



Creating an integrated, outcome-focused and family-centred offer

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Introduction

The SEND reforms as set out in the Green Paper *'Support and aspiration: a new approach to special educational needs and disability'* challenge all services, in particular health, education and social care, to simplify and streamline services and deliver a more joined-up, holistic offer.

The Green Paper provides us all (families, services and In Control) with an opportunity to further build on the approaches that we have developed, and our in-depth understanding of how to make allocations of indicative budgets or provision for disabled children, young people and their families over the past seven years.

This paper builds on our 'Tell us once' paper (October 2013)¹. It draws in work with SEND Pathfinders, workshops and further discussion with key stakeholders including NHS England. Our first paper outlined the case and some ideas from work with children's services over the past seven years. Integrating our approaches to the allocation of personal budgets is only one part of the wider drive to integrate our approaches to support, information and provision for children and young people. This paper covers this wider agenda by way of setting the scene for the second part of the paper which documents work and proposes some key actions to be taken.

We are publishing this paper alongside 'Resilience, identity and contribution – a person centred approach to integration'. Together these papers set out a theoretical understanding of integration, discussion about the challenges of implementing such an approach, work with children's services and many others, and key practical work around funding.

We are happy to receive contributions to this work, please do so by contacting:

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¹ <http://www.in-control.org.uk/what-we-do/children-and-young-people/publications/children's-programme-publications/tell-us-once-simplifying-ehc-assessment-and-allocation-systems.asp>

Integrating the offer

Delivering the ambitions set out in ‘*Support and Aspiration*’ will require a transformation in the relationship between services, children, young people and families. The programme of reform set out in the Children and Families Act and soon to be published regulations and Code of Practice will test us all, especially at a time of reducing budgets and ever tighter controls on spending by services. There is general agreement that the changes to planning i.e. the new Education Health and Care (EHC) plans, new information and support to families, personal budgets and a redesigning of the current workforce needs to focus on improving outcomes and on a more holistic approach to supporting individual children and young people to reach their potential and take an active part in the life of their school, community and family. To do this will require substantial changes to how families are supported and by whom, how they are supported to take control and exert choice about their son or daughters’ support, and for the whole process to be streamlined, joined-up and family-centred.

In a recent letter² sent by Minister for Children and Families Edward Timpson and Health Minister Dan Poulter, a key action was set for commissioners; the development of a set of shared outcomes. Such work is central to both integration and delivering the SEND reforms. A shared set of outcomes will unite activity and will challenge services to explore areas where they can move away from their territory / silo and embrace a more holistic approach to children and young people’s lives. The SEND reforms will only deliver the changes to children and young people’s lives if our historic approach to dividing a child into health, education and social care needs is left behind and we, as a whole community, unite in our actions to centre planning and support on improving the lives of children and their families.

Personal budgets are at the heart of this, alongside a number of areas of work. Bringing funding together from different sources to deliver a single support package, i.e. to be used as a single personal budget is a key goal of the government’s SEND reforms, however work on personal budgets cannot happen in isolation. The work of In Control and that of others, indicates a key set of areas which need addressing:

Outcomes: a common and shared set of outcomes which unite activity around a child, young person and family. Such outcomes explain the purpose of support and provision and provide a basis for services integrating their approach and moving away from a silo-based approach to specific needs. Services, in agreeing a set of shared outcomes, will have to relinquish control of specific parts of a support offer and focus on the child and family as opposed to what their area of service/support is doing that is adopt an outcomes focus as opposed to a service and needs led approach. The outcomes set out in the SE7 Framework for Choice and Control; ‘to enjoy, to participate, to achieve’³ illustrate how such a focus moves services away from thinking about what they may deliver to thinking about what needs to happen for a child, young person and family.

Uniting all activity however has to be the outcome of ‘inclusion’, of ‘building an inclusive society’ which welcomes children and young people no matter what their support need and values all. An approach to integration which sees ‘inclusion for all’ as an eventual outcome, will define activity and explains the need to unite funding, workforce and activity, centering on the child, family and supporting them to participate in the wider world alongside their peers.

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301836/SEND_reforms_-_letter_for_LAs_and_health_partners.pdf

³ <http://se7pathfinder.files.wordpress.com/2013/10/se7-choice-and-control-booklet-online-version.pdf>

Commissioning: personal budgets are one part of a joined up approach to commissioning which covers all levels of activity from strategic to community / operational and to individual commissioning (personal budgets). In Control, OPM⁴ and others continue to work with many different services, using the quadrant graphic, below to explain a whole approach to commissioning which includes personal budgets and hence shapes activity across mainstream, targeted and local community services.

