

# **DCSF Individual Budgets: Evaluation and Challenge/Support**

Quarterly Report

November 2009

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# 1: Introduction

1.1 Aiming High for Disabled Children (AHDC)<sup>1</sup> included a commitment to pilot individual budgets (IBs) for disabled children. In April 2008 the DCSF commissioned SQW Consulting to undertake a scoping study prior to the piloting of IBs for families with disabled children. The primary purpose of the study was to inform the development of the IB pilot programme. [Individual budgets \(IBs\) for families with disabled children: A scoping study](#) was published in October 2008 and identified a range of factors for a successful IB programme.

1.2 The recommendations from the scoping study were subsequently taken forward and in March 2009 a number of local authorities along with their primary care trust (PCT) partners were invited to apply to pilot AHDC IBs for families with disabled children. Six sites were selected (see table 1-1), where each is seeking to offer IBs to a target number of families with disabled children. While offering IBs to the full range of eligible children and families, each site was given the option to identify a beneficiary group upon whom they wish to focus. The groups were:

- **children coming out of early support:** in this group, sites are expected to build on the tailored support of joint planning and control of the services already experienced while on the Early Support programme
- **young people in transition:** in this group sites have been tasked to explore how an IB can be used to support personal development plans for more independent living and alignment with adult services
- **newcomers to the social care system:** the scoping study suggested that newcomers to the social care system tended not to have any preconceived ideas of service provision, which allowed them to think more innovatively about what provision might be needed. Therefore sites in this group are expected to explore how an IB package is used by this group and how it compares to existing service users.

Table 1-1 : The pilot sites

Pilot Site	Target number of families with disabled children	Focus for Pilot
Coventry	30	Young people in transition
Derbyshire	25	Young people in transition
Essex	30	Young people in transition
Gateshead	30	Age range 0–16
Gloucestershire	40	Newcomers to the social care system
Newcastle	30	Young people in transition

<sup>1</sup> DCSF (2007) *Aiming High for Disabled Children (AHDC): Better support for families*

1.3 The IB pilots will run from April 2009 until March 2011, with a possible extension to March 2012, subject to available funding. Sites will receive between £200,000 and £280,000 in grant funding over the two years to deliver the pilots.

## Objectives of the programme

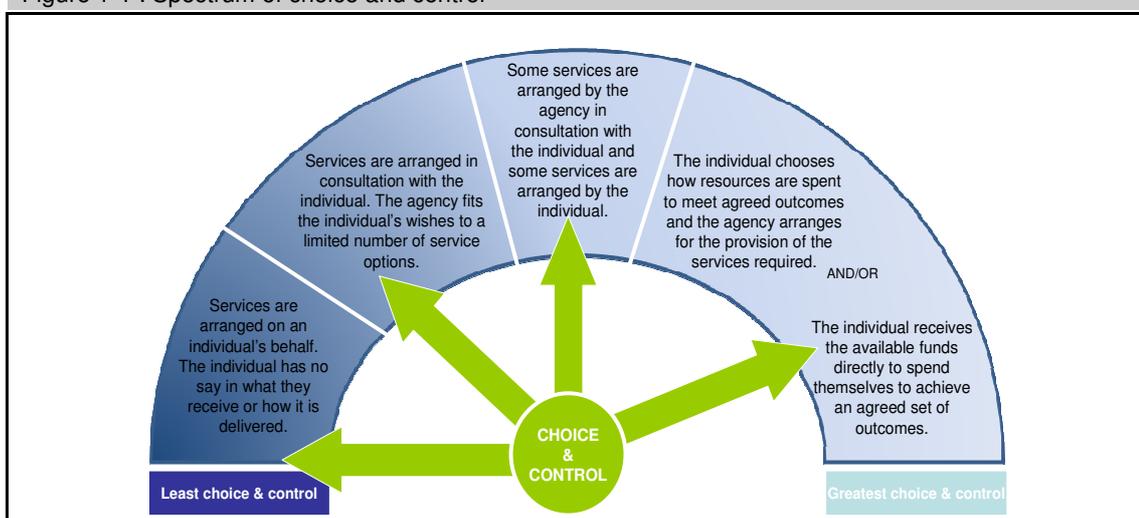
1.4 The activities of each site are feeding into the national pilot programme, which has been set up to establish if an IB:

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

1.5 The sites are also seeking to:

- establish whether or not the IB pilots result in some, or all, disabled children and their families reporting increased levels of satisfaction with the experience of gaining service provision through an IB
- identify any unintended consequences and critical barriers experienced by the pilot LAs and PCTs to the successful implementation of IBs, and record successful approaches to addressing those barriers
- assess the relative importance of the 10 factors making up the common delivery model to the successful implementation of IBs
- facilitate a range of means of providing user control - as shown in Figure 1-1, therefore, they are considering the facilitation of more than just direct cash payments, where securing alternative means of building user control will be particularly important in bringing health services and additional resources into the pilots
- provide a comparison of the costs to the LAs and PCT of implementing IBs for disabled children and the costs of providing services through current arrangements.

