



Children, Young People & Learning

Assessing Personal Budgets for Education.

(Within the Education Health and Care Plans.)

Updated March 2018

Contents

1. Introduction	3
2. Universal and targeted support	3
3. Additional specialist support	4
4. Personal SEN budget	4
5. The Legal context	5
6. The Bracknell Forest approach to personal budgets	5
7. Levels of funding for a personal budget	6
8. The Educational(SEN) Assessment process	7
9. Resource Allocation tool	8
10. Financial bands of support	8
11. Process of allocating a personal budget	9
12. Use of personal budgets	9
13. Direct payments	9
14. The Final budget	9
Appendix 1	The High Needs Matrix.
Appendix 2	How the High Needs Matrix works.
Appendix 3	The EHC process and where indicative and final budgets are decided.
Appendix 4	Diagrammatic representation of indicative budget streams.

Bracknell Forest's Approach to Personal Budgets

(Based on the SEND Code of Practice 2014)

1. Introduction

- 1.1 This guidance document explains how personal SEN budgets are assessed, how they might be used, and how they are only one part of a much wider system of learning opportunities, support and activities available to children and young people who need additional individual investment to enable them to make good educational progress.
- 1.2 This document should be read in conjunction with Personal Budgets Policy¹ which is available on the local offer. The Personal Budgets Policy gives more detail on personal budgets and direct payments. (please see our local offer [here](#))
- 1.3 A Personal SEN budget is part of the Education, Health and Care (EHC) budget and must not be confused with personal budgets in social care or health. A child or young person may also have an element of their EHC personal budget from social care (e.g. short breaks) or health. Whilst the personal SEN budget is focused on educational outcomes and access to learning opportunities, a personal care budget will be focused on outcomes focussed on family and home life, being safe when out in the local community and being able to take part in life outside of school. Personal health budgets will be focused on health outcomes. Together these elements form the child or young person's overall EHC personal budget.

2. Universal Provision and Targeted Support in Education

- 2.1 Early Years settings, schools, academies, colleges and other learning providers are focused on supporting all children or young people to achieve quality learning outcomes. The class teacher or tutor will be focused on supporting every member of their class or tutor group to achieve well. There is a recognition that all children and young people are different which may require slight modifications to the way some are taught.(This is called Universal support)
- 2.2 Some children and young people will need substantial additional support to achieve their learning outcomes. Modifications to teaching methods, group size or the environment will all be expected to be provided by the educational setting using delegated funding. This support is "targeted support". Early Years settings, schools, academies and colleges have funding for this without the need for a Statement of special educational needs or an Education, Health and Care Plan (EHCP). The targeted support might include, for example, focused literacy support or a behaviour management programme.

3. Additional Specialist Support

- 3.1 A small number of children and young people with exceptional needs will require additional and individual support over and above the targeted support to enable them to participate in learning activities, enjoy the learning experience and achieve well. This type of support is called "specialist support".
- 3.2 At the moment most of these children and young people would have an Education, Health and Care (EHC) plan or statement of special educational needs which may be supported by a personal budget.

¹ <https://www.bracknell-forest.gov.uk/sites/default/files/documents/cypl-personal-budgets-policy.pdf>

3.3 Where some or all of this budget is to enable the child or young person to participate, enjoy and achieve their **educational outcomes**, this element is called the personal SEN budget.

4. Personal SEN budgets/ Direct payments

4.1 In the past, children with Special Educational Needs have had their support organised on their behalf by the local authority. This was often in the form of a number of hours of teaching assistant support, speech and language therapist support or similar.

4.2 Personal budgets and direct payments are a way in which the Council shares the decisions about the types of support with children and their families, in the belief that if people themselves have more control of the resources available to them they will find solutions and support what works best for them.

4.3 To be able to access a Personal Budget and/or a direct payment a child/young person must have an Education, Health and Care Plan and must request to access a personal budget.

4.4 A personal budget is the amount of money identified by the Local Authority to deliver all or some of the provision set out in an Education, Health and Care Plan (EHC). The parent, carer or young person's contribution to the way this budget is used can be through a direct payment which means that they can be in control or be more actively involved in elements of their support.

4.5 Parents and young people have a right to request a personal budget once the authority has prepared an EHC plan or during a review of an EHC plan.