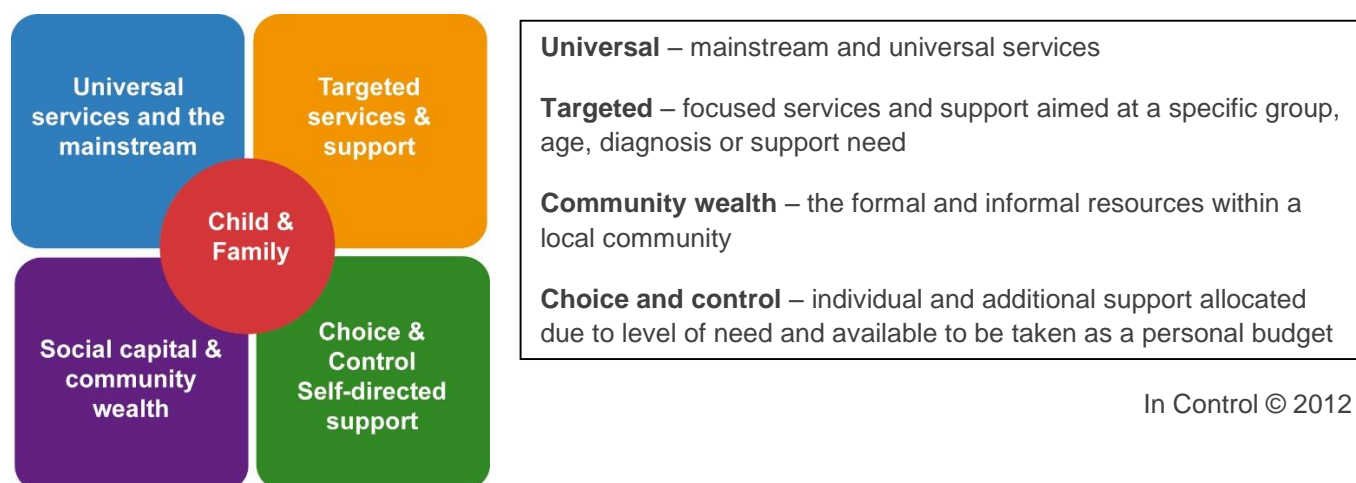


Figure 1: Quadrants of personalisation

Workforce: the reforms will mean a redesigning of the workforce; new roles, new responsibilities and new activity. Shrinking budgets and smaller workforces will mean being clear about roles and avoiding duplication of activity and reducing the number of meetings and time consuming decision making processes. This will need careful consideration to make best use of the skills across the workforce.

Governance: many children and young people who will have an EHC plan will need highly skilled, specialist and expert support. Ensuring this is delivered and that ongoing support is of good quality and that training is up-to-date and procedures are followed is already a challenge to health, social care and education staff. Although currently there may be a different focus for each service there is the potential to join this up while still ensuring accountability, responsibility and delivering high quality support. If the plan is to be holistic and the support delivered in a family-centred way, then so must governance.

Integrating support is always going to be a challenge with different contributors to that support. For young children this means thinking through early years support, for a young adult this means joining up college and work with home life and maintaining good health. Central to all of this is the new EHC plan, as indicated in SQW's thematic study⁵, pathfinders and families are reporting increased satisfaction with what is headlined as outcomes-focused, family-centred and holistic planning. If families are genuinely to experience such an approach and be able to explore what options there are for supporting their child then they will need to have a good knowledge of what is available locally (the Local Offer) and what is specifically available for their individual son or daughter. Adult social care and more recently increasing numbers of social care services for disabled children have been making upfront allocations of funding

⁴ OPM – the Office of Public Management – www.opm.co.uk

⁵ www.sendpathfinder.co.uk

which can become a personal budget. Integrating approaches to personal budgets will require the joining up of allocation systems and wider assessing activity. The second part of this paper focuses on this and the work being undertaken with children's services in the run up to delivering the SEND reforms in September 2014.

Allocation systems

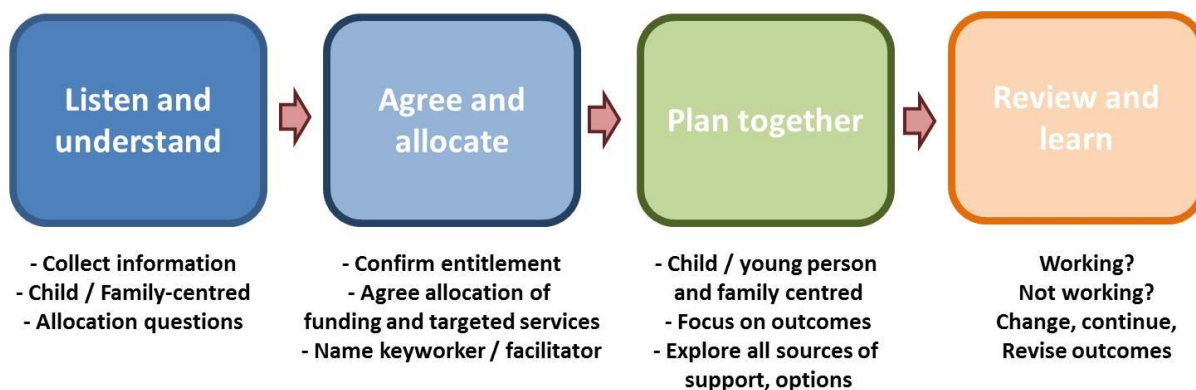
Two key values underpin our approach and also that of the children's services we are working with:

1. **Transparency:** everyone understands how allocations are made, how decisions are made and the information needed to inform these decisions.
2. **Participation:** everyone who needs to take part is involved and supported to participate.

Together this means that families understand how an allocation is made and are involved in this and therefore know what funding is available, alongside the range of services (targeted and mainstream) available to children and young people, and can start to plan with a complete picture of the resources available. The following quote from a family member involved in SEND Pathfinder work illustrates this well:

"...if you are open and honest with us about what funding is available then maybe we can start to work together, we might not like what you are telling us but at least you are being honest and we may start to trust what you are telling us.....but if you continue to withhold information, make decisions behind closed doors and not give us the information we need to make good decisions about support for our sons and daughters how can we ever trust what you say"

Developing an EHC plan based on everyone being aware of what is available both locally and for the individual enables the best use of all resources, including the funding allocated for a personal budget.



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Figure 2: Steps to allocating a personal budget

Using the SE7 Framework for Assessment and Planning⁶ allocation is set following 'listening and understanding' and prior to planning.

Together, transparency and participation encompass a number of key elements of any approach to person-centred working; keeping everything simple and easy to understand, avoiding complicated, overelaborate and inefficient systems, treating everyone with the same respect i.e. everyone understanding the decision making process. The more removed (i.e. the less transparent and participative) a family, young person or adult becomes from the process, whether through complication, decision making panels or complex mathematics, the more opportunity for confusion, mistrust and challenge.

There are three key elements of resource allocation:

1. **Budget:** what money is available
2. **Eligibility:** who is eligible for a share of the funding/support available
3. **Outcomes:** what is the funding/support to be used to deliver

These elements combined form an approach to sharing what support and/or funding is notionally available. It **does not** set a final and non-adjustable figure; that is the purpose of the support plan and its agreement, not the purpose of the RAS.

