

# Care Matters: Budget Holding Lead Professionals (BHLPs) with Looked After Children in England

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and Mark Pennington  
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## Contents

List of Figures		i
List of Tables		ii
Foreword		iii
Chapter 1	Improving Outcomes for Looked After Children	1
Chapter 2	Our Approach to the Evaluation	15
Chapter 3	Developing BHLP Practice with Looked After Children	22
Chapter 4	BHLP Practice with Looked After Children	43
Chapter 5	Experiencing BHLP Practice	59
Chapter 6	A Different Approach to BHLP Practice with Looked After Children	85
Chapter 7	Identifying Effective Practice	112
Chapter 8	Care Matters: Making Changes	129
Annexe 1	Research Methods	145
Annexe 2	Goods and Services Purchased from the BHLP Budget in Gateshead, Gloucestershire and Leeds	151

## List of Figures

Figure 4.1	Where the children/young people in Gateshead, Gloucestershire and Leeds were Living	45
Figure 4.2	Participation of young people and parents/carers in decision-making	46
Figure 4.3	Desired outcomes	47
Figure 4.4	Interventions provided: Gateshead, Gloucestershire and Leeds	48
Figure 4.5	Distribution of existing monthly expenditure per child	48
Figure 4.6	Distribution of expenditure on services by BHLPs	49
Figure 4.7	Distribution of expenditure implemented by BHLPs	50
Figure 4.8	Distribution of expenditure from the BHLP budget per child	50
Figure 4.9	Purchases by BHLPs: Gloucestershire, Gateshead and Leeds	51
Figure 4.10	Time spent by BHLPs per case in Leeds, Gateshead and Gloucestershire	51
Figure 4.11	BHLP expenditure in West Sussex	55
Figure 4.12	The outcomes desired	56
Figure 5.1	Interventions co-ordinated by BHLPs in Gateshead	60
Figure 5.2	Purchases by BHLPs in Gateshead	61
Figure 5.3	Time spent by BHLPs per case in Gateshead	61
Figure 5.4	Interventions co-ordinated by BHLPs in Leeds	74
Figure 5.5	Purchases by BHLPs in Leeds	75
Figure 5.6	Time spent by BHLPs per case in Leeds	75
Figure 6.1	Interventions delivered in Gloucestershire	85
Figure 6.2	Purchases by BHLPs in Gloucestershire	86
Figure 6.3	Time spent by BHLPs per case in Gloucestershire	86

## List of Tables

Table 3.1	Gateshead: selected socio-economic indicators	24
Table 3.2	Leeds: selected socio-economic indicators	29
Table 3.3	Gloucestershire: selected socio-economic indicators	32
Table 3.4	West Sussex: selected socio-economic indicators	37
Table 4.1	Age profile of BHL P cases	44
Table 4.2	Educational status of children and young people	44
45	Residential status of the children and young people	45
Table 4.4	Outcomes desired and achieved	52

## Foreword

### The Research Task

The evaluation of budget-holding with looked-after children built on a previous evaluation of budget-holding in children's services. In 2006, 16 pilots were established in a variety of locations in England to allow lead professionals working with children and young people with additional needs to hold budgets and commission services tailored to each child's needs. A multidisciplinary team of researchers at Newcastle University was commissioned by the Department for Children, Schools and Families (DCSF) to undertake the national evaluation of these pilots between 2006 and 2008. The main objective was to examine the cost-effectiveness of a radical shift in professional practice. Towards the end of that evaluation the pilots were invited to extend their budget-holding lead professional practice to looked-after children, building on their experiences of BHLF practice thus far. Four of them were selected and they began to pilot BHLFs with looked-after children in 2007. We were commissioned to extend our evaluation to evaluate the new pilots between 2007 and 2009. The aim was to adopt similar research methods so as to use the findings from the national evaluation as a baseline for the new study.

The original sixteen pilots had faced a number of critical challenges during the implementation of BHLF practice. Most struggled to realise the very ambitious vision of budget-holding set out by the DCSF, and only a relatively few practitioners in a small number of pilot areas took on a distinctly different role as BHLFs and adopted a new approach to working with children and young people and their families. We anticipated that the looked-after children pilots would benefit from the extensive learning that had taken place during the original piloting of BHLFs and be in a strong position to implement a new approach with their looked-after children. This did not prove to be the case in three of the pilots. It was a year later, 2008, before they had managed to implement BHLF practice to policy intent. One pilot never managed to move forward as required and has played a more marginal role in our evaluation.

In many respects, therefore, the findings from the looked-after children pilots mirror those from the previous BHLF pilots. We can say more about implementation challenges than we can about the outcomes and impacts for the children and young people involved. Nevertheless, we believe that the study has provided a number of important insights into the changes that are necessary if local authorities are to promote BHLFs within social work practice and to begin to meet the very high ambitions for looked-after children emphasised within the *Care Matters* agenda.

### The Research Team

The original national evaluation was both multi-faceted and complex and a large team of researchers contributed to it. The evaluation for looked-after children pilots was less ambitious and involved just four local authorities, so a smaller research team was assembled for the current study. Professor Janet Walker directed it, and she was assisted by Karen Laing, Dr Graeme Wilson, Dr Mark Pennington and Dr Christine Thompson. Dr Thompson retired from the university during the evaluation and we record our sincere thanks to her for

her very valuable contribution. David Bradley had undertaken contextual analyses for the original evaluation and we have drawn on that work for this second study.

Initially we were assisted by Janette Pounder, who undertook the administration of the study. She left in September 2008 and we would like to thank her for her help in the early stages of the research. Since then, Jane Tilbrook has provided the administrative support, liaising with pilots and research participants as needed and, more recently, painstakingly preparing this final report for publication. We offer her our thanks for ensuring that everything ran smoothly. Michael Ayton, our copy editor, worked with us as we completed the report so as to render it accessible to a wide audience and we are indebted to him for his thorough and careful attention to detail in the text.

## **Acknowledgements**

Throughout the evaluation we have worked closely with the policy leads in the DCSF – Paul Denis and Mark Burrows – to ensure regular exchanges about the study and about the policy and practice implications of the ways in which pilots were interpreting their remit and implementing BHL P practice. We presented regular reports relating to emerging issues and findings. The feedback from the evaluation enabled the DCSF to refocus some of the pilots during 2008 and to re-emphasise the policy intent. Together, we agreed modifications to the research approach and an extension to the period for data collection. We would like to express our sincere thanks to Paul Denis and Mark Burrows for their help and support throughout the study. They were appreciative of our efforts at all times, including when we were conveying concerns about the delays in implementation and the challenges with which we and the pilots were grappling. They were relentless in their attempts to keep the pilots focused and ensure that we could execute the evaluation appropriately. Their commitment to the *Care Matters* agenda, the BHL P pilots and the evaluation has meant that much was achieved during the final year.

An evaluation of this kind reflects the experience of those managing and delivering the initiative under study and those receiving it. It would have been impossible to derive the depth of understanding that we achieved without the co-operation of pilot managers, the practitioners who became BHL Ps, and the looked-after children, young people and carers with whom they worked. We made demands on managers and practitioners throughout the study – demands which, initially, pilot staff thought would be relatively straightforward to meet, but which proved to be difficult because of the detailed nature of the case-level data we needed. We are well aware that some pilot staff expended considerable effort and energy collecting data, organising them and reporting back to us in an attempt to provide the information we had requested. We are extremely grateful to them for staying with the evaluation, however difficult it appeared to be at times.

Practitioners were also asked to provide detailed case-level data, and not all were able to do so. Nevertheless, some practitioners made valiant efforts and many were willing to talk to us and share their views about their work and about the impact the BHL P pilot had had on them and on the children and young people with whom they had worked. To all the pilot staff who helped with the evaluation we offer our heartfelt thanks – it is not always easy to manage the requirements of a national evaluation in parallel with implementing a new initiative. We are aware that they may be somewhat disappointed that we have not been able to say more, and

with greater confidence, about the outcomes attributed to BHL P practice, but we trust that this report will enable them to learn from their experiences and feel more confident in moving forward with what is undoubtedly an ambitious programme of reform in children's services in England.

We firmly believe that evaluations of new programmes should take account of the views of those receiving them. In this case, we wanted to talk to children, young people and their parents/carers about their experience of having a lead practitioner who could access or who held a budget from which specific goods and services could be purchased. The BHL P s were asked to introduce the research to children, young people and carers (via targeted leaflets). Some of the children, young people and carers agreed to participate in the study, and we are very appreciative of the time they gave us. Their voices are evident in this report and their experiences add colour to other aspects of the study. Families welcomed us into their homes and were prepared to share their anxieties and their hopes for the future. To all of them we offer our sincere thanks.

At all times we have endeavoured to reflect the views of managers, practitioners, children, young people and carers faithfully through their own words without distorting or compromising the information they gave us. We quote research participants verbatim wherever possible to illustrate the key themes that emerged during our data analyses. We have used pseudonyms to protect the confidentiality of all the young people who engaged with the research.

Finally, we record our thanks to the team from the Office of Public Management (OPM) who provided the support and challenge function to the pilots. Their task was distinctly different from ours, but they recognised the importance of the evaluation and encouraged pilots to meet our demands wherever possible. The OPM team accompanied pilots on their journey as they put in place the building blocks which underpin budget-holding practice while we observed the journey from a more neutral position.

## **This Report**

Once an extension to the data collection period had been agreed in order to capture the experiences of those BHL P s who moved their practice closer to policy intent towards the end of the pilots, it was inevitable that our final evaluation report would be somewhat delayed. Our findings will not come as a surprise to all those in the pilots who contributed to the study. Throughout the evaluation we presented updates to the DCSF and to the pilots, and contributed to all the events organised by the OPM. In September 2009, after the study had ended, we gave a presentation of the findings to the pilots at a seminar in London and used their feedback to refine and hone this final report. The report is written primarily for policymakers and practitioners who are progressing the *Care Matters* agenda. Nevertheless, we hope that the findings will be of interest to a wider audience.

The report presents the views of the research team, which are not necessarily those of the DCSF. We approached the evaluation and the preparation of all our reports as independent researchers, taking the policy intent of budget-holding with looked-after children as our starting point. Our conclusions and recommendations in Chapter 8 reflect our understanding

of the issues inherent in implementing BHLIP practice and of the challenges which need to be addressed for the future.

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February 2010

## Chapter 1 Improving Outcomes for Looked After Children

Over the last few years, new ways of working with looked-after children have been developed and piloted. This report presents the findings derived from the budget-holding lead professional (BHLP) pilots with looked-after children<sup>1</sup> in four local authorities in England. In this chapter, we discuss the policy context and describe the vision underlying the BHLP programme.

### The Policy Context

The first decade of the twenty-first century has seen an unprecedented policy interest in improving the life chances of children and young people in England and Wales. Since 1998, the Government has launched a plethora of programmes, pilots and pathfinders designed to: address the needs of children and families; eradicate child poverty; raise standards of education; and ensure that every child and young person has the best possible start in life, is consulted, listened to and heard, supported through to adulthood, and given every opportunity to achieve his or her full potential.<sup>2</sup> The priority has been to develop a strategy which promotes early, preventative cross-cutting interventions, holistic support, and integrated services which are inclusive, empowering, coherent and evidence-based and which meet five key outcomes, identified in 2004 as being essential for all children.<sup>3</sup> These are that children should: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being. Every agency with a responsibility for delivering services to children and families is expected to play a role in meeting these outcomes, which now provide the overarching framework for the far-reaching 'change for children' agenda. Parton has suggested that the introduction of the ECM framework is creating substantive change in the relationship between the state, practitioners, parents and children which is driving the most far-reaching reform of children's services in England for thirty years.<sup>4</sup>

In 2005, the *Every Child Matters* (ECM) outcomes were applied to older children and young people, specifically teenagers, heralding further transformations in health, social care and youth justice services.<sup>5</sup> The dominant theme underpinning policies for young people is that they should be actively involved in their communities and able to influence decision-making. Specifically, young people should be:

- empowered, having things to do and places to go
- active citizens, able to contribute to their communities

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<sup>1</sup> Although the term 'children in care' was used throughout the pilots, the legally correct term is 'looked-after children', and so we use this term in this report.

<sup>2</sup> DfES (1998) *Supporting Families: A consultation document*, The Stationery Office; CYPUP (2001) *Building a Strategy for Children and Young People: Consultation document*, CYPUP, Crown Copyright; DfES (2002) *Interdepartmental Child Care Review: Delivering for children and families*, DfES; DfES (2002) *Local Preventative Strategy: Guidance for local authorities and other local agencies (statutory and non-statutory) providing services to children and young people*, DfES; DfES (2003) *Every Child Matters*, DfES; DfES (2005) *Youth Matters: Next steps, something to do, somewhere to go, someone to talk to*, DfES.

<sup>3</sup> DfES (2004) *Every Child Matters: Change for children*, DfES, Crown Copyright.

<sup>4</sup> Parton, N. (2006) "Every child matters": the shift to prevention whilst strengthening protection in children's services in England', *Children and Youth Services Review*, vol. 28, pp. 967–92.

<sup>5</sup> DfES (2005) *Youth Matters: Next steps, something to do, somewhere to go, someone to talk to*, DfES.

- supported in making choices through information, guidance and advice
- able to achieve through targeted support

The emphasis is on the co-ordination and provision of multi-agency approaches which can tackle a wide range of risk factors in a child's or young person's life. This strategy is embedded in the firm belief that if the quality of life of all children, particularly those who are the most vulnerable and disadvantaged, can be improved, this will lead to a reduction in child poverty and the building of a safer society.

