

# Introducing individual budgets and self-directed support for disabled children, young people and their families and carers

Report for Department for Children, Schools and Families



Photo: istockphoto Duane Ellison

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## 1. Introduction

In its paper 'Aiming Higher for Disabled Children; Better Support For Families',<sup>1</sup> the government sets out a plan for the introduction of self-directed support through individual budgets for disabled children and young people. This builds on the successful use of individual budgets (IBs) by adults – which is heralding a complete transformation of services into a system of self-directed support and signals a further step forward in the personalisation of services.

This paper focuses on the benefits and challenges that the use of self-directed support poses for disabled children, young people, their families, carers, service providers and commissioners. We also explore how, for some disabled children and their families, budget-holding lead professionals (BHLPs) could provide a stepping stone from current practice to individual budgets. This would be particularly appropriate where young people's families are unwilling, or unable, to take up the management of their individual budget. In this case BHLPs could involve them in the flexible use of their individual budget without having the responsibility of managing it on their own.

## 2. Context

### How practice has developed

Western Australia's Disability Services Commission first developed individual budgets 20 years ago. They were designed to support individual disabled children and adults to develop their own packages of self-directed support, with the support of local area co-ordinators (LACs). Local area co-ordination provides integrated access to three different funding streams<sup>2</sup> covering accommodation, employment and social care support. LACs support people to develop their own informal support systems and build informal support within local communities. They also support groups of disabled children and their families to work with universal service providers to tailor these services more closely to their individual needs. There is also a focus on working with local communities to develop more inclusive attitudes and associations. The citizenship principles that underpin the practice of LACs have the same basis as those underpinning the work of In Control in the UK.

Local authorities in Scotland have modified the LAC approach to their own circumstances. As a result, their practice equates more closely to budget holding by lead professionals. Starting in 2002, and working mostly with disabled children and adults, there were 59 LACs in post or about to take up work by March 2006, occupying 43 full-time and 16 part-time posts across 25 local authorities.<sup>3</sup> There was considerable variation in the numbers of people that LACs were in contact with or

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1 Aiming High for Disabled Children: Better Support for Families, HM Treasury, DfES, May 2007

2 Review of the Local Area Coordination Program Western Australia, Western Australia Disability Services Commission, March 2003

3 Information on the experience in Scotland is drawn from K. Stalker et al, Social Work Research Centre, University of Stirling, Evaluation of the Implementation of Local Area Coordination, Scottish Executive March 2007

supporting. Figures ranged from two to 47 families and from one to 42 individuals. Budgets are small, around £5,000 to £10,000 per LAC. In 11 local authorities LACs have no budget at all. Outcomes reported from the work of the Scottish LACs mirror those achieved in Western Australia. These are:

- having time to build relationships with individuals and families, supporting them to identify their own needs and, accordingly, to work toward change in their lives
- supporting individuals to actively engage in their local community
- assisting individuals and families, through networks established by the LAC, mutually to support each other
- supporting individuals and families to engage effectively with other agencies
- persuading individuals and families to believe they have someone working in a professional capacity who is 'on their side'
- bringing together individuals and families from diverse backgrounds and with different life experiences to work together to reach solutions within their local communities
- ensuring that people have access to support and services, are better informed, have more choice of activities and some increase in availability of flexible supports such as holidays and day and leisure opportunities.

In England, In Control<sup>4</sup> first used individual budgets for self-directed support in a project for adults with learning disabilities. As an In Control partner, Paradigm deliver programmes and consultancy as part of their role. Building on the success of this work, the Department of Health (DH) has commissioned a set of local authorities to pilot individual budgets for all vulnerable adults. In Control is providing support to the DH pilots while also working in parallel with a further 106 local authorities, supporting them to introduce individual budgets and self-directed support across different groups of adults. At least 12 of these authorities are focusing on supporting disabled young people as they grow into adulthood. A further nine are setting out to explore individual budgets and self-directed support across different groups of children and young people as part of the 'Taking Control' programme.<sup>5</sup>

Paradigm's work in children's services began with the Dynamite<sup>6</sup> project: a project focused on supporting young people as they grow into adulthood and start to require adult services. Over the past year it has developed a prototype approach and two local authorities have begun to allocate individual budgets to children and their families to pay for the support they need. There are currently 31 young people with individual budgets and agreed support plans as they enter the adult world. This approach is now being taken up by a number of other children's services departments.