The budget

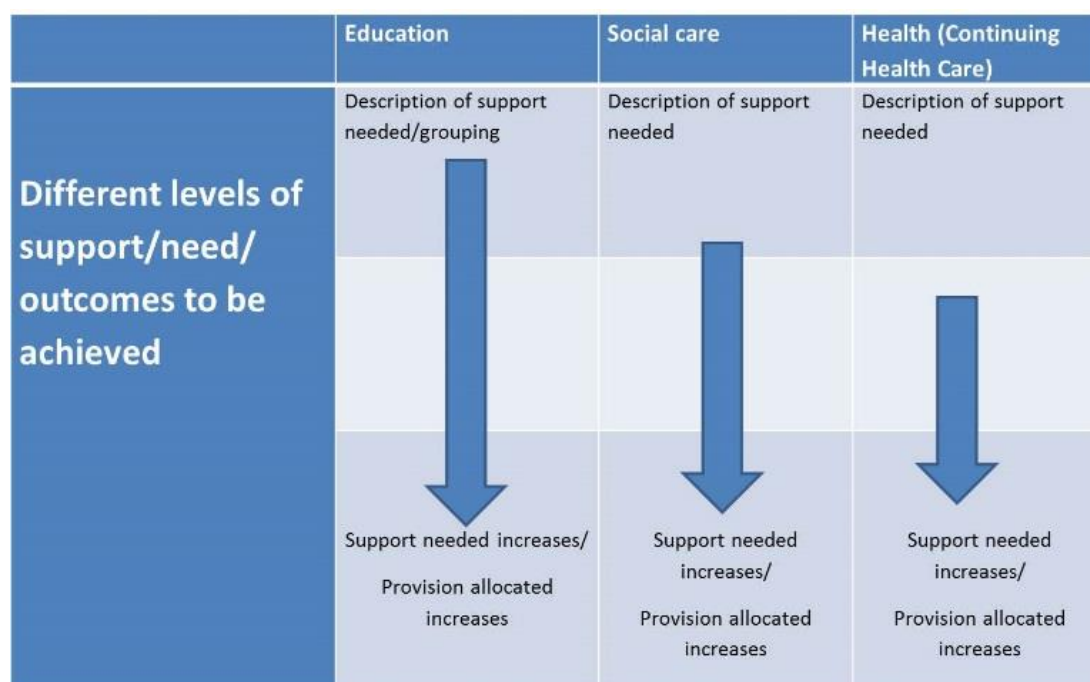
In adult social care, the definition of a personal budget is fairly straight forward, i.e. the funding allocated to an eligible adult to meet their support needs. Work in children's services started from the same premise, i.e. the total amount of funding available from children's social care. In both cases the funding available is that which falls in to the 'choice and control' quadrant. So, a child or young person qualifies for support / meets the threshold as it is not possible to meet all their identified support needs from the mainstream, targeted and community offer without additional and individual investment.

This definition is simple and easy to understand. For a family they know that if their son or daughter is eligible then there will be an amount of funding available for them to take as a personal budget. Early work to deliver the SEND reforms saw some confusion about this with some areas including services within a personal budget which could never be taken as a direct payment i.e. the funding used to support these services was not available and would not be available. Many services are now becoming increasingly clear about what is 'in / not in' a personal budget and therefore what can be taken as a direct payment.

Families also know that the funding available will be commensurate with their son or daughter's level of need, i.e. the amount of funding will be higher for those with higher levels of need. It is important to always start with families, and to draw on existing definitions and understanding. Developing different definitions of personal budgets, for example, would be create confusion.

The same approach can be applied when thinking about education and health budgets, as the level of need increases, so does the funding available.

⁶ SE7 Framework for Assessment and Planning www.sendpathfinder.co.uk / www.se7sendpathfinder.org.uk



In Control © 2013

Figure 3: As need for support to deliver outcomes increases so does the funding available

In figure 3 above, health funding is defined as 'continuing health care' as the focus has been on being able to deliver personal budgets using this funding by April 2014. The agenda of introducing personal health budgets extends to long term conditions in April 2015. To be able to have a personal health budget for continuing health care a child or young person must meet the threshold.

In education, however the available funding has not been so clear. This is in part due to school funding reforms. The CDC has published an explanation of school funding and In Control has published 'Personal Budgets and the School Day' which sets out how personal budgets can work and can be applied to the new approach to education funding. Central to all of this is a consistent use of definition for personal budgets, i.e. additional and individual investment where it is clear that the targeted and mainstream services available cannot provide sufficient support without such funding. Furthermore, any funding allocated as a potential personal budget is cashable, i.e. available as a direct payment. The challenge is to explain what this means in the new structure of education funding; school place (element 1), notional SEN budget (element 2), high needs block (element 3 / top up funding).