4.6 If a request is made for a personal budget during the EHC process, a transparent and fair method of determining the amount of funding will be used. The methodology used for determining an SEN personal budget is called a Resource Allocation System or "RAS" This tool has been developed locally to support the process

4.7 A personal budget is the total amount of money that is allocated to support a Child or Young person with an EHC plan. A direct payment is the proportion of this personal budget that the council are prepared to give to the parents, carers or young person (Over 16) to purchase their own support.

5. Legal Context.

5.1 The Children and Families Act 2014 has, for the first time, enshrined in law the right for families to ask for a personal budget in order to manage and commission the support needs that have been assessed by the EHC process.

5.2 Bracknell Forest is required, by law, to consider any request for a personal budget that is submitted. The individual circumstances of each case will be examined and a decision taken whether or not a personal budget can be assigned.

5.3 How much funding a family receives to pay for support will depend on the needs that are identified and agreed in the child's EHC assessment.

6. Bracknell Forest's approach to Indicative and Final SEND personal budgets.

6.1 When an EHC assessment has been agreed, the parents, carer or young person (over 16) has the right to request a personal budget. If agreed, the local authority is obliged to indicate an approximate

amount that **may** be allocated **if** the assessment leads to the issue of an EHC plan. This amount is called the “indicative budget” and is a best approximation of the potential final budget.

6.2 Section 9 of the SEND Code of Practice 2015² states that:

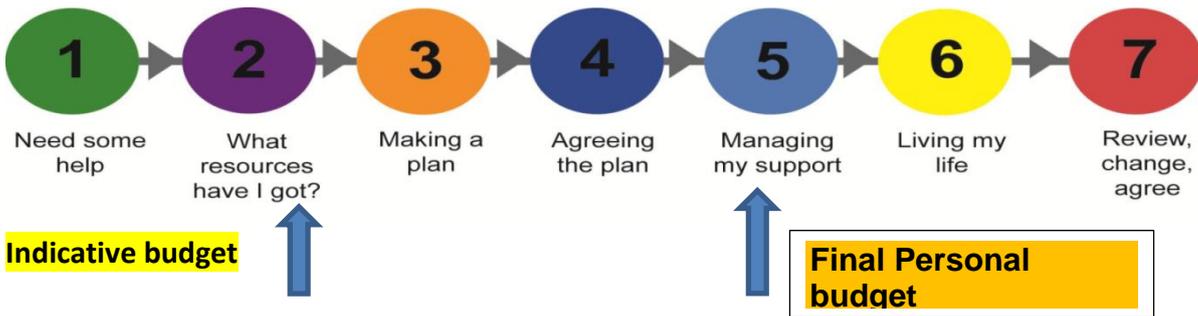
“The child’s parent or the young person should be given an indication of the level of funding that is likely to be required to make the provision specified, or proposed to be specified in the EHC plan. An indicative figure can be identified through a resource allocation or banded funding system.”

6.3 It is important to recognise that any figure discussed at this stage is “indicative” and is a tool to support the planning process including the development of the draft EHC plan. The final budget can be more or less than the estimated indicative budget.

6.4 The final allocation of funding must be sufficient to secure the agreed outcomes specified in the EHC plan.

6.5 Figure 1 represents the whole EHC process and where the indicative and final budgets are embedded.

Fig. 1 Diagram representing the EHC process and where indicative and final budgets are decided.



6.6 Indicative Education, Health and Care (EHC) budgets are set locally in Bracknell Forest using three similar Resource Allocation Systems. Each methodology is tailored to the particular needs being assessed. These are:

- i. A ‘needs matrix’ RAS for assessing Special Educational needs. (Appendix 1)
- ii. An ‘in Control’ influenced RAS for Children’s Social Care needs
- iii. A ‘FACE’ RAS for adult services and
- iv. A RAS for Continuing Health Care needs.

6.7 These are dynamic processes that are regularly reviewed, refined and updated.

6.8 In Bracknell Forest we explored the possibility of one RAS for all three areas of need and concluded that in order to accurately assess the specific needs in each aspect of the individual’s life, more specific systems were required.