### **Care Matters**

Some of the most vulnerable children and young people are those in care. In 2006 the Government published a green paper which indicated that many of the 60,000 children who are looked after at any one time in England experience insecurity, ill health and a lack of fulfilment.<sup>6</sup> Looked-after children do less well at school, have poorer health and are less likely to go into further education and secure sustainable employment than other children. Indeed, they are over-represented in a range of vulnerable groups including those not in education, employment or training (NEET) post-16, teenage parents, young offenders, drug users and prisoners.

The green paper set out a radical package of proposals for change to improve the experiences of and outcomes for looked-after children.<sup>7</sup> The proposals included providing new support for children on the edge of care, testing out a model of intensive whole-family therapy, improving links between children's and adults' services, and creating a Centre of Excellence for children's and families' services. For those children and young people already in care, the green paper included proposals to reform the placements system, offer better support in school and in the community and during the transition into adult life, and improve and strengthen the role of the corporate parent so that looked-after children have a consistent adult in their lives. All local authorities (LAs) would be expected to make a pledge to all looked-after children, regardless of the length of time they spend in care. Being in care should make a positive difference to children's lives.

In order to strengthen the role of the corporate parent, the green paper proposed significant changes to the role of social workers. Looked-after children come into contact with a range of professionals and this can be confusing and unsettling. The ECM agenda had introduced the role of a lead professional (LP) responsible for co-ordinating various professionals in a team-around-the-child (TAC) so that children's needs are met in a co-ordinated way. This LP role was strengthened further by the introduction of budget-holding in children's services in 2006. The green paper proposed that the remit of budget-holding lead professionals (BHLs) should be extended to include work with looked-after children and tested through a number of pilots, which would investigate the impact and effectiveness of social workers being able to hold budgets for the looked-after children for whom they have parental responsibility.

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<sup>6</sup> DfES (2006) *Care Matters: Transforming the lives of children and young people in care*, DfES, Crown Copyright.

<sup>7</sup> The term 'looked-after children' includes all children looked after by a local authority, whether statutory or voluntary, including those subject to care orders under S31 of the Children Act 1989 and those in care with the agreement of their parents under S.20 of the Children Act 1989.

The green paper proposals were generally welcomed by the 2000 individuals and groups who responded to the consultation.<sup>8</sup> The main concerns raised by practitioners and agencies related to the ways in which the proposals might be implemented and resourced and the need for interventions to be evidence-based. In addition, respondents drew attention to the importance of the quality of parenting for looked-after children, using a guideline such as 'Would this be good enough for my own child?'. Young people said that they did not see their social worker enough and complained about the huge turnover of social workers while children are in care. The consultation messages were loud and clear. Children and young people need and want stability in their placements, choice in where they are going to live, and consistent social work support. They also need and want not to be stigmatised because they are in care, to be able to join in leisure and other activities so as to develop social skills and stay healthy, and to make a smooth transition to adulthood, which means they are not cut off from foster carers and local authority support when they reach the age of 18 and can be supported to enter and complete higher educational courses. Finally and very importantly, they need and want also to have a voice in the decisions which impact on their lives and aspirations. In a study of 1000 looked-after children, Shaw found that they were relatively dissatisfied with their level of involvement in decision-making. Less than half described themselves as completely satisfied with the level of involvement they had in respect of issues such as bedtimes, money, access to personal files and their involvement with social workers.<sup>9</sup> Shaw found, also, that satisfaction levels increased as the children got older, indicating that young people might be allowed higher levels of involvement than they had had as children.

### ***Time for Change***

Following the consideration of the consultation responses, the Government published a white paper in 2007, setting out a number of steps to improve the outcomes of looked-after children and young people, building on the recommendations in the previous green paper.<sup>10</sup> In the Foreword to the white paper, The former Secretary of State commented:

*Children in care are frequently in greater need, but paradoxically less likely to receive the help they require. Many of them suffer terrible abuse and neglect before entering into a State care system that can seem cold and aloof.*<sup>11</sup>

The white paper was designed to tackle the concerns which are associated specifically with looked-after children. It identified the differences in outcomes experienced by looked-after children when compared with other children, highlighting their poorer health, the higher rate of cautions or convictions for criminal or antisocial behaviour, and lower educational achievements. The rate of cautions and convictions in respect of looked-after children is almost three times higher than the national average, and looked-after children have a 12 per cent pass rate at GCSE as against 59 per cent for all children.

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<sup>8</sup> <http://www.dfes.gov.uk/consultations/downloadableDocs/6731-DfES-Care%20Matters.pdf>

<sup>9</sup> Leeson, C. (2007) My life in care: experiences of non-participation in decision-making processes, *Child and Family Social Work*, vol. 12, pp. 268–77.

<sup>10</sup> DCSF (2007) *Care Matters: Time for change*, The Stationery Office.

<sup>11</sup> *ibid*, p. 3.

Because every child needs love, care and stability, the Government expressed its determination to improve the well-being of looked-after children and ensure that its aspiration for these children and young people is not less than each parent would have for their own child. In 1994, Bullock *et al.*<sup>12</sup> had suggested that care institutions and local authorities should ensure that looked-after children have:

- a stable home base and a family environment which fosters strong emotional ties
- a family or carer who offers unconditional love and can intervene on behalf of the child if problems arise at school or other social environment
- family, carers and friends who offer a tolerant and moral standpoint and will help in the making of decisions when choices and needs conflict
- a clear identity of place, people and race

More recently, Ritchie has argued that outcomes for looked-after children or children at risk may be adversely affected by removing a child from its own home.<sup>13</sup> She suggested that outcomes for looked-after children may well be better if the child were to be looked after by a family member. Increasingly, removing children and young people from the care of their family has become a last resort. The white paper noted that looked-after children and young people have a unique place in society and a special relationship with the State. Central government, local authorities, and a range of professionals and carers share the responsibility for ensuring that looked-after children are cared about. Narrowing the gap between looked-after children and other children requires a multi-agency, co-ordinated programme of reform. Every local authority is to put in place arrangements for a Looked-after Children Council and to set out a pledge which covers the services and support looked-after children can expect to receive. Wherever possible, children are to be supported within their own families, but when this is not a viable option care placements must be appropriate, of high quality, stable and tailored to meet the needs of each child. The white paper introduces a specific requirement for all looked-after children to be visited by their social worker, irrespective of placement type, to ensure that each child can foster a stable and trusting relationship with his or her social worker and have their social, health and educational needs met. Leisure activities are to form a key part of care planning.

The white paper acknowledged that the intended reforms depend on there being a highly skilled, committed and stable workforce that delivers individualised support to children, young people and families. Moreover, since looked-after children have said that they want their social workers to spend more time listening to them and working alongside them, there is an urgent need to tackle recruitment and retention issues in the social work profession. Strengthening the role of social workers can be achieved in a variety of ways, but central to reforming social work practice is developing LP status, and increasing the autonomy of social workers by allowing them to hold and take control of individual budgets. Budget-holding shifts responsibility for care planning and the co-ordination and prioritisation of services to the front-line social worker, working in partnership with children, young people and their carers.

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<sup>12</sup> Bullock, R., Little, M. and Millham, S. (1994) 'Assessing the quality of life for children in local authority care or accommodation', *Journal of Adolescence*, vol. 17, pp. 29–40.

<sup>13</sup> Ritchie, C. (2005) 'Looked after children: time for change?', *British Journal of Social Work*, vol. 35, pp. 761–7.

## Lead Professionals

When the LP role was being developed in social care, the DfES<sup>14</sup> described it as follows:

*The lead professional role is designed to help children and young people whose individual needs are classed as low level and under the thresholds for statutory services, but which cannot be met by universal services and are significant in combination.*<sup>15</sup>

The LP is tasked with carrying out a minimum set of core functions so as to deliver an integrated response. These are:

- to act as a single point of contact for children and families, building trust and engaging with them, and ensuring that they are well-informed and central to decision-making
- to ensure that appropriate interventions are delivered, following comprehensive assessment and an agreed 'solution-focused package' of support in which the child and family are involved
- to reduce overlaps and inconsistency of services by liaising with the child, family and practitioners, monitoring progress and ensuring a smooth handover to another LP where necessary

A range of professionals across the health, education and social care sectors have become LPs. The role is defined by the work that needs to be done with a child or family rather than by professional background,<sup>16</sup> and a number of key skills and attributes have been identified. These include strong communication skills, the ability to empower and build trust, an understanding of the assessment of risk and protective factors, and an ability to work effectively with a range of practitioners and to convene meetings. They also include having a knowledge of local and regional services, and having an understanding of the boundaries of one's own skills and knowledge.<sup>17</sup> The focus is on greater personalisation of services to achieve greater responsiveness to individual need.<sup>18</sup> We have examined this shift in a number of recent initiatives relating to divorcing families and children at risk of antisocial behaviour and offending, and have found that personally tailored services are widely appreciated by families, as is the support provided by keyworkers and LPs.<sup>19</sup>

Evaluations of this new approach had suggested that it poses many challenges despite there being considerable enthusiasm for it among practitioners.<sup>20</sup> The LP role carries a high

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<sup>14</sup> The DfES was renamed the Department for Children, Schools and Families (DCSF) in July 2007.

<sup>15</sup> DfES (2005) *Lead Professional Good Practice: Guidance for children with additional needs*, document summary, INTEC.

<sup>16</sup> DfES (2005) *Making It Happen: Working together for children, young people and families*, DfES.

<sup>17</sup> OPM (2006) *Implementation of the Lead Professional Role: Key deliverables and materials*, final report to DfES, OPM.

<sup>18</sup> HM Treasury and DfES (2005) *Support for Parents: The best start for children*, HM Treasury and DfES.

<sup>19</sup> Walker, J. (2001) *Information Meetings and Associated Provisions within the Family Law Act 1996: Final evaluation report*, Lord Chancellor's Department; Walker, J., McCarthy, P., Stark, C. and Laing, K. (2004) *Picking Up the Pieces: Marriage and divorce two years after information provision*, Department for Constitutional Affairs; Walker, J., Thompson, C., Laing, K., Raybould, S., Coombes, M., Procter, S. and Wren, C. (2007) *Youth Inclusion and Support Panels: Preventing crime and antisocial behaviour?*, DCSF, [www.dcsf.gov.uk/research](http://www.dcsf.gov.uk/research)

<sup>20</sup> Brandon, M., Howe, A., Dagley, V., Salter, C., Warren, C. and Black, J. (2006) *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation in 2005–6*, DfES Research Report

level of responsibility, which can be daunting, and there has been a perceived lack of clarity about the key tasks. Lead professional working is most effective, it seems, when practitioners are well-trained, supported, and part of a well-functioning multi-agency team, when a good IT system is in place, and when there is a clear strategy for implementation. An increasing workload for practitioners and concerns about skills gaps have been identified as recurring themes which need to be addressed. Nevertheless, there were early indications that children and families benefit from the LP approach. In December 2005, the Office for Public Management (OPM) was commissioned by the DfES to investigate the implementation of the LP role so as to contribute to further good practice guidance. The objective was to explore the barriers being experienced in implementing the LP function and then to develop practical ways of overcoming them. While the OPM identified many strengths in local LP systems, it also identified many barriers which were impeding implementation.<sup>21</sup> These included the following:

- insufficient understanding of the LP role
- a lack of formal agreement among agencies about how they would collectively deploy the LP functions
- difficulties in involving busy practitioners in a TAC, and during periods of unprecedented change in both the health and social care sectors
- concerns about balancing the role of voluntary and community agencies as service providers and as independent advocates for children and young people, indicating a need for clear processes for involving voluntary and community sector agencies in LP work
- difficulties inherent in sharing information and gaining the consent to do so
- anxieties about increased workloads, and about developing the essential skills and ensuring appropriate support and supervision for LPs
- challenges in co-ordinating the complexities associated with whole systems change across a variety of agencies
- challenges for practitioners, because the needs of children and young people are highly variable and present complex challenges for practitioners
- concerns that, because multi-agency panel working was already well-established in many areas, further change to implement TACs would involve further disruptions in practice
- the lack of a shared 'language' and terminology between professional groups
- concerns about protecting the confidentiality of children and young people

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RR740; Pithouse, A. (2006) 'A Common Assessment Framework for children in need? Mixed messages from a pilot study in Wales', *Child Care in Practice*, 12, 199–217.

<sup>21</sup> OPM (2006) *Implementation of the Lead Professional Role: Report for DfES*, OPM.

While the OPM suggested ways of overcoming the identified barriers, the research indicated that the LP role was still in the process of being developed at the time the Government sought to introduce the additional element of budget-holding.

Alongside the development of LP practice, the programme for change in children's services also included the development of a common assessment framework (CAF)<sup>22</sup> to assist LPs and facilitate co-ordination and integration. Reducing the number of separate assessments, often using a variety of tools, undertaken in respect of each child was viewed as an important step in improving the quality and consistency of multi-agency working. All local authorities were expected to implement the CAF, along with the LP role, by March 2008,<sup>23</sup> although this was not achieved in all areas.