Figure 1-1 : Spectrum of choice and control



Source: Final IB Application Pack

- 1.6 Individual budgets require a person-centred approach which calls for partnership and integrated service delivery between providers. Therefore each pilot site has been set up to be delivered by both local authority and PCT partners. Each local authority has also been strongly encouraged to develop their assessment procedures and resource allocation and funding mechanisms in partnership with their PCT partners. In conjunction with this, the sites have also been asked to determine the exact scope of its packages, where there is an expectation that sites will incorporate as wide a range of service provision and funding streams as possible (i.e. move beyond simply the devolution of social care funding).

### ***Pilot specification - the common delivery model***

- 1.7 The Individual Budgets for Families with Disabled Children scoping study<sup>2</sup> recommended the use of a Common Delivery Model (CDM) which set out ten essential requirements for the pilot sites. Each requirement was: based on a rationale which was identified during the course of the research; but defined in a way that was flexible as to how each element should be delivered to ensure sites were given the autonomy to tailor the infrastructure of the pilot to adhere with the local context. Therefore, the pilot sites have been tasked to meet the requirements of the CDM in combination with having the flexibility to be innovative and responsive to local need (please refer to the scoping study for a more detailed explanation<sup>3</sup>).

## **Purpose of this report**

- 1.8 The purpose of this report is to provide an update on progress made to date by both the research team and the pilot sites. This includes information on:

- The activities that have been undertaken by both the evaluation and support teams since the inception of the pilot sites
  - Please refer to the *Evaluation Briefing Note* (see below for source) for a more detailed explanation of the evaluation component of the research – the note sets out the overarching research questions that the research is seeking to address and the multi-method approach that is being used to undertake the evaluation.
- Emerging findings from the pilot sites, including a presentation of general findings, progress made against the ten elements of the CDM and some of the challenges that have arisen during this initial period.

- 1.9 Regular update reports will be available over the course of the pilot programme, which will be published on the DCSF Ever Child Matters website and the Individual Budgets Pilot Group website, on the Commissioning Support Programme site:

<http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/ahdc/otherareas/ahdcotherareas/>

[http://www.commissioningsupport.org.uk/cs/groups/dcsf\\_individual\\_budgets\\_pilot\\_group/default.aspx](http://www.commissioningsupport.org.uk/cs/groups/dcsf_individual_budgets_pilot_group/default.aspx)

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<sup>2</sup> SQW Consulting (2008) *Individual Budgets for Families with Disabled Children: Scoping Study*, DCSF

<sup>3</sup> *ibid*

## 2: Update from the evaluation & support teams

2.1 This section sets out the activities that have been undertaken by both the evaluation and support teams since the inception of the pilot sites.

### Progress to date

2.2 The evaluation team has now completed the development of the suite of research tools, the majority of which have been deployed to the pilot sites over the course of the past three months. Similarly, the support team have now embedded their approach which centres upon the provision of advice to each pilot area, combined with an element of challenge to encourage innovation. Table 2-1 provides an update on the research undertaken to date.

Table 2-1 : Evaluation progress update

Tool	Progress to date
<b>Evaluation<sup>4</sup></b>	
<b>Monitoring tool</b>	<ul style="list-style-type: none"> <li>Final tool and guidance disseminated to sites in August 2009</li> <li>Three submissions received from each pilot site to date</li> <li>Initial review of monitoring data undertaken and additional guidance provided to the sites in late October 2009</li> </ul>
<b>Beneficiary registration form</b>	<ul style="list-style-type: none"> <li>Final tool disseminated in August 2009</li> </ul>
<b>Case study template</b>	<ul style="list-style-type: none"> <li>Tool finalised in August 2009</li> <li>First round of case study visits undertaken in September 2009</li> </ul>
<b>Beneficiary wave 1 survey</b>	<ul style="list-style-type: none"> <li>Baseline survey finalised in September 2009 and fieldwork briefing undertaken in late October 2009</li> <li>Survey to go live in November 2009</li> </ul>
<b>Professional wave 1 survey</b>	<ul style="list-style-type: none"> <li>Draft sent to DCSF w/c 16<sup>th</sup> November 2009</li> <li>Survey to go live in January 2009</li> </ul>
<b>Topic guide for depth interviews with families with disabled children that drop out of the process</b>	<ul style="list-style-type: none"> <li>Draft sent to DCSF w/c 16<sup>th</sup> November 2009</li> <li>Interviews to take place from December 2009 to February 2010</li> </ul>
<b>Support and challenge</b>	
<b>Pilot site delivery plan</b>	<ul style="list-style-type: none"> <li>Support to sites during preparation of the pilot delivery plans from June to July 2009</li> </ul>
<b>Programme-wide workshops</b>	<ul style="list-style-type: none"> <li>Facilitated three workshops – June, October and November 2009</li> </ul>
<b>One to one site visits</b>	<ul style="list-style-type: none"> <li>One set of site visits undertaken</li> </ul>
<b>Pilot specific website</b>	<ul style="list-style-type: none"> <li>Rolling dissemination and sharing of information</li> </ul>
<b>Intensive site support</b>	<ul style="list-style-type: none"> <li>Two additional visits made to key sites</li> </ul>