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4 [www.in-control.org.uk](http://www.in-control.org.uk)

5 'Taking Control', an In Control programme for children and young people

6 Dynamite, Paradigm; working with 12 local authorities to develop self-directed support for young people growing into adulthood

Paradigm have also been working alongside those leading the 'Improving Choice' Pathfinder<sup>7</sup> work in the Eastern Region, using the outcomes framework for Every Child Matters to identify 'Individual Learning Support Funds' (ILSF) for post-16/post-19 learning<sup>8</sup>. Initially they identified funds from the regionally held budget for residential or specialist college placements. Local learning colleges and providers are using these to offer curricula and learning support tailored to the needs of individuals.

Bringing these approaches together provides the basis for identifying a single budget that can be used to support individuals to continue their learning and to live a full and active life. In the Eastern and Yorkshire and Humber regions young people are now being provided with a co-funded budget from the regional Learning and Skills Council and the 'home' local authority. The 'Taking Control' project is now drawing on this experience.

The role of BHLPs is being piloted by 16 local authority children's services departments. Sponsored by the Department for Children, Schools and Families (DCSF), the pilots are supported by consultancy from OPM. They focus on meeting the needs of children with additional needs who are below the statutory threshold for service provision. The DCSF has since widened the scope for the use of BHLP in line with the requirements of Care Matters<sup>9</sup>, selecting four of the existing BHLP pilots to develop the BHLP role further by working with children and young people who are in care.

## **The changing policy context**

Both BHLP and IB are designed to put children, young people and their families in the driving seat when it comes to identifying their needs and how they could best be met. Boosting their capacity to meet their known needs and making best use of community resources is integral to both developments. This recognises that services do not produce outcomes. It is what children, young people and their families, friends and neighbours do themselves, supported by services, that 'co-produce'<sup>10</sup> outcomes.

The personalisation of services is an integral part of the government's policy of developing outcomes based commissioning<sup>11</sup>. The Local Government White Paper<sup>12</sup> now requires commissioning to focus on developing services that centre on the needs of local people and the outcomes they want rather than simply re-commissioning existing services. The White Paper will also introduce a new best-value requirement to ensure that commissioning places citizens and users at the

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7 Improving Choice Pathfinder, funded by the National Learning and Skills Council in 2003 in the Eastern Region.

8 Crosby, N. and Palmer, M. Making Sense of the Money, Eastern Region Learning and Skills Council 2006-2007

9 Care Matters: Time for Change, White Paper, DfES, June 2007

10 Clive Miller and Sue Stirling, Co-production in Children's Services, OPM, 2004

11 Budget-holding Lead Professionals in Context, three briefing papers: 1 The Implications of the 2006 Local Government White Paper, Strong and Prosperous Communities. 2 The Implications of the 2006 Green Paper – Care Matters: transforming the lives of children and young people in care. 3 Meeting the Needs of Children with Disabilities, OPM, January 2007

12 Strong and Prosperous Communities: The Local Government White Paper, Department for Communities and Local Government, October 2006.

heart of service design and cite individual budgets as a means of enhancing choice and achieving greater levels of personalisation. This approach to outcomes based commissioning is also echoed in the commissioning guidance for children's services<sup>13</sup> and in that for health and well-being<sup>14</sup>. In each case there is a requirement to make direct links between outcomes achieved for individuals and those embedded in macro-level children's services plans and strategic commissioning. Making this link also signals a transformation in the way that strategic commissioning will work in the future. It will be much more devolved, moving away from a reliance on block contracting to a much more active market management role of facilitating the transformation from traditional to personalised service provision.

### 3. The practice of self-directed support

It is likely that a mixture of budget holding by lead professionals and the use of individual budgets will be required to support disabled children and their families to make the transition from current service provision to a personalised approach. Below we outline the practice of using individual budgets and BHLs and highlight the common elements.

#### Individual budgets

The use of individual budgets is only one part of the broader practice of enabling self-directed support, which supports people to lead fuller and more active lives and to control how they are supported. Central to this approach is the principle that everyone has a right to citizenship and therefore they are entitled to support to be an active citizen, should they need it.