### **Budget Holding Lead Professionals**

Having established and promoted the LP approach to service co-ordination, the Government sought to build on the LP role in 2006 through the allocation of budgets to LPs working with children and young people with additional needs. Budget-holding seeks to enhance the LP role by giving control over some or all of the budgets required to deliver publicly funded services to families with children identified as having additional needs.<sup>24</sup> The Government believed that LPs' capacity to deliver better-integrated packages of services would be enhanced by enabling them to commission services directly from providers in the statutory, private and voluntary sectors. In addition, BHLs should be able to identify gaps in services and contribute to the wider commissioning process, thereby tackling the wide variation in expenditure on services between different geographical areas that, in the past, has been unrelated to need.

Having articulated a vision for a new approach in which LPs would act as single account holders in the co-ordination of multi-agency responses for children and young people with additional needs, the Government decided to test it through a series of pilots which would be rigorously evaluated. The new BHLs were expected to promote the development and delivery of targeted support services in the context of the wider reform of youth services and the *Respect Agenda*. These services would be:

- more responsive to the child's and family's immediate or longer-term needs
- based on assessment of need, and collaboration between users and practitioners
- able to deliver an equitable approach to service delivery and bring decision-making close to the child and the family
- developed as a coherent part of existing systems, organisational structures, accountability frameworks and commissioning processes, which would be more responsive to children and families

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<sup>22</sup> *Common Assessment Framework for Children and Young People: Practitioners' guide* (2005), DfES.

<sup>23</sup> *DCSF Common Assessment Framework*, <http://www.everychildmatters.gov.uk/deliveringservices/caf/>, accessed 2.3.2009.

<sup>24</sup> See [www.everychildmatters.gov.uk/deliveringservices/leadprofessional/www.dfes.gov.uk/consultations](http://www.everychildmatters.gov.uk/deliveringservices/leadprofessional/www.dfes.gov.uk/consultations), accessed 5.5.2006.

Moreover, the implementation of BHLPs was expected to promote several other core characteristics of budget-holding through access to and control over individual budgets. These include:

- greater empowerment of practitioners and families
- greater collaboration between users and practitioners
- greater transparency in resource allocation
- greater personalisation of support packages

The expectation, then, was that a number of key elements would be fundamental to the BHLP vision. The new BHLPs would combine the core functions of LP practice with a budget-holding role. As LPs, practitioners should act as a single point of contact for children, young people and their families, enabling them to make choices, ensure children, young people and families receive appropriate multi-agency interventions when needed which are co-ordinated, delivered effectively and reviewed regularly, and reduce overlap and inconsistency in service provision. In addition to these functions, the new BHLPs would be expected to commission services directly from providers in the statutory, voluntary and private sectors, having undertaken a thorough (CAF) assessment. The decision-making around services and support would be brought closer to the child and family through the establishment of a TAC, and agency budgets would be pooled to enable integrated commissioning arrangements. In this way, BHLP practice would ensure that families receive appropriate services when they need them and the costs of providing them would be reduced.

The DfES acknowledged that the BHLP role was extremely ambitious within the context of children's services, hence the importance of piloting it and evaluating its cost-effectiveness. The pilots and the evaluators faced a variety of significant challenges, which influenced the development, implementation and evaluation of the looked-after children pilots. These challenges are discussed in more detail in Chapter 2.

## **Extending Budget-holding to Looked After Children**

In the green paper, the Government noted that looked-after children had told them that their social worker often did not have the power to take decisions on their behalf, frequently having to refer back to senior staff in order to respond to a child's needs. Holding a budget was seen as a way of enabling social workers to provide better services for and respond to the needs of looked-after children more quickly. The green paper referred to research conducted by the OPM which demonstrated that giving professionals autonomy over an individual budget can improve the quality of life for the child and the family,<sup>25</sup> and announced that pilots would test out the impact of giving differing amounts of money to LPs to give them varying purchasing powers and leverage to provide individualised support. The social workers were expected to decide in consultation with the looked-after children how an individual budget should be spent on therapeutic interventions, leisure and sports

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<sup>25</sup> OPM (2006) *Budget-holding Lead Professionals: Literature review*, OPM.

activities, holiday activities, support groups and travel. Care Plans would be used to plan the interventions and the expenditure.

Responses to this proposal were generally positive, and children and young people felt that budget-holding could allow social workers to spend more time with them and involve them in decision-making. Holding a budget would speed things up and reduce the layers of bureaucracy in social work practice. The consultation also found that not all children and young people wanted the BHLF to be their social worker, but instead preferred that they be someone they feel comfortable with, get on with and trust. There was a suggestion, therefore, that other professionals could train as BHLFs, giving each child choice. By April 2007, the BHLF pilots with looked-after children were in place.

### **Looked After Children Pilots**

In June 2007, we were asked to consider how the new BHLF role in respect of looked-after children could be evaluated, building on our ongoing national evaluation of the 16 BHLF pilots working with children and young people with additional needs. That evaluation was completed in October 2008; a summary of the key findings was presented to the DCSF in October 2008 and a final report published in 2009.<sup>26</sup> Four of the original 16 pilots (Gateshead, Gloucestershire, Leeds and West Sussex) were selected by the DCSF to extend their remit to work with looked-after children, and we agreed an evaluation workplan with the Department. The research methodology is described in Chapter 2.

Over a two-year period, beginning in July 2007, the looked-after children pilots were expected to:

- identify gaps in services
- allow social workers to hold budgets which act as leverage to respond to assessed needs
- enable social workers to work closely with families and young people to make decisions about how the budget should be spent
- enable young people to engage in positive activities
- contribute to the wider commissioning process
- offer individual children responsive access to services which are matched to their aspirations and needs, in consultation with the child and the family, and recorded in the child's Care Plan

The explicit purpose of the BHLF looked-after children grant was to enable local authorities (LAs) to explore how far BHLFs can promote the development and delivery of targeted support and services for looked-after children, by:

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<sup>26</sup> DCSF (2009) *National Evaluation of the Budget-holding Lead Professional Pilots in Multi-Agency Children's Services in England*, DCSF.

- allowing BHLPS access to, and influence over, the allocation of significant budgets in relation to individual children, young people in their care and their families in order to access more responsive services and support for them in both the immediate and the longer term
- pooling core budgets and using these to meet the needs of looked-after children and young people, as specified in individual Care Plans
- developing effective structures and processes, such as organisational structures, accountability frameworks and commissioning processes, to support individual practitioners and their managers to carry out a budget-holding role for looked-after children and young people
- bringing decision-making around additional services and support as close as possible to the child or young person and their family, and delivering an equitable approach to service delivery for all children, young people and their families
- developing and delivering effective training and support for managers and practitioners engaged in developing and delivering lead professional budget-holding approaches for looked-after children

Our evaluation was designed to examine the extent to which these processes were implemented to policy intent and investigate the associated outcomes for looked-after children and young people. The expressed aims of the extension of BHLP practice to looked-after children were:

- to enable social workers to access and control individual budgets for looked-after children
- to empower LPs to work in a more child-centred way with looked-after children
- to promote a more responsive and creative use of resources for meeting the needs of individual children and young people
- to test out the impact of differing amounts of devolved budget-holding so as to determine what would provide maximum leverage and flexibility in assembling packages of personalised support for looked-after children
- to enable individual social workers to identify gaps in services and to contribute to the wider commissioning process

### **The Department's Requirements of the Pilots**

The Department set out a number of requirements and expectations of the four pilots. These were that:

- funding should be clearly linked to outcomes for individual looked-after children
- pilots should establish SMART outcomes that can be measured and evaluated

- funding should be routed through individual LPs who will then work with the looked-after child and family to determine how the money is spent
- children and young people should be actively involved in decisions about how the budget is spent in order to improve the identified required outcomes

The Care Plan was regarded as central to the work of the BHLPs, and budget-holding activities had to be recorded and updated.

## **The Children and Young Persons' Act 2008**

During the piloting period, the legislative framework for the proposals set out in the green and white papers was developed. The new Children and Young Persons' Act 2008 now sets the context for promoting improvements and achieving the Government's ambitions for looked-after children. The BHLP pilots have been an important component in that agenda. The Children and Young Persons' Act 2008 aims to:

- establish more consistent support for children living with their families outside the care system
- increase schools' capacity to address the needs of looked-after children
- improve the quality and stability of local placements and secure better value for money
- strengthen the visiting frequency requirements for social workers
- ensure that young people are not forced out of care and that they retain support and guidance as long as they need it
- extend entitlement to the leaving care personal allowance to care leavers aged 18–21
- create social care practices

As a result of the reforms, looked-after children will have more support with their education, improved access to health and leisure services, and a greater say in their own affairs. Local authorities are expected to identify local priorities for change and ensure workforce reform. Children should receive a seamless service which is consistent, responsive to need and receptive to their wishes and feelings. Social workers are expected to adopt the role LP and to spend more time with children who are in their care, taking full accountability for assessment, care planning, intervention and review.

In late 2008, the inquiry into the death of Baby P in Haringey focused further attention on the skills and competencies needed by social workers. A Social Work Task Force produced its final report in 2009 which included recommendations about frontline practice.<sup>27</sup> The questions being addressed are pertinent to the evaluation of BHLP practice and the lessons being learned from it. The current spotlight on the link between what social workers do and

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<sup>27</sup> DoH/DCSF (2009) *Building a safe, confident future. The final report of the Social Work Task Force*, Crown Copyright.

the subsequent outcomes for children underlines the importance of establishing evidence-based practice.

### **Care Planning**

The *Care Matters Implementation Plan* now provides a strong framework for improving the lives of looked-after children. It sets out the vision for local partners to encourage systematic planning for service improvement and lists the tools, resources and support available to assist delivery. A number of new initiatives were launched while budget-holding was being piloted with looked-after children, including pilots designed to test the new Virtual Headteacher role, multi-systemic therapy, the Right To Be Cared For beyond the age of sixteen, and the Staying Put at 18 Family Placement pilots. The key themes within the *Care Matters* agenda reflect the new focus on highlighting children's capacities, not their deficits, and the importance of working from a strengths-based perspective. These themes promote:

- the centrality of the voice of the child
- uncompromisingly high ambitions for looked-after children
- good parenting from everyone in the system
- stability in every aspect of the child's experience

Effective care planning is at the heart of the new approach. Care Plans need to be drawn up after sound, high-quality assessment of each child's individual needs and expectations and to take account of the child's own views. Care Plans need to be reviewed regularly and should include measurable objectives to enable each young person to develop the skills and competencies necessary to manage the transition into adulthood and out of care. The BHLP pilots have been central to the strategy of building a better approach to care planning.

The DCSF expected the BHLP pilots to enable social workers to have a real input in identifying gaps in services and the wider commissioning process, through the development of a clear understanding of how to plan and market-manage effectively the support services available for looked-after children.

### **The Children's Plan**

The reforms needed contribute to the wider policy agenda encapsulated by the Government's ten-year *Children's Plan* to put the needs of children, young people and families at the heart of Government policy.<sup>28</sup> The plan was designed to build on the reforms of the previous ten years and it challenges all the agencies involved in delivering children's services to work together regardless of institutional and professional structures. The ECM outcomes, which are central to all Government policies aimed at supporting families, remain integral to the new ten-year plan. Five important principles underpin the plan:

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<sup>28</sup> DCSF (2007) *The Children's Plan: Building brighter futures*, The Stationery Office.

1. Governments do not bring up children – parents do.
2. All children should be able to succeed and achieve to the extent that their talents allow them.
3. Children need to enjoy childhood and grow up prepared for adult life.
4. Services need to be shaped by and responsive to children, young people and families, not designed around professional boundaries.
5. It is always better to prevent failure than tackle a crisis later.

*The Children's Plan* marks a new way of working and sets ambitious goals for 2020. Children's Trusts, led by LAs, are the key driver for change. Local authorities are tasked with redesigning services, working alongside local partners, to focus on outcomes for children, putting service users at the heart of all service delivery processes, shifting services away from traditional patterns of service provision, and championing the needs of children and families. The strategic direction is being set by central government, which is also providing the legislative framework, offering support to LAs and improving commissioning practice.

The *Change for Children* agenda creates a complex landscape, which requires everyone at all levels to build capacity and expertise. The vision cannot be attained unless a series of system-wide, radical reforms take place in the delivery both of children's services and education, alongside supporting reforms in the delivery of health services and adult services and in social welfare. The Government's expectation is that schools and Children's Trusts will play a key role in meeting local needs. By 2010, Children's Trusts should have put in place consistent high-quality arrangements to identify, and intervene early in the lives of, vulnerable children and young people. In attempting to do this the trusts are dependent on there being a committed and dedicated children's workforce and on families being engaged as key partners in shaping and improving services for children.

## **From Policy to Pilots**

It is with this policy context in mind that we undertook the evaluation of the four BHLF looked-after children pilots. We took the learning from the national evaluation of BHLFs to feed into the implementation process at all levels and stages. We understood that the DCSF was looking for radical change in the way social workers/LPs work with children and young people in or approaching care, and we anticipated that a relatively small number of social workers/LPs in each pilot would be trained for and take on a new role which involved holding a budget. They were to be personally responsible for making decisions about the use of that budget, having consulted with the child/young person concerned. They were also expected to enhance the coherence of service provision which can respond to individual needs in a more personalised manner.

The national evaluation of the four pilots set out to assess the contribution the looked-after children pilots made towards the achievement of the ambitious vision set by Government.. In the next chapter we describe the research methods and summarise the learning from the previous BHLF pilots which underpinned our approach. In Chapter 3 we describe the four

pilot areas and discuss the approach they took to implementing BHLPS with looked-after children. Chapter 4 describes the characteristics of the looked-after children and young people allocated to a BHLPS during the pilots and considers the interventions they received. In Chapters 5 and 6 we discuss those of the pilots in detail and present the findings from our qualitative interviews and the quantitative analyses. Chapter 7 reviews the findings and compares them with those from other research in order to identify elements and effective BHLPS practice. The final chapter considers the learning from the evaluation of BHLPS practice with looked-after children and discuss the policy and practice implications.