<sup>4</sup> The final evaluation report is due for completion in March 2011.

## 3: Emerging findings

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- 3.1 Each of the six pilot sites was originally visited by both the evaluation and support teams. Both visits, albeit from a different perspective, sought to gather initial information on the progress and intended direction of each site and on the challenges and issues which had either arisen or were likely to arise during the set-up period. The sites have since participated in three support workshops and the first in-depth case study visit. This section summarises the findings from these exercises.

### Pilot site intentions

- 3.2 Each of the pilot sites was asked to provide their rationale for applying to be a pilot, which in the main related to the opportunity to extend and link up various strands of the personalisation agenda. Sites also stated that the pilot would provide them with the necessary thinking time, project management capacity and opportunity to test the effectiveness of the IB offer. They added that it would be important to explore how existing systems and processes could be changed over the longer term to extend the offer to a wider cohort of families.
- 3.3 Looking across the sites, it was evident that they all intended to build on their existing personalisation work/initiatives, which have arisen from both child and adult-related activities. That said, the sites had developed such offers to very different extents. At the outset of the pilot programme, the sites with more experience of personalisation from a child-related perspective had clearer and more defined ideas on how they intended to take their pilot forward, whereas those working from a more adult-related base were still in the process of designing and formulating their overall direction and ideas.

### Progress to date

#### **General issues**

- 3.4 It is apparent that the speed of progress made by the pilot sites has been directly related to the recruitment of the pilot delivery team. This has led to a divergence between the sites, where some are more advanced than others in relation to their development.
- 3.5 Looking specifically at the scope of services that sites intend to include in their IB packages, it is again clear that some sites have already been successful in drawing in a wide range of services/funding streams, including:
- Social care services/funding
  - Short Breaks services/funding
  - PCT services/funding – which includes some pump priming funding provided by the PCT and the possibility of using a notional budget to tailor health-specific elements of the relevant IB packages

- Education services/funding – sourced from extended services and may also include transport services

3.6 A number of sites have also reported that in spite of initial concerns around the recruitment of their target number of families, early responses have been encouraging. For example, two of the sites have experienced very high levels of interest, which if taken forward, would lead to the targets set by the pilots being exceeded.

### **Progress against the CDM**

3.7 To date, the pilot sites have focused on establishing the appropriate infrastructure to deliver the required activities and therefore each of the pilot sites should be viewed as a work in progress. Table 3-1 sets out the progress made against each of the elements of the CDM and identifies some of the challenges that have arisen.

Element of the CDM	Progress to date	Challenges identified
<b>A. Adequate staff and organisational engagement</b>	<p>All sites have now recruited the majority of their IB pilot-specific team and are in the process of refining their existing infrastructure to meet the requirements of the pilot</p> <p>The sites have also set up appropriate governance structures, which generally report to established structures, such as the Children and Young People's Strategic Partnership, Children and Young People's Trust, AHDC Governance Structure etc.</p>	<p>Some sites reported difficulties in recruiting appropriately qualified staff to manage and facilitate their pilot activities and therefore suffered from delays</p> <p>For example the first and final IB pilot project managers were recruited in June and October respectively – recruitment delays have led the relevant sites to make slower progress on the development of the necessary pilot infrastructure</p>
<b>B. A change management programme for all staff involved in the pilots</b>	<p>All sites have begun some form of change management process, which in the main has been facilitated through awareness raising and information sessions to date</p> <p>Most of the change management sessions have been facilitated by internal staff</p> <p>One site is currently considering using the support function to facilitate external training on Person Centred Planning and resource allocation</p>	<p>The majority of activity has focused on the social care workforce, as a result of delays/challenges in engaging health and other practitioners in this form of activity</p> <p>Sites also reported that Primary Care Trust staff were felt to be more risk averse and generally have a less developed understanding of the objectives of the DCSF IB programme</p>
<b>C. Facilitation of awareness raising and information dissemination for potential beneficiaries</b>	<p>Information has been disseminated in a variety of ways including: explanatory letters followed by visits from a parent participation officer, briefing sessions for prospective families, publicity leaflets, via the Parent Council etc.</p> <p>The majority of the sites are on course to hit their recruitment targets within the timescales set out by the DCSF</p>	<p>A small minority of the sites have fallen behind the planned recruitment profiles that were set out in the site-specific delivery plans and are therefore being closely monitored and supported to ensure they are able to make up the shortfall</p>
<b>D. Provision of advocacy and support brokerage for IB users</b>	<p>Sites have/are considering the provision of a variety of support services including: support planning services, advocacy services, financial management services, employment advice and brokerage services</p> <p>There is likely to be considerable variation in the delivery of this element, including in-house provision, independent provision and mixed provision</p>	<p>Sites are currently exploring the need to ensure that support planning processes are facilitated in a way that is both unbiased and that encourages innovation on the part of the family and child/young person</p>