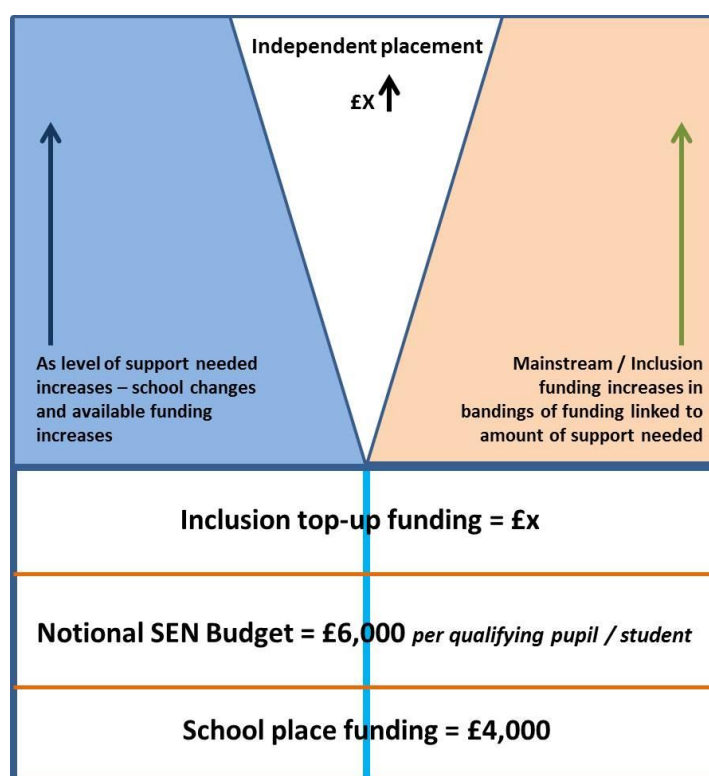
School funding

School place / element 1: allocated to a school per pupil, approximately £4,000. This funding is not available as a personal budget or direct payment. In special schools the school place is funded solely through the high needs block, but as we understand the situation, a similar barrier also exists around this funding.

Notional SEN budget / element 2: allocated based on the number of pupils / students requiring additional classroom support with literacy and numeracy and free school meals (the exact reasons for allocation tend to differ between local authorities). This funding would not be allocated as a personal budget, however a school can choose to release funding from this budget should it so choose.

High Needs Block (HNB) / element 3 and/or top up: allocated where a child or young person requires an EHC plan (eligibility for an EHC plan links directly to needing an increased level of learning support. HNB funding is a commissioning budget; it funds special schools, out-of-area placements, specialist teaching services, speech and language therapy (contracted from local health services and in addition to the service available through health services). Parts of the HNB are made available to schools/colleges to cover the increased cost of supporting a pupil or student, once part of a school or college budget this funding cannot be taken as a personal budget, however in the same way that a school can choose to release funding from element 2 a school or college can choose to release this funding as a personal budget (and hence direct payment) if it should agree that this is the best and most efficient way of meeting the child or young person's support needs. There is an expectation in the SEND reforms that the funding available as a personal budget will increase over the three to four years of introduction. Currently it is unlikely that there will be large numbers of personal education budgets from the HNB as most funding is already committed to schools, colleges and commissioned support. It is only for the few with exceptionally high needs where additional and individual funding will be added on an individual basis to that which is made available to schools and colleges.

In Control has been working closely with a small number of children's services exploring their current approach to education funding with a view to starting to be clear about what can be allocated and how this then links across to social care and health.



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Figure 4: Understanding education funding

The graphic used for figure 4 overleaf is a generalisation; there will always be an exception which breaks any rule established. However this graphic does start to help us picture how education funding is being used and hence informs a future agenda of being clear what is in a personal budget offer (and what is not). The graphic is based on analysis of data about education spend.

School place funding – element 1 = £4,000

Notional SEN budget – element 2 = £6,000

Inclusion top-up funding, made available from the high needs block and funding ‘additional or specialist support centres / support within in mainstream education.

The allocation of element 3 / high needs block then splits to:

Special schools: funding made available to a school, often based on generalised bands of support needed which increases based on school population i.e. schools for children and young people with moderate learning difficulties (MLD), severe learning disabilities (SLD) and then most often in the highest banding schools for children and young people with complex levels of autistic spectrum disorders (ASD).

Mainstream schools: individually allocated funding, in addition to that placed in the school budget ‘inclusion funding’ which increases to a certain level above which there is no offer in mainstream education.

Independent schools and colleges: to be expected to be only available to those with the highest levels of needs but in reality often there is no banding or clear decision making around who attends independent / specialist placement.

Figure 4 provides a way of starting to explore the current use of HNB funding, to inform future decisions and most importantly evidences that although we would expect there to be a clear delineation between need and funding there is not. Reflecting on early discussions in children’s social care; it was expected that the number of overnight stays a child or young person was allocated would be related to level of need, the reality was not so clear. Although the context is different the same challenge is placed in front of education commissioners; that is how to put in place an approach to funding which is transparent, linked to eligibility and level of need, is challengeable and enables families to take part in the decision making process should they so choose.

Personal budgets and commissioning

To take forward integration and personal budgets will require setting out a common approach, clarity around eligibility, bandings of support needs and associated provision, and consistent definition of a personal budget. This is where any work on personal budgets directly links in to joint commissioning.

Using the quadrants to describe a joint commissioning strategy:



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Figure 1: Quadrants for commissioning

- What services and support do we commission within the mainstream and universal world?
- What services and support do we need to commission as targeted?
- What support do we commission to support local community capacity building?
- What funding do we make available as potential personal budgets?

Providing information which addresses these questions will be a key part of the Local Offer which will set out how personal budgets are one part of a joined up offer of support and provision for children and young people.

Integrating allocation systems

With clarity about what funding is being set against mainstream, targeted services and set aside for personal budgets the next step in progressing integration is to set out a joined up approach to the allocation of personal budgets. There may in the future be a move to pool funding and hence allocate from a single 'additional/individual support budget' however this document is focused on person-centred integration. Integrating support around an individual will continue the child and family-centred approach, and continue the focus on improving outcomes.

In 'Tell us once' (October 2013) we explored the different approaches to assessment used across health, education and social care.

This paper moves this discussion on based on the clear desire within many of the services we work alongside to see a much more efficient and child-centred approach to the allocation of any personal budget set alongside mainstream, targeted and informal/community based support.

Foundations for an integrated approach

Drawing together the discussion it is possible to establish a set of foundations for building / developing integrated approaches to personal budgets.

Two key values underpin any co-productive approach to resource allocation (and wider decisions about plans and provision):

1. **Transparency:** everyone understands how decisions are made, and why decisions are made.
2. **Participation:** everyone who needs to take part is supported to do so; their contribution is valued and informs any decision taken.