<b>Independent Living</b>	The point of it all ... rights, citizenship, family ... choice and control
<b>Self-Directed Support</b>	The new national support system (replacing the current Social Care) has many parts
<b>Individual Budget</b>	<i>One</i> part of the system ... your money ... calculated up-front ... based on your needs
<b>Direct Payment</b>	Another part of the system ... <i>one</i> way of managing your money

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13 Joint Planning and Commissioning Framework for Children, Young People and Maternity Services, Department for Education and Skills and Department of Health, March 2006

14 Commissioning Framework for Health and Wellbeing, Department of Health, March 2007

A number of terms are used by In Control when describing self-directed support:<sup>15</sup>

***‘Individual budget.*** *This term refers to the particular too, currently being used by local authorities in England, whereby people who need support are told how much money they can expect to receive to meet their support needs.*

***Self-directed support.*** *This term refers to the whole system for organising support of which an individual budget is just one important element. In addition to individual funding such a system requires a flexible system of support, brokerage and monitoring that enables everyone who needs support to take the maximum degree of control over their support that is appropriate for their circumstances.*

***People who need support.*** *Where there is no ambiguity the term ‘people’ is used to refer to any child, young person, adult or family who might need and be entitled to receive Social Care. This term can be taken to encompass older people who need support, disabled people, people with mental health problems or with learning difficulties. It is preferable to the term ‘users of Social Care’ in this context because the term ‘users’ is unduly passive and does not reflect the nature of the relationship that is being created through the use of an Individual Budget.’*

In Control’s approach to self-directed support is based on a set of principles (see Figure 1) which acknowledges every person’s right to be seen as a citizen whether or not they need support. Self-directed support, and the individual budgets funding this, enhances a citizen’s life in the following domains (see diagram overleaf):

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<sup>15</sup> ‘Individual Budgets: Report on Individual Budget Integration’, produced by In Control for the Department of Health 2007, unpublished

Figure 1: The **six** keys to citizenship<sup>16</sup>

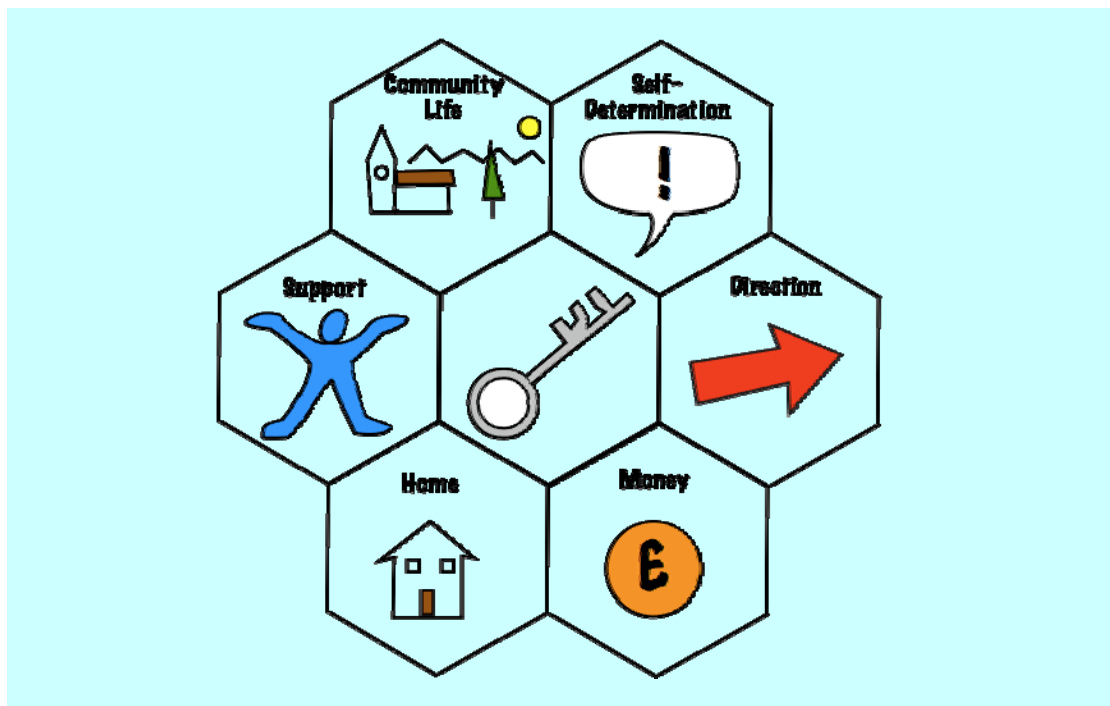
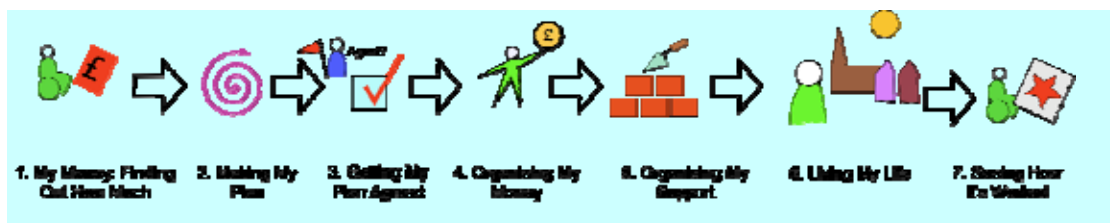