² Special educational needs and disability code of practice: 0 to 25 years
Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities
January 2015
Final Guidance document – updated March 2018

6.9 Instead the three specialist assessments would come together within the EHC process, following assessment and allocation, to create one EHC indicative budget (see Appendix 3). The final budget would be agreed using the same principles.

6.10 The Resource Allocation systems are well developed in Health and Social Care, having been in operation for many years. This document focuses specifically on the operation of the RAS in Education.

7. Level of Funding for a Personal SEN Budget

7.1 The SEN Resource Allocation System or RAS is a tool, designed to help work out how much money is needed to support a child or young person who has been assessed as having special educational needs and will require additional resources and interventions.

7.2 The SEN RAS focuses on the specialist “top up” (or element 3) money and must therefore relate to highly specialist learning materials or access to regular specialist interventions very different to those available in the classroom.

7.3 The SEN RAS will not only contribute to the provision of an indicative amount of money that can be used to discuss outcomes and aspirations but will also help to clarify for parents how the money allocated to their child should be spent.

8. The Educational (SEN) Assessment process

8.1 High quality teaching differentiated for individual pupils is an expectation for all children. When a child or young person is not making adequate progress, even with this good practice in place, teachers, SENCO's, parents and other agencies should collaborate, planning further assessment support and interventions as part of a regular plan/do/review cycle

8.2 Clear evidence must be shown of a person centred multi-agency approach involving children, young people and parents in decision making.

8.3 Our approach to the Special Educational Needs assessment process assumes that this methodology has been adopted and can be evidenced by schools or other setting.

8.4 If the need for an Education, Health and Care plan has been agreed, the High Needs funding educational matrix will be used to determine the indicative budget that will be made available. (see appendix1)

8.5 The matrix methodology uses a number of key judgements. The range of needs have been collated from a variety of sources including the Code of Practice, school, pupil and parental priorities and evidence based areas of need that require intervention to ensure success. Together, the descriptors provide the opportunity to look at a range of needs for children and young people with SEND and the level of resources required to enable them to be included and engaged in meaningful education.

8.6 Each section of need (taken from the code of practice 2014) has progressive levels of risk or intensity levels which help to create a total picture of the individual's requirements.

8.7 In order to determine the level of support required evidence must be provided to show that appropriate and relevant strategies and interventions have been put in place and the good practice of

the plan/do/review process have been undertaken. This will ensure that the final level of need is based on evidence of unmet need.

9. Resource Allocation Tools for SEN.

9.1 A Resource Allocation Matrix (see Appendix 1) is used to support the assessment and helps understand how much funding and or resources are allocated.

9.2 The assessment process (as described in appendix 1) should be carried out with parent/carers and their child in co-production. It is important that the assessors seek the views, needs and aspirations of the child and other family members. This would be moderated by the funding panel before any amount of money was agreed.

9.3 When using the matrix to contribute to determining the level of support for a child or young person it will be essential to evidence the need. It is important that the RAS judgements are not based on the subjective views of parents or professionals without evidence of early intervention and exploration of underlying needs.

9.4 The full matrix form can be seen in Appendix 1 of this document.

10. Financial Bands of Support

10.1 Bracknell Forest use financial 'bands of support' to work out what a child's individual budget will be. The bands are listed in Appendix 2 (1.5).

10.2 Appendix 2 gives worked examples of need and levels of support using the Financial Bands of Support. It is simply an example to illustrate the process.

10.3 There is no expectation that a child or young person will score in every matrix section, however circumstances sometimes change. The RAS should be reviewed as part of the on-going plan/do/review cycle.

11. Process for allocating a Personal SEN Budget

11.1 A workflow representing the process of when a child or their family can access a personal budget from the council is found in Appendix 3.

12. Use of Personal SEN Budgets

12.1 Personal SEN Budgets can be used only to fund the support set out in an EHC plan. This must be agreed by the local authority for education and care support, and by the health authority for the health provision.

12.2 A Personal Budget for educational provision cannot cover payment for a place at the school or college. A Personal Budget can include any specialist top-up funding. It can also include support that is managed by the school or college – but only if the Head Teacher or Principal agrees.