## **Chapter 2            Our Approach to the Evaluation**

In this chapter, we describe the aims and objectives of the evaluation of the four pilots and the research methods employed.<sup>29</sup> The research design was heavily influenced by the approach we had taken to evaluate the cost-effectiveness of budget-holding lead professionals working with children with additional needs but not yet known to the care system. The DCSF expected that the looked-after children pilots would learn from and build on the knowledge gained during the previous BHLF evaluation, and an extension of the evaluation methodology was regarded as sensible. Nevertheless, we cautioned against attempting a cost-effectiveness study: this had proved to be very challenging during the main BHLF evaluation and we did not believe it would be possible to execute with just four pilots and relatively few BHLFs working with looked-after children. Our concerns were acknowledged and an assessment of the cost-effectiveness of BHLFs working with looked-after children was not attempted. Instead, our evaluation has focused on assessing the extent to which the new BHLFs were able to implement budget-holding in line with the policy intent, and the extent to which the intended outcomes for looked-after children were achieved. The evaluation consisted of a study of both processes and outcomes.

### **Process Evaluation**

We set out to examine the following:

1. The extent to which BHLFs were enabled to hold and control individual budgets.
2. Whether BHLFs were able to work in a more child-centred, needs-led way.
3. The organisational structures, accountability frameworks and commissioning processes that were developed to support budget-holding, including the pooling of core budgets.
4. Whether budget-holding promoted a more responsive and creative use of resources and enabled social workers to identify gaps in existing services.
5. The extent to which decision-making around support services was brought closer to the looked-after children and young people and the integration of decisions with Care Plans and care-planning activities.
6. The training and support needs of BHLFs working with looked-after children.

### **Outcome Evaluation**

The DCSF expected the pilots to link the use of BHLF funding to desired outcomes for each individual looked-after child or young person. These outcomes were expected to be SMART, and capable of measurement during the life of the pilot. Consequently, we set out to examine:

1. The outcomes set for each child/young person with a BHLF and the ways in which these were incorporated into the Care Plan.

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<sup>29</sup> A more detailed description of the research methods can be found in Annexe 1.

2. The outcomes achieved and the extent to which these were seen to be linked to the new budget-holding role, the active involvement of the child and young person in decision-making, and the ability to commission services directly.

We had expected that the social workers appointed as BHLPS would be in a position to measure outcomes using validated tools which would provide an objective assessment of the impact of BHLP practice. We were uncertain as to whether we could identify a comparator group of looked-after children whose social workers were not budget-holders in the pilot areas (although this was our original intention), so were aware that our evaluation might be compromised by a lack of comparative data. Although we would not be able to say whether outcomes achieved were directly attributable to the BHLP intervention, we expected to be able to indicate the level of change in a number of key areas and collect qualitative data which might shed light on these changes and the correlation with BHLP practice.

In reality, social workers and other practitioners rarely employed objective measures of change (e.g. relating to educational attainment, NEET status, or individual strengths and difficulties), preferring to rely on their subjective views about whether interventions might have made a difference, and if so how. We encouraged pilots to use the Strengths and Difficulties Questionnaire (SDQ) and other outcome measures recommended for service-based outcome evaluation in the *Children's National Service Framework*. In reality, few practitioners used any such measures. This is itself an important finding and has implications for designing policy that is evidence-based.

## **Research Design**

The previous national evaluation of the BHLP pilots involved a multi-method approach and the collection of micro-level quantitative data and in-depth qualitative data in order to examine implementation and delivery processes (formative evaluation) and outcomes (summative evaluation). A cost study was designed to assess the costs associated with the budget-holding role and the wider resource impacts resulting from changes in service utilisation. Our aim was to render this evaluation as consistent as possible with the national BHLP evaluation. This would have the advantage of enabling us to use the BHLP evaluation data to benchmark the findings from the looked-after children pilots. We recognised from the start, however, that because there were just four looked-after children pilots we had to be realistic about the evaluation design. The comparative study undertaken for the national BHLP evaluation proved to be extremely challenging. In this connection, we outlined two options. First, we indicated that we would like to identify a group of social worker LPs in the pilot areas who were not BHLPS and ask them to provide similar case-level data relating to looked-after children on their caseloads. Another option we identified was to undertake comparative work during qualitative interviews and focus groups with young people. This would enable us to make comparisons between the experiences of young people with a BHLP and those with an LP. We were able to do this only in the most limited way in one pilot area (Gateshead).

Although we adopted a similar set of methods in this evaluation to those used in the national evaluation, we were not able to collect the level and the depth of data we had hoped to. With just four local authorities undertaking BHLP practice with looked-after

children, it was highly likely that the numbers of children and young people with a BHLF would be extremely low, and indeed this proved to be the case.

## **Learning from the Evaluation of BHLFs Working with Children with Additional Needs**

By the time the DCSF was looking to pilot BHLFs with looked-after children, the national evaluation was well advanced. Consequently, we were able to benefit from the learning thus far. As we noted in our final evaluation report, many of the 16 pilots had in the previous study struggled to implement BHLF practice to policy intent. The DCSF was keen to encourage pilots to enable lead professionals to hold budgets and test fully a radically new way of working during the final phase of the national evaluation. The selection of the four looked-after children pilots coincided with an attempt by the DCSF to refocus the work of the 16 pilots. Seven of the 16 pilots agreed to attempt to establish BHLF practice that met the original policy intent, and these included three of the newly established looked-after children pilots.

We decided, therefore, to delay the planned scoping phase for the looked-after children evaluation until the refocusing was complete because we believed that this exercise would impact positively on the implementation of BHLFs with looked-after children. However, since the four pilots were also case-study areas for the evaluation of the refocused BHLF activity, we were able to follow the progress of the implementation of BHLFs working with looked-after children during our routine liaison with these pilots between June and October 2007. As a consequence, we commenced our scoping in earnest in October 2007, visiting all four pilots. We completed the scoping activities in December 2007 and submitted a detailed report to the DCSF in January 2008. A summary of that report was distributed to the pilots and to the OPM, which was providing a support and challenge function to the looked-after children pilots, as they had to the previous BHLF pilots.

## **Findings from the Scoping Study**

The scoping study allowed us to check pilots' progress against their project plans and to discuss the kind of data we wanted to collect for the looked-after children evaluation. We highlighted five key observations which would impact on our ability to conduct an in-depth study of the looked-after children pilots:

1. Whereas most expressions of interest described an intent to maintain a fairly tight focus for the pilot, some pilots (notably in West Sussex and Gateshead) appeared to have extended the remit to such an extent that clear target groups were no longer identifiable.
2. The learning from the national evaluation had indicated the importance of providing appropriate training (not simply 'awareness' sessions) before LPs take on the new role of BHLF. Only in one pilot (Gloucestershire) did there appear to be a commitment to providing specific training for BHLFs working with looked-after children.
3. The specification for the pilots made it clear that the DCSF grant was not to be used as a top-up fund to buy additional goods and services, yet this seemed to be the model that had been adopted in two of the looked-after children pilots (Leeds and Gateshead).

In these two pilots it was difficult to see how access to the BHLF fund was being integrated into the child's Care Plan and how the project was specifically empowering practitioners to hold significant budgets.

4. The development of budget-holding responsibilities to front-line practitioners (primarily social workers) appeared not to have happened, except to a limited extent in one pilot (Gloucestershire). In the other pilots, decision-making and budget-holding seemed to be taking place at some remove from front-line practitioners, with applications for funding being channelled through managers.
5. Only in one pilot (Gloucestershire) did the significant learning from the national evaluation of the main BHLF pilots seem to be influencing and guiding the implementation of BHLFs working with looked-after children. In other pilots, many of those implementing BHLF practice were not well-informed about policy intent, the importance of designating and training LPs for a new role as BHLFs, or the need to be clear about the desired outcomes and how these could and would be measured.

We were well aware from the scoping activities and our subsequent pilot survey that the looked-after children pilots were experiencing the same implementation problems as the main BHLF pilots had done. In other words, there was little understanding during the early months of the pilots of the radically new role to be undertaken by social workers, and most of them were implementing a model of practice which did not meet the policy intent which had been repeatedly spelt out by the DCSF. Of particular concern was the apparent lack of transfer of the learning from the main BHLF pilots to those responsible for implementing BHLFs with looked-after children, except in Gloucestershire. Regrettably, the new pilot managers in Leeds, Gateshead and West Sussex appeared to have been moving forward with no prior knowledge of the pitfalls which had been experienced by their colleagues. So we highlighted again our concerns about: the lack of a clear focus in the pilots; the lack of training for BHLF practice being offered to social workers and others taking on a budget-holding role; the reluctance to devolve budget-holding to front-line practitioners; and the emphasis on using the DCSF grant as a top-up fund to buy additional goods and services. We proposed that we should focus our attention on just two of the four pilots: Gateshead and Gloucestershire. We saw little to be gained from pursuing in-depth work in Leeds and West Sussex given their continuing distance from the policy intent. We agreed that we would review our position if these two pilots showed that they were able to change their practice.

In the Gateshead and Gloucestershire pilots, therefore, we set out to collect case-level data relating to the children and young people allocated to BHLF and to draw subsamples for interview. A key objective was to hear the voices of children and young people, their carers and their BHLFs. In these two case study pilots, we established a range of data collection modes, described in more detail in Annexe 1. In brief, we set out to: collect case-level data for each child and young person via an Activity and Service Log which we had designed for the previous evaluation of BHLFs; invite children and young people to participate in the study and to tell us about their experiences of having a BHLF; discuss BHLF practice with young people in focus groups; and conduct e-surveys with BHLF pilot staff and with the BHLFs themselves.

## The Data Obtained

All the research forms were distributed to the two pilots in Gateshead and Gloucestershire. Subsequently, the other two pilots indicated their intent to refocus their activity to conform more closely to the original policy intent and we agreed to distribute research forms to all four pilots in summer 2008. We did not expect to draw interview samples in all four areas, but we agreed to collect quantitative case-level data from all of them. We remained concerned that not all four of the pilots would manage to make the progress needed for us to conduct a robust evaluation, and indeed, West Sussex continued to give cause for concern. Consequently, we had to make a decision to omit West Sussex from most of the research activities, although we have attempted some limited exploration of some case data.

In January 2009, as the pilots were preparing to complete the BHLF activity with looked-after children, we noted in an interim report to DCSF that we were confident only of receiving the required research data from Leeds and Gateshead. We had real concerns about the extent to which BHLFs in Gloucestershire (many of whom were not social workers) had collected the data we needed. Although we spent the next six months asking all four pilots to return research forms and to contribute to our focus groups and online surveys, we received extremely limited material. We also struggled to secure consents to interview children, young people and their carers, and have had to conclude that very few were told about the study or invited to participate. We have, however, interviewed practitioners, and their comments shed light on the limited way in which BHLF practice was implemented and the problems pilots had faced.

The findings presented in this report are derived from limited data relating to a small number of looked-after children and young people who were supported by a BHLF. We received:

- Activity and Service Logs relating to 38 children and young people in Gateshead, 18 in Gloucestershire and 58 in Leeds
- Care Plans relating to some children and young people in Gloucestershire and Leeds
- 10 completed e-surveys from BHLFs
- 12 completed e-surveys from pilot managers
- questionnaires providing information about 24 children/young people in West Sussex
- 26 time 1 SDQs and 15 time 2 SDQs

In addition, we conducted interviews with:

- 14 children/young people
- 7 parents/carers

- 18 BHLPS

We also conducted a focus group with around twenty looked-after young people in Gateshead during an away-day.

The amount of quantitative data we received is very disappointing, but this reflects the delay in implementing BHLPS to policy intent in both Leeds and Gateshead, the model of BHLPS practice adopted in Gloucestershire, and the fact that the West Sussex pilot never really got going in the way that the DCSF had anticipated. Because of the paucity of the data and the variation in the way in which the pilots approached the BHLPS piloting activity, we decided to analyse much of the data, particularly the qualitative interview material, on a pilot-by-pilot basis. As we present the findings in subsequent chapters, we indicate which data we have used and how. Wherever possible, we relate the findings from this study of BHLPS practice with looked-after children to those from the national evaluation of BHLPS practice with children with additional needs. The findings tend to be consistent across a wide variety of themes. This is hardly surprising since many of the problems, challenges and pitfalls experienced by the 16 pilots in the national evaluation were experienced similarly by the four looked-after children pilots. In both sets of pilots it seemed to take a long time for there to be a consistent understanding of the policy aims and objectives underlying the BHLPS vision. Even after pilot managers had grasped the concept, it proved to be a challenge to convey their understanding clearly to front-line practitioners. As a result, we saw few examples of BHLPS practice in which the LP responsible for a looked-after child was able to adopt a radically new approach to practice. Making this transition was difficult for most practitioners, as we also saw in the national BHLPS evaluation.