Figure 2: Seven Steps of Self-directed Support, Duffy, S<sup>17</sup>



In Control has developed a seven-step approach to ‘self-directed support’ (see Figure 2) from the allocation of resources through to reviewing the ongoing support plan. Drawing on pilot experience of working with other groups of children and their families, this could work for disabled children in the following ways:

### 1. My money: finding out how much

Day-to-day living requires that everyone lives within their means. Therefore knowing your budget is critical to deciding how to get the best out of life. The same logic is applied to self-directed support. Hence the first essential step is to explain the probable budget that could be made available to the child, young person or family. After the family has completed a simple self-assessment questionnaire, a points system is used to identify the ‘indicative allocation’ that could be made available to meet the child and the family’s level of need. (The Resource Allocation System (RAS) that underpins the questionnaire and the way budgets are allocated is

<sup>16</sup> Duffy, S. Keys to Citizenship, Paradigm 2003, re-edited 2006

<sup>17</sup> Duffy, S. Keys to Citizenship, Paradigm 2003, re-edited 2006

described in more detail below). The needs assessment used in this budget allocation process, although based on the five outcomes and aligned with the Common Assessment, is intentionally less detailed.

## **2. Making my plan**

Having identified the potential budget, the child, young person and the family are then supported to develop a detailed assessment of their needs using the Common Assessment Framework (CAF) and a support plan outlining how they would use the IB to meet those needs, including a positive approach to the management of risks. The child, young person and their family are assumed to have the capacity to assess their own needs and produce their own support plan. Some may wish or need to draw on external support for parts of this process but the individual will always remain at the centre of the process. In some cases a lead professional make take the role of completing the plan in consultation with the child and families, in other cases it may be a person nominated by the family.

## **3. Getting my plan agreed**

The support plan is then discussed with the children's services department, who will: check the needs and risk assessments to ensure that they have been assessed in the round; vet the proposed plan to ensure that it delivers the support identified by the family and those supporting them in relation to the assessed needs and risks; and agree the level of funding to be provided. The Department of Health Individual Budget pilots (adults) use the seven points below as a support-plan approval 'checklist'. It is expected that a support plan for children would use the five ECM outcomes as a way of ensuring appropriate support.

- What is important to you?
- What do you want to change?
- How will you be supported?
- How will you spend your individual budget?
- How will your support be managed?
- How will you stay in control of your life?
- What are you going to do to make this plan happen (action plan)?<sup>18</sup>

## **4. Organising my money**

The family, a representative or the local authority could manage the cash budget. In the work with adults there continue to be instances where the assumed 'capacity' of individuals and those closest to them is compromised by concerns about vulnerability; the same issue may occur where children and young people are concerned. In these cases someone other than the family would control the budget. The 'starting' point however remains the same; the assumption of capacity, the acknowledgement of vulnerability and the resultant process for financial management would be a central part of the support plan.

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<sup>18</sup> [www.supportplanning.org.uk](http://www.supportplanning.org.uk)

## **5. Organising my support**

The family or young person may wish to take on the task of purchasing the support they need and its day-to-day organisation. Others may wish to have this done on their behalf. Independent support brokers, or sometimes providers, may take on this role and would be funded from the individual budget.

## **6. Living my life**

The whole raison d'être of self-directed support is that it should allow the child, young person and their family to live a full life.

## **7. Seeing how it's worked**

The children's services department regularly reviews how needs are being met. If needs are changing, it will agree changes to the support package and, where necessary, the budget.