13. Direct Payments for SEN.

- 13.1 An EHC Personal SEN Budget shows the total amount of additional money made available to fund the provision specified in an EHC plan. This EHC Personal budget includes the SEN budget, the personal care budget and the personal health budget. This budget is available to offer transparency to parent's carers and young people on how much additional money is being spent to meet the needs identified in the plan. The parent or young person does not actually manage the EHC personal budget directly.
- 13.2 Direct Payments are payments which can be made directly to parents or young people to purchase services or things themselves that will fulfil the aspirations specified in the EHC plan. The amount of money that can be made available as a direct payment will be decided by the local authority and Clinical Commissioning Group (CCG) in Health.
- 13.3 Support for those wishing to manage their direct payments themselves is provided through the information support and advice service at present hosted in Adult Social care.
- 13.4 It is also possible to have a Third Party Arrangement to manage a Direct Payment.

14. The Final budget

- 14.1 The final allocation of funding budget must be sufficient to secure the agreed outcomes specified in the EHC plan and must be set out in the specific parts. This is to ensure that there is a direct link from the funding to the specific outcomes in the EHC plan that the funding is designed to realise.
- 14.2 The final budget as identified in the EHC plan does not replace other funding streams (elements 1 and 2 for example) but builds on them to facilitate greater additional and individual support over and above the targeted support.

