Making it Personal:
A Provider Guide to Personalisation, Personal Budgets and Education, Health and Care Plans
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A Provider Guide to Personalisation, Personal Budgets and Education, Health and Care Plans

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September 2014

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1: Introduction and policy context

This guidance forms part of a suite of new guidance commissioned by the Department for Education (DfE) to support the personalisation agenda and the implementation of the Children and Families Act 2014.

The suite also includes guidance for commissioners, parents/carers, case studies, e-learning modules and guidance for Family Information Services.

All can be accessed via the KIDS website at www.kids.org.uk/mip2
Who is this handbook for?

This guidance is aimed at all organisations that provide support (in its broadest definition) to young disabled people and children and young people with special educational needs. It is part of a suite of new guidance commissioned by the Department for Education to support the personalisation agenda and the implementation of the Children and Families Act 2014.

The suite also includes guidance for families and for commissioners, case studies, e-learning and guidance for Family Information Services. Although each guide is targeted at a specific audience, there are some stories and examples that are shared across the different guides. If you are a parent with an interest in how to work with providers, or a commissioner who wants to better understand the family perspective, then you might want to look at more than one of the guides.

Throughout the document, we illustrate the changes in practice that personalisation necessitates with examples and case studies, as well as pointing you to helpful tools. Examples and case studies from organisations that provide support to adults are included in this guide because the principles can equally be applied to support to children and young people.

All the guides can be accessed via the KIDS website www.kids.org.uk/mip2

There is an introduction and some information about personalisation, then the guides are all structured around the four elements of the commissioning cycle as set out by the Commissioning Support Programme:

The Commissioning Support Programme’s definition is widely accepted as the universal definition of commissioning - the process for deciding how to use the total resources available in order to improve outcomes in the most efficient, effective, equitable and sustainable way.

See: www.commissioningsupport.org.uk/
Important note:
Throughout this guide, when we refer to ‘he’ or ‘she’, this should be considered as representative of both genders unless indicated otherwise.

We talk about ‘specialist providers’ to mean those that provide services and support to particular groups of people and ‘mainstream providers’ to mean those that provide services and support to all young people.

Why use the guidance?

Over the past few years, there have been some exciting developments in the policy and practice of designing and delivering services and support for young disabled people and for children and young people with special educational needs.

Central Government has funded pilots to try out individual budgets for families with disabled children as well as personal health budgets. Most recently the special educational needs and disability (SEND) pathfinders have been testing how to use personal budgets and new planning processes across education, health and social care.


See: www.personalhealthbudgets.england.nhs.uk/topics/latest/resource/?cid=8603 for information on the personal health budgets evaluation.

See: www.sendpathfinder.co.uk/ for information about the SEND Pathfinder programme

The Children and Families Act, 2014 became law on 1st September 2014 and represents the biggest change in policy and practice with regard to children and young people with special educational needs and disabilities since the 1981 Education Act.

The Act includes new duties on Local Authorities and the NHS to jointly plan and commission services for all children and young people with special educational needs and disabilities. This includes the following specific duties:

- To work together more effectively and cooperate at both the strategic and operational levels
- To include and work with young people and their families - putting them at the centre of everything using the principle of ‘nothing about us without us’
- To carry out co-ordinated assessments and where necessary work with young people and their families to produce Education, Health and Care plans (see page 25 in section 3)
- To work with local people and services to produce a Local Offer (see page 23 in section 3)
The Act is underpinned by some key principles that reflect what young people and their families say they want:

- A focus on planning for whole-life outcomes including higher aspirations for young people
- A focus on working with the skills and connections that families bring and on keeping support close to home
- Assessment and planning from 0 to 25 years to help avoid the often difficult experience of transition from children’s to adult services
- The right to ask for, and to have, personal budgets for parents/carers and young people who have an Education, Health and Care plan
- Much greater focus on working in genuine partnership with young people and their families
- Young people and their families having access to the information they need to make good decisions
- A focus on acting early and getting support at the right time

Appendix 3 of the Making it Personal guide for commissioners has more detail of all the policy drivers and initiatives related to personalisation, see: www.kids.org.uk/mip2
2: What is Personalisation?

Personalisation is often thought about as simply to do with personal budgets that children, young people and families can use to buy services that support to improve their outcomes. Personalisation is about much more than this: it’s about a fundamental change in how we think about and organise services and support, and particularly how we think about disabled children, young people and their families.
Traditional services have seen children who have individual support needs as being ‘in need’. Professionals have assessed them and then allocated services and resources based on what they believe to be best for the child. Professionals have been ‘gate-keepers’ of services, money and other resources.

This is known as the ‘gift model’ of service delivery.

Personalisation challenges this approach and sees individual children and their families as citizens who are entitled to take control of their lives and be supported in ways which make sense to them.

It is about children and families directing how they are supported.

This ‘citizenship model’ of service delivery makes it clear that children with individual needs and their families are part of the community.

So personalisation really means an approach to health, social care, education and support services that sees children, young people, or adults as individuals with unique skills, talents, aspirations, preferences and support needs. It also sees the young person and their family as part of, and firmly rooted in, their local community.

Personalisation is about putting the individual person in the centre of the process and everyone involved with that child working together as equal partners to support them and enable them to achieve their potential in all areas of life. As equal partners, the child or young person and their family are actively involved.
The idea of putting the child at the centre of planning their care and support is not itself new. What personalisation adds is the active participation of the child and their family in managing their own lives, and a wide range of opportunities and activities around them.

This diagram of the ‘whole system’ helps us understand how society and services support disabled children in a family centred way.

![Diagram of the 'whole system'](image)

**Figure one: Adapted by In Control from the Quadrants of Personalisation developed by OPM**

**Universal services and the mainstream** are what’s available for everyone locally – schools, leisure centres, shops, libraries etc.

**Targeted services** support children or families by providing something that is required by one or more people: for example, speech and language therapy or one-to-one support in school.

**Social capital and community wealth** means the groups, clubs, societies, places of worship etc. that are in every community – people and places for sharing interests, activities and mutual support.

**Choice and control – self-directed support** is individual support for disabled children and families, where it’s needed. For example, help to eat or drink or get about, or support to go shopping or to the cinema.

A truly personalised approach starts by looking at the social capital and community wealth that a young person and their family bring, alongside the universal services on offer in their community. When a young person finds it hard to access universal services, then targeted support or individual support through a personal budget might be needed - but always to support access to an ‘ordinary life’.
A note about co-production.....

One of the core principles of personalisation and of the SEND reforms is to make sure that children, young people and families are involved in the decision making processes at both an individual and strategic level. We often hear this talked about as ‘co-production’.

The New Economics Foundation - www.neweconomics.org - use the following working definition to describe co-production:

“A relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.”

This is a very different concept from the more traditional consultation and involvement processes that young people and families have been used to. It means that people who use services will be actively involved in not only planning and designing but also delivering services and support.

There is a toolkit about co-production on the personal health budgets website - http://www.personalhealthbudgets.england.nhs.uk/Topics/Toolkit/MakingPHBshappen/WorkingTogether/

There is also a great animation about co-production at: www.nomorethrowawaypeople.org

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Learning to Lead

Learning to Lead is an organisation that puts the principles of co-production into practice with children and young people in schools.

‘We take engagement to a new level so that from the very young upwards, people have responsibility and ownership and can run things for themselves. Our expertise is in providing structures, tools, training and inspiration to enable people to work together in teams to bring about the positive changes they wish for. The outcomes are transformational, individuals growing in confidence, self-esteem and ownership, and the whole culture of an organisation changing to one where everyone is ‘doing’ rather than feeling ‘done to’.’

http://www.learntolead.org.uk

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Spice is a social enterprise that develops timebanking systems for communities and public services that engage and empower the many rather than the few. Spice has developed agency time credit applications to engage people in the design and delivery of their public and community services and to support people to take a more active role in their communities. Whether that is with pupils in schools, tenants in housing associations or local people working with their community anchor organisation, these time credit tools increase active engagement, reduce dependency and build community and individual esteem.

http://www.justaddspice.org

They have also produced a short animation as an introduction to co-production: http://coproductionnetwork.com/video/spice-co-production-animation
3: Understand

If we want to support a disabled child in an authentically personalised way, we need to understand who she is, what she enjoys, what she aspires to, what support is already available and how services work locally. If we take time to really understand, we will have a much better chance of putting together the right support so that she can truly be herself, achieving her potential in all areas of her life.

This section is about:

• Getting to know the young people and their families you are going to support so you really do understand about their life and what they bring
• Understanding who the young person is and what it will take to get them a great life
• Understanding the communities you work in and what they bring
• Understanding your part in the wider Local Offer and commissioning strategy
• Understanding Education, Health and Care plans, personal budgets and how young people and their families can use them
Firstly and perhaps most importantly, it means understanding what a ‘provider’ is. Traditionally, we have thought about providers of services for young disabled people and children and young people with special educational needs as offering specialist and often segregated provision: residential short breaks, summer play schemes and support workers. The challenge is now to see provision as the responsibility of the whole community - from the corner shop to the local library; community centres, museums, youth club and leisure centres. Some young disabled people and their families will want and need support from providers for specific issues but the emphasis is on how all provision can contribute to all young people and their families being part of their local community.

**Getting to know who the young person and their family are and what they bring**

Traditionally, providers of services and support for young disabled people were expected to take responsibility for all aspects of that young person’s life. A personalised approach challenges this notion and expects young disabled people to get support from a range of providers, much like all children and young people do.

When you have a non-disabled child, family life is lived exclusively within the left-hand side of figure one, shown below - in the blue and purple boxes. Living with a disabled child often means that a family needs support from the boxes on the right hand side. The trouble is, it is easy to focus on the orange and green boxes and forget to think about the ordinary stuff, the skills and knowledge a family brings, as well as what’s already there in the local community.