## **Understanding the Limitations of the Evaluation**

Evaluations of new policies and practices in social care are inherently complex and researchers have to be realistic about what it is possible to achieve in a limited time period. The looked-after children pilots had two years in which to implement budget-holding and test its impact. Unfortunately, little progress was made in year 1, leaving very little time to test a new approach before the pilots were winding down. As a consequence, we can say much more about the process of implementing BHLPS with looked-after children than we can about the outcomes of BHLPS practice with looked-after children. Nevertheless, we believe that there is a good deal to be learned from these pilots, particularly about how new ways of working are explained, the training and preparation social workers need if they are to work in radically new ways, the time it takes to embed new approaches in existing practice and cascade them through a diverse and changing workforce, and the importance of pilot activity being very closely monitored by the Department if important initiatives are not going to be diluted and opportunities for trying out new ideas lost in translation.

It is not possible to generalise about the outcomes associated with BHLPS practice from this study, and indeed, we are unable to indicate with any confidence the key outcomes which can be attributed to BHLPS practice with looked-after children from the very limited sample of cases for analysis. The best we can do is indicate what the elements of effective practice might look like if social workers were to receive appropriate training to hold and manage significant budgets for the children and young people in their care. There are some lessons to be drawn, however, about how this initiative fits within the *Care Matters* agenda and how

future initiatives might be introduced and developed within the social care workforce reform programme. While the limitations of the findings from this evaluation will undoubtedly be disappointing for the Department, the results will not come as any surprise. We adopted an action research approach to the study, enabling us to provide regular feedback to the Department and the pilots. We drew attention to the lack of progress in implementation in year 1 of the pilots and the initial lack of understanding of the policy intent in three pilots. By the time two of the three pilots were able to implement a more robust model, it was difficult to make a measurable impact in the time left.

Budget-holding is clearly demanding, and the vision ambitious. Many of the lessons being derived from this study, therefore, are those to which we had drawn attention in the previous evaluation. In the next chapter, we profile the four pilot areas and describe the approaches they took to the implementation of BHLs with looked-after children, thereby setting the context within which the findings presented in Chapters 4, 5 and 6 should be considered.

## Chapter 3            Developing BHL P Practice with Looked After Children

Services for looked-after children are subject to a range of influences, some of which relate to the local social context. It is helpful, therefore, to understand the specific local factors which may influence the implementation and delivery of BHL P practice. In this chapter, we examine each of the four pilot areas in turn, looking specifically at the socio-economic indicators we considered during the previous national evaluation of BHL P practice and at recent OFSTED reports relating to the local authorities concerned. We then describe each pilot's expressed intentions at the start of the project and the ways in which their BHL P practice subsequently developed and was modified during the life of the pilots.

### Transformation and Change

It is important to acknowledge that the local authorities involved had all experienced a period of transformation and extensive structural reorganisation in the period prior to the implementation of BHL P practice, and that these changes inevitably shaped the ways in which budget-holding was conceived. We know, also, that the BHL P pilots (with children and young people with additional needs and with looked-after children) were but two of several new initiatives in children's services that were being tested or rolled out in the pilot areas. The implementation of BHL P practice within social services will have been shaped by both previous and concurrent new developments. In West Sussex, in particular, children's services had undergone a major reorganisation which adversely impacted on its ability to manage yet another new initiative. The widespread changes taking place across the pilots explains, to some extent at least, the relatively slow implementation of the looked-after children pilots and an apparent lack of certainty about how to implement BHL P practice with these children. Several of the previous BHL P pilots with children with additional needs had been hampered by the sheer challenge posed by the structural and organisational change taking place alongside the implementation of the *Every Child Matters* agenda. Many of these pilots had, either deliberately or unwittingly, targeted BHL P practice on children living in deprived areas, thereby using the BHL P budget to address child poverty. Since most of the pilots initially adopted a top-up model of BHL P practice, using the grant funding provided by the DCSF to buy additional goods (and some services) for these children and/or for their families, the influence of socio-economic factors was evident. These were influential also in the implementation of BHL Ps with looked-after children, and we describe them below.

### Socio-economic Indicators

The indices used to contextualise the pilot areas were as follows:<sup>30</sup>

1. Population per square kilometre for 2006.<sup>31</sup>

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<sup>30</sup> These were developed in late 2008 for the national evaluation of BHL P practice in the original 16 pilots and are replicated here for the looked-after children pilot areas.

<sup>31</sup> *Regional Trends*, 30, Map 3.3: Population density, 2006. Sources: Office for National Statistics and Teenage Pregnancy Unit.

2. Multiple deprivation, based on the Index of Multiple Deprivation (IMI) for 2007.<sup>32</sup>
3. School attendance and attainment, based on the Secondary School Achievement and Attainment Tables 2007. These were used to derive the following:
  - (a) the percentage of 11-year-olds not achieving level 4 English in 2007;
  - (b) the percentage of 16-year-olds not achieving level NVQ level 1 in 2007;
  - (c) GCSE or equivalent points per pupil in 2007;
  - (d) the percentage of (un)authorised secondary school half-day absences in 2006/7.<sup>33</sup>
4. Pupils with fixed term exclusions – the percentage of the secondary school population with 1(+) fixed period inclusion in 2006/7.<sup>34</sup>
5. Young people not in education, employment or training (NEETs), as a percentage of the population of 16- to 18-year-olds, in the period November 2006–January 2007.<sup>35</sup>
6. Teenage pregnancy – the percentage of under-18 conceptions in the population of 15- to 17-year-old females in 2006.<sup>36</sup>

These indicators were selected to highlight aspects of the local community in which the looked-after children were living and in which social workers and other professionals were working. Two of the pilots, Gateshead and Leeds, are Metropolitan Boroughs, and the others, Gloucestershire and West Sussex, are Shire Counties. We report on the characteristics of the Metropolitan Boroughs first. All Metropolitan Boroughs have been Unitary Authorities since the Metropolitan County Councils were abolished in the 1980s.

## Gateshead

Gateshead is part of Tyne & Wear county and is located in the North East region, with its long-standing problems associated with unemployment. Gateshead has a deprivation level that places it in the second-highest quartile of areas in the country. Table 3.1 shows that, despite this challenging socio-economic background, the area has above-average outcomes on most education indicators. The one exception is the above-average proportion of 16-year-olds not getting NVQ level 1 results, although the figure is only 10 per cent above the national average, which is still a relatively good result for an area with well-above-average deprivation levels. It is probable that this raised level of poorly qualified school leavers contributes to the high proportion of NEET young people, with, of course, the difficult local labour market also playing a major part.

<sup>32</sup><http://www.communities.gov.uk/communities/neighbourhoodsrenewal/deprivation/deprivation07/CountyCouncilSummariesID2007>

<sup>33</sup> Source: [http://www.dcsf.gov.uk/performance/tables/schools\\_07.shtml](http://www.dcsf.gov.uk/performance/tables/schools_07.shtml)

<sup>34</sup> Table 14: Maintained primary, secondary and all special schools: number of fixed period exclusions and number of pupils with one or more episodes of fixed period exclusion 2006/7. By local authority area, by Government Office region in England. Source : [http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000793/SFR14\\_2008TablesAdditional10July.xls](http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000793/SFR14_2008TablesAdditional10July.xls).

<sup>35</sup> NEET figures for Connexions Partnership Areas: proportion of 16- to 18-year-olds recorded as NEET in 2007, <http://www.dcsf.gov.uk/14-19/index.cfm?go=site.home&sid=42&pid=343&lid=337&ctype=Text&ptype=Single>

<sup>36</sup> *Under-18 Conception Statistics 1998–2007*, <http://www.everychildmatters.gov.uk/resources/IG00200/>

Table 3.1 also shows that Gateshead has a relatively high teenage pregnancy rate and, although there is a less obvious link here with local employment opportunities, data for all areas across the country show a strong correlation between the rate of very young motherhood and that of joblessness. In general, then, Gateshead shows characteristics commonly found among areas of chronically high unemployment, but in several ways – especially on educational indicators such as levels of exclusions – its outcomes for young people are better than might have been expected given its economic ills.

**Table 3.1 Gateshead: selected socio-economic indicators**

Indicator	Gateshead	As % of average for England
Population per square km (2004)	1,338	373
Rank of IMD (1 = most deprived) (2007)	41	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	14.0	70
% of 16-year-olds not achieving NVQ level 1 (2007)	9.1	110
GCSE or equivalent points per pupil (2007)	416	110
% of (un)authorised secondary school half-day absences (2006/7)	7.5	96
% of secondary school population with 1(+) fixed period exclusion (2006/7)	3.3	56
NEET cases as a % of 16- to 18-year-olds (Nov. 2006–Jan. 2007)	10.4	155
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	2.9	72

Gateshead has transformed its position of performing slightly below the national average against a range of attainment and attendance indicators to one of performing better than the average for England. In 2004, 41.8 per cent of 15-year-old students in Gateshead gained five or more GCSEs A\*–C grades, as against 42.6 per cent of such students across England as a whole. By 2007, Gateshead's performance had surged ahead of the average for England, with 71.3 per cent of 15-year-old students gaining five or more GCSEs A\*–C grades, as against 60.9 per cent across England as a whole. Gateshead has made strategic use of area-based regeneration funds to pilot projects aimed at boosting levels of attendance and attainment. Many of these pilot projects have been continued with mainstream funds.

### ***Looked After Children***

In its expression of interest for the looked-after children pilot, Gateshead reported that it had had a fairly constant number of children in the looked-after system, at around 260, which was consistent with comparator local authority areas. A more recent rise to 304 children had prompted a review of systems and processes so as to manage an effective reduction of 10 per cent. Gateshead noted that the characteristics of the looked-after population had changed in recent years. In particular:

- more children had been coming into care for reasons of neglect

- individual children and young people, particularly those aged 12–16, were presenting with more complex social, emotional and behavioural issues
- substance misuse, criminal behaviour and family breakdown had been identified as common factors in respect of children coming into care
- there had been an increase in the number of high-cost care packages for children with disabilities

The services being offered to looked-after children were largely dependent on their availability, and Gateshead noted a lack of flexibility in or lack of availability of appropriate leisure, youth and cultural activities, educational support, tier 3 CAMHS interventions, mentoring support and transport. Nevertheless outcomes, such as health and school attendance and attainment, were improving and offending behaviour was reducing, evidenced in the 2006 Joint Area Review (JAR).

In respect of its Ofsted review in 2008, Gateshead received outstanding grades across all the assessment areas (grade 4), indicating that the services it provides are working very well. Gateshead was noted for its clear leadership and well-developed multi-agency working arrangements. Child protection processes are very effective, and Gateshead has a lower rate of repeat referrals than comparable councils. Many of the looked-after children in Gateshead are in stable family placements, and children are routinely consulted in changes that affect them.<sup>37</sup> In December 2009, the Ofsted review reported that Gateshead Children's Services continue to perform well.<sup>38</sup> Performance of the LA's fostering agency is good and private fostering arrangements are described as adequate. The percentage of young people who are NEET remains above the national average, however.

### ***The Gateshead Project Plan***

Gateshead indicated that the overall aim of the BHLF pilot would be to provide more responsive, tailored and timely services to children in care, at the point of placement when children initially come into care. The point of placement, it was argued, would provide an ideal opportunity to consider with the child and other agencies how best to meet the child's needs through procured support and services. It was thought that the focus of spend might be around leisure and cultural opportunities, mentoring and educational support, family group conferencing, and therapeutic interventions. The pilot expected to target the fifty or so children who enter the care system in Gateshead each year. There was also an expectation that some mainstream budgets would be pooled to strengthen commissioning arrangements.

Budgets were to be devolved to front-line practitioners, with an upper limit of £2,000 to be spent per child as part of the placement plan. The Change for Children Projects' Manager in Gateshead, who formulated Gateshead's expression of interest, indicated that the looked-after children pilots would ensure that front-line practitioners received help and support in the use of individual budgets and in thinking imaginatively about the use of the

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<sup>37</sup> Ofsted (2008) *Annual Performance Assessment of Services for Children and Young People in Gateshead Council 2008*.

<sup>38</sup> Ofsted (2009) *Annual Performance Assessment of Services Annual Rating for Gateshead*.

available funds. Support groups were to be established to explore case studies with the practitioners. Gateshead's aims, therefore, were threefold:

1. To provide more personalised Care Plans for looked-after children through the use of devolved budgets.
2. To support lead practitioners for looked-after children (usually social workers) to develop Care Plans involving a wider range of services and supports.
3. To provide evidence of the need for more flexible and personalised services for looked-after children in order to inform commissioning decisions.

The theme of Gateshead's pilot was to be transition, with three key areas of focus:

1. Children/young people who are new into care.
2. Children/young people changing school or placement.
3. Children/young people with a plan to be rehabilitated to their own home or to move into independence.

The outcomes anticipated included improved self-esteem, greater resilience and enhanced placement stability. The nominated BHLPs were to be social workers except in exceptional circumstances, and looked-after children were to be involved in the development of the project via the One Voice Youth Network.

### ***Progress against the Project Plan***

The pilots all planned to begin their work with looked-after children in summer 2007. During our scoping visits we ascertained how the pilots were progressing against their project plans. We wanted to discern the extent to which Gateshead had taken steps to meet its objectives, which were:

1. To procure tailored services for individual children and young people in care in response to assessed needs via devolved budgets to front-line practitioners, through local management arrangements.
2. To enable social workers, acting in the role of lead professional, to challenge traditional ways of working and stimulate innovative practice through solution-focused approaches.
3. To promote the voice of the child throughout the process (from assessment, through planning and review) using approaches suited to the individual child.
4. To strengthen personalised planning for individual children and families by developing the work of the existing practitioner-led Family Group Conference model within the YOT and using it within the children and families service.
5. To support the development of 'teams around the child in care' to promote and require multi-agency ownership of an Integrated Plan and ensure that the planned services, support and interventions are meeting identified needs.