**Appendix 1
High Needs Matrix**

2014 SEND Code of Practice Primary Areas of SEN										
	Sensory and/or Physical (x4)			Communication and Interaction (x2)		Social, Emotional and Mental Health (x4)			Cognition and Learning (x4)	
	Physical disability and/or medical conditions	Hearing	Vision	Speech and Language	ASD	Emotional Wellbeing	Social behaviour	Learning behaviour	Cognitive Ability	Specific learning difficulty (official diagnosis required)
1	Mild disability e.g. absent digits, mild diplegia, Pupil shows poor fine and/or gross coordination skills. Pupil is independently mobile without the use of aids etc. but requires assistance for some school routines/self-help skills. Pupil may need support with administration of regular medication in school.	<i>Level of need in this area determined by reports from the Berkshire Sensory Consortium</i>	<i>Level of need in this area determined by reports from the Berkshire Sensory Consortium</i>	Pupil has mild delay in expressive and/or receptive language and/or pupil has a mild speech sound disorder	Pupil has features of autism/ a diagnosis of ASD but has academic and behavioural competencies that support their ability to cope with the expectations of school life with some non-specialised adaptations e.g. time out card	Some inappropriate emotions and responses. Somewhat lacks empathy with others Sometimes (weekly) appears more and miserable. Some occasional mood swings. Sometimes (weekly) unsettled by change	Sometimes (weekly) has poor interactions with pupils. Sometimes is disrespectful to staff or property. Sometimes seeks Attention inappropriately or unable to wait for rewards.	Sometimes (weekly) gets distracted from tasks. Sometimes (weekly) inattentive to staff. Sometimes (weekly) shows poor organisation skills. Sometimes (weekly) does not work well in a group.	Pupil presents with some learning delay, shows some difficulties with conceptual understanding, in one or more areas of the core curriculum and attainments are more than 1 year below average.	Some difficulty with reading/ spelling of high frequency words and the acquisition of phonic skills. Reading 2 years behind chronological age in spite of extensive attempts remediate difficulties
2	Moderate disability Pupil is mobile with the use of walking aids. May require level access and/or supervision or assistance on stairs, etc. Pupil needs daily specialist programme for co-ordination skills. Pupil needs daily adult support with health care regimes	<i>Level of need in this area determined by reports from the Berkshire Sensory Consortium</i>	<i>Level of need in this area determined by reports from the Berkshire Sensory Consortium</i>	Pupil has moderate language delay or moderate language disorder or pupil has a moderate speech sound disorder.	Pupil has a diagnosis and has other associated areas of need (learning, attention, behaviour) and requires additional support and/ or specialised interventions in school. Social impairment which includes; qualitative impairments in reciprocal social interaction, inadequate appreciation of socio-emotional cues, lack of responses to other peoples emotions, lack of modulation of behaviour according to social context, poor use of social signals and lack of social emotional reciprocity	Often (Daily) shows inappropriate emotions and responses. Often (Daily) shows little empathy with others. Often (Daily) unhappy, withdrawn, disengaged, shows mood swings. Often upset by change Severe and persistent symptoms of anxiety that has not been resolved using targeted external services	Often (Daily) has poor interaction with pupils. Often is disrespectful to staff or property. Often (Daily) seeks Attention inappropriately or unable to wait for rewards	Often (Daily) gets distracted from tasks. Often (Daily) inattentive to staff. Often (Daily) disorganised and lacking equipment. Often (Daily) finds group learning difficult.	Mild learning difficulties. Needs differentiated work and support with conceptual understanding, and reasoning across the core curriculum. In the low range on standardised assessments of cognitive ability, or pupil presents with a very uneven profile of cognitive abilities that requires a balance of small group and additional adult support.	Uneven profile of skills in core areas. Some difficulties with spelling and reading high frequency words. Unrecognisable spelling of phonic alternatives. Reading 3-4 years behind chronological age in spite of specialised advice to support and remediate difficulties over a [period of more than two years.
3	Severe disability Pupil needs access to wheelchair for movement either independent with chair or adult support Pupil requires specialist seating and possible other specialist equipment. Dependent on assistive technology and/or support for most curriculum access, e.g. alternative to handwriting.	<i>Level of need in this area determined by reports from the Berkshire Sensory Consortium</i>	<i>Level of need in this area determined by reports from the Berkshire Sensory Consortium</i>	Severe language and /or speech sound disorder/ limited language. Uses mix of speech and Augmented communication Systems	As above but in addition child needs a regulated setting with staff experienced in using approaches suited to children with autism Restricted and repetitive activities and interests, which include: resistance to change, insistence on routines and rituals, hand flapping and other stereotypy's, ordering play, attachment to unusual objects, fascination with unusual aspects of the world and consuming preoccupations with restricted subjects.	In most lessons show inappropriate emotional responses. In most lessons distressed by change/transition. In most lessons displays bizarre, obsessive or repetitive behaviours Severe and persistent symptoms of anxiety that has not been reduced using targeted services and where there is moderate to severe impact on daily living	In most lessons has poor interactions with pupils. In most lessons is disrespectful to staff or to property. In most lessons seeks attention inappropriately	In most lessons gets distracted from tasks In most lessons inattentive to staff. Frequently disorganised and lacking equipment. In most lessons finds group learning difficult. In most lessons unable to wait for rewards.	Moderate learning difficulties, showing significant delay in reasoning skills and experiencing learning difficulties across all areas of the curriculum. Extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.	Very uneven profile of skills. Difficulty in all literacy based subjects. Severe difficulties with HF words. Reading 5 or more years behind chronological age. Pupil exhibits emotional barriers to learning as a consequence of their difficulties.
4	Profound or Progressive condition Powered wheelchair or dependent on assistance for mobility. Staff require regular moving and handling training. Dependent on assistance for most personal care needs, e.g. toilet, dressing, eating and drinking. Specialist health care support required e.g. tracheostomy, gastronomy, pressure care, multi-agency joint working required. Pupils are dependent on adult to access learning/curriculum. Pupils need constant supervision to maintain their safety due to complexity of physical or medical need. Requires staff team that are highly skilled and trained in areas of medical need, therapy, moving and handling.	<i>Level of need in this area determined by reports from the Berkshire Sensory Consortium</i>	<i>Level of need in this area determined by reports from the Berkshire Sensory Consortium</i>	Severely limited language skills, uses alternative communication systems to make needs/choices known Pupils with PMLD who depend on the use of facial expressions, vocal sounds and body language to communicate	As above but child difficulties have a profound impact on their ability to function and multiple difficulties attaining developmental expectations Pupils have little or no awareness of danger or how to keep themselves safe. Pupils unable to regulate sensory input leading to challenging behaviour.	In all lessons shows inappropriate emotional responses including self-harming. In all lessons behaviour is severely withdrawn, bizarre or obsessional Where there are concerns that there is a significant mental health difficulty as well as the learning disability and/or challenging behaviour	In all lessons shows only minimal respect for adults and peers. Is very difficult to direct. In all lessons intimidates and readily resorts to physical aggression. High level of self directed behaviour.	In all lessons finds it very difficult to cope with most learning situations as an individual or as part of a group. In all lessons shows very little interest in school work at all	Severe learning difficulties and global delay, affecting self-help and independence skills throughout school. Functions at a level that requires specialised interventions and adaptations to the curriculum.	Severe difficulties in accessing any written material and often severe emotional barriers to engaging with learning.