Getting to know a young person and their family, who they are and what they bring starts with understanding their “Real Wealth”. ‘Real Wealth’ is a concept used to describe a child and family’s resources in a holistic way. It’s not just about money. ‘Real Wealth’ is the sum total of a family’s resources: its financial assets, but also the connections, skills and abilities that they draw on every day as individual members of the wider community.
The ‘Real Wealth’ model was first published by In Control in 2008 in:


‘Real Wealth’ is made up of:

**People**
This is about the ability to bond and communicate with others and having a loving relationship between parents and children and wider family networks. It is also about social networks; families can only thrive if they are connected to, valued by, and have a sense of belonging within their local communities.

**Access**
Families need to be able to access community activities and buildings and to feel welcome there. They need good, accurate and timely information that is welcoming and inclusive. Organisations need to understand the different elements of access – physical, sensory, social, cultural and psychological – and be flexible to make sure they are accessible to everyone.

**Skills and Knowledge**
‘Real Wealth’ recognises that each family member has their own skills, abilities and personal qualities, including their disabled child or young person, and looks for opportunities to use and develop them. This includes building social connections and finding ways to join in with what’s happening in the community, giving people who don’t know any disabled children the opportunity to discover how much disabled children have to offer.

**Assets**
Financial assets may include a personal budget as well as other sources of income.

**Resilience**
‘Real Wealth’ looks at a family’s physical, mental and emotional wellbeing – their inner strength. The other four elements of ‘Real Wealth’ contribute to sustaining natural resilience. Events that happen to families with disabled children and the way others treat them can strengthen or weaken this resilience. Encouraging a community in which everyone both contributes and benefits, supports families to develop a feeling of belonging and gives them a sense of responsibility rather than a feeling that they have a negative impact.
So, families really using their ‘Real Wealth’ might look like this ....

- One of the Mums of a girl in Lucy’s primary school is now confident to have Lucy round for play-dates.
- Jim in the village shop got me Jamie’s first personal assistant - I was having a chat with him about needing some support - he suggested Josh and introduced me to his parents.
- We found David, Lucy’s keyboard teacher through a friend of a friend
- When Jamie went with Josh to Paris, I bought their flights and the hotel and gave Josh beer money....but he didn’t want (or get) an hourly rate.
- Sarah’s teacher helped me realise that my problems with reading and writing were getting in the way of helping with Sarah’s learning. She helped me get onto an adult literacy course and now I feel much more confident.

Understanding the child or young person and what it will take to get them a great life

Everyone involved with a disabled child should focus on enabling her to achieve the best possible life. This means supporting her to reach her potential in education, to be as healthy as possible, to be included in her local community, to stay safe and to be ready for adulthood and all that entails.

The focus of personalisation and the SEND reforms are to put children, young people and their families at the centre of thinking and planning, actively involved in their support at all stages. This has huge implications for all providers to really get to know and understand the population of children and young people they seek to support.

Specialist services and support have traditionally been commissioned on a deficit basis - either to support young people with a specific condition or impairment or deal with a particular problem or issue they present. This makes it easy to start from the position of ‘what’s wrong and what do we need to fix’ - especially when the young person and their family have been having a tough time.

Specialist providers can, however be in a strong position to support families to think about their young person in a really positive or ‘asset-based’ way using person centred thinking tools. Starting from the point of view of, ‘who is the young person and what do they love doing?’ will help you have very different conversations than, ‘what is their diagnosis and what are they having problems with?’
It doesn’t have to be complicated. For example, talk to the family using the following questions:

- What’s important to your child – what really matters to him, now and for his future?
- What’s important for your child – to keep him safe and healthy?
- What’s working well at the moment – can we keep this up or do more of it?
- What isn’t working so well – how can we sort it out?
- What does a good day look like – how can we have more good days?
- What does a bad day look like – how can we reduce the number of bad days?

There are some excellent person-centred tools to help everyone understand the child or young person.

Go to:
www.helensandersonassociates.co.uk
www.preparingforadulthood.org.uk
www.supportplanning.org

Darlington Council has a single plan mini book that they have developed as part of their 0 to 25 Education, Health and Care plan. It uses person centred tools to help people collect and collate information about the young person and their family. See: http://www.helensandersonassociates.co.uk/media/83090/singleplanminibook.pdf

Here is a video clip of Helen Sanderson taking about their One Plan concept in the ‘other resources’ section: http://www.sendpathfinder.co.uk/infopacks/ap/

There are lots of examples of young people using person centred thinking tools here: https://www.youtube.com/playlist?list=PLjB3u9kDbySGOqkTZhypXvkGW3HigsWJA

One page profiles

One page profiles are a great way of pulling together the key information people need to know about a young person on just one page. The profile usually shares three keys sets of information:

- What people like and admire about me
- What’s important to me
- How I want to be supported/what’s important for you to know

For more information, including a useful animation, go to http://www.helensandersonassociates.co.uk/reading-room/how/person-centred-thinking/one-page-profiles.aspx

You can find some (free) colourful templates to download at http://www.sheffkids.co.uk/adultssite/pages/onepageprofilestemplates.html

Note: see also section 5 of this guide on using one page profiles with workers.
Understanding the communities you work in and what they bring, as well as your part in the jigsaw of provision

All provider organisations need to recognise that they are part of the local communities in which they work.

Under the public sector Equalities Duty (Section 149 of the Equality Act 2010), which came into force in April 2011, public authorities must consider the needs of all individuals in their day to day work - in shaping policy, in delivering services and in relation to their own employees.

The Equality Duty has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.


In practice, this means that ordinary, mainstream services should be open to and welcoming of all children. Often the adjustments that need to be made for this to happen are simply about people’s attitudes and willingness to do things a bit differently.
The social model of disability

The social model understands disability to be created by barriers in society.

The barriers generally fall into three categories:
- The environment – including inaccessible buildings and services
- People’s attitudes – stereotyping, discrimination and prejudice
- Organisations – inflexible policies, practices and procedures

What is the medical model of disability?

Many people think that disability is caused by an individual’s health condition or impairment. This approach is called the medical model of disability.

The medical model says that by fixing their body, disabled people will be able to participate in society like everyone else. This is an outdated model that is not supported by disabled people or their organisations.

Why use the social model of disability?

Using the social model helps identify solutions to the barriers disabled people experience. It encourages the removal of these barriers within society, or the reduction of their effects, rather than trying to fix an individual’s impairment or health condition.

The social model is the preferred model for disabled people and encourages society to be more inclusive.

For a video of disabled people explaining the social model and what it means to them, go to: http://www.youtube.com/watch?v=0e24rfTZ2CQ&sns=em

If you are a specialist provider then a big part of your role is to think about how you can support young disabled people to access the mainstream services that other young people their age enjoy.

Your local user-led organisation is a good place to start for help in thinking about how to make your mainstream service more inclusive.

**Darlington Young Leaders**

Darlington Association on Disability (DAD) provides Inclusion, Participation and Leadership opportunities for disabled young people aged 14 to 25 through its Young Leaders Project. The intention is that young disabled people gain skills and experience in order to influence DAD and other services.

Young Leaders is a user led group and aims to achieve the following:
- Have an impact on DAD by influencing decision making internally
- Improve accessibility of services
- Widen public attitudes with regards disability and change negative attitudes
- Develop leadership skills in members

See: [http://www.darlingtondisability.org/youngleaders/youngleaders.htm](http://www.darlingtondisability.org/youngleaders/youngleaders.htm)

**Changing Places** is a campaign to increase the number of genuinely accessible toilets in the community. For many disabled people, standard ‘disabled’ toilets just don’t meet their needs. The website gives more information about the campaign including real life stories and what you need to do if you want to install a changing place toilet.

See: [http://www.changing-places.org/the_campaign/what_are_changing_places_toilets_.aspx](http://www.changing-places.org/the_campaign/what_are_changing_places_toilets_.aspx)

**Developing inclusive mainstream services - Newcastle City Council**

Newcastle City Council used its early intervention grant to support short breaks for disabled children by developing an inclusive network of cultural and sports providers.

The council funded hubs in dance, sports, music, and art and a social inclusion club for children with autism. They call this programme ‘Get Connected’. In practice, it means that a connection to a community activity for a family is just a phone call away.

If the family phone their dance hub, Jambalaya, for example, staff at Jambalaya will find a low cost dance class for the child or young person which will take into account their disability and help them be successfully introduced to the class, there will also be an opportunity to join the integrated dance troupe, Inclusive Theatre.

If a child or young person is interested in music, the Sage Gateshead will either invite the child to join their integrated band or link them to a community musical activity.

The approach works by funding staff within the cultural or sporting hub to connect children or young people to inclusion. Last year, 100 disabled children and young people became connected to ongoing inclusive community activities.

Connect & Do is an online community movement in Lambeth, supported by Certitude, which allows people to get recommendations of courses and activities that they can do based on their interests. It trains volunteer supporters to help people get involved with opportunities that they like the look of, such as football, painting or learning a language, and meet people with similar interests to theirs.

It also has a function which allows people to set personal goals and track their moods and progress. People can also create new groups if one catering for their interests doesn’t already exist.

The activities and courses branch across six main areas:

- Sports and exercise
- Faith and spirituality
- Arts and culture
- Out and about
- Community and helping out
- Learning and education

The aim of the club is to build a supportive community movement which helps people with low confidence to get more involved in the things they love doing.

Currently, Connect & Do is only being trialled in Lambeth, but Certitude hope to expand it in future projects.