## **Budget allocation**

Central to the operation of self-directed support is the budget allocation system. Currently there is little logic to the way resources are allocated to meet different levels of need. Therefore one of the first tasks in establishing a successful support process is to agree a logical way of relating the available resources to need. This involves:

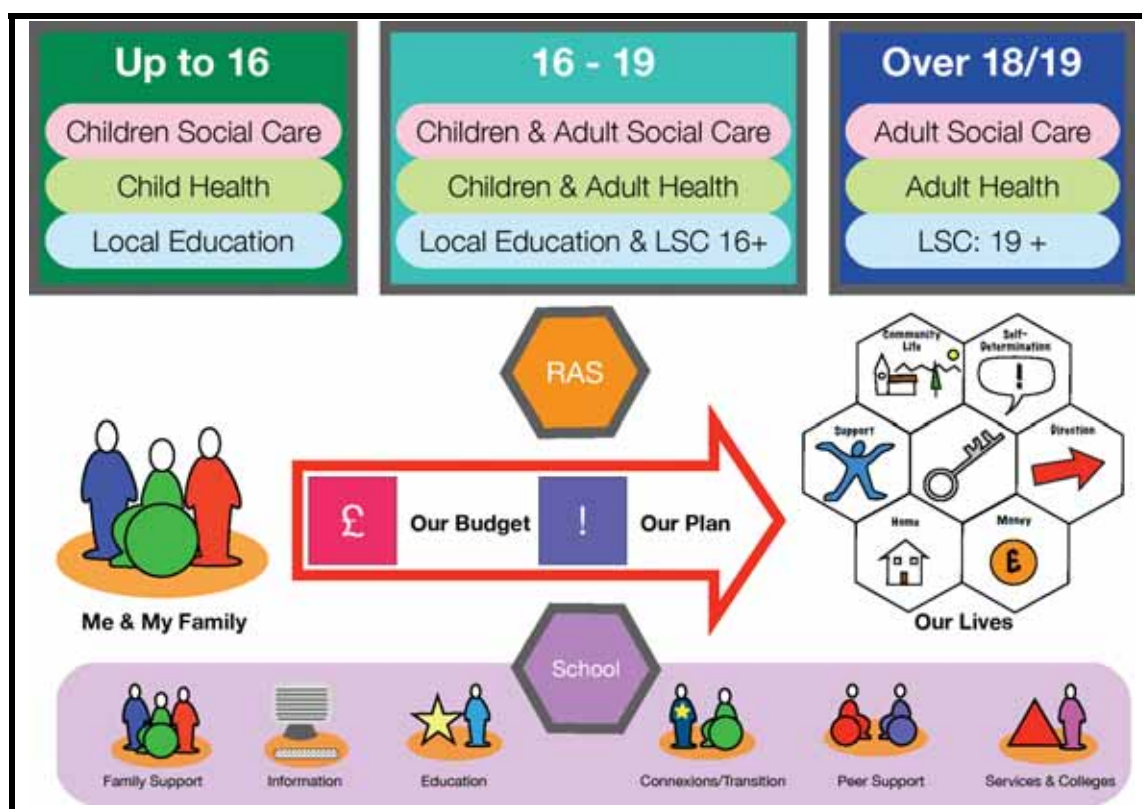
- identifying the resources available
- understanding how they are currently related to need
- developing a self-assessment questionnaire to determine the different levels of need
- allocating points to each level
- relating points to the amount of budget that should be made available in the future.

The aim is to produce a clear and fair way of allocating the current budget in a way that children, young people and their families can understand. This whole process is termed the Resource Allocation System (RAS). The proto-type approach to resource allocation in use produces an individual allocation based on the support needs of a child with reference to the five outcomes of Every Child Matters; a similar set of questions have been developed to produce individual allocations of post-16 and post-19 Learning and Skills Council monies. Using these together identifies a single fund for an individual which will facilitate the development of an individualised, holistic support package, including learning support in a post-16 or post-19 setting.

The aim of the RAS is to pool as many of the funds for targeted services as possible from which children at different levels of need could typically draw. Figure 3 (overleaf) illustrates the variety of sources of funding which a young person growing into adulthood (transition) might use. This model focuses on young people who need long-term support. It also illustrates the centrality of the family, child or young person and how they use their individual budget to construct a plan which supports them as citizens. The RAS provides access to the appropriate funds identified by the CAF

assessment and the school acts as the hub through which the family are supported to develop a well-informed plan.

<sup>19</sup> **Figure 3 – Self-directed support for young people in transition – a proposed model**



The essential difference between this process and the existing way of supporting an individual is that here the funds are identified first and then used to inform the drawing up of a person-centred support plan, whereas the existing system bases the allocation of resources on a completed plan.

## **Budget-holding lead professionals**

The budget-holding processes used by lead professionals vary from one pilot to another and are continually evolving. Currently most of the experience is in using budget holding to meet the requirements of children with additional needs that are below the statutory threshold. These children will require two or more targeted services, better service co-ordination, and flexibility of existing resources to meet their specific needs.