Appendix 2

1. How the High Needs Matrix works.

1.1 The High Needs Matrix will be used to support the decision making for all allocations of element 3 “top up” education funding for special educational needs.

1.2 The [2014 SEND Code of Practice](#) describes four broad categories of SEN. These are:

- *Sensory and/or physical*
- *Communication and interaction*
- *Social, Emotional and mental Health*
- *Cognition and learning*

1.3 In the High Needs Matrix these are further subdivided to give 10 columns describing need. These are:

- *Physical disability and/or medical conditions*
- *Hearing*
- *Vision*
- *Speech and Language*
- *ASD*
- *Emotional Wellbeing*
- *Social behavior*
- *Learning behavior*
- *Cognitive Ability*
- *Specific learning difficulty*

1.4 There are four rows relating to the severity of the need (0 = no significant need, 4 = highest level of need). The four main C.O.P categories are weighted as follows:

- Sensory and/or physical – x 4
- Communication and interaction – x 2
- Social, Emotional and mental Health – x 4
- Cognition and learning – x 4

1.5 In use, the pupil or student is plotted against the High Needs Matrix and the combined scores in all columns are added together to produce the overall ‘Assessment points’. This is converted into a banding level (A-G) and a corresponding tariff amount. (See below). The amount of “top up” allocated will be the tariff amount less the notional £6,000. The awarded “top up” tariff will be reviewed annually.

1.6

Tariff Banding	Assessment points	Tariff amount
A	0-31	TBA
B	32- 45	TBA*
C	46- 58	TBA
D	59-70	TBA
E	71- 84	TBA
F	84 - 93	TBA
G	93+	TBA

2. Worked Example

- 2.1 The worked example below illustrates how the High Needs Matrix is used. The level of needs (number in left hand margin of matrix) in each column are considered and a decision reached on which description best describes the pupil. On occasions, descriptors in more than one row seem to apply so best judgement should be used to decide which one is the best fit. For that reason the High Needs Matrix is well suited to being completed by someone who knows the child well or when a lot of information is available.
- 2.2 The level of need in each column (as represented by the numerical value of the row) is then multiplied by the amount indicated in 1.4. This gives the points value of the column (see worked example).
- 2.3 The adjusted points for each column are then added together to obtain an overall points total. (34 in the worked example)
- 2.4 The total points (tariff) are compared to the banding table to obtain a tariff amount in pounds. (In the example, the points total of 34 converts to a monetary value of £TBA*.)
- 2.5 When a monetary value has been obtained, a maximum of £6000 (element 2) is the deducted to arrive at the “top up” monetary value that will be allocated.
- 2.6 If the tariff calculated by the matrix is less than £6000, then only the tariff amount will be deducted. No values lower than £0 will be the calculated “top up”.
- 2.7 In the worked example, 34 points were obtained. This converted to a tariff of £TBA*. £6000 OR the tariff amount should be deducted, (whichever is lower) to arrive at a “top up “of £TBA*-£6000. It is felt that a child with this level of need should be able to be supported by the schools delegated budget with an additional (£TBA*-£6000) allocated through the EHCP.
- 2.8 *If a school can demonstrate that they have used the entire notional delegated budget on other children currently being supported (provisions maps etc.), the local authority can decide to make an “exception” case and not deduct the £6000 from the calculated tariff. This is recorded and reviewed annually.*

Area of need	Score (from matrix column)	Weighting (from 1.4)	Points
Physical disability and/or medical conditions	0	X 4	0
Hearing	3	X 4	12
Vision	0	X 4	0
Speech and language	1	X 2	2
ASD	0	X 2	0
Emotional wellbeing	2	X 4	8
Social behaviour	1	X 4	4
Learning behaviour	1	X 4	4
Cognitive ability	1	X 4	4
Specific learning difficulty	0	X 4	0
		Total	34

2.9 In the above example, the points total of 34 converts to a Tariff of £TBA*. (See table in 1.5). “Top Up” funding after £6,000 deduction is £TBA* -£6000 (see 2.7).