See: http://www.connectanddo.org/about

See: http://www.certitude.org.uk
Working with a local leisure centre

James is a young man of 14 who goes to mainstream school. His mum, Molly wanted to support his independence by enabling him to use his local leisure centre to go swimming on his own one night a week after school. One option would have been to get a personal assistant to support James, but with support from James’ school and by working with the leisure centre and some of James’ school mates, Molly was able to make it happen by putting the following in place:

- James’ form tutor talked to his class and four boys who already went swimming after school agreed to take it in turns to walk with James
- Molly went into the leisure centre to meet with the receptionist and the manager and explain what she hoped they could do – offer a bit of extra support
- She then followed this up with the below letter that they agreed to share with all the leisure centre staff as well as his one page profile to help staff know more about some of the particular ways of supporting James:

“So some of you will know our son James as we come swimming quite regularly along with our daughter, Lucy. You’ll know that he is a really good swimmer and loves jumping in! James goes to Bishop’s School and has just started Year 10. He also has autism.

“James is starting to do lots more on his own and this term he will be coming swimming after school on a Wednesday. He’ll walk down from school with one or two of his friends and then go back in time for the late bus home to Anytown. It leaves school at 5.30pm so he will need to leave the leisure centre at 5.15pm. He is a pretty good timekeeper, but if any of you happen to see him dawdling around this time please do give him a nudge.

“James is really independent but he’s also 14 - so if he does anything he shouldn’t (like being noisy, or running in the pool - or any of those other things that 14 year olds do) please do tell him off. Too many words confuse him so stick to short instructions rather than a complicated explanation; ‘James, stop’ or ‘James be quiet’.

“If for any reason you need to tell us about something, please feel free to call. Many thanks.”

Molly Smith
Local Area Co-ordination

Local Area Co-ordination (LAC) was originally developed in Western Australia in 1988 to build individual, family and community self sufficiency so that individuals with an intellectual disability can choose to live with their families, or in their local community without compromising their quality of life. It has a strong person-centred values base and works with individuals and families in communities. It combines a range of activities and delivers them very locally as a single, local point of contact.

LAC is now driving conversations in England and Wales around rethinking the purpose of services. Rather than asking ‘what services or money do you need?’ it asks ‘what is your vision for a good life and what are the range of ways you can get there?’ LAC is built on the principle that the purpose of social care reform is to strengthen informal supports and community self sufficiency and to make services more personal, flexible and accountable (Bartnik, 2008).

LAC has been both influenced by and contributed to the development of strength/asset-based community development thinking and practice over the last two decades which is now shaping agendas related to Health and Well-Being Boards, Joint Strategic Needs Assessments, localism and social care reform.

It aims to actively form partnerships with individuals, families and local communities to promote self sufficiency and local solutions to problems. It also forms strong partnerships with formal services and professionals. In response to the complexities of the system, LAC combines/replaces a range of existing roles and delivers these in a very local, personal and flexible way.

See: http://inclusiveneighbourhoods.co.uk


Think Local Act Personal commissioned a toolkit ‘Are We There Yet?’ which has a checklist of ‘I’ statements based around what people who use your service would say if you as a provider organisation were supporting them, to really build their social capital. It has been developed for use by adults but the principles apply equally to children, young people and their families.

See: http://www.thinklocalactpersonal.org.uk/BCC/EvidenceAndEvaluation/AreWeThereYet

See also the Think Local Act Personal community capacity building website for more information about social capital and the role it can play in transforming service design and delivery:

See: http://www.thinklocalactpersonal.org.uk/BCC/index.cfm
Understanding your part in the wider local offer and commissioning strategy:

Joint Strategic Needs Assessment

Each upper tier Local Authority (county council or unitary authority) has a Health and Wellbeing Board. The Board is a strategic forum providing leadership across health, public health and social care. Boards are responsible for producing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (see guidance - http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/)

The purpose of Joint Strategic Needs Assessments is to improve the health and wellbeing of the local community and reduce inequalities for all ages. The process includes:

- Understanding the demographics of the local area
- Understanding current services - how they are used and the outcomes they achieve
- Gathering information from people who use current services
- Considering what assets local communities can offer
- Considering current and future health and wellbeing needs of the population and agreeing priorities

Note: there is more detailed information about Joint Strategic Needs Assessments in the Making it Personal - how to commission for Personalisation guidance on pages 36-37

The Local Offer

As part of the SEND reforms, from 1st September 2014, every Local Authority has to publish a Local Offer. This is information about the services they expect to be available in their area for children and young people from birth to 25 who have special educational needs and/or disabilities and also services outside of the area which they expect children and young people from their area will use.

The Local Offer will put all the information about education, health and care services, leisure activities and support groups in one place. It is not simply a directory of services; it will also explain how young people and their families can access services and support and what they can expect. Knowing what is out there gives families more choice and therefore more control over what support is right for their child.

The Local Offer must include information about all the areas specified in the Special Educational Needs and Disability Local Offer Regulations 2014 (www.legislation.gov.uk/uksi/2014/1530/part/4/made) including:

- Special education, health and social care provision for children and young people with special educational needs or disabilities
- Arrangements for identifying and assessing children and young people’s needs – this should include arrangements for education, health and care needs assessments
Other education provision, for example leisure, sports or arts provision
Post-16 education and training provision
Apprenticeships, traineeships and supported internships
Information about provision to assist in preparing children and young people for adulthood
Arrangements for travel to and from schools, post 16 institutions and early years providers;
Support to help children and young people move between phases of education
Sources of information, advice and support in the Local Authority’s area relating to young people with special educational needs or disabilities
Arrangements for resolving disagreements and for mediation and details about making complaints
The Local Authority’s accessibility strategy

The Local Offer should cover support available to all children and young people with special educational needs and disabilities. By using In Control’s four quadrants (social capital, universal, targeted and specialist support - see figure 1 on page 10 in this version), local areas can focus on how to make sure that universal services are genuinely accessible to all young people and that targeted and specialist support is personalised around what young people and their families say they want and need.

The Government says that the Local Offer must be developed and reviewed in partnership with children and young people, parents, carers and local services including early years settings, schools, colleges, health and social care agencies.

The SE7 Pathfinder programme has produced a Local Offer draft framework.
See: http://se7pathfinder.files.wordpress.com/2013/12/se7-local-offer-framework-final.pdf

They have also shared their journey towards co-producing their Local Offer:
http://se7pathfinder.files.wordpress.com/2013/10/se7localofferthejourneysofar.pdf

For non-educational providers the questions that their Local Offer asks are:

1. What does your service do?
2. Where is it located and what areas does it cover?
3. Who does your service provide for?
4. How can I start using your service?
5. How are decisions made about who can use your service?
6. How do you communicate with service users and how are they involved in decision making/planning?
7. Is your service fully accessible?
8. What training have the staff supporting children and young people with special educational needs or disabilities had or what training is planned?
9. Who can I contact for more information?
Understanding Education, Health and Care plans, personal budgets and how young people and their families can use them

Education, Health and Care plans

From September 2014 the current Statement of Special Educational Needs and the Section 139a Learning Difficulty Assessment will be replaced by the new Education, Health and Care plan (EHCP) running from birth to age 25 years for children with special educational needs.

The main differences are that the Education, Health and Care plan:

• Is more person centred, with the engagement of children, young people and their families central to the whole process
• Has a more co-ordinated assessment process across education, health and care services
• Focuses on whole life outcomes to be achieved for each child or young person
• Runs from birth to age 25
• There is a detailed guide to the Education, Health and Care plan process in Appendix one of the Making it Personal guide for families, see: http://www.kids.org.uk/mip2.

Once an assessment for a plan has been agreed, the process follows the four steps as outlined in the graphic overleaf developed by the SE7 pathfinder. They have developed a framework for assessment and planning that you can find here:


The Council for Disabled Children has produced a checklist for Education, Health and Care plans (soon to be updated now the final Code of Practice is out):

A personal budget is a sum of money made available for children who require additional support above what is available to most children through local services. It is not the overall total of all the money that is available to support a child. It does not, for example, include the cost of the child’s school place or existing targeted support provided by school, such as additional learning support. Some head-teachers have contributed some money from their own school budget, although there is no requirement for them to do so.

In all cases the availability of a personal budget will be based on the support a child or young person needs in order for them to achieve a set of agreed outcomes and to have their identified support needs met. In some cases an Education, Health and Care plan may not translate into a child or young person having a personal budget. In other cases a child or young person may have a personal budget from more than one source, i.e. social care, education and/or health.

A child, young person or family may be offered a personal budget for social care or for health support without having an Education, Health and Care plan. Having an Education, Health and Care plan is not the only route to accessing a personal budget to meet identified social care or health needs.

Note: Personal budgets are being used increasingly as part of a strategy around early intervention, recovery, family crisis, exclusion from school, and long-term health conditions or other circumstances identified through assessment (see Section 5: ‘Do’ for some examples).
The Local Offer, The Education, Health and Care planning process and personal budgets all mean that, as specialist providers you (more than ever) need to know what you can offer. You will also need to develop a good understanding of how much your services and support cost, whether or not young people and their families can purchase elements of support you provide through their personal budget and whether you will work with families to offer support that is tailored to their young person through an Individual Service Fund (see Section 5 and page number 43 for more information about Individual Service Funds).

For more detailed information and a framework to implement personal budgets see In Control’s publication, Support and Aspiration - Introducing Personal Budgets:


In Control, Mott MacDonald and Pathfinder Champions (supported by the Department for Education) have created a new personal budgets resource, ‘An Offer of personal budgets by September 2014’

Lewis Carroll once wrote that, ‘if you don’t know where you’re going, any road will get you there’. Good planning means supporting young people and their families (alongside other key people) to plan for the lives they want and to have a really clear idea about where they are going - both long and short term.

In the Section three, we looked at the new Education, Health and Care Plan process, and lots of the planning that providers will be part of will be linked to these plans. It is important to remember that not all young disabled people and children and young people with special education needs will have an Education, Health and Care plan, but that doesn’t mean that the principles of good person-centred planning are not important.

Good planning means that young people and their families can really get the lives they want.