### **1. Assessing needs**

The BHLP works with the child or young person and their family to help them assess their own needs using the CAF.

<sup>19</sup> Duffy, S. and Crosby, N. Using Individual Budgets for Children and Young People

## **2. Development of a support plan**

The BHLP also works with the child, young person and their family to develop a support plan based on their assessed needs. The aim of the plan is to identify what would support the family rather than which current services are available to use. The BHLP will have a cash budget, often up to £3,000 per child to purchase extra goods and services that are not typically available. Within the DCSF pilot authorities some BHLPs – termed ‘established BHLPs’ – are being encouraged to take a further step to explore alternative uses of the portion of the total targeted services budget that would typically be spent on an individual child.

## **3. Obtaining the required support**

The BHLP then works with colleagues in both their own and other local agencies to find available support. Sometimes this already exists in the form of existing funded services. However, BHLPs may require help to identify what services are already available, who provides them and how to access them. In other cases they may need to purchase support from new providers.

## **4. Providing support**

The BHLP, whilst not accountable for providing the support, is required to co-ordinate it and to hold others to account for delivering the agreed support package.

## **5. Review**

The BHLP reviews the impact of the support package and either adjusts it if further support is required or stops it if the needs have been met.

Child and family involvement is at the heart of the effective use of budget holding. It embodies the citizenship principle that underpins the use of IBs and recognises the role of children and families as co-producers of outcomes. This requires a shift from the current service provision approach to one that supports planning and focuses on realising outcomes. Needs are not to be expressed as ‘needs an X service’ but in terms of specific outcomes to be achieved and the support that the child and family will require. This in turn necessitates a move away from a deficit model of children and families, where services are provided to fill gaps, towards a focus on capacities and how to support and boost their effective use.

This change of perspective has practical implications. It means assuming that children and their families have the capacity to assess their own needs and develop their own support plans. The role of the BHLP is to provide support, where required, rather than to assess needs and create the action plan. This will include making children and their families aware of both the type of support that is currently available and what new forms could be provided. The lead professional also has the role of challenging action plans to ensure they address both needs and any safeguarding concerns, and of helping the child and the family to secure access to the services and resources that are required. Thus, the shift in practice is away from professionals engaging children and families in a process of assessment and action planning that, in the end, the professional controls, towards one of self-assessment and negotiated action planning that is driven by children and their families.

At this stage of the pilots, most BHLPs have a cash budget for new goods or services. Furthermore, established BHLPs are now getting larger budgets from the outset that correspond more closely to RAS-style individual allocations covering the cost of the whole package of support.

Although so far only small amounts of money are being made available per family in the children with additional needs BHLP pilots, the approach is having a much wider impact. BHLPs report that the cash budget means they can work with the family on what would really meet their needs. This often leads to the identification of support which would not normally be provided but which is actually already available. This means that in many cases there has been no need to draw on the cash budget at all. The BHLP approach not only changes the roles that children and their families play but also the mindsets of lead professionals.

## **Common elements**

While the BHLP and self-directed support approaches do differ, there are many common elements:

- **Targeting.** Both approach target-specific groups of individuals and work within fixed overall budgets. Currently BHLPs are focused on children and young people with lower levels of need whereas individual budgets are aimed at those with higher levels. However, with the extension of budget holding to children in care, this distinction will disappear.
- **Level and continuity of funding.** Individual budgets for children and young people with more complex needs mean that the cash budgets are typically larger and will continue from one year to the next. In the case of children with additional needs, budgets have hitherto been quite small and interventions have been short term, a matter of months rather than years. However, as practice evolves and BHLPs become established, they will be able to focus on the total cost of the targeted services provided to an individual child and how that might be better used, instead of how a small amount of money might help. Hence there is a developing overlap between BHLP and IB practice. This will increase further with the advent of BHLP work with children in care.
- **Outcome focus.** Both approaches use the CAF and focus on outcomes rather than service availability.
- **Building service users' capacity to meet their own needs.** The co-production principle underpins both approaches with the assumption that children and their families have the capacity to assess their own needs and decide what support would be best. This involves boosting and supporting their own capacity and that of existing community networks rather than immediately assuming that a service is required. Both the current use of individual budgets and BHLP practice focus on this from the point of view of specific individuals. As yet practice does not encompass the wider community or the service development roles of LACs in Western Australia and Scotland.
- **Budget devolution.** Budgets are either devolved to the child and their family or to someone as close to them as possible.