6. To evaluate the effectiveness of the procured interventions with the lead professionals, children and young people and families.

We found that there had been a significant shift away from the project plan, and from devolving budgets to social workers. The model adopted allowed all of the authority's 290 social workers to apply for funds from a BHLF pot of money (set up with the use of the DCSF's project grant) to spend on children in transition. In addition, applications to the fund could be made by teachers, foster carers, residential care staff and any other professionals working closely with a child coming into care. There were no designated BHLFs as such, and applications to the fund could be made by any professional working with a child, via a specially designed form. The application had to state the identified needs, what the money would be spent on, and how such expenditure would meet the identified needs.

Applications to the fund had been flowing in, and there was some evidence of there being multiple applications in respect of an individual child (by different professionals). No one had received training for a new role of BHLF, but social workers had been made aware of the fund's existence. There were no criteria in place by which to measure outcomes such as those relating to self-esteem and resilience, and there was some uncertainty about just which services might be purchased from the BHLF fund. It was difficult to determine how applications to the fund linked into each child's Care Plan since, although social workers were expected to record in case notes all activities undertaken with or for the child, the Care Plan did not always reflect the use of BHLF funds. We were told that families could make direct applications to the fund if they wished.

While the Gateshead project plan had demonstrated a clear understanding of the policy intent, this had changed markedly during implementation. The pilot had shifted to a model which established a top-up fund that social workers could access. There were no designated BHLFs who held budgets and had adopted a new way of working. Instead, the decision about spending money was taken at managerial level after consideration of requests via an application form. Clear concerns were expressed at managerial level about devolving funding, primarily because social workers had no prior experience of holding budgets or commissioning services. While the majority of applications to the fund were in respect of children and young people in transition, children leaving care were also being specifically targeted. Our scoping visit indicated that there had been little, if any, transfer of learning from the previous BHLF pilot in Gateshead.

### ***Refocusing BHLF Activity***

Gateshead was encouraged by the DCSF to make significant shifts in its practice to embrace the original project plan more closely, learn from the previous BHLF pilot in Gateshead, and adopt an approach that was closer to the policy intent. Gateshead responded to the challenge, and as a consequence designated five experienced social workers as BHLFs and provided each of them with a budget of £8,500 to spend on looked-after children on their caseload. The BHLFs were selected from the Safeguarding Children and care planning team, the Integrated Looked-after Children Service, and the Children with Disabilities team, in order to ensure diversity among the looked-after children involved in the pilot. The social workers and their team managers received individual mentoring and the BHLFs were trained to use the SDQ as an outcome measure. They also received a

resource pack and tailored guidance on commissioning services. A commissioning support team had been established and the BHLPS had begun to access a range of services and interventions, including those specifically mentioned in the original project plan.

During the pilot, we witnessed a dramatic turnaround in Gateshead, with the pilot managers working extremely hard to promote the radically new approach to practice that had been anticipated by the Department. Between July and September 2008, seven children and young people aged between two and fifteen had been supported by the BHLPS. In March 2009, as the pilots came to an end, Gateshead reported that 54 children/young people aged between one and eighteen had been supported, with a total spend of £23,242 on services and £16,404 on goods.<sup>39</sup> The majority of the spend was on leisure activities, computer equipment to support education, and childcare. The pilot indicated that pooling of budgets had not taken place and that the data available to assess the impact of BHLP practice on commissioning was limited. Gateshead had introduced a Personalisation Fund for practitioners to access flexible funding to support families who require short-term, tailored support. The fund is intended as an early intervention tool which social workers can access. Although it took some time for the Gateshead pilot to adopt a model of BHLP practice which conformed to the policy intent, by the end of the pilot the pilot staff had grasped the principles of a new, personalised approach to working with looked-after children.

## **Leeds**

Within the Metropolitan Borough of Leeds several conflicting processes shape the prospects for young people, particularly in respect of the labour market. On the one hand, the period around the turn of the century witnessed economic growth in the city occurring at a faster rate than at any time since the Victorian boom years. On the other, in parts of the city little impact has been made on the stubborn social and economic difficulties that accompanied deindustrialisation, which peaked in the 1980s. The net effect of the two processes is a fairly average overall statistical profile, but, to a greater extent than is found in many cities, this masks very wide contrasts between areas of serious poverty and areas of considerable prosperity. This contrast is more pronounced in Leeds than in most cities, in part because Leeds has a broadly defined boundary which includes many affluent outlying areas. The implication for an initiative like BHLP practice is that there may be more opportunities for actively targeting children in deprived circumstances than the overall statistics for the area may suggest.

Table 3.2 presents a set of statistics that broadly conforms with the above summary, with fairly average educational outcomes for total age cohorts (e.g. the SATs results for 11-year-olds and the GCSE results for 16-year-olds), but a notably higher than average level of 16-year-olds not achieving the NVQ level 1 qualifications they will need for almost all jobs. An above-average proportion of young people without these qualifications is matched by an above-average proportion of NEETs. Although the local economy has seen considerable growth, opportunities have not necessarily gone to young people from deprived parts of the city because there has also been a marked increase in people commuting from neighbouring areas such as Bradford and Dewsbury, whose local economies have been in

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<sup>39</sup> Gateshead's Final Report to DCSF, 31 March 2009.

chronic decline while that of Leeds has been growing. There has been a rise in the rate of teenage pregnancies since 2003 and, between 2006 and 2007, a rise in the proportion of NEETs.

**Table 3.2 Leeds: selected socio-economic indicators**

Indicator	Leeds	As % of average for England
Population per square km (2004)	1,360	349
Rank of IMD (1 = most deprived) (2007)	63	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	19.0	95
% of 16-year-olds not achieving NVQ level 1 (2007)	12.0	145
GCSE or equivalent points per pupil (2007)	348	92
% of (un)authorised secondary school half-day absences (2006/7)	9.1	117
% of secondary school population with 1(+) fixed period exclusion (2006/7)	7.0	119
NEET cases as a % of 16- to 18-year-olds (Nov. 2006–Jan. 2007)	10.0	149
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	3.3	81

Leeds City Council was judged in the 2008 Ofsted report to be providing services for children and young people that meet the minimum requirements overall. Some aspects were rated good (grade 3) and others (including staying safe) were judged adequate (grade 2). Ofsted acknowledged that some key weaknesses had emerged only recently. The council's fostering services were judged inadequate, and the timeliness of reviews was regarded as being significantly below average. However, the review found that the timeliness of initial assessments had improved and was better than average.<sup>40</sup> Ofsted concluded that current practice did not ensure that children are adequately safeguarded and that priority action needed to be taken. The December 2009 report notes that Children's Services in Leeds perform poorly, with significant weaknesses in areas of social care provision.<sup>41</sup> While the joint area review of May 2008 found adequate provision for safeguarding and looked-after children, the response to child protection referrals did not meet statutory guidance. However, a large majority of children's homes are good, as is the fostering service, although private fostering arrangements are said to be inadequate. There are also high numbers of young people who are NEET.

### ***The Leeds Project Plan***

In its expression of interest for the looked-after children pilots, Leeds reported that, in January 2007, there were 1,265 looked-after children in Leeds (692 boys and 560 girls). Of these, 245 were from BME groups. The expression of interest was focused on providing a swift seven-day response to the needs of two groups of children and young people: those at risk of entering care, and those already in care. It was envisaged that 100 young people

<sup>40</sup> Ofsted, *op.cit.*

<sup>41</sup> Ofsted (2009) *Children's Services Annual Rating for Leeds City Council.*

aged between 14 and 17 would be identified, with vulnerable groups such as young people with disabilities or from BME communities being specifically targeted. The bid suggested that an allocation of up to £1,000 per young person would be made available to BHLPS. The outcomes expected were identified as being:

- an increase in educational attainment (e.g. numbers of people achieving Level 1 or 2 threshold targets at 16)
- an increase in the number of 15- to 16-year-olds participating in arts and recreational activities
- an increase in the number of Year 11 leavers engaged in education, employment or training
- a reduction in the likelihood of young people participating in antisocial and offending behaviour
- a reduction in the number of young people who enter care through lack of support in the community

The proposal was to focus work across the city to include the 31 most disadvantaged super output areas. The social workers were expected to work with integrated teams of outreach workers, learning mentors and personal advisors from Children's Centres, schools and the Youth and Connexions services, co-ordinated through seven super-hub children's centres. These rapid response teams had already developed menus of services that could be delivered swiftly.

The Leeds Social Services Department was in the process of restructuring to meet the requirements of the Children's Act 2004. An integral part of the restructuring included plans to devolve core budgets to better meet the needs of looked-after children, and preventing those at risk from coming into care. Training was to be provided for 50 BHLPS, who were to access a budget through their designated Children's Service Delivery Manager. Two Family Resource Centres (FRCs), regarded by Leeds as a unique approach to service delivery, were selected (one in the east and the other in the west of the city) as the locations for the looked-after children pilot activity. The managers of these Centres already had experience of managing budgets.

### ***Progress against the Project Plan***

The pilot in Leeds went live on 1 September 2007. The project had been widely promoted and referrals flowed in quickly. The two FRC managers held the BHLP budget and the target group was extended downwards early on to include young people aged 11–17. No specific training had been given to social workers because it was felt that they were well-experienced in putting together care packages and making applications for funding. There was a strong sense in Leeds that workers would not expect to have to be trained to hold budgets.

Although the focus in the project plan had been on the provision of rapid response, financial systems had made accessing the BHLP fund difficult within a seven-day time period. The

pilot manager realised early on that the system would need to change. Any ambition to pool budgets was put on hold until the end of the pilot. We gained a strong impression during the first few months of the pilot that the BHLF fund was being used to provide a short-term 'boost' which would make an immediate difference to the young person concerned. Social workers contacted the FRC managers to refer a case for BHLF funding. The managers then checked whether the goods or services requested could be paid for from any other budget and whether the case was deemed to be suitable for BHLF funding. The focus, then, was on using the BHLF fund to provide things which could not be purchased from any other budget, to address immediate needs. Many of the early requests involved funding for leisure activities. There was some uncertainty as to whether the child or young person would know that an application for BHLF funding had been made or whether expenditure had been agreed.

In line with the Gateshead pilot, the Leeds pilot had adopted a model of BHLF practice that did not involve social workers taking on a radically new role, and the DCSF funding provided an additional pot of money to be accessed to buy goods and/or services that were otherwise unavailable. This top-up model replicated the model in operation in Leeds during the main BHLF pilot with children with additional needs, and it did not conform closely with the policy intent for BHLFs. Nor did the BHLF activity in Leeds appear to be closely integrated with the young person's Care Plan, primarily because the BHLF fund was being used as a rapid response mechanism.

### ***Refocusing the Leeds Pilot***

During the second year of the BHLF pilot, BHLF practice in Leeds changed considerably. During 2008, Leeds, like Gateshead, moved to a model of practice which embraced the policy intent. The number of social workers designated as BHLFs was reduced from 47 to 13 and included specialist workers from the child health and disability teams. The money remaining from the DCSF project funding was divided between the thirteen BHLFs, with each allocated £2,300 to spend with looked-after children in their care. The decisions relating to expenditure were solely those of the BHLFs themselves, and they were supported in their task by their team managers and by the FRCs. The approach adopted focused more on changing the practice of the social workers involved and less on simply spending the BHLF money. The BHLFs and their managers received training for the new role and a series of focus sessions enabled BHLFs to share good practice. We used one of these sessions to explain the purpose of the evaluation and the data collection methods being used.

As in Gateshead, the shift in practice in Leeds was remarkable, and it enabled us to include Leeds in the evaluation. The pilot reported in October 2008 that eight young people and their families had been supported thus far by the BHLFs, and this support included educational, therapeutic and life-coaching support, as well as music lessons and a residential school holiday. At the end of the pilot in March 2009, Leeds reported that BHLFs had supported 34 children/young people on the edge of care and 10 in residential care.<sup>42</sup> At the final stage of the pilot more emphasis was placed on identifying the gaps for young people in residential care, and on pathway planning. Some BHLFs who were finding it

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<sup>42</sup> Leeds' Final Report to DCSF, 31 March 2009.

difficult to locate children/young people needing additional expenditure began a process of co-working with colleagues whose cases fitted the BHLIP criteria but who were not BHLIPs. The lowest BHLIP spend recorded in the previous three months had been £50 on gym clothing and the greatest spend was £800 for a young person to go on a school skiing trip. The services most commonly identified in Leeds included a range of leisure activities, educational support and counselling.

## Gloucestershire

Gloucestershire was one of the two Shire Counties involved in the evaluation. Gloucestershire lies roughly midway between Birmingham and Bristol, but is mostly too far away from both to be strongly affected by the metropolitan influence of either of these large cities. In consequence, the county remains largely self-contained, with the main economic axis formed by the similarly-sized 'twin cities' of Gloucester and Cheltenham. Perhaps surprisingly, given the cathedral city status of Gloucester, Cheltenham is the more economically dynamic of the two. Its economy overall has remained moderately buoyant for some time, and this has resulted in a low level of deprivation which puts it among the least deprived quartile of major local authorities in England. Table 3.3 shows its ranking to be 121 out of 150.

