

Children England

Charities working for children and families

Briefing for the Yorkshire and Humber Children England regional group

Personalisation

Presented at the 11 September 2009 regional meeting

At a glance

Personalisation is a term that encompasses the philosophy of tailoring public services to individual needs and preferences. Personalisation is delivered through tools such as individual budgets and budget-holding lead professionals.

1. Introduction

The personalisation of public services has become a key part of the Government's agenda for the next phase of reform in public service delivery. Personalisation seeks to empower individuals with their informal support networks to assess their needs, draw up plans and pick and choose the support services that best suit them to achieve their life goals and outcomes. This type of self-directed support has taken root most obviously in adult social care. However, the scope of personalisation in delivering self-directed services is in the process of expansion. Already there are 195 individual budgets activated for disabled children, and approximately 1700 individual budgets being held by budget holding lead professionals to support children and young people who have additional or complex needs and who are entitled to publicly-funded support¹.

¹ Nic Crosby latest statistics from the 34 LAs working with In Control who are rolling out IBs for children and young people.

At the forefront in delivering self-directed support are individual budgets. In short, self-directed support involves professionals, friends and family helping an individual to assess their needs and once this is done, the person is given an indicative budget that they can use to design the service solutions that make most sense to them. Individuals then draw up a self-directed support plan with advice from professionals, peers, family and friends. Once the plan is approved by the local authority, the indicative budget becomes real in the form of an individual budget, the money flows to the individual and on to the service provider(s) of their choice. Budget-holders can choose to stay with traditional, in-house services or at the other end of the spectrum design a bespoke solution, commissioning all services themselves and employing support staff to help them. In between these two poles lies a range of options to mix in-house and personalised services to suit an individual's needs.

Self-directed support poses a massive shift in thinking and working for professionals and providers alike. In self-directed services social care professionals retain a critical overview of service quality and outcomes but they become more like advisers, counsellors and brokers, guiding people to make better choices for themselves. The demands placed on providers are equally large – they will be expected to work with many individual commissioners, to deliver more flexible bespoke services and to develop a whole new way of working.

Underpinning these moved to personalisation are not only concerns with the increasing cost of public services under the current delivery model, but a drive to empower service users to take control. This represents a shift away from a 'professional gift' model where individuals are 'slotted' into existing services and towards a model that intends to build upon people's existing capacities and aspirations. As such, the core principles of self-directed support are that the individual and their families are in the best place to identify needs, outcomes and service supports and that the process should be person-centred, flexible and empowering. Genuine partnership between providers and service users in developing, delivering and monitoring services is at the heart of these new developments.

2. Existing practice

Personalisation in children's services is still in its infancy, and as such the evidence base is patchy. However, there have been pilots in delivering individual budgets to children and their families. An aligned approach is the development of the Budget Holding Lead Professional role – where a professional manages a budget on a child's behalf although the child and their family still influence what services or goods they want, from whom and when. Much of the current work has been led by local authorities with the support of the social enterprise In Control, and as such different local authorities are at different stages in rolling out self-directed support and in particular individual budgets for children and their families. The Department for

Children Schools and Families has already conceded that in many cases practice has overtaken policy.

2.1 Aiming High for Disabled Children – Individual budgets pilots (April 2009-March 2011)

In March 2009 6² LAs along with their primary care trust (PCT) partners were invited to apply to pilot *Aiming High for Disabled Children* Individual Budgets for families with disabled children. Each site will 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 will also have identified a beneficiary group upon whom they wish to focus. The groups are:

- children coming out of early support:
- young people in transition
- newcomers to the social care system

The pilots will seek to establish if IBs:

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

2.2 Budget Holding Lead Professional pilots (April 2006 – March 2008)

Every Child Matters: Change for Children set out the intention to create the lead professional role. The lead professional role forms a cornerstone in integrated support by taking the lead in coordinating provision and acting as a single point of contact for a child and their family when a range of services are involved and an integrated response is required. The role of Budget Holding Lead Professional (BHLP) takes this a step further and builds on the experience of lead professionals attempting to coordinate provision and support from a range of agencies without financial influence.

The Budget Holding Lead Professional (BHLP) pilots were established following the publication of *Support for Parents: The Best Start for Children*. The report set out a commitment to support the increased personalisation of services and described the need to test whether a BHLP approach could be implemented more widely. The

² Coventry, Derbyshire, Essex, Gateshead, Gloucestershire, Newcastle

pilots took place in 16³ DCSF funded local authority areas and in one additional self-funded local authority⁴. The pilots were targeted at children with additional needs i.e. a child or young person unlikely to achieve one or more of the five Every Child Matters (ECM) outcomes without additional help.

The Budget-Holding Lead Professional pilots aimed to test whether better support and services can be delivered for groups of children and young people by giving lead professionals a commissioning role and an upfront allocated budget. The budget was used to purchase goods and commission services directly from providers in the context of the whole package of support to meet the needs of the child or young person.

2.3 Budget Holding Lead Professional pilots – children in care (April 2007-March 2009)

The pilots were sponsored by the Department for Children, Schools and Families (DCSF) and formed a central part of the government's programme for improving outcomes for children in care set out in Every Child Matters and *Care Matters: Transforming the Lives of Children and Young People in Care*. The aim of the pilots were to see if using a BHLP can improve the support and services available for children and young people in care and in turn to produce better outcomes for them. The pilots focused on discrete groups of children in care including children who have been waiting for permanent placements for more than six months and young people in care who are substance misusing and are disengaged from current services.