There are three elements of resource allocation:

1. **Budget:** the Local Offer will set out how children and young people's support needs will be met in totality and what budget is available for personal budgets across education, social care and health.
2. **Eligibility:** different eligibility thresholds exist set alongside different needs in education, social care and health. An integrated approach to personal budgets will need to accommodate this, i.e. make an allocation from an appropriate funding stream if/when it is clear a child or young person is eligible for such funding.
3. **Outcomes:** as set out in the newly published Code of Practice and in the correspondence to chief executives of local authorities and health services from Minister for Children and Families and health Minister, it is expected that 'shared outcomes' will be developed as a central tenant of joint commissioning. Shared outcomes clarify the purpose of activity, with regard to personal budgets, such shared outcomes will clarify the purpose of the funding (linked to the individual outcomes agreed between family, child, young person and services in the writing of their EHC plan).

There are three stages in any allocation process:

1. **Allocation questions:** once it is established that a child or young person requires an EHC plan and if they are eligible for additional support from social care and/or health services then questions which will form part of the ongoing assessing activity will be asked which enable a decision to be taken about the (level of funding) offer of additional funding which can, should the family decide, become a personal budget.
2. **Understanding the results:** reviewing the results and checking they make sense with the information collected in the EHC assessment.
3. **Allocation:** using a points or banded table the allocation available to a child or young person can be identified and made.

Combining funding decisions across education, health and care – and making EHC allocations

Councils and NHS clinical commissioning groups working towards implementing a new joined up resource allocation system have faced some challenges in moving from the general set of ideas outlined previously to a practice of making fair funding decisions that are open and transparent. There are threats as well as opportunities to increase child-centred approaches in moving towards funding integration. In adult social care for example, there was a marked increase in bureaucracy with the implementation of personal budgets and significant efforts are now being made to reverse this. Think Local Act Personal's 'Minimum Process Framework'⁷ is a helpful resource on creating simple and clear processes and systems for personal budgets. There are useful lessons here for those introducing new approaches for children and young people.

A present danger in bringing large systems together is that bureaucracy can grow rather than decrease, and decisions can become more removed from families and practitioners who know children well. The danger of an increasing bureaucratic approach is seen within the growth of remote large 'panels' comprised of those most removed from children making key decisions about their lives. Decision makers operating remotely from families and children often know the least about community resources outside their service specific area and thinking about community capital tends to become absent from the discussion. A formal yes/no answer to individual funding as the sole remit for councils and the NHS can take root as the response to a request for support.

We think it is important to campaign against formalism and bureaucracy impeding the creative possibility of personal budgets by locating the decision making about children's funding as close to the child and family as possible. It is critical that localities stress the wealth of support within communities and universal services and these assets are nurtured as the foundation of support to disabled children, i.e. inclusion in the wider world. Prior to individual funding decisions taking place there needs to be a clarity that all of the available supports within the Local Offer have been mobilised so councils and the NHS should first:

- Look to community solutions, mainstream opportunities to meet need first through the Common Assessment Framework, Team Around the Child and other solution focused ways of working.
- Where there is need for greater support, councils should first look to lever in targeted support across the local offer from education health and care services.

Decision making about individual funding

As explained in the children's services 'Local Offer' families will know how councils make decisions about eligibility and as outlined in the Code of Practice⁸ should know extent of available funding alongside community opportunities universal opportunities and targeted support before they begin the planning phase: In terms of the EHC pathway this would work well at the 10 week stage after the 'advices' have been gathered from relevant agencies and before the draft plan is constructed.

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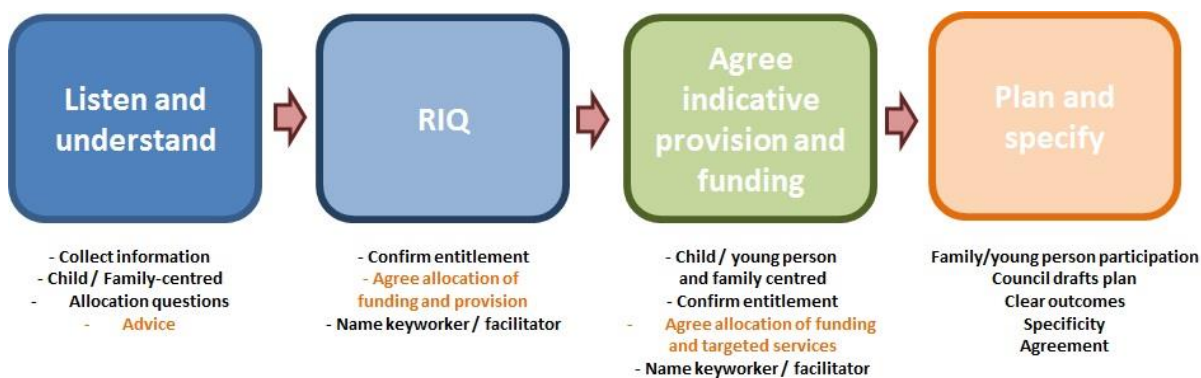
http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Paper4MinimumProcessFramework.pdf

⁸ www.education.gov.uk

To identify the individual funding in addition to pre-existing support available within the Local Offer the following appear to be key decisions to take:

1. Agree that the information about the child and the family is understood by the council and the NHS
2. Establish whether eligibility for individual funding applies by demonstrating that a greater level of support is required than can be provided by community resources, universal services and targeted support
3. If the child is eligible for individual funding then consider which services (EHC) they are eligible to receive funding from and be clear that the child has met eligibility.
4. Establish the extent of the funding children are entitled to.

The following graphic shows the decision making process and where it sits within the EHC pathway.



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Figure 5: A child centred pathway focused on single allocations of a personal budget

Establishing the extent of individual funding

An issue that has caused a degree of difficulty in the past two years has been how to work out the extent of individual funding and how to bring offers together within a single assessment pathway and at a single point in time.