With respect to the more specific social and educational indicators, Gloucestershire is perhaps closer to the average on most than might have been anticipated, with near-average levels of school exclusions and rather modest GCSE results, perhaps providing some evidence of under-performing, given the lack of severe deprivation. That said, the non-school indicators of NEET young people and teenage pregnancies both show the low levels of negative outcomes which low deprivation levels would tend to suggest.

**Table 3.3 Gloucestershire: selected socio-economic indicators**

Indicator	Gloucestershire	As % of average for England
Population per square km (2004)	216	56
Rank of IMD (1 = most deprived) (2007)	121	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	16.0	80
% of 16-year-olds not achieving NVQ level 1 (2007)	6.8	82
GCSE or equivalent points per pupil (2007)	383	101
% of (un)authorised secondary school half-day absences (2006/7)	7.1	91
% of secondary school population with 1(+) fixed period exclusion (2006/7)	5.9	99
NEET cases as a % of 16- to 18-year-olds (Nov. 2006–Jan. 2007)	4.0	60
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	2.6	65

In 2008, Gloucestershire APA judged the council's services to be good (grade 3), except in respect of staying safe, which was judged adequate (grade 2). The Ofsted report

acknowledged that safeguarding arrangements are adequate, and that there is strong multi-agency commitment to improving them. Much progress has been made since the 2007 APA and JAR report. One particular weakness still remaining in Gloucestershire is that there is still an inconsistency in the application of appropriate thresholds for core child protection services.<sup>43</sup> The December 2009 Children's Services Annual Rating Report for Gloucestershire indicates that children's services in Gloucestershire are performing well.<sup>44</sup> The three children's homes are described as 'good' but the fostering service is only satisfactory. The safeguarding arrangements and provision for looked-after children are both adequate. The report notes that the LA has been particularly successful in reducing the rate of persistent school absences.

### ***The Gloucestershire Project Plan***

In its expression of interest to extend BHL P practice to include looked-after children, Gloucestershire was described as a county of contrasts, with areas of significant urban deprivation alongside rural areas where access to services is a significant issue. In 2006, 3,077 of the 138,207 children and young people living in the county were identified as children in need. There were 410 children and young people in care and 295 had been looked after for more than 12 months. Of the children in care, some 90 per cent were said to be in foster placements or to have been placed for adoption. Gloucestershire's expression of interest in extending its BHL P practice to include looked-after children focused on three distinct workstreams:

1. Children and young people who had been awaiting a permanent placement for more than 6–12 months – with the caveat that the exact timescale would be specified after more detailed analysis had been completed. This stream was to be led by a looked-after children service manager.
2. All children and young people with a Care Plan for long-term residential provision – with a focus on raising their educational attainment. A newly appointed virtual headteacher for looked-after children was to focus on leading this workstream.
3. Young people in care who had substance misuse issues and who had refused the interventions offered. This workstream was to be led by a Healthy Schools Consultant.

The expectation was that around fifty young people would be identified. The objectives set by Gloucestershire for the pilot were:

1. To improve educational attainment and academic performance.
2. To improve safety by improving knowledge about the dangers of substance misuse.
3. To reduce reoffending rates.
4. To improve the stability of placements.
5. To give looked-after children and their families/carers greater control.

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<sup>43</sup> Ofsted, *op. cit.*

<sup>44</sup> Ofsted (2009) *Children's Services Annual Rating for Gloucestershire County Council.*

6. To devolve responsibility nearer to the child.

The Gloucestershire project manager, who had previously managed the BHLN national pilot, believed that multi-agency working was well-developed and was being delivered through the implementation of the Child Action Model. This model supports the delivery of an identification, assessment and service delivery process. The BHLN pilot with looked-after children fitted well with the shift from a service-driven to a needs-led approach. The pilot aimed to adapt the 'In Control' model in order to give looked-after children and young people significant control over their own budgets, with their social workers acting as supporters and advisers to commission a holistic service, including placements, and to meet the needs of the children and young people concerned.

In a recent JAR, residential care had not performed well and the BHLN pilot was expected to support the attempts to improve education attainment. Some twenty looked-after children were identified by social workers as having substance misuse problems, and half of them had not taken up interventions offered previously. Because most looked-after children are relatively vulnerable to becoming involved with drugs through their distinct/particular networks, the targeted work was expected to address both a preventative and a pro-active remedial agenda. The expectation was that around eighteen children and young people would be supported by the pilot in respect of educational attainment; ten would be identified for the targeted work on substance misuse; and ten would be supported to stay in their placements and make the transition out of care. In total, therefore, the pilot expected to work with up to 40 young people across the county. Resource allocations to the BHLNs were expected to vary between the three workstreams.

### ***Progress against the Project Plan***

There were significant delays in implementing BHLN practice with looked-after children. The plans for the pilot were still evolving at the time of our scoping visit at the end of November 2007. Stakeholder workshops were being held and a project management group had been established. The pilot had not yet started its work with the young people themselves, and we were told that the pilot was still in a 'discussion' phase, particularly with respect to the shape the service would take. Gloucestershire had been faced with a number of delays in implementation due to the floods in the summer of 2007, a recent JAR, and staff sickness. By the end of November 2007, there had been no BHLN expenditure in respect of any looked-after children. Issues such as who holds the budget and how young people would be involved in the decision-making process had still to be decided. The pilot had made the decision to be driven by the views of looked-after children themselves. Two consultation events were planned, and the young people had indicated that they would like help with: making contact with siblings; accessing laptops and the internet; having nicer rooms in which to live; getting better clothes; and getting information about substance misuse.

Although the substance misuse stream appeared to have made the most progress, the concept of BHLN practice seemed to be somewhat tenuous. Whoever happened to be working with a young person at any given moment was being designated as the BHLN, and it was far from clear that they had all embraced a new way of working as a result. Indeed, an important aspect of the proposed practice in Gloucestershire was the designation of a

wide range of people as BHLPS (chosen by the children and young people themselves), rather than the BHLPS role being taken on by the social workers with statutory responsibility for the children concerned. During our scoping visit, the 18 nominated BHLPS included foster carers, Infobuzz workers, residential workers, a student support worker, after-care workers and a community support worker. The pilot manager noted that a barrier to implementing BHLPS practice had been social workers' inability to translate the principles of budget-holding into practice despite the training, support and advice being given to them. Given the wide range of people involved in the pilot, we had early concerns about the extent to which we would be able to collect consistent data relating to each child and to the BHLPS activity.

It was clear that the focus of the BHLPS pilot was still shifting and evolving. The third of the three workstreams had already redefined its remit to one of providing support for young people to stay in their existing placements and to make a smooth transition out of care. Meeting the choices made by the young people about who should take on the role of BHLPS was also proving to be challenging. Work with looked-after children and young people was not expected to begin until some time in 2008, putting Gloucestershire behind the other pilots in terms of its implementation.

During 2008 five workstreams emerged in Gloucestershire, but concerns were still expressed about the ability of social workers and their managers to move towards a needs-led approach, in which children and young people co-produce the Care Plan and are actively involved in the planning and commissioning of services. Being flexible and adopting a personalised approach which puts the young person in control was creating a number of tensions in social work practice. The five workstreams focused on: boosting educational attainment; tackling avoidance of interventions by substance-using young people; stabilising placements for young people on the long-term waiting list for adoption; addressing the needs of looked-after children in two local short-term residential assessment units; and consulting with looked-after young people. Training was held for BHLPS during summer 2008. By the end of 2008 the BHLPS pilot had made some progress, although this varied between workstreams:

1. *Education workstream.* Six young people in foster care had been identified for the BHLPS pilot, the main concerns being around education attainment rather than problematic behaviour. Their identified BHLPS, six social workers, were trained in July and were enthusiastic about BHLPS working. Although Personal Education Plans (PEPs) had been completed for these six young people, no CAFs had been completed. It was suggested that the social workers might not have had the capacity in their work schedule for completing CAFs, and that they might not have been able to convince the young people they worked with to agree to CAF assessment. Social workers tended to pass the day-to-day management of cases which were stable within the system to family workers, and had little further contact with them, even though they retained responsibility for the young people. Children were sometimes not told about this or not introduced to their new worker, so did not necessarily know who their worker was. Only three of the identified BHLPS cases were still being managed by their original social worker when they were identified as suitable for BHLPS intervention.
2. *Placement workstream.* Six or seven children/young people had been identified by the long-term fostering team for BHLPS intervention and CAFs had been completed. All the children/young people had been on the waiting list for a placement for six months or

more. Some BHLF funds had been accessed for these children in the interim, for instance for tutoring prior to re-engagement with school, or to implement measures to tackle social exclusion. One BHLF was a foster carer and the rest were social workers.

3. *Substance use workstream.* Sixteen young people had been identified in this workstream for BHLF intervention. They were said to be very disillusioned with their social workers and they did not see them routinely. The agency, 'Infobuzz', was the delivery partner on this workstream. Their workers, as well as various other practitioners, were acting as interim BHLFs, establishing a relationship with the young people, who were leading very chaotic lives, usually homeless and on the verge of secure placements. Infobuzz workers identified or explored options for a person or a professional in the young person's life to take over the mantle of BHLF. The BHLFs had engaged in 'Point of Contact' commissioning for small items and, occasionally, for large purchases. They were seen as having the power to decide what they wanted to purchase and could do so through a countywide cost code. The social workers were still accountable for the children and had to be kept informed of spend. We were told that there had sometimes been disagreements over spend. Many of the needs could be met from mainstream provision, however, and the team described themselves as being 'clever with the resources available'.
4. *Residential workstream.* The residential workstream was to be based at two short-term residential homes in Stroud, which functioned as assessment centres for identifying placements. Three children were identified for BHLF intervention and CAF forms were completed. The local authority, however, subsequently announced the closure of these homes. As a consequence, BHLFs had been identified elsewhere for two of the children: one girl would be shared with the substance use stream, with one of the Infobuzz workers becoming her BHLF, and a foster carer had been identified for the other young person. A BHLF worker was providing support to all three children in the meantime. She described seeing the social workers responsible for these children as a struggle.
5. *Consultation workstream.* The consultation group consisted of ten young people aged 10–17 who were or had been in care, around seven of whom currently had a BHLF. The group had met monthly since the start of the pilot to confer and advise on BHLF implementation.

At the end of the pilot, Gloucestershire identified the substance misuse workstream as having been the most successful, and the voluntary organisation involved had been commissioned to continue working with young people with substance misuse problems for a further twelve months. When the pilot ended, twenty people were working as BHLFs: 3 were after-care workers, 7 were residential workers, 1 was a student support worker, 4 were Infobuzz workers, 1 was a mentor community support worker, 1 was a BHLF project worker, 2 were foster carers, and 1 was a head of a Virtual School. They had worked with 35 looked-after children. The lowest spend reported by the Gloucestershire pilot had been £11 for food and electricity top-up and the highest spend was £7,392 on a private home tutoring package. The pilot had brought a number of core budgets together, and acknowledged that further refinement was needed to streamline BHLFs' ability to access funding and make decisions about expenditure on a case-by-case basis. The intention at the end of the pilot was to mainstream BHLF activity in Gloucestershire as an integral part of the personalisation agenda.

## West Sussex

The other Shire County participating in the looked-after children pilot was West Sussex. West Sussex lies immediately to the west and north of Brighton & Hove, and includes a mix of more rural areas, many coastal resorts and retirement towns. In much of the area a sizeable minority of residents commute to London or the Gatwick area, which is near the northern border of the county. The county has become much less dependent on the hospitality sector than some other seaside areas and this, in combination with its proximity to London, has led to it having few deprivation problems. Table 3.4 shows that there are only 20 less deprived major local authorities among the total of 150. Nevertheless, few of the more specific social and economic indicators reported here show a performance all that much better than the average, and in fact, the GCSE results are marginally below the national mark. Once the school-based indicators are set aside, however, the outcomes are distinctly more positive. Notably, there are lower proportions of NEETs, and the level of teenage pregnancy is well below the national average.

**Table 3.4 West Sussex: selected socio-economic indicators**

Indicator	West Sussex	As % of average for England
Population per square km (2004)	387	99
Rank of IMD (1 = most deprived) (2007)	130	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	18.0	90
% of 16-year-olds not achieving NVQ level 1 (2007)	6.8	82
GCSE or equivalent points per pupil (2007)	372	98
% of (un)authorised secondary school half-day absences (2006/7)	7.4	95
% of secondary school population with 1(+) fixed period exclusion (2006/7)	5.8	99
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	4.4	66
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	2.9	71

In 2008, West Sussex was judged in the Ofsted report to be providing services that meet minimum requirements. Good progress had been made on previous years, but progress in safeguarding and services for looked-after children and young people had been slow, and these services were judged to be inadequate. Ofsted acknowledged that West Sussex had undergone a major reorganisation, but stated that work to address weaknesses in services has not yet had an impact. The report noted that few initial assessments had been conducted within timescales, and too many children, either with a child protection plan or who are looked after, had not been allocated to a social worker. Moreover, too few reviews were undertaken within the year, and Ofsted judged that there was insufficient capacity to support and assess families with high levels of need. The proportion of looked-after children having a good-quality PEP was lower than that for similar councils.<sup>45</sup> The Ofsted report confirms the difficulties that the pilot had noted in establishing BHLs with looked-after children and reflects the significant administrative and staffing changes that were ongoing

<sup>45</sup> Ofsted, *op. cit.*

during the pilot. The December 2009 review reports that children's services in West Sussex are performing adequately, although there are variations in performance. Six of the seven children's homes are described as being good, as are the fostering agency and the adoption agency. Private fostering arrangements are described as 'inadequate', however. The numbers of referrals to children's services has increased and problems continue in respect of the proportion of assessments that are completed on time. While there is some evidence that the provision of children's services in West Sussex is improving, the upheavals of recent years have not yet fully worked themselves through.<sup>46</sup>

### ***The West Sussex Project Plan***

In 2006, there were 697 looked-after children in West Sussex. Of these, 454 were subject to a Care Order. The expression of interest for becoming a pilot indicated that the aims and objectives were fourfold:

1. To achieve better outcomes for looked-after children.
2. To promote more flexible, innovative and imaginative ways of supporting and working with young people.
3. To explore and develop the use of BHLPs, and the potential for greater budget delegation.
4. To promote the active participation of young people in decision-making.

