community organisations with funding from the Department for Education to provide reliable information to parents, teachers, schools and the wider sector. It acts as the important communication channel between government, leading dyslexia organisations, parents, schools, colleges, teachers and the sector- <http://www.thedyslexia-spldtrust.org.uk/>