The principles outlined in the early pages of this paper are drawn down to a methodology which has been set out in the In Control resource allocation paper (February 2013).⁹ A set of further key steps to establish a resource allocation system have been drawn up and these are attached as an appendix to this paper. This methodology while tried-and-tested in social care has some issues in translation to education and health. There have also been issues about how three offers may line up with each other. In the paper 'Tell us once' we offered a model table to draw out some relationships around common banding of need. We have updated this table and offered it as appendix to suggest how the local offer relating to individual funding might be illustrated.

⁹ <http://www.in-control.org.uk/what-we-do/children-and-young-people/publications/children's-programme-publications/understanding-the-ras-feb-2013.aspx>

There needs to be sufficient information available to enable decision makers to make a fair funding allocation. The main body of information has been gathered after 10 weeks within the conversations with the family, young person and the 'advices' gathered from involved professionals. However without a summary of this information it is difficult to be clear that the council and the NHS understand the needs and aspirations of the family. A short analysis and summary can present the most relevant information and show the family what has been understood by the public services. However it is difficult for decision makers to retain a collective memory about the previous decisions made and how they might take their previous decisions into account in relating to a present request for support from a family. A tool to aid the assessment is useful in making sense of where the child's needs sit in relation to their peers needs and to work towards fairness in offers made to families.

The resource allocation questionnaire used in social care has played this function in Cambridge, Trafford, Newcastle and Gloucester councils, supplementing social care assessments with a more accurate ranking tool and as a result improving the fairness of the funding offer. We are proposing that we extend this methodology to education and health within the EHC pathway. Wigan, Essex and West Sussex councils have produced early models of joint sets of questions across funding streams. The councils and clinical commissioning groups in the 'Go Further Faster Pilot' are currently exploring a first example of a joint questionnaire. This tool would accompany the EHC pathway producing a score for social care and education and health which could link to the table in appendix 1. Currently, Wigan Metropolitan Borough Council is redesigning its EHC resource indication tool along the idea of a joint education, health and care questionnaire.

Set out below are the key outcomes which are proposed as the skeleton of the questionnaire at a 'Go Further Faster' workshop in May 2014.

Outline integrated questionnaire (points tool) for EHC pathway to aid funding decision making after completion of an EHC assessment

Education questions

- *To successfully achieve my learning outcomes*
- *To play with other children in lunch and break times throughout the school day and have fun and be safe doing so*
- *To be able to learn alongside other children and young people*

EHC questions

- *To learn the skills I will need that will help me in future to have a chance of getting a job and to be as independent as I can be*
- *To be safe in the community and at school/college*
- *To be fit and healthy*
- *To be able to communicate with people and be understood*
- *To feel relaxed and happy and be able to behave well in social situations*
- *To make good relationships and friendships*
- *To be able to travel from place to place with good mobility*

Social care questions

- *To be safe at home*
- *To take part in a range of activities*

For parents and carers

- *To have good health*
- *To be able to look after other members of my family well*
- *To be well rested*
- *To receive support from a network of friends and family*

Children's continuing care health DST domains

1. *Challenging behaviour*
2. *Communication*
3. *Mobility*
4. *Nutrition, food and drink*
5. *Continence or elimination*
6. *Skin and tissue viability*
7. *Breathing*
8. *Drug therapies and medicines*
9. *Psychological and emotional needs*
10. *Seizures*

Relationships within the questionnaire

It will be clear from the way the statements are set out that there are a number of integration challenges. A key issue is to ensure the services do not duplicate questions but have enough information to make accurate decisions. We are suggesting that there are core questions which are relevant to education, health and care and the answers to these questions will be helpful in ranking a child's needs and deciding upon offers of provision and/or funding. There are specific additional questions for education and social care to ask which are needed to establish how much funding they should provide.

We are suggesting the following approach to untangle some of the relationships:

Education: the education and EHC questions should be completed, for all children who being deemed eligible for an EHC plan are going through an EHC plan pathway, after advices have been received and before an indicative funding /provision offer is made. The scores will rank children in terms of their needs and provide a quick summary of the key funding issues. The combined score can be linked to a funding offer from element three of SEN funding and can help to make sense of the information collected within the EHC process. This is likely to work well linking to a funding system which bands funding offers. The questionnaire could be completed by an EHC plan co-ordinator or a key worker.

Social care: where the child is also deemed eligible for social care a social care worker will work with the family and plan co-ordinator to complete the questionnaire. The plan co-ordinator will take the lead on the education and EHC questions and the social worker on the social care questions. The relevant statements to inform social care funding are the EHC questions and the social care questions. (The education questions are not directly relevant to social care funding).

Health: the results of the EHC questions provide health with a guide alongside the holistic information gathered as to the level of provision required and may add to the reason for referring for a Children's Continuing Care Assessment.

Children's continuing care

We think it is unwise at present to use alternative language to rank the funding of Children's Continuing Care (CCC) other than the CCC decision making tool. The language in the domains of the CCC Decision Support Tool therefore should be left intact. The Decision Support Tool is embedded within the CCC national guidance and is a widely used tool. Any other way of ranking CCC is likely to produce contradictory language. A helpful development would be to score the tool to provide an explanation as to why some CCC children are funded higher than others.

The CCC Decision Support Tool statements should not be incorporated within a general EHC questionnaire ranking need because it equates to a small group of children with exceptional support needs.

A high score within the EHC RAS can signal the need to complete a CCC assessment and by scoring the domains indicated within the CCC assessment differentiate within a continuum of need. Again this could be linked to banded funding offers.

Moving to a better future

We know that the present funding streams are tangled and unravelling the thread can produce its own complications. A clearer way to move forward rather than trying to trace all of the funding streams and unravel them to support a personalised plan would be to fuse the budgets to produce a single set of funding with a single set of outcomes. Within this context a single joint assessment and a single EHC questionnaire could allocate from a joint pooled fund with some agreed outcomes and priorities.