This section is about:

- Planning for outcomes
- Preparing for Adulthood
- Support for support planning .....and REALLY hearing the voice of young people and their families
- Planning positively around risk
- Planning as an organisation - working together for change
Planning for outcomes

Specialist providers have historically been commissioned to provide outputs; x number of hours of support or x number of interventions. While this is easy to measure, it doesn’t tell us how well a particular service or support is doing in enabling the young person and their family to get the life they want.

The focus of personalisation and the SEND reforms is about getting the right outcomes for a young person and their family - goals that help them to progress.

An outcome is the difference made to a child as a result of someone doing something. Some outcomes may be about keeping things the same, like managing a health condition. Others will be about encouraging the young person to develop and reach his potential. All the information that was gathered about the young person and their family during the ‘understand’ process will contribute to the outcomes that are agreed.

An outcome:

- Is what I want, not what someone says is best for me
- Is not written from a service perspective
- Is something we can tell when I have achieved it
- Changes something that isn’t working
- Moves towards a future that I want

One of the main difficulties we have when developing outcomes is our tendency to embed the solution into the outcome. We might say that if the problem is the young person’s communication with her friends then the outcome is two hours speech and language therapy. But that is just one of many possible solutions. A solution is the resource you need to achieve your outcome.

- It can be an item or an activity
- It can have a cost associated with it, or be free
The problem: Anna finds it hard to get her friends to understand what she wants and this makes her frustrated. Sometimes she hits out because she is cross.

The outcome: ‘I am understood by my friends and I can play with them at the after school club every day without getting cross’

The possible solutions:
- Speech and language therapy
- My friends learn my signs
- A communication passport (developed with my friends)
- An iPad and app so I can show my friends what I want

The Council for Disabled Children has developed an outcomes pyramid to support young people and their families to write effective outcomes:

See: http://www.sendpathfinder.co.uk/infopacks/ap/ (Appendix 6)

The other problem is that we are not specific enough with our outcomes, which makes it hard to measure them. Outcomes should be SMART (specific, measurable, achievable, realistic, time-bound). So, Anna’s outcome about communicating with her friends might look like this:

<table>
<thead>
<tr>
<th>What?</th>
<th>Who?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give Anna’s mum, her class teacher and teaching assistant some information about communication passports</td>
<td>Liz (speech therapist)</td>
<td>by the end of the week</td>
</tr>
<tr>
<td>Introduce Anna’s mum to Sally - another Mum whose son has a communication passport</td>
<td>Liz (speech therapist)</td>
<td>by the end of the week</td>
</tr>
<tr>
<td>Collect information about what we know about how Anna communicates:</td>
<td>Sarah (TA)</td>
<td>before October half-term</td>
</tr>
<tr>
<td>• from her school friends</td>
<td>Mum</td>
<td></td>
</tr>
<tr>
<td>• from family</td>
<td>Alex (SENCO)</td>
<td></td>
</tr>
<tr>
<td>• from teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft a first version of the passport</td>
<td>Liz</td>
<td>15th Nov</td>
</tr>
</tbody>
</table>
Preparing for Adulthood

One of the important principles of the SEND reforms is to raise the aspirations for young disabled people and young people with special educational needs as they move into adulthood. The Children and Families Act 2014 says that the Preparing for Adulthood outcomes should be a focus of person-centred reviews from Year 9 onwards.

The four Preparing for Adulthood life outcomes are based on what disabled young people say is important to them. Ultimately young people want to have full lives with choices about their future and control of their support:

For more information see www.preparingforadulthood.org.uk where there are lots of resources as well as stories from young people and their families about planning around the Preparing for Adulthood life outcomes.

Support for support planning …..and REALLY hearing the voice of young people and their families

There is a clear message running through the Children and Families Act and specifically the SEND reforms, that young people and their families must be part of the planning process to agree outcomes and how to best achieve them. Some young people and some families will feel confident to take on active roles as part of the planning process, others will not.

Mechanisms for supporting both young people and their families to understand how the system works, know that they have the right to contribute their views and ideas and also to offer direct support to each other are therefore vital.
SENDirect is a new national online service launching in September 2014. It has been created to support families and practitioners to:

- See what choices are available to them, how much things cost and what other people think of them
- Access information about rights
- Access guidance on how to tell what impact particular support or activities could have on outcomes for their child
- Influence the development of new and different services that better meet their child’s needs.

See: www.sendirect.org.uk/

Independent Support

The Department for Education is spending £30m on the recruitment of individuals to provide advice and support to parents of children with special education needs, and to young people with special education needs, through the statutory assessment and Education, Health and Care plan process.

Independent Supporters will help to build resilience in families by offering a range of time-limited support such as liaison across different agencies and advice on personal budgets. The level and nature of that support will be tailored to the particular needs of individual families.

See: http://www.councilfordisabledchildren.org.uk/what-we-do/independent-support

Young people’s participation

VIPER (Voice, Inclusion, Participation, Empowerment and Research) are a group of 16 young disabled people who researched disabled young people’s participation in decision making. The guide they produced can be downloaded here:


For more information about VIPER, go to their website: http://viper.councilfordisabledchildren.org.uk/home/
Empowering families – Partners in Policymaking

“I did the Partners in Policymaking course 12 years ago. It’s an amazing course which really empowers and informs parents who have a disabled child.” Lynne Elwell, who has been delivering Partners courses across the UK and beyond for many years, has an extensive network of family members, made up of more than 2000 people who have “graduated” from the courses over the years.

From time to time, a parent may have a question about how something works – the law, or best practice or something more practical, like how to get the right wheelchair or communication app. Lynne sends the question out across the network and people respond, always within a day or two, with a range of knowledge, experience and ideas from across the UK.

Sometimes, a parent may need some practical support and, if there is a Partners graduate nearby, they will make contact – meet for a chat, go to a meeting with someone. It’s very much about families helping each other through sharing their vast knowledge and experience.

‘The Partners network has a great feel to it – the families are bonded through shared values and mutual understanding of the emotional impact of having a disabled child’.
Kate Sibthorpe

For more information about Partners in Policymaking, see: www.in-control.org.uk or email lynne.elwell@in-control.org.uk

Many Local Authorities are also recognising that commissioning user-led organisations, family-led organisations and other third sector organisations is a really positive way of increasing both the choice and control that families have in the planning process as well as making sure they can play an active part in the process. Families can offer each other peer support.

For a useful discussion paper about the broader concept of peer support, as well as some useful examples, go to: http://www.centreforwelfarereform.org/library/type/pdfs/peer-support.html

The Wider Horizon Project (part of Barnados) in Knowsley and Halton supports young people and their families to participate in support planning:
See: http://www.barnardos.org.uk/widerhorizons.htm

Supporting families to develop and use personal budgets

KIDS has worked with the Local Authority and Clinical Commissioning Group in Hull to pilot personal health budgets for families with disabled children. This was delivered through the KIDS Keyworking service which was unusual in supporting families with children from early years up to age 18.

The KIDS Keyworking team was able to creatively respond to issues that families were facing, and with the support of their public sector partners, were able to help families tailor personal support packages to suit their requirements.

Informal discussions with the families and staff involved indicate that personal budgets have a lasting legacy as long as the support team in place understands what personal budgets are there to achieve in terms of flexibility and responding to individual need.

Having a supportive senior lead is crucial and when new staff come into the support team, it is essential that they attend training to understand the ethos of personal budgets, otherwise their approach can be too prescriptive and less outcomes-oriented. Having parents co-train staff can help to avoid this potential issue.

Contact: ndd@kids.org.uk

Newcastle City Council contracted with Skills for People, an advocacy project alongside a family organisation, Pass it on Parents, to provide support planning and brokerage during their three-year personal budgets pilot for children and young people. Skills for People trained social workers in support planning.

Families could then choose to have Pass it on Parents, Skills for People or social workers to support them plan.

Contact: Martin Donkin, Project Manager Individual Budgets at martin.donkin@newcastle.gov.uk

Developing peer support for young people - both formally and informally can really help to make sure that outcomes for a young disabled person are aspirational and inclusive.
As part of the process of planning for Sam’s Year 10 GCSE options, Sam’s Mum asked his friends and classmates to share their thoughts and ideas. She sent green and orange cards into school and asked them to complete them saying:

what jobs do you think Sam would be really good at in the future (and why)?

what jobs should we not think about for Sam in the future (and why)?

Sam’s two closest friends then came to part of a planning meeting to help think about the subjects that Sam should take for GCSE, based on what he might do as a job in the future.

Using technology is also a way of supporting young people to have more control over the planning process.

As part of the SEND Pathfinder programme, Greenwich Local Authority has been exploring the use of IT to promote person centred planning. In particular, they have worked with families to develop personal Wiki websites where young people and their families can collate information about the young person as well as their plan. Shane’s family have developed a Wiki for Shane that contains all the things that are important to him.

To see a demonstration, please click on the links below:
Forty minute version: http://www.youtube.com/watch?v=wOK84qsB4BA&feature=youtu.be
Shortened, nine minute version: http://www.youtube.com/watch?v=76q1U31ihw0&feature=youtu.be

Planning positively around risk

One of the central themes of personalisation is the inclusion of, and contribution to, local communities by people traditionally seen as ‘service users’. This means challenging the starting point of services for disabled people that focus firstly on protection.

Much work has been done in the world of adult social care thinking about risk and safeguarding in the context of people becoming full citizens with the right to independence, relationships, employment and the life they choose.

Think Local Act Personal has collected together a range of useful documents - See: http://www.thinklocalactpersonal.org.uk/Browse/safeguarding/
SCIE has also produced a report - Enabling Risk, ensuring safety: self-directed support and personal budgets


This is a huge challenge to commissioners, providers and families and requires all parties to work together to develop vision, policy and practice that commits to new ways of working. In Control is working with the NSPCC on a guide to personal budgets and Safeguarding that will be published soon and will be available on the In Control website - www.in-control.org.uk

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**Gloucestershire’s Building Better Lives policy (2014) states:**

‘An all age disability model would be designed to ensure a speedy, proportionate and effective response when safeguarding issues arise for an individual child, young person or adult. In addition the issue of positive risk taking must be tackled head on.