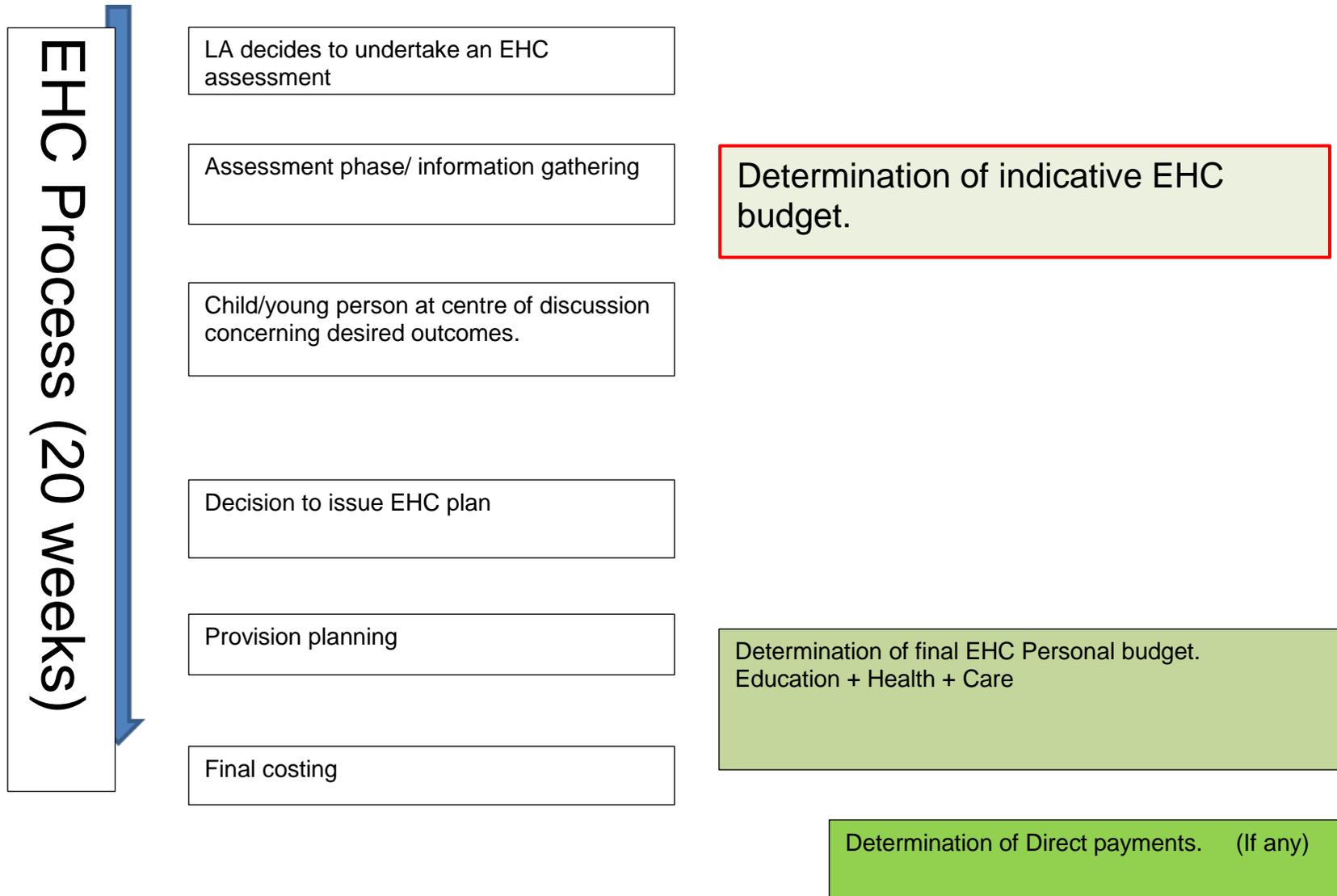
3. When will Element 3 funding be allocated or amended?

3.1 We allocate Element 3 funding using the High Needs Matrix for:

- Statutory Assessment based on the information provided,
- The annual review process – the school, college or setting should ensure that the recommendation for an amendment to funding is evidence based.

Appendix 3

Diagram representing the EHC process and where indicative and final budgets are decided



Appendix 4

Diagrammatic representation of indicative budget streams.