Families tell In Control regularly the service demarcations are also confusing. Helpful approaches across a whole system have included good practice in bringing together the following:

- **Single joint pathway:** locality working, enhanced key working, joint assessment, joint questionnaire, joint indicative allocation, joint plan, joint approval mechanism, joint review.
- **Single budget:** pooled NHS children's continuing care funding, social care funding and additional learning fund. Clear eligibility and banding of entitlements.
- **One disability service:** common strategic goals. Staff are co-located, management structures are joined and aligned.

On the way to a future where public services are more supportive to disabled children and easier to understand the following may help and hinder:

- **Help:** simple decision making. One set of shared outcomes, single clear joint approval process, simple monitoring accountability and reporting.
- **Hinder:** separate eligibility and assessment systems. Focus on how funding is used, not on what it achieves, complicated separate approval mechanisms, discrete approaches to monitoring and accountability.

Conclusion

As we have hopefully set out clearly in this paper, aligning and integrating funding is proving a real challenge both technically and in the development of a shared and agreed approach. It challenges all services to be open and transparent, to think about current use of language and funding. There is a large amount of technical information and discussion within this paper, however we are finding that the more work we do the easier it is to see a way through the maze and to set out a much simpler approach, it is very much a work in progress.

Most importantly we do find a genuine and real commitment out there to do this work and produce something which helps families make informed choices about how their son or daughter is supported and to think about how they may wish to control parts or all of the additional support available.

We will continue to update people as we progress with this work. We hope to be able to publish a fully tested first version of the questionnaire this summer.

This paper is being published alongside 'Resilience, identity and contribution – a person centred approach to integration'¹⁰ which steps back from the practical implications of integration and sets out a simple framework which explains a person-centred approach, much in line with the work set out here. In Control and many of those we work with every day see a person-centred approach to integration as the only way to deliver the support children, families and adults need.

If you would like to be kept up to date with our work and/or find out more about the Children's programme and our NHS England funded work then please do contact us at: nic.crosby@in-control.org.uk

Publishing information

Creating an integrated, outcome-focused and family-centred offer

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¹⁰ www.in-control.org.uk/childrenspublications

Appendix 1

Newcastle Council:

Table of ECHC Common Banding

Ranking need across the three service areas

Level of support needed to achieve outcomes	Education Funding available above Pupil and Notional SEN budget held by the school across all bands	Social Care Funding available above the community and Early intervention offer from some support band	Health Funding available when there the child's CCC eligible usually at the Exceptional Support level
Small Support needs met through modest funding in education and possibly some very small funding in social care	Child with learning difficulties effecting global progress across the curriculum or specific physical disabilities or communication issues which are preventing the child from making sustained progress. Learning needs cannot be met by element 2 provision. SEN DP is available with the top up funding provided from element 3. Educational needs can be met in mainstream school with additional support from specific classes and equipment with top up of individual funding from Element 3 ranging from £0-£5,500	Some children's needs within this band will be met through a combination supported to access leisure cultural activities carers get short breaks as a result of the activities child involved in. Sign posting and small amounts of temporary funding. May indicate a higher level of need where a small Individual budget might be required to meet key outcomes. The local offer without being supplemented by individual funding is not likely to meet the child's needs. (circa £500-1500)	GP services, Information and Advice Guidance and support from community nurses
Some Support needs met through funding support in education and social care	In addition to learning difficulties or physical disabilities which effect global progress, the child requires sustained individualised support throughout each school day to maintain their progress Element 3 funding to support mainstream placement ranging from £5,500-£7,500	A mix of support needs to engage in community activities depending on the activities a child may require a mix of personal support and adjustments to the groups they are taking part in. May need individual funding where the local offer is insufficient for the child to meet the agreed outcomes	The child has a complex medical condition which requires specialist medical care. This may involve nursing care or support, increased attendance at GP services and some therapies equipment provided

	or Specialist place funding up to the value of £6000	without funding. (circa £3000-£5000)	
Level of support needed to achieve outcomes	Education Funding available above Pupil and Notional SEN budget held by the school across all bands	Social Care Funding available above the community and Early intervention offer from some support band	Health Funding available when there the child's CCC eligible usually at the Exceptional Support level
Lots of support needs met through funding support in education social care and Possibly CCC funding	Child learning difficulty so significant that they are working at levels below the national curriculum or have a complex disability. Element 3 high needs funding is provided to mainstream school (circa £10,000) or the child is in an ARC or specialist provision up to the value of £10,000. The child will usually need learning support throughout the school day	Child has significant learning disability or complex disability or a combination of disabilities with static risk factors. There is a significant need for one to one specialist support to access community. Significant Individual funding required (circa £10,000)	Child has complex medical condition and requires, careful management, constant care and attention to maintain health. May have a complex combination of health needs where constant treatment and intervention is necessary. The child will have frequent support from a range of medical practitioners and in addition may have Continuing Care funding.
Exceptional support needs met through funding support in education social care and Possibly CCC funding	Children with either very complex medical needs or children who have extreme challenging behaviour as a result of their learning difficulty. Children will typically require 2:1 support. Will require very tailored specialist provision. Funding likely to be in addition to mainstream, ARC or school place special school funding. The child will require individual funding for a bespoke package or a school place up to £15,000	Children with either very complex medical needs or children who have extreme challenging behaviour as a result of their learning difficulty. Children will typically require 2:1 support These children will be offered a substantial social care (circa £10000-£15,000 budget in tandem with substantial education and health funding	Children with either very complex medical needs or children who have extreme challenging behaviour as a result of their learning difficulty. Children will have a combination of health needs which will require intensive intervention. Children will typically require 2:1 support. These children will be entitled to continuing care funding

