

## **Appendix 2**

### **Case studies for personal budgets and direct payments**

#### **Education Personal Budgets case examples:**

T attends a LA maintained special school in the city. The school place meets almost all of T's needs, but he has a rare disorder that requires some specialist services not normally a part of the school's offer. These services are part of the provision in T's EHC Plan and the Headteacher has agreed for these to be delivered in school. T's parents asked for a personal budget to buy in the additional services required. The LA agreed and T's parents receive a direct payment for the additional services required. These are all delivered in school as the Headteacher has agreed to support this holistic approach.

P attends a mainstream academy in the city with a current EHC Plan. The high needs top up funding is being used by the school to meet H's needs. However, her parents have requested for some of her PE curriculum time, that she attends a specialist PE session off site for the year. This would be an additional cost that her parents could not afford to pay for. However, if the Headteacher agrees, as long as parents are prepared to collect her from school and transport her to the session every week. The specialist PE session does meet some of her occupational therapy and behavioural needs that are not so easy to meet in school. The Headteacher has calculated the cost of the provision and has agreed this can be funded by the element 2 funding that the school put into her overall personal budget. As the Headteacher has agreed this is supported by the local authority and a 'notional' budget set aside that is used to fund the session. The physical outcomes that are in H's EHC Plan are being met.

R is a KS3 pupil with ASD and behaviour that challenges. He has an EHCP but has found secondary school increasingly challenging, and his attendance has plummeted. His school has been using some of the EHC Plan funding to provide input at home, but this has gone on for a term now and no improvement in attendance has happened. R's parents asked for a change of school but no schools in the local area could admit him. R's parents then asked for a package of support to meet his needs outside of school (this is known as Education Other than at School (EOTAS)). As no local school could be found, this was agreed. The LA had a standard KS3 EOTAS package that was arranged for R. However, this did not meet all the needs and outcomes in his EHC Plan. R's parents applied for a personal budget to meet these additional needs and outcomes. The request was agreed for a time limited period of one year with the agreement to seek a destination school, dependent on adequate progress being made in his academic and social and emotional skills. R's parents agreed for the LA to hold the 'notional' personal budget and commission the additional services to meet his needs. The focus was on behavioural and mentoring support to reduce R's anxiety and assist him in being able to attend small group sessions.

C is 17 years old. She tried to transition to sixth from college following school. She did well and achieved 5 GCSE passes with the support detailed in her EHC Plan. It

was hoped that she would be able to manage 2 A level courses, but the pressure was too great. She did try to move to a more vocational course at a local college but, by this time, she was too anxious. In the past she had had CAMHS input, but this was no longer available. C's mother asked for a programme of support to enable her to rejoin her studies at college if this was successful for the rest of the academic year. Her programme consisted of basic tutor hours, small group work, mentoring and employment support service. Her mother received a direct payment to fund mentoring support for a period of 12 weeks whilst the LA arranged the other support. The support plan had clear goals to reengage C in KS5 for the following academic year.

### **Health case studies**

K and S are 12-year-old twins, both have complex health needs. One is eligible for children's continuing care support; one is not eligible. Both have direct payment workers via social care.

The family has chosen to have a Personal Health Budget (PHB) as a direct payment so they can employ some workers directly; these are health trained via the PHB agreement and are able to undertake health tasks. PHB hours and Social Care DP hours can be used flexibly to support the family.

H is 8 years old with behaviour that challenges and seizures. He has a small direct payment package via social care for washing and dressing assistance and accessing the community with family and siblings. H became eligible for personal health budget funding due to his seizures worsening. Mum requested a PHB as she wanted short periods of support throughout the week (these shifts can be hard to commission via agencies as they often have a minimum of 4 hour shifts). Now PHB workers are employed with specialised training for his seizure management.

### **Social Care Case Studies**

J is 18 years old and lives with parents and older siblings. J would like to live independently but needs support to reach a point where that would be possible. Local services have been tried for independence training, but it has been agreed that J needs more 1:1 help with day-to-day skills and he may need some level of ongoing 1:1 support in an independent setting. A personal budget of 6 hours per week PA support has been agreed to work on independent living skills to see if J can acquire these and how much ongoing support he would need if he were to live independently or in a supported living environment.

Sam is Y's mother and cares for Y. Y is secondary age and attends a special school. Y has access to specialist short breaks. Sam has 2 younger children and feels they get little of her time as Y is so demanding. A strengthening families assessment has been carried out for support for Sam to then be able to spend time with the other children. Y will then have a total of 3 days PA support over 2 weeks paid as a DP. This is in addition to Y's access to short breaks respite care.

B is 16 years old with complex needs and behaviour that challenges. He needs an adult with him at all times when he is out in the community. He attends a specialist post 16 school placement. Rizwana, B's mother is a single parent and although she manages well at home, she cannot leave B alone. She needs some time to herself and B needs to begin to learn how to manage better in the community. B already has specialist short breaks respite in a local residential provision for 3 nights per month. However, Rizwana needs some additional hours in the week for B to get out and for her to have time alone. B is awarded 5 hours per week of PA support to help him with basic life skills and to give Rizwana a break on 2 evenings after school. B has a positive relationship with his support worker and he is learning local travel routes, basic shopping skills and is getting support to attend a local specialist youth group (short break provision).

### **Joint agency examples**

J is eight years old and has a learning disability and autism. He attends his local primary school. He has an EHC plan which does not include any additional support from health as Jalen is fit and well. The plan does include 20 hours additional support in J's school.

The plan also includes ten hours support from social care as his mother is a single carer and has three other children. She decides that she would like to keep J's transport assistance in place and does not want the responsibility of having a direct payment.

She asks for the money from the support provided in school and from social care to be 'pooled' and for one agency to be asked to provide both so that there is consistency for J. This also means that if J is unwell and cannot attend school, the support worker can be with him at home. This can only be done with the agreement of the school, which has to agree any support provided in school.

M is ten years old and has complex epilepsy and global developmental delay. He attends a local special school and has an EHC plan. He lives at home with both his parents and three younger brothers and sisters. His father works full-time and his mother stays at home to care for M and his siblings.

Additional health and social care support is set out in M's EHC plan. This includes 38 hours support at home, including some overnight provision to help him to get ready for school.

The family chooses to have a personal budget to pay for M's care and they ask for the money to be paid as a direct payment into a supported bank account. They employ a team of two personal assistants which enables M's parents to be able to take control of the people coming to their home and to build strong trusting relationships with the personal assistants they have taken on.

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