It is these common elements that allow budget holding and the use of individual budgets to be treated as a continuum of practice providing children and families with different but linked options of how to access personalised services.

## **4. A phased approach for disabled children**

Some children have genetic impairments; others acquire impairments as they develop in the womb; or through accidents and other causes during childhood and adolescence. In either case it can take some time for the parents and the child to come to terms with impairments or differences. The support they need will vary, as will the degree to which they wish to take up self-directed support. Self-directed support underpinned by individual budgets should therefore be seen as means to an end and not an end in itself. The aim is to provide personalised services that boost the capacity of both children and parents and support children to become citizens in their own right. This may mean, in some situations, making use of a BHL as a stepping stone towards the later use of an individual budget. An example of this phased approach would be:

- **Children aged 0 to 8.** It may be that some parents who are forewarned of their unborn baby's potential impairment will wish to use an individual budget from before birth. However, many parents may need time to adjust or only become aware of an impairment as the child's development diverges from the norm. These parents, whilst appreciating the potential of self-directed support, may not wish to take on the extra tasks involved. In these cases there may be a role for budget holding by lead professionals to secure the personalised support they require. For some parents this may be their preferred option throughout this early period of their child's life. Others may wish to move, at some point during this period, from budget holding to self-directed support. Both options must be kept open and the transition made as seamlessly as possible.
- **Children aged 8 to 14.** This is a time when children begin to want to exercise greater independence and also experience the shift from primary to secondary school. The use of individual budgets by families, with growing input from the child, is a way of exploring how to meet their needs while the child is becoming independent. Some parents may prefer the familiarity of budget holding support and wish to continue with it.
- **Young people in transition (14+).** The majority of disabled children will control the services they receive when they become adults. It is therefore important that they become skilled in the use of self-directed support before they become adults. The experience of Paradigm's Dynamite project is that this transition should begin, in some form, at the age of 14. When a family or young person does not want to take control of the whole budget, then the support offered by a budget holding lead professional would support the young person to continue to direct their own support while the finances are managed on their behalf.

Throughout all three age bands there is potential for the flexible use of education and health funds as well as the more established social care funding.

The outcomes of self-directed pathways for children are that they grow into adulthood in control of their future, their support, their learning and their lives. Such pathways

clearly challenge the traditional role of statutory agencies, which have historically provided a menu of services for families and children to apply for. This paper goes on to explore the far reaching implications for those commissioning and providing services of self-directed pathways through childhood into adulthood.

## **5. The role of commissioning**

Both individual budgets and budget holding by lead professionals are designed to identify and secure support that will work best for individual children and their families. This will often require purchasing goods and services that have not previously been used or creating new services and, possibly, providers. Strategic commissioners will in turn use these purchasing choices as signals about the way the overall market of services should be transformed. Hence both IBs and BHLs are major motors in the overall transformation of what services are provided, how and by whom. These changes will be complemented by other developments such as joined-up commissioning and more integration and personalisation of all services. This requires a combination of individual based purchasing and commissioning at both the strategic and operational levels.

### **Reshaping service provision**

The experience of adult self-directed support is that they use individual budgets in three ways to purchase:

1. **new and existing social care services** – some choose to continue purchasing some of the social care services they currently receive. Most also buy new services such as personal assistants, who can support them to achieve better life goals than traditional services such as domiciliary care.
2. **non social care services** – for example: physiotherapy at a convenient time; a place on an education programme to develop a new life interest that can be shared with others; an air humidifier to help reduce asthma attacks and hence calls on the health service and hospitalisation.
3. **support to gain an appropriate response from existing services** – brokerage or personal assistants to help negotiate a more appropriate personalised response from existing providers of universal or targeted services.

Individual budgets can help to drive service transformation through: creating a demand for new social care services; accessing more personalised alternatives to existing services supplied by other sectors; and gaining a more personalised response from existing services. While the mechanism for doing this is different in budget holding, the range of service changes being demanded, and to a degree secured, are the same.

Both individual budgets and budget holding are designed to personalise services and find out what people need to inform joint commissioning via market management. The three types of service reshaping show that some of the market signals come from what is purchased and others from the changes to existing services that individual budgets and budget holding can engineer. Each of these types of service transformation is part of a broader set of changes that are now needed to transform public services:

- **Personalisation of existing services** – transforming the way universal, targeted and specialist services respond to the needs of different individuals and the range of services they provide. An example is differentiation in schools.
- **Service integration** – enabling a range of services to provide a coherent, co-ordinated child and family centred response to a child's needs. Current developments include: integrated service pathways for children with disabilities and young people in transition; the use of common assessment, the role of the lead professional and the team around the child; the co-location of services, as in extended services; and the creation of integrated teams for children with disabilities.