Often the issue of safeguarding has been used as a blanket rationale for limiting the aspirations of people who are disabled. Such a risk averse approach typically begins with an early focus on deficits and the diagnosis of problems, is then reinforced if children with special needs are segregated and ‘protected’ from any of the exposure to real life expectations that they may need to confront as they grow up. It is the furthest possible thing from true safeguarding. It maintains children and adults in a world of vulnerability where they are not exposed to opportunities to learn to manage risk safely or taught how to protect themselves.

Real safeguarding comes from supporting each disabled person to be their own best advocate, and to manage risks. It’s about giving them a voice, supporting them to surround themselves with friends and trusted people. It’s about recognising them as full citizens with rights, freedoms and responsibilities which they understand and can uphold. The safety and well being of children and adults will always be our prime concern. The policy reflects the belief that the most fundamental building block of safeguarding is to ensure that people feel confident and valued, know how to access information and advocacy and know how to protect themselves.*

See: www.gloucestershire.gov.uk/buildingbetterlives
Planning as an organisation

Working together for Change is a person centred approach that can be used on a variety of levels to think about change. It uses person-centred information to shine a light on what is working well for people, what is not working so well and what might need to change for the future and engages everyone in planning how things could work better and differently. This was the methodology used by the Department of Health for the National Provider Development Programme that formed an important part of the Government’s work on Putting People First in 2010-11. It is now being used up and down the country in a wide variety of settings, including in health, social care and education. By virtue of being trialled in many different environments, people using Working together for Change have helped build a new approach to public service design that empowers local people to truly lead the debate.

See: http://www.groundswellpartnership.co.uk/WorkingTogetherforChange
5: Do

This section is about how you go about delivering services and support to young disabled people and children and young people with special educational needs. It is about the culture you create - ‘how we do things around here’ - and about the technicalities of how you ensure that everyone you support, whether you are a specialist or mainstream provider, gets the service they need. It’s about putting the plan into action, using the young person’s social capital, mainstream and informal support, as well as setting up any formal elements of the service you will be providing.

This section is about:

- Organisations doing things differently - culture change
- Working with personal budgets and individual service funds
- Workers doing things differently - making sure you have a workforce fit for purpose
Organisations doing things differently - culture change and leadership

Probably the most important element of making a personalised approach work is cultural change. Applying the principles of personalisation means a shift in power between people who traditionally ‘receive’ services and those who ‘deliver’ services. The person-centred thinking tools described in Section 3, ‘understand’, will support different conversations about how outcomes can be met, starting from the social capital the young person and their family bring.

This can be tough for workers who have been used to a more formulaic approach to ‘delivering’ services. Any organisation wanting to look at culture change needs to have clear leadership, as well as an understanding of the change process.

There are some useful examples in the SEND Pathfinder pack of the processes set up within the pathfinders to ensure that they really did tackle reform in a systematic way. Provider organisations need to be part of any whole system change locally (see for example the SE7 process http://www.se7pathfinder.co.uk/what-who-is-se7/regional-steering-group).

There is a presentation on the In Control website that looks at the process of change and focuses on the difference between change and innovation - successful change is not about the change itself, or simply about reorganisation, policies and training see http://www.in-control.org.uk/media/106676/managing%20change%20through%20innovation.pdf. The presentation also makes reference to Russell Ackoff’s ‘F-Laws’, which you can find more information about here - http://www.f-laws.com.

Working with commissioners

Commissioners are taking a three-pronged approach to working with providers to make personalisation a reality:

• Sending a clear message that providers need to look at the commissioned services they provide and make them more personalised
• Making it clear that personal budgets are here and here to stay, and that providers need to work with commissioners and with young people and their families to ensure that they are able to deliver
• Using framework contracts (where the contract price and the quality indicators are fixed but not the quantity to be provided) and a range of other procurement techniques to move towards a personalised approach

Market Position Statements are a way of commissioners opening up a dialogue with providers about what they know about current and future need and how they want the market to develop. In developing services and support for children and young people, the role of families in developing the market is, of course crucial.
The Institute for Public Health has developed a toolkit for commissioners around Market Position Statements in adult social care, see: http://ipc.brookes.ac.uk/publications/index.php?absid=658


Adult social care has lots of learning to share about how providers need to think and work differently and Think Local Act Personal (TLAP) published a suite of resources that you can find on their market development page, see: http://www.thinklocalactpersonal.org.uk/Browse/marketdevelopment/

TLAP also has the Making it Real resources that set out what people who use services and their families expect to experience if their support services are truly personalised. Many Local Authorities are now signing up to use the Making it Real markers, see: http://www.thinklocalactpersonal.org.uk/Browse/mir/

There is a detailed explanation in Section 3 of the Making it Personal guide for commissioners (www.kids.org.uk/mip2) on the tools and processes that commissioners are using to develop the marketplace for personalisation

Progress for Providers is a range of simple self assessments, action planning tools and resources to enable Providers to deliver more personalised services and support, see: http://progressforproviders.org
Action for Children – Proactive work to personalise services

Action for Children (AfC) supports more than 15,000 disabled children and young people throughout the UK. They deliver over 70 short break services and strive to achieve inclusion in their universal family support, youth and children’s placement services.

Their short break services are primarily block contract funded but they are beginning to see the emergence of framework agreements. To date they have some experience of direct purchasing from young people and their families, particularly where young people with significant support needs have transitioned to adult social care and seek to continue their services, particularly those which enable bespoke access to sport, leisure and cultural activities.

In preparation for the future and in anticipation of increasing numbers of disabled young people and their families seeking to secure support through a personal budget they have started on a journey of organisational and cultural change.

They commissioned independent research which demonstrated that staff already worked in an effective personalised way and that AfC has a positive child-centred approach. Frontline services operate within a personalised culture, for example offering choice where possible and social inclusion. Their research and market analysis helped senior managers to consider risks and opportunities, and begin to strategically prepare for the new landscape. See: http://www.actionforchildren.org.uk/policy-research/research. A recent Freedom of Information request about direct payments to all Local Authorities is being analysed and key messages will be published soon.

They are conscious that this is a vital stage as changes will impact on all aspects of their day to day operations, including back office functions where policies and procedures are being revised. They have developed a personalisation toolkit covering health and social care policy developments across the UK, a marketing plan, case studies, models of support and a frequently asked questions section to assist services with developments.

To develop their offer it was first necessary to have an understanding of their unit costs, including the challenge of costing short breaks that are part of a hub model. AFC is responding on a needs-led basis to young people and families who have approached them to purchase support with a direct payment which is enabling them to take a step change approach to testing out key areas, for example:

- Delivering support to develop life skills
- Developing digital solutions for families to book commissioned targeted weekend, evening and holiday short breaks; piloting a short breaks portal
- Investigating how they can be increasingly flexible and responsive to meet young people’s aspirations and testing new services and approaches
- Piloting pooled health budgets for therapy in early year’s settings.

Contact: Clare Gent, Strategic Development Manager, Disability at Clare.Gent@actionforchildren.org.uk
Self-directed support and Early Intervention is a report by Tim Keilty that shares the experiences of three projects that have set out to work with young people and their families in very different ways:

Mayday Trust BU Amazing is a project that works with young people at risk of social or educational exclusion. It takes an asset-based approach and focuses on community inclusion.

The Returning Children to Middlesbrough Project tackled situations where young people’s placements had broken down and they found themselves in a crisis placement far from home.

Improving Futures Worcestershire aims to work with 100 families from three of the most deprived areas of Worcestershire, working with families experiencing difficulties and offering support to help them reach their own solutions.


Working with personal budgets

Many provider organisations will be in a position now (or very soon) where their services can be purchased directly by a young person or their family, rather than directly commissioned by the Local Authority or Clinical Commissioning Group. Proactive providers will be thinking about what they need to do to transform their services and talking to young people and their families about the sorts of services and support they would want to buy.

As part of the Local Offer, Local Authorities need to be clear about how personal budgets can be used, but the message from central government is that, with some clear exceptions, personal budgets in education, health or social care should be used flexibly and creatively on items and support - as long as they are contributing to meeting the agreed outcomes in a support plan or Education, Health and Care plan.

There are some things that you can’t use your personal budget for, for example: vaccination or immunisation, health screening, NHS health checks, services that are provided by your GP, prescriptions, and dental charges.

As a general rule, families can’t use a personal budget to employ a family member who lives with your child, but there may be exceptional circumstances where this will be agreed.
If a family has a personal budget to buy services or support to meet the outcomes in the young person’s plan, they need to make some decisions about how to manage that budget.

There are four ways to manage a personal budget:

1. You can take it as a direct payment, receiving the cash to buy and manage services yourself, or you can nominate someone you trust.
2. The Local Authority or Clinical Commissioning Group can manage it for you, organising your child’s support.
3. A third party can manage it for you. For example, the cash can be paid to a service provider, or a local organisation can manage your budget for you.
4. You can use a combination of these options. For example, the local authority could provide a short break service and speech and language therapy while you use a direct payment to pay for a personal assistant to support your child to make and meet friends at the local youth club.

It’s easy to get confused by the difference between a personal budget and a direct payment – remember:

**Personal budget** = I know how much money is in the pot

**Direct payment** = one way of taking my personal budget (but not the only way and I don’t have to do it on my own!)

Apart from directly providing services purchased by families with direct payments, as providers, your involvement with personal budgets will be in your role as a third party (the third bullet point above). When a young person or their family chooses a specific provider organisation to manage their personal budget and work with them to plan and deliver support, it is called an Individual Service Fund.

Individual Service Funds mean that:

- The money is held by the provider on the individual’s behalf
- The person decides how to spend the money
- The provider is accountable to the person
- The provider commits to only spend the money on the individual’s service and the management and support necessary to provide that service (not into a general pooled budget).