Element of the CDM	Progress to date	Challenges identified
<b>E. Facilitation of peer support mechanisms</b>	A number of sites have stated their intention to use their existing parents with disabled children forum to facilitate this element. Other approaches may include the provision of a web-based system for parents, the facilitation of after school person centred planning activities for young people and the use of champions who have previously received an IB	The sites with limited existing infrastructure reported uncertainty around how they will facilitate this element of the CDM
<b>F. Development of IT resources</b>	Half of the sites have reported that they are confident that existing systems can be extended to accommodate the requirements of the pilot  The remaining sites have voiced concerns about the joining up of current IT systems as they were unsure whether this would be feasible within the initial set-up period of the pilot programme and are therefore considering how to facilitate this element of the pilot	Sites have identified activities around ICT to ensure systems capture information, however, they are unsure how this development will align with other related developments e.g. ICS.
<b>G. Development and implementation of a resource and funding mechanism</b>	At the time of preparing this report, four sites had chosen to use and develop the in-Control model (i.e. the Resource Allocation System (RAS)), one site had opted to develop an outcomes focused framework <sup>5</sup> and the remaining site had opted to trial both approaches (where each will be used for different age groups)  Two sites have now completed the development of their resource and funding mechanisms	Some sites initially reported uncertainty over which system to use and how to go about developing the system  There was also significant concern around how long the system would take to develop, which may the less advanced sites to adopt an existing mechanism, thereby reducing the levels of innovation facilitated by the sites and the variation in the models that are to be evaluated as part of the programme
<b>H. A Spectrum of choice for management of IB funds</b>	Sites were still considering how to deliver this element of the model, where it is likely that development will begin following consultation with the families that participate in the pilots	No challenges have been identified as yet
<b>I. Facilitation of sufficient market development</b>	Sites that have previously facilitated personalisation approaches from a child-related perspective are seeking to build on their existing approaches to the provision of flexible commissioning. This is likely to include the facilitation of information sessions for providers  One site is currently considering using the support function to facilitate external training for providers to stimulate the marketplace	Some sites have not begun to consider how they intend to develop their local market and therefore may face supply difficulties later down the line
<b>K. Engagement of all parties in the development of the pilot</b>	Progress against this element of the model has been mixed, with some sites having engaged all relevant parties, whilst others are yet to effectively engage some of the wider stakeholders such as adult services, education services, the LSC and Connexions services	Limited engagement of some of the wider stakeholders in some of the sites as a result of resistance from the relevant stakeholders

Source: SQW Consulting

<sup>5</sup> This model seeks to facilitate the support planning process prior to the provision of an indicative budget, therefore entailing that the IB allocation is compiled on the basis of the support plan.

## Summary

- 3.8 In summary, the pace of initial development of the pilot sites has been closely linked to the levels of experience and existing infrastructure developed prior to the pilot. That is, the pilot sites with working knowledge of the child-related personalisation agenda, which included participating in the Budget-Holding Lead Professional pilots and the Taking Control pilots, have built on their experiences to drive the pilots forward and made considerable progress. Conversely, the pilot sites with more limited exposure to this agenda have made slower progress during the start-up period, as they are essentially starting from further behind and therefore require a more intensive planning and development stage.
- 3.9 Similarly, progress against the individual elements of the CDM has varied considerably between the sites. That is, some sites have concentrated their efforts on the development of particular elements of the CDM, whilst others have taken a more holistic approach to development and have therefore sought to build the model as a whole.