Appendix 2: Key Steps for Councils in Developing a RAS system

1. Developing a questionnaire

- 1.1. Research existing questionnaires and consider how well they relate to key outcomes for children with additional needs and how well they describe need.
- 1.2. Design, adopt or adapt draft questionnaires which are age specific, rank need well and describe the outcomes for children you wish to fund (a model questionnaire is included in this paper).
- 1.3. Show this questionnaire to those who will be using it (families, workers, and managers) and receive comments from them about it. Amend where you think it can be improved.
- 1.4. With the workers who will be using the questionnaire, explain the principles of RAS to them and ask them to do a desktop trial by trying out the questionnaire with a child in their mind who they know well (this is a desktop exercise so does not involve families at this point). This is to give workers a chance to learn about the questionnaire and discuss it together. Improve the questionnaire if necessary after this discussion.
- 1.5. Provide another training session for the workers which is a consistency exercise. This involves a team member providing information about a child and the whole team completing the RAS questionnaire on the same child.
- 1.6. Repeat the exercise two weeks later with a different child in mind to explore whether big variations in scoring are now corrected. Social workers should be scoring within at least 20 points of each other. When the managers of the service are convinced that the team is scoring consistently the council is ready to begin a desktop exercise.
- 1.7. Begin a desktop trial of the RAS by asking workers to complete RAS questionnaires on as many children as possible they work with who receive funding.(without involving families). The sample of children should be at least 50% of the children who receive paid services.
- 1.8. Place on a spreadsheet the children's names and total score for each child and rank from highest to lowest. Challenge managers to consider if this is a true ranking of relative need. It may be that they would wish to revise where certain children are placed and revisit conversations with the workers who completed the scores and request amendments to the scores. When the manager is convinced that the scoring is correct then an analysis of costs can begin. If this stage has been achieved with few amendments to the questionnaire then the council can feel confident it has a viable questionnaire which meets needs.

2. Analysing costs and needs

- 2.1. Calculate the cost of each child's package by breaking down the cost of each 'element' (the unit cost). For example including the cost of hour by hour support or overnight children's residential care.
- 2.2. If some elements are in-house services then after considering the issues in Appendix 1 of this paper appoint a price for the 'unit cost' for in-house services.
- 2.3. Multiply each element of the package's unit cost separately to make an annual cost of each element and then combine all the annualised elements to calculate the total annual cost of the child's package of support.
- 2.4. Place the annual cost of each package on the spreadsheet alongside the score results for each child.
- 2.5. At this point it is common to see variation between the level of need described through total points scores and the funding provided by packages.

- 2.6. Before using the analysis spreadsheet remove from the survey those children who you feel should not meet the minimum criteria for receiving a funding service and those few children who have exceptionally high costs as an alternative to becoming accommodated
- 2.7. Apply the analysis spreadsheet at this point by in-putting the following within the analysis spreadsheet pages:
 - Copy and paste the RAS scores into 'input current needs'
 - Copy and paste the RAS scores into 'input current costs'
- 2.8. The Analysis Spreadsheet will now produce a draft allocation table in the "Allocation Table" page of the workbook. This will now show a potential funding offer for every child. The spreadsheet calculates this by reassigning percentiles of needs and costs so they staircase more consistently.
- 2.9. Place the draft RAS results in the spreadsheet alongside the existing costs and total RAS scores. Consider this data and its patterns. It is useful to look at the following:
 - Does the draft ras allocation table over or underspend your existing budget
 - Are their funding offers which make sense to managers shown on the Excel spreadsheet
 - How much is spent on under 7s, primary school children and secondary school children.
 - How much is being spent on groups of children who have different levels of needs currently and in the RAS draft allocation table
 - How does the draft allocation table 'staircase' i.e. does it produce funding leaps etc.
- 2.10. When the analysis is complete this should provide you with a series of prompts from the data the council has considered which should feed through into building a final Allocation Table for publication.

3. Building an allocation table

- 3.1. Decide on the councils commissioning strategy with parent groups in outline. Where funding should be best used in the future? How should children with low level needs and high level needs be funded in the future? Be clear about what the councils commissioning intention is.
- 3.2. Build in a contingency between 10% and 15% to protect the overall budget. For example if current costs add up to £1 million for 200 children and you set your contingency at 10%, the council now have £900,000 to fund the allocation table and £100,000 to draw from to deal with exceptional circumstances. This is essential as there will always be some children who require more funding than the allocation table.
- 3.3. Identify children with similar levels of support needs which can be met by similar funding offers and group these together banded by scores. (See the template in Appendix 2).
- 3.4. Build descriptors for these possible bands. What are the key characteristics of the support needs the council is funding?
- 3.5. Adjust this table to ensure that the funding offers scale sensibly and that provision can be bought by an individual budget which will reasonably meet the child's needs at the funding band proposed.
- 3.6. Re-apply the new allocation table offers to the RAS scores in the desktop exercise. Does it overspend underspend the budget when the contingency is applied.
- 3.7. Ensure that this is a fair transparent offer which will meet need locally.
- 3.8. Consult with parents and parent organisation explaining the purpose of the table and the banding descriptors. Adjust as necessary.
- 3.9. An allocation table is now ready to offer funding to new referrals after assessment and the ras questionnaire has been applied.
- 3.10. Consider at least three options for existing users:
 - Apply the table and redistribute funding

- Provide after financial review the reviewed existing package as the individual budget
 - Restrict how much a child's individual budget will vary from the existing package. For example not letting the budget rise too much or fall too steeply from their existing package
- 3.11. Decide what options are financially viable for the council and consult with all the families affected by the individual budget change to decide what system should be used with existing users.
- 3.12. Publish and consider the results of the consultation.
- 3.13. The council should make decisions about approving the funding offer set out in the Allocation Table and making clear the arrangements for existing users.
- 3.14. Now the council is ready to go forward with making individual funding offers proportionate to need with which families can plan how to meet good outcomes.