Using an Individual Service Fund to design person centred support around someone is called Individual Service Design.
There is an explanation of how an Individual Service Fund works in this example see http://www.centreforwelfarereform.org/library/by-date/using-an-individual-service-fund.html.

There is also a paper sharing independent research carried out by Animate, demonstrating learning about Individual Service Funds from Inclusion in Glasgow see http://www.centreforwelfarereform.org/library/by-date/individual-service-funds.html.

Groundswell Partnership shared the learning from their work on developing Individual Service Funds in, Choice and Control for All - the role of Individual Service Funds in delivering personalised care and support see http://www.groundswellpartnership.co.uk/choice-and-control-for-all-

**Dimensions use a ‘specialist support advisor’ model.** Anyone who comes to the organisation for support is given a specialist support advisor who works with the person and their family to really understand the type of support they want and what that will cost. They are then responsible for putting together a tailored package of support.

See: www.dimensions-uk.org
Partners Group

The Partners for Inclusion Group is one of a small number of organisations in Scotland that aims to provide truly personalised support. This means the person having their own support budget and they and their families choose the people who provide their day to day support. This helps people be in control, live their life and be an equal citizen with opportunities to contribute to their community.

See: http://www.partnersforinclusion.org/home

Personalised Support tells the story of Partners for Inclusion and includes Alison’s Story - how Partners for Inclusion put together a package of support for Alison that has enabled her to have her own flat and a full life;

“The young women from Partners for Inclusion gave Alison a crash course in being 18. The house filled with music, she got some decent clothes (“there’s no way she’s going out in that!”), tried some new foods, met Bacardi breezers, got her nails painted and listened to endless chat about TV and fashion. She went on holiday without her parents, and for someone supposed not to enjoy loud music and crowded places had a pretty good time at the ice rink.”


Beyond Limits is a new organisation based in the South West (set up with support from Partners for Inclusion) that uses Individual Service Design to build packages of support for people, particularly people who have reputations for being difficult or for whom other services have broken down.

See: http://www.beyondlimits-uk.org/p/about-us.html

Pooled budgets

Some families are exploring ways to pool their personal budgets and potentially get better value for money. Scope has a project called Made to Measure which is working with families to test how personal budgets might be pooled, see: http://www.scope.org.uk/Made-to-measure/Plymouth/News/About-Made-to-measure-Plymouth
Pooled budgets in Darlington

John A and John B are two young people from Darlington who left school a few years ago to go away to residential college for three years. When they came back to Darlington after their college course finished, they were looking for things to do but day services seemed to be the only option. Val, John B’s Mum was clear that this was not an acceptable option.

One of the things that both young men loved to do was cook and they already had some catering skills. They decided that getting a catering qualification would be a good next step and eventually found a course at the college in a neighbouring borough.

Val, John A and John B got support from Tracy at the Direct Payments support service at Darlington Association on Disability and they started thinking together about what the young men could do with their catering qualification when they got it. The idea they came up with was a fresh soup delivery business and they started talking to people who knew about social enterprise. After getting lots of advice, they decided they just had to get started and dip their toe in the water, so JJ’s (John and John’s) soup kitchen was born.

They managed to get two small grants of about £500 in total to buy some pans, set up insurance, pay some rent and buy their initial ingredients. Both men got a direct payment instead of day services to pay for support from personal assistants, and also the agreement of the local church to use their kitchen. Val got support from other organisations to teach the personal assistants about job coaching.

The soup kitchen idea started but very quickly the church asked if they would run a café for them and also more people got interested and wanted to be part of the team. It was clear really quickly that JJ’s was an essential part of the community which is in an area termed ‘deprived’. While the initial idea was that it would be profit making, it became clear that the cafe would be more effective if it set up as a registered charity, providing training and development opportunities for the JJ’s team but also a community café serving high quality but affordable food which the team prepare from scratch. Team members also form the management committee and provide support for new people who join.

Food is prepared on Monday, the café opens on a Tuesday and they do deliveries to local people on a Wednesday and also take bookings for buffets. They regularly serve over 70 people, and café regulars include local residents and families coming for lunch together, disabled people and carers across Darlington, the local police, voluntary sector workers, council staff. Why do people visit?......... because the food is delicious!

For more information, contact Tracy Roberts at tracy@darlingtondisability.org
We are beginning to see more examples of schools and colleges creatively working with pupils, students and their families to personalise support - with or without the use of a personal budget. In some cases this involves schools or colleges giving some of their budgets to a young person or their family to support work experience or community activities. There are examples in the Personal Budgets SEND Pathfinder Pack, see: http://www.sendpathfinder.co.uk/infopacks/pb/ and on the Preparing for Adulthood website, see: http://www.preparingforadulthood.org.uk/resources

Even if a personal budget is not possible, if a flexible and ‘can do’ approach is taken by education, health and social care partners then really innovative arrangements can be made as the following examples show:

Lucy is in Year 10 of a mainstream school, with targeted funding for support throughout the school day. When she and her family were choosing her options for GCSE at the end of Year 9, they wanted to help her to pursue her love of music and support her real talent in composing. It was clear that a GCSE syllabus would not offer the best opportunity for Lucy to demonstrate her skills in music— she doesn’t use many words to speak and her writing skills are limited.

The school knew that Lucy already had private keyboard lessons from David on a Saturday, and suggested that his skills might be used in school. After some careful planning, it was agreed that school would use some of Lucy’s targeted funding to pay for David to come into school for two hours a week to work with Lucy and her teaching assistant on a BTEC course, with the remaining hour of study being supported directly by school.

This arrangement has been incredibly successful as most of Lucy’s achievements are recorded through video and photographic evidence— at Christmas she gave a keyboard performance to the whole of the GCSE music group. She is about to move into Year 11 and she is set to get a level one qualification.
A letter from a headteacher of a special school

I have just completed a meeting with Mr and Mrs Smith regarding their son, who attends Anyplace School. Their son currently gets one to one additional TA funding as a result of his personal and medical care needs and the need to deliver personal therapy within his educational programme.

Mr and Mrs Smith’s son’s medical and other needs fluctuate and need to be considered in great detail. It has become extremely difficult for the family to complete all the medical interventions and standing time that is needed before their son has eaten breakfast and can be put in the taxi as these can take up to an hour and half. This means that he is being woken up very early to make sure he can get to school at a reasonable time each day.

This was only one example and I felt persuaded that the proposal to do things differently, made by his parents would be a good approach.

In essence this would mean that an element of their son’s funding and transport costs would be transferred to his personal budget and the family could then employ staff who could work with him in the best context for his needs. It is proposed that Mondays and Tuesdays would be at school and that Wednesday would be a shared day where education and therapy/personal care would happen. Thursday and Friday the education would be provided totally in the home environment. I saw a document which suggests that this model could work and examples of planning that showed the educational aspect of the programme would be robust.

The family are planning to move over to this provision for the summer term from April. This needs agreement from the SEN team and social care/health partners as well as school and I would be very grateful if any of you could advise us and the rest of the group concerned how we could move forward from here in good time to achieve this.

Workers doing things differently

Personalisation and personal budgets will mean very different expectations for the workforce; new roles are being created such as ‘keyworker’ or ‘plan co-ordinator’ and workers are undertaking a set of different tasks. With such a huge programme of change there is a risk that mythology, concerns and negativity can build up and be directed inappropriately at one part of the change being planned. Personal budgets can easily become one such target. Providing the wider workforce with a chance to hear, learn and discuss what personal budgets can and will mean is therefore a key part of early work.

Central to new ways of working is recognising (and celebrating) the importance of the relationship between the person being supported and the person offering support. This has implications for the way in which workers are recruited, as it moves beyond looking at just impairment specific experience and formal qualifications. When people are matched because
they genuinely like the person they are supporting and enjoying doing the same things, the potential for that relationship to flourish is immense.

Skills for Care has been working with the National Skills Academy for Social Care and MacIntyre to develop a model of values-based recruitment for social care employers, see: http://www.skillsforcare.org.uk/Finding-and-keeping-workers/Practical-toolkits/Value-based-recruitment-tool.aspx

There is a similar project in the NHS led by NHS Employers, see: http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/recruiting-for-values

**One page profiles for staff**

In section 3 (page 16) there is information about one page profiles for young people. Many organisations are now starting to use them as a tool for young people and their families to get to know staff teams and to make sure that young people are supported by the right people. You can find more information about how Dimensions are using one page profiles with staff here: http://www.dimensions-uk.org/about-us/person-centred/one-page-profiles/

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**Advert for personal assistants**

*Get paid for having fun!!!*

*I am Mum to 2 fabulous young disabled people.*

*Oliver is 15 and loves walking, cinema, bowling, computer games, anything Disney (I know!) and swimming.*

*Katy is 11 and loves music, photography, making videos, computers (especially her Mac), swimming and seeing her friends.*

*I am looking for 2 or more people (17 and over) to go out and do things with either of the kids and also to come and support them at home so that I can go out and enjoy the things I like to do (or used to like to do!). I live 15 miles outside Anytown so you do need to have access to a car (I’ll pay mileage). There would be about 30 hours work a month for each of the kids (I have a Direct Payment for 64 hours a month to cover both of the kids) and I need one person who could do one (paid) sleepover a month. The rate of pay is £8 per hour.*

*If these match any of your interests and being paid to have fun sounds like something you might want to do then please get in touch via email.*

This advert was placed in local shops (where the family was known), the library, leisure centre as well as circulated in the sixth form of Oliver and Katy’s secondary school. In this way, recruiting was not just down to the advert but supported by people who worked there and knew the young people.
Josh talks about being a personal assistant

I have been Sam’s PA for coming up to five years’ now, and it’s been an absolutely fantastic job and a lot of fun.