## **Multi-level commissioning**

Some of the above transformations could be achieved in part or wholly through the use of individual level commissioning using individual budgets and budget holding by lead professionals. However, changes such as the personalisation of universal services and the development of integrated working processes and teams require the use of different levels of commissioning. OPM's work with the national BHLPI pilots has shown that there now needs to be a three level approach to commissioning if we are to achieve the full set of transformations.

### **Individual level**

Individual level commissioning has been discussed at length earlier in this paper.

### **Operational level**

The creation of integrated service networks to enable disabled children, wherever possible, to live at home and access – and fully benefit from – universal services. These networks will:

- develop the capacity of the multi-agency workforce to support children, young people and their families or carers to use their individual budget in creative and flexible ways
- help local communities to develop informal systems of support
- enable local providers to review their current service delivery practice; challenge and support them to develop a wider, more flexible offer to children, young people and their families or carers
- devolve commissioning powers to reshape some local services, taking into account the needs of specific populations or geographic situations
- take the lead in ensuring that appropriate funding agreements are in place so that the child can make best use of flexible funding options to access the support they need. For example, where a child is receiving a package of support jointly funded by a local authority children's services department and a primary care trust.

## **Strategic level**

At the strategic level, it will be necessary to:

- ensure that individual planning and purchasing support is available:
  - *information* – making information easily accessible and relevant to children, young people and those supporting them
  - *quality assurance* – giving families and carers a chance to choose from ‘quality’ services and support options; involving children and young people and families and carers in identifying quality services and support options
  - *active brokerage* – making available a range of support brokerage services, including money management options, for families and ensuring that families and carers are aware of and have access to this network.
- enable operational commissioning:
  - *common principles* – establishing common principles for personalisation, self-directed support and community development and supporting their implementation at both the operational and strategic levels of commissioning
  - *devolved commissioning* – devolving commissioning powers and empowering operational managers to commission services jointly
  - *common infrastructure* – developing and maintaining the systems and processes required to support the operational level management of self-directed support. Ensuring that a range of support brokerage options are available to families and those using their individual budgets
  - *strategic service changes* – involving children and families and operational level commissioners in all stages of strategic level planning, prioritising and implementing service change.

## **Market management**

This will require:

- *clear messages* –stating that individual budgets and budget holding by lead professionals are here to stay and indicating how fast they are likely to be introduced and how quickly this might affect the demand for different types of services
- *community development* – making the development and support of informal systems of support by local people an integral part of service contracts. This may include a requirement for larger providers to subcontract with smaller, community based, voluntary organisations
- *innovative block purchasing* – in response to market signals from individual level commissioning and other evidence of needs, providing prior warning of step-by-step reductions in the purchase of traditional services; sourcing evaluative and ‘start up’ block contracts where required, for example in the third sector; and encouraging subcontracting to aid innovation by small providers
- *analysis and discussion* – providing continuing feedback on purchasing trends arising from the use of individual budgets (i.e. the market signals identified) and

the way in which block purchasing is moving, and discussing the implications with providers

- *support to providers* – developing a partnership between commissioners and providers that supports providers to transform the way they offer support to individuals and attract business
- *creative decommissioning* – enabling service change (as above); supporting staff development; enabling children and families to continue to use traditional services should they wish to do so.

Given the radical nature of the change, it is essential that strategic commissioning should: provide strong leadership; be clear about the values underlying this whole-scale development; and acknowledge that many will feel threatened and insecure at this time of rapid transformation. The challenge in the long term is to: move away from large-scale commissioning of services to a model where the individual is the commissioner of their own service; provide individually tailored services; and make the support providers answerable in the first instance to the individual they are supporting.

## **6. Conclusion**

This paper draws on current practice developments in children's and adults' services. It shows, in outline, how individual budgets can be used and how a phased approach (based on the use of budget-holding lead professionals) can be used as a stepping stone by disabled children and their families. It recognises the key role that commissioning at both the strategic and operational levels must play in: enabling the use of self-directed support and the complementary changes in the way integrated services are provided; personalising universal services; and developing the capacity of local communities to provide informal support.

Achieving these changes will require strong local leadership capable of communicating a clear yet evolving vision of the way forward. We hope that this paper will also help localities to develop a local vision.