2.4 In Control – Taking Control pilots

In Control was set up in 2003 as a partnership between central and local Government and the voluntary sector. It was formed to help social care service departments fundamentally change their social care systems to increase the citizenship of disabled people through a system of Self-Directed Support. The organisation initially focused on the provision of individual budgets to small numbers of adults with complex cognitive disabilities. Taking Control focuses on the provision of IBs to children with a range of needs across the 0-18 age spectrum. This Programme of work was established in July 2007 and currently involves 34 local authority sites⁵, each of which are at differing stages of development.

³ Blackpool; Bournemouth; Brighton and Hove; Derbyshire; Gateshead; Gloucestershire; Hertfordshire; Devon; Knowsley; Leeds; Poole; Redbridge; Telford and Wrekin; Tower Hamlets; Trafford; West Sussex.

⁴ Coventry

⁵ Barnet, Bradford, Calderdale, Cambridgeshire, Camden, Devon, Dudley, Enfield, Essex, Gateshead, Gloucestershire, Halton, Herefordshire, Hull, Islington, Kirklees, Lambeth, Leeds, Lincolnshire, Luton, Manchester, Middlesborough, Newham, Newcastle, NE Lincolnshire, North

3. Key learning from existing work

- In focusing on outcomes both the pilots recognised the need to not only provide support to the child or young person in making choices and understanding options but also to other members of the family who have a role to play in meeting these needs. This has implications for providers seeking to personalise their services.
- The pilots revealed that being innovative and creative is possible but it is important to ensure the service provision is available, and in many areas delivering personalised support and services simply do not exist.
- Workforce issues came to the fore: the financial logistics of administering a one off payment were often found to be difficult and staff found that demands on their time increased as they sought to improve integrated working alongside managing budgets and commissioning services.
- Pilot activity has encouraged the use of individual budgets to purchase services and goods outside those normally considered constituting 'social care'
- Several sites actively promoted creativity in planning support, encouraging IB users and those helping them to consider buying a range of commercial and mainstream services.
- Providers set up 'satellite' projects to roll out personalised services before attempting to integrate them with their wider work. This by-passed the problem of getting existing systems to adapt to the demands of IB holding.
- Overall, IB holders have seen an improvement in their quality of life and happiness.
- The cost implications of personalisation are yet to be established, yet work in adult social care has found that there are savings for local authorities in providing individual budgets.

4. Identified issues for providers

Moving away from...	Moving towards...
Block contracts	Individual contracts
Pooled funding	Individual service funds
'Provide and fill' services	Individually tailored support
All-in-one packages	Separately priced service elements
Generic support workers	Individual support teams

Tyneside, Northampton, Northumberland, Redbridge, Sandwell, Sheffield, South Tyneside, Staffordshire, Wakefield.

4.1 'In-House' changes

Providers will have to overhaul their existing practices to accommodate for self-directed support. This includes:

- Developing new finance systems to manage individual accounts and invoicing systems
- Creating Individual Service Specifications, Job Descriptions, Contracts and Recruitment processes
- Developing greater flexibility around who provides support and when on the basis of an individual's needs
- Providers will have to develop a charging system based on price not cost
- Providers will need to market their services more widely and more aggressively as the provider field becomes increasingly crowded.

4.2 Relationship with local authorities

The shift towards personalisation will mean a change in the relationship between providers and the local authority, including:

- Working under 'two tier' conditions where they are contracted by a block contract by the local authority but are also developing personalised services on the basis of individual 'spot contracts'
- They will need to provide information on their services in order to become accredited to enter onto a local authority 'preferred provider' list to be disseminated to individual budget holders.
- There is scope for greater collaboration, as the local authority will need to tap into the provider's knowledge about what users are seeking, what services are in existence and where the gaps are.
- Funding – how will VCS providers be able to fund the development of personalised services? In some areas the LA has provided grant funding to allow for set-up costs whilst the provider develops personalised services.

4.3 Workforce

- Staff will need to be trained in managing individual budgets and the development of a new set of skills which enables them to support and counsel users rather than direct them.
- Successful services are likely to involve partnerships between paid and unpaid supporters. Service providers are therefore likely to have a role in community development – matching individuals to community services and supports, there may well be a strong role for volunteers in this.
- Co-production and shared values underpin personalised approaches. New staff may need to be recruited on their awareness and commitment to the

personalised approach rather than their previous work experience, particularly where the IB holder wants someone with a range of skills.

5. Existing work in Yorkshire and Humber

- 7 local authorities/metropolitan Boroughs are members of the Taking Control (personalisation for children and young people) programme run by In Control – Bradford, Calderdale, Hull, Kirklees, NE Lincolnshire, Sheffield and Wakefield.
- Leeds metropolitan borough was on the budget holding lead professional pilots.
- There are an additional 9 authorities in the Yorkshire and Humber region working with In Control on their adult social care programmes.

6. Key questions for discussion

How are members experiencing personalisation already?

What are the opportunities and challenges for CYP VCS in the prospect of greater personalisation across cyp services?

What are your fears around personalisation?

How are you preparing to personalise your services?

What potential support activities from Children England and wider voluntary sector colleagues would help?

Further information

Children England is very keen to hear from its members about how they are experiencing the personalisation agenda. To submit comments on the above questions for discussion or to let us know how you are preparing for personalisation please contact Emilie Whitaker, Policy and Information Officer:

emilie@childrenengland.org.uk or 020 7833 3319. Your views will influence the development of a larger Children England discussion paper which will examine the personalisation agenda and its implications for the sector in more detail.