It’s fundamentally about enabling independence - supporting where that support is needed, but always with the objective of removing that support as soon as possible. Throughout the five years I’ve supported Sam with; independent travel, work experience placements, Duke of Edinburgh, educational stuff, recreational stuff and sports, cooking and budgeting. Sam wants to live in London (hands down his favourite city), so the work experience placements we’re doing are working towards paid employment which will enable him to do this, similarly with budgeting. These days he is entirely independent with travel and can cook more meals from scratch than any other 18 year old I know.

One of the biggest things in my opinion is to have an expectation of achievement – there does seem to be a perception of “anything will do” or “that can never happen” among many, especially in educational provision. What’s needed is proper expectations and a bit of pragmatism. Sam wants to do “x” in the future, how can we help him do it? He might need support with “y”, how can we offer that support but work towards him being able to do whatever “y” is without support? It’s about not getting worried about “what could go wrong”, but giving it a shot and dealing with it if it does – just like most people do.

We get on brilliantly and do plenty outside the “being a PA/support” stuff. We’ve been on holidays to London and Paris, and Sam has come and stayed with me in Barcelona. I might be moving to a new city/country soon and not able to be Sam’s PA anymore, but of course he’ll still be able to come visit wherever I do end up, and vice-versa.

From my perspective being a PA is fantastic for various reasons: we have a lot of fun; the hours can be flexible and work around what works for us both; and it’s fantastic seeing Sam’s progress. When I’ve been supporting him with something and take that step back and knowing he’s opened doors to do loads more – whether that’s getting on trains, doing sports/recreational stuff he can then enjoy whenever, or working towards getting a job that’ll enable him to be independent and have autonomy in his life.
Creative recruitment of young people as PAs

My daughter, Maddy, is now 22. From age 11, she has received direct payments to pay for PA support. It started then because there was no after-school club/provision once she was in secondary school – it only existed in primary school. As I was working part-time and Maddy always needs someone with her, we needed to employ PAs to support her after school, until I got home from work.

From age 11 to 19, I employed around 16 different young people, all aged 16 – 18, to support Maddy. They all came from the local 6th form, which Maddy also attended when we started. There was a natural turnover as the young people left school and went off to university, which all of them did.

We employed two girls each year and they shared the three evenings per week. They were usually friends, so sorted out the evenings between them if for any reason one of them had a problem on a work day.

They were dead easy to recruit – the first PA was the daughter of a local friend, who I’d babysat many years previously, when her mum and I were in the same babysitting circle. This girl had a lovely friend – she introduced us, and the pair of them job-shared for the first two years. When they were leaving school to go on to university, they found me the next two PAs, from the year below – people they knew and trusted, who they thought would get on well with Maddy. This worked throughout Maddy’s secondary school life, until the last year when the PAs couldn’t find anyone to take over for the last year.

But recruiting was still dead easy. I just went and stood outside the high school on the day the GCSE results came out, giving out slips of paper with the advert on.

It was a great job for those PAs – it was better paid than all the other work they could have got and was at a time that didn’t interfere with their social lives or need to be doing homework. Because they were young, they had a great attitude towards Maddy and just got on with what they had to do. I had teachers who refused to help Maddy use the toilet, for example, but these girls just took everything in their stride.

It was also a job that enabled them to demonstrate their honesty, trustworthiness and reliability – all good experience for their CVs. They each had a set of keys to our house so Maddy and they could get in.

The work was straightforward – being in the house with Maddy and just chilling, watching TV or videos and singing along, making a drink, maybe doing jigsaws. But in the holidays, they would catch the train or bus with Maddy and take her to the cinema, or walk into town for a drink and cake together. For me, it also meant I got more hours from my budget as the girls weren’t liable for tax – so a win-win!

This summer, one of those girls has come back and worked some casual hours for Maddy – still in touch after four or five years.

katesibthorp@btinternet.com
6: Review

Reviewing is simply about checking how things are working, and it’s something we all do all the time in our own lives. We tend to think about ‘a review’ as a meeting that happens probably once a year, but while there is a statutory duty for a formal review, most of us keep a check on how things are going on a much more regular basis - particularly when you are first providing support to a young person.

This section is about:

• Reviewing the big picture
• Reviewing the outcomes you agreed with the young person and their family - are they really happening? Are they the right outcomes?
• As a mainstream provider, how well are you including young disabled people and children and young people with special educational needs?
From a commissioning perspective, there is a real change of emphasis as commissioners review a range of interventions that have been put in place to support young disabled people and children and young people with special education needs to be fully included in their communities. This means that your commissioners will be looking at a much broader picture than simply collecting quantitative data (see the ‘review’ section of the Making it Personal guide for commissioners).

Celebrating success is important …...and also remember that straight after ‘review’ in the commissioning cycle is ‘understand’. This means that what you learn from reviewing, you then use to make even better plans and make services and support even more person-centred.

**Reviewing the big picture**

Annual reviews are about reviewing the big picture and thinking about how well things are going. A range of providers may be asked to contribute to an annual review, and schools are likely to coordinate the review around the young person’s Education, Health and Care plan. The young person and their family are clearly central to the reviewing process.

**Sam’s review**

To prepare for Sam’s Year 10 review, his Mum worked with his school to invite people to either attend the review or contribute their thoughts about how things were going:

- Josh and Kath - Sam’s personal assistants who support him at Scouts, to go climbing and to do his Duke of Edinburgh (who will collect feedback from the Scout leader Joe who runs the climbing session and Ian who leads the Duke of Edinburgh programme)
- Sam’s two best friends at school
- The receptionist and one of the life guards at the leisure centre where Sam goes swimming on his own after school on a Wednesday
- Sam’s form tutor
- Sam’s lead Teaching Assistant, who coordinates his support in school
- The SENCO (who also would collect feedback from his subject teachers)

Good questions to both prepare for a formal review and to check how things are going are:

- What is working?
- What is not working and what have we learnt from this?
- What should we stop, what should we keep doing and what should we start doing?
Helen Sanderson Associates have a useful graphic poster you could use to prepare for a review meeting, or that everyone at the meeting could contribute to as a way of thinking together about how things are going. Here’s an example of a completed one:

© Helen Sanderson Associates 2008

You can download the template here:

**Hands Off It’s My Home Toolkit**

Hands Off It’s My Home! is a successful toolkit now being used by support providers and Local Authorities across the country for auditing support to people with learning disabilities, and developing an outcomes-based action plan for Citizenship.

The toolkit can be used to ensure support providers (domiciliary care, supported living and housing related) can fully understand the impact on freedoms and citizenship that anything other than the best quality of support will have on people with learning disabilities.

http://www.centreforwelfarereform.org/library/authors/sam-sly/hands-off-its-my-home-toolkit.html

You don’t have to wait for an annual review to make changes to a plan, and it is always good to seize opportunities to make changes that help a young person make new friends or make their budget go further.
Charlie’s plan included the outcome of joining his local Cubs on a Friday night, with support from a personal assistant. After a few weeks the older brother of one of the cubs (who the family already knew) said that he would be really happy to support Charlie as part of his Duke of Edinburgh volunteering work with the Cubs. This meant that two hours of personal assistant time was freed up and Charlie’s mum was able to use this to enable Charlie to get more support to meet another of his outcomes – learning to swim. Charlie’s mum was already taking him to swimming lessons once a week but she was then able to arrange for Charlie to have an extra swimming session with his personal assistant between lessons to practise what he was learning and hopefully get him swimming even sooner!

Reviewing the outcomes you agreed with the young person and their family - are they really happening? Are they the right outcomes?

In Section 4 (page 29), we talked about planning to agreed outcomes, and this section is about reviewing whether those outcomes are being achieved. Working with the young person and their family you will have agreed the, ‘how will we know’ element of each outcome so you should have a range of evidence.

The old saying, ‘beauty is in the eye of the beholder’ is very true, and while there are clearly some bottom lines that need to be in place to meet statutory requirements, the most effective and informative reviewing processes will be those led by the young people who use your service and their families. There are good examples of this already around the country.

**Personal Outcomes Evaluation Tool (POET)**

In Control has developed POET to measure the impact of Education, Health and Care plans and has recently published the findings of this work, see: www.in-control.org.uk/ehcpoetreport

**Quality Checkers**

Quality Checkers is a team of people with learning disabilities who want to make improvements for people in supported living. They are experts in how support should be because they have first-hand experience of supported living, and of finding out how well supported living is working for people with learning disabilities.

Quality Checkers help to make sure that people with learning disabilities, living in their own homes with support, are living happy and full lives. By using questionnaires, home visits and talking with close friends and relatives, they find out how good someone’s housing and support is, and how it could be better?

See: http://skillsforpeople.org.uk/?q=what-we-do/quality-checkers
Performance management by service users, Essex

In 2008, Essex County Council commissioned the Essex Coalition of Disabled People in partnership with OPM, to follow a group of service users over three years, tracking their experiences of setting up and using cash payments for their own care and support.

The study provides a unique opportunity to understand the experiences of people living with a personal budget and how these change over time. The study involved engagement with frontline practitioners and service providers to assess the effectiveness of systems, processes and the local market in delivering positive care outcomes.

OPM has published a series of briefing papers which distill the key findings from the longitudinal study.
See: http://www.opm.co.uk/publications/1045/

As a mainstream provider, how well are you including young disabled people and children and young people with special educational needs?

Many user-led organisations and organisations of young people will support mainstream organisations to check how accessible they are to young disabled people. There is a great example from Lincolnshire below (see also Darlington Young Leaders example in Section 3 (page 19).
Lincolnshire Young Inspectors Programme

The Young Inspectors Programme aims to both give young people support and encouragement to become active volunteers and harness the unique perspective young people bring to the quality assurance process.

Young people are recruited from across Lincolnshire and given training before going out to inspect services used by children and young people.

Each inspection has five key questions that are always asked:
1. Is the service accessible? Is it clear what the service does?
2. How satisfied are you with the service?
3. Is the service welcoming?
4. How satisfied are people using the service with what they are being offered?
5. How are children and young people involved in the development, delivery and evaluation of the service?

You can watch a video about the Young Inspectors Programme here: http://www.lincolnshire.gov.uk/attachments?height=auto&width=454&storycode=119670&at type=V&atcode=61827
7: Glossary of terms

The following is a list of key terms, in alphabetical order - it is not intended to be exhaustive.

**Assessment** – a formal process of collecting all necessary information about the child, family, those currently supporting the child, and their situations. An assessment will then inform the next steps in meeting the support needs of the child and their family and which service is best placed to meet the support needs of the child. (See Care Plan and Eligibility.)

**Brokerage** – describes the different types of support needed by a person or a family and child in making a good plan, arranging support and managing support, and a support plan in the longer term, once it has gone live.

**Care Plan** – an official document which states how the support needs identified in the assessment are going to be met.

**Commissioning** – the process for deciding how to use the total resource available for families in order to improve outcomes in the most efficient, effective, equitable and sustainable way.

**Common Assessment Framework (CAF)** – used in most children’s services across England as the initial or first assessment following the referral or self-referral of a child and their family.

**Direct Payments** – the opportunity for families and/or people to ask for the financial equivalent of the cost of the services being offered to meet their support needs as a cash payment. This is how families take control of a personal budget and receive the ‘cash’ to purchase the support their child needs. In social care it is illegal to be refused a direct payment unless there are specific issues which lead to concern on behalf of the local authority which mean that they are not able to offer direct payments in an individual case.

**Early Support** – an approach adopted in many children’s services to the early identification of support needs and bringing all adults, both parents and professionals, together to set out how those support needs will be met.

**Education, Health and Care (EHC) Plan** – brings a child’s education, health and social care needs into a single, legal document. The child/young person must have special educational needs to be eligible for a plan. All children and young people in receipt of a Statement of Special Educational Needs or a Learning Difficulty Assessment will be entitled to an EHC Plan up to the age of 25, as long as they stay within education (except university). The local authority should work closely with parent/carers and the child to make sure the plan takes full account of their views, wishes and feelings. Once an EHC plan has been finalised, the local authority has to ensure that the special educational support in section F of the plan is provided, and the health service has to ensure the health support in section G is provided. The local authority must review each child’s EHC plan at least every 12 months and must include working with parent/carers and the child/young person in a face to face meeting.
Eligibility – the assessment will collect information which will enable the service to establish which part of the children’s service is best suited and funded to support the child. Eligibility is like a threshold, where a certain level of need means access to a certain team or support service.

Individual Budget – the total amount of funding allocated by state services which together add up to the support budget to meet a child and family’s support needs.

Individual Parental Supporters (IPS) – are trained volunteers who can help and support families. An IPS is someone who is independent of decision-making professionals, and therefore has no conflict of interest that could influence the advice they give. Support from an IPS can include: assisting parents/carers in communicating with schools and other services involved with their child, supporting parents/carers at meetings or reviews, reading through and discussing written documents, for example, letters from the Local Authority, draft statements and advice, providing a ‘listening ear’ for parents.

Independent Supporters – will help to build resilience in families by offering a range of time-limited support such as liaison across different agencies and advice on personal budgets. The level and nature of that support will be tailored to the particular needs of individual families. They will be independent from the local authority and be recruited by the private, voluntary and community sectors. The Code of Practice includes Independent Supporters as part of the offer of advice and support that local authorities should make available.

Lead Professional – a role in most children’s services which describes the professional, representative of a voluntary service or family representative, who takes responsibility for being the single point of contact for all those involved in supporting a child and their family.

Local Offer – provides information for children and young people and their parents/carers in a single place. Local authorities are required to consult with children/young people and their families to ensure they are providing the right information in an accessible format. The local offer must provide information on a number of things, including: special educational provision and other educational provision, health provision, social care provision, childcare provision, training provision, travel arrangements for children and young people to schools, colleges and early years education, and preparing for adulthood, including housing, employment and leisure opportunities, as well as what leisure opportunities are available.

Key Worker – similar to the role of the lead professional: the worker attached to an individual child and their family who acts as the single point of contact and support between services and the child and family. This role is often delivered by voluntary sector organisations.

Keyworking – aims to ensure the provision of holistic care and support to meet the individual needs of the child or young person and their family. It is defined by a set of functions and is based on person centred thinking and partnership approaches to working. Underpinned by an approach that enables open and supportive relationships, it is a way to facilitate the coordination of an integrated package of support for children, young people and families.

Mainstream and/or Universal Services – a term used to describe the services, activities and opportunities the majority of the population use and take for granted as part of everyday life, such as shops, leisure centres, buses, waste disposal, road maintenance, the built environment, public toilets, parks and recreation facilities.
Outcomes – what a plan or set of actions must deliver. For a family making a plan with a personal budget, the ‘outcomes’ will be what the plan must deliver. An example of an outcome is ‘to stay safe’. A good plan will show how the different ways a personal budget is being used will mean the child ‘stays safe’.

Panel – a term used in services to describe the meeting or group of key professionals who will make a decision about the support set out in the child’s care plan. The decision will either be ‘yes’ or ‘no’ and they may well ask for additional information before they can make a decision. Families are sometimes invited to attend. The term ‘panel’ is used a lot in services; it is part of the budget management and decision-making process.

Person-Centred Planning / Approaches / Thinking – an approach to planning which starts and centres on the individual and those closest to them. It values the individual and what they give to the world around them and it explores the individual aspirations, dreams and support needs and sets out action to support the individual in getting the life that suits them and those closest to them. This approach is most commonly used when supporting people with learning difficulties and is part of a good support plan. (See Support Plan.)

Personal Budget (Social Care) – the total amount of funding allocated by children’s social services to meet the support needs of the child. Families can choose to access this as a direct payment or to ask someone to manage it on their child’s behalf.

Personal Health Budget – is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their parent / carer, and the local clinical commissioning group (CCG). At the centre of a personal health budget is the care and support plan. This plan helps families to identify their health and wellbeing goals, together with their local NHS team, and set out how the budget will be spent to enable them to reach their goals and keep healthy and safe.

Personal SEN Budget – should provide a clear and transparent picture of the resources required to meet the educational outcomes for a child / young person with special educational needs. The EHC plan will clearly identify where services are being funded from and how the budget will be managed. Although funding via schools will be outlined in the EHC plan they will be managed via an organisational arrangement unless the school agrees to allow this funding to be managed via another method.

Providers – services offering support to children, young people and their families. Most often this term describes voluntary or private services but can also be used to describe a children’s in-house service.

Resource Allocation System (RAS) – a formal approach to making fair and equitable allocations of funding to the whole population of children eligible for support from a funding source.

Review – A meeting between key professionals, child and family to look at how support has been going, whether it is delivering the outcomes as set out in the support plan and whether any changes need to be made to improve the plan and support. Reviews can happen on different timescales, most often after three, six or 12 months.

Self-Directed Support – this term describes the way in which services will work, i.e. the steps from carrying out an assessment, to the child’s plan being agreed, to longer-term support and review.

Services – describing all the different organisations, people and statutory organisations
**Seven Steps** – an approach to self-directed support developed by In Control. This process explains the seven steps from needing help to having a review. (See: www.in-control.org.uk/sevensteps)

**Support Broker** – a role taken on by someone who will support the young person/family to plan and find the support they need and, if needed, help manage the plan in the longer term. Support brokers may be funded by the children’s service or from a child/young person’s personal budget.

**Support Planning** – a child-or family-centred approach of developing a support plan which makes good use of all the resources the family and child have and sets out how the personal budget will be used to make good use of these resources and get the support the child and family need. It will include information about how money will be managed and spent, who is responsible for delivering the plan and what happens if things are not working. The plan will also address any safeguarding concerns.

**Supported Allocation Questionnaire (SAQ) or Self-Assessment Questionnaire (SAQ)** – the name given to the questionnaire part of the resource allocation system; a set of questions which help allocate a fair share of funding to the child and family based on the support needs of the child. It is good practice for family members and professionals to work together in completing the questionnaire.

**Team Around the Child (TAC)** – an approach to supporting children with complex support requirements which focuses on the team of professionals involved working together to deliver child- and family-centred support.

**Voluntary Sector** – charities and other organisations outside of the public (state-funded) and private (for-profit) sectors.
9: Useful Resources

The following organisations and websites offer information and advice.

Some useful websites for further information about Personalisation
- In Control - www.in-control.org.uk
- OPM - www.opm.co.uk
- Disability Rights UK - www.disabilityrightsuk.org
- Think Local Act Personal - www.thinklocalactpersonal.org.uk
- Social Care Online - www.scie-socialcareonline.org.uk
- National Children's Bureau - www.ncb.org.uk
- SQW - www.sqw.co.uk
- Paradigm UK - www.paradigm-uk.org
- Centre for Welfare Reform - www.centreforwelfarereform.org.uk
- Skills for Care - www.skillsforcare.org.uk
- National Personalisation Network - www.councilfordisabledchildren.org.uk/what-we-do/work-themes/social-care/personalisation

Organisations that support families with disabled children and young people
- KIDS - www.kids.org.uk
- Council for Disabled Children - www.councilfordisabledchildren.org.uk
- Every Disabled Child Matters Contact a Family - www.edcm.org.uk
- Contact a Family - www.cafamily.org.uk
- Circles Network - www.circlesnetwork.org.uk
- Family and Childcare Trust - www.familyandchildcaretrust.org
- NAFIS - www.familyandchildcaretrust.org/about-nafis
- Include Me TOO - www.includemetoo.org.uk
- MacIntyre - Family Footings - www.familyfootings.org

Useful government websites
- Department for Education - www.gov.uk/government/organisations/department-for-education
- Department of Health - www.gov.uk/government/organisations/department-of-health
- Disclosure and Barring Service - www.gov.uk/government/organisations/disclosure-and-barring-service