The focus was expected to be on young people in year 10, and on helping them to achieve: better GCSE results; more movement into further education and training; and greater involvement in community activities such as sport and leisure. The plan was to use the team around the child, in consultation with the young person concerned, to decide how best to use the budget, which would be supported by the young person's PEP. In terms of the five ECM outcomes, West Sussex expected to focus on improving enjoyment and achievement for looked-after children. In year two of the pilot, the plan was to focus on a new cohort of young people in year 10, although it was noted that the BHLP work might be extended to include younger children. The expression of interest referred to the pooling of core budgets for looked-after children. The initial proposal was that each BHLP would be allocated £500 p.a. for each young person in their care.

By August 2007, West Sussex had revised its project plan and the scope had widened considerably. We were informed that the revisions were made as a result of advice received from the OPM support and challenge team. A permanence service was to be established to implement a more rigorous and constructive approach to looked-after children, including family group conferences. The new aims and objectives for the BHLP pilot were sixfold:

1. To promote innovative thinking and actions on the part of the social workers holding the budget. In particular, to combat feelings of helplessness among front-line workers when parents are demanding the removal of their children under circumstances which do not meet S.20 (Children Act 1989) criteria.

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<sup>46</sup> Ofsted (2009) *Children's Services Annual Rating for West Sussex*.

2. To underline parental responsibility and to encourage parents to work more positively with social workers to keep children within the family, wherever arrangements can be made to ensure their safety.
3. To promote joined-up working across Children and Young People's Services by bringing together funding or enabling looked-after children to benefit from opportunities previously not open to them. Also to bring together front-line professionals to a greater extent, and to embed joint working.
4. To support existing resources which focus on working with families to enable children to stay at home, particularly through Family Resource Teams.
5. To support children in care in returning home when it is in their long-term interests to do so.
6. To provide opportunities for children in care which improve their confidence and resilience and open up education, training or employment prospects which they would not otherwise have aimed at.

There was an explicit intention to help family members spend time together in an enjoyable and non-confrontational way, via preventative work in families on the edge of breakdown and the reintegration of children in care into their families. The hope was also expressed that individual funding could be used to open up a range of different experiences and challenges for young people by supporting them to join projects and work co-operatively to achieve an agreed goal.

The BHLF activity was to be targeted on three groups of children and young people:

1. Five- to eleven-year-old children in foster care.
2. Eleven- to seventeen-year-old young people in foster care.
3. Eleven- to seventeen-year-old young people in residential care.

Within each of these groups, West Sussex planned to involve looked-after children from outside the county, children on the cusp of coming into care, and children returning home. A particular interest was to find ways to sustain home placement–care placement links.

### ***Progress against the Project Plan***

It became clear during our scoping work that the pilot in West Sussex was continuing to evolve and that it was becoming ever more complex in its design. For example, interest was growing in working with looked-after children aged four to eight. Having broadened the scope of the work, pilot managers were trying to figure out how to target so many looked-after children across the county and render the project both manageable and sustainable. A multi-agency steering group had been established to guide the BHLF activity, but there were no plans to train BHLFs for the new role. There was a clear intention at this stage not to purchase goods but to focus BHLF activity on purchasing interventions and leisure activities for looked-after children. Much of the thinking relating to the pilot was still in its early stages and fundamental issues, such as how BHLFs would access budgets, were still

unresolved. The project staff thought that they might allocate £200 per young person, or set a top limit. Plans were in place to consult with young people and to encourage them to shape the pilot. Nevertheless, we were assured that all the young people involved in the pilot would have had a CAF assessment and that comprehensive data would be available relating to placement history, a Care Plan, PEP and health assessments and regular progress records. These data would be held on each young person by the social worker responsible.

It was evident that the BHLF project plan in West Sussex was both challenging and ambitious and, in the event, much remained unachieved. The pilot continued to have a chequered history and, in research terms, gave continued cause for concern. The major reorganisation in children's services resulted in several setbacks, changes in project management and a sense of drift in respect of the pilot. Moreover, we saw no evidence of various project managers benefiting from the learning derived from the previous national BHLF pilot. Early in 2008 we were informed that 50 social workers had become BHLFs, but that they were not holding budgets. Instead, they had access to a card which enabled them to buy goods, using the BHLF grant as a top-up fund. The BHLFs, had not received any training for a radically new role and the main focus of BHLF activity appeared to be the provision of laptop computers for children and young people. Unfortunately, during the first year of the pilot no data were kept or provided to the research team relating to this activity, nor were data provided about the children and young people who received the laptops.

### ***Relaunching the Pilot***

Following the efforts made by the DCSF to get the pilots back on track early in 2008, the West Sussex pilot was relaunched in June 2008. We offered to visit to ensure that the social workers understood the evaluation requirements and that the pilot manager could be supported in implementing the evaluation. However, we received no responses and subsequently learned that the pilot had been handed over to a new manager during the summer and there had been little BHLF activity over the summer months. Responsibility for the pilot transferred to the Permanence Service Manager and a new steering group was convened. The plan he drew up focused on allowing all social work staff in the three permanence teams to become BHLFs. All the children and young people with whom they were working had 'equal access to additional resources' and each team was allocated a notional £12,500 to spend from the BHLF grant. In addition, social workers in the Child Disability Service were given access to a further £2,500 of additional funding. Despite the relaunch of the BHLF pilots, the focus was clearly on implementing and continuing with a top-up model rather than promoting any change in social work practice.

A status report submitted by the pilot to DCSF in December 2008 gave examples of how 'monies' had been spent. It was not clear from this report whether all the social workers regarded themselves as BHLFs who were taking a new approach to their work with looked-after children, or whether they simply had access to the additional funding held in their teams. It became clear that the BHLFs in West Sussex had not been specifically identified as such and that the significance of the new BHLF role had not been fully understood. A meeting, held in January 2009, between members of the research team and the managers and social workers from the permanence teams confirmed that the social work staff were unaware of the BHLF policy intent and had not been informed about, nor had they engaged

with, the evaluation of BHLF practice in West Sussex. The social workers did not regard themselves as having taken on a new role as budget-holders, and they fell squarely into the category we had identified in the national evaluation of BHLFs of budget-accessing lead professionals.

Some workers expressed disappointment that they had not understood or been able to participate in the pilot in a more meaningful way, but there was general agreement that, with just two months remaining, it was too late to effect radical changes in practice. As a result, we have not been able to obtain the required detailed case-level quantitative data relating to children and young people involved with the social workers who accessed the additional funding, nor could we draw a sample of children and young people for in-depth qualitative interviews as they had not been informed about the research or invited to give consent to participate. The young people did not know of the existence of the BHLF pilot and their social workers had not regarded themselves as budget-holders. We adopted a modified and much reduced research approach in West Sussex towards the end of the pilot, collecting the information held in the teams relating to individual requests to access the BHLF fund and supplementing this via an e-questionnaire to be completed by the social workers involved. The limited data we have received from West Sussex have been analysed and presented separately (Ch. 4) and the West Sussex pilot was not included in our main analyses of case-level data or in our qualitative study.

The difficult history of the pilot in West Sussex was acknowledged in the final report provided by the pilot manager to the DCSF in summer 2009. While the BHLF budget had provided a significant boost to the work of the permanence teams and enabled social workers to be creative in their practice with looked-after children, the policy intent of the BHLF programme was not embedded in practice. There are many lessons to be learned from the demise of the West Sussex pilot and we discuss these in the final chapter. With just four pilots selected to implement BHLF practice with looked-after children it is particularly disappointing that one of them was unable to implement BHLF practice to policy intent at any time in the two-year period, despite the efforts of the staff involved.

## **Learning from Pilot Development**

The original project plans for the looked-after children pilot were ambitious, particularly in Gloucestershire, but well thought-through and well-grounded. It is very clear, however, that all four pilots faced a number of difficulties during the implementation of BHLFs with looked-after children, even though all had been pilots for BHLFs with children with additional needs and should have been able to learn the lessons from that pilot prior to commencing this one. In practice, the read-across was minimal in the first year in Leeds and Gateshead, and totally lacking in West Sussex. While the pilot staff in Gloucestershire seem to have been fully aware of the policy intent underpinning BHLFs, read-across from the national evaluation was weakened because of the attempt to develop several parallel workstreams and share the BHLF role among a wide range of practitioners who had no experience of the previous BHLF pilot.

Unfortunately, all four pilots either modified or abandoned their original plans. Both Leeds and Gateshead made substantial shifts midway through the pilot, aligning their BHLF practice more closely to policy intent, but with limited time available they were not able to

develop BHL P practice as fully as they might have done and so the evaluation is dependent on rather sparse data. The West Sussex pilot lost its focus and we have relatively little data about the children and young people involved. Our observations in all four pilots lead us to re-emphasise the points we made in the previous national evaluation. We noted the importance of pilots:

- being given clear, consistent messages about what they are intended to do and achieve, and cascading these messages throughout the organisation and ensuring practitioners understand them
- allowing sufficient lead-in time at the start of the pilot to get all the necessary building blocks and administrative systems in place
- providing specific training to practitioners to enable them to adopt a radically new role as budget-holders
- specifying clearly the target groups of children and young people and the outcomes that each child/young person is expected to achieve as a result of BHL P intervention
- managing caseloads so that BHL P s can devote sufficient time to establishing a new way of working
- being supported in translating project plans into action, particularly when children's services are undergoing change and facing Ofsted reviews which may well be critical

Pilots are experiments – they provide a test-bed in which new policies and practices can be established and tried. Some elements usually work well and others less well, and all four pilots have derived substantive learning from their efforts. Gloucestershire was able to hone its activities after a rather slow and uncertain start, Leeds and Gateshead were able to refocus their activities when the pilot managers realised that their model of working was not sufficiently on message, and West Sussex did what it could to add value to its social work practice with some of its looked-after children and young people. The challenges the pilots faced need to be taken into consideration when reviewing the findings presented in the following chapters. In the next chapter we describe the characteristics of the children and young people who were involved in the pilots and the interventions the BHL P s co-ordinated as a result of holding a budget, and provide an analysis of the data we received from West Sussex.

## **Chapter 4            BHL P Practice with Looked After Children**

In the previous chapter, we described the models of BHL P practice proposed and subsequently adopted in the four looked-after children pilots and noted the social context within which the pilots were established. It is clear that all four pilots experienced delays in their implementation of BHL P practice, and just three of them were eventually able to develop an approach that moved towards to the policy intent. In this chapter we describe the characteristics of the looked-after children and young people who were allocated to a BHL P during the pilot and the social work activity they experienced. All the BHL Ps were asked to complete an Activity and Service Log in respect of each child and young person with whom they worked. The log was designed to capture information about the young person themselves, the nature of the work undertaken by the BHL P and how the budget allocated to them was used. Three of the pilots completed the logs. Although logs were sent to the West Sussex pilot, because of the restructuring upheavals they were never distributed to the social workers involved. We report the findings relating to West Sussex later in the chapter.

Although we received some limited information about the initial pilot work in Gateshead and Leeds, we have focused our attention on the work these pilots undertook after they had moved closer to policy intent in mid-2008. Since the pilot was slow to take off in Gloucestershire, the majority of the data we received from that pilot also relates to the latter months of the piloting period. In essence, then, our evaluation is limited to understanding the BHL P activities with looked-after children in all four pilots during the second year of the pilots.

### **The Data Received from Gateshead, Gloucestershire and Leeds**

Following the refocusing of the work in Gateshead and Leeds in June 2008, six social workers were identified as BHL Ps in Gateshead and twelve in Leeds. As we noted in Chapter 3, Gloucestershire had taken a different approach in that whoever was working with a child or young person at any given moment was designated as the BHL P, and this person was usually chosen by the child/young person themselves. The social workers in Gateshead and Leeds were asked to provide us with data for every child with whom they worked while they were BHL Ps, and Gloucestershire co-ordinators were asked to ensure we were provided with data for each BHL P case.

The quantity and quality of the data returned to us were variable. We received 38 Activity Logs from Gateshead, 18 from Gloucestershire and 58 from Leeds. In total, therefore, we received 114 Activity and Service Logs from the three pilots, 65 per cent of which also included a completed review form. The review form should have recorded the outcomes achieved, but this information was not available for approximately one third of the children/young people. Several BHL Ps had actually made changes to the Activity and Service Log we designed so that it no longer recorded all the information we had requested. We were unable to collect data about ethnicity or disability because, although this information is routinely collected in assessments and on the CAF, few of the case files sent back to us recorded this information.

### **Characteristics of the Young People and Their BHL Ps**

Sixty-two of the 114 Activity and Service Logs returned to us related to girls and 52 to boys. Their ages ranged from one to nineteen, with an average age of fourteen. There were marked differences in the age profile between the pilots, however: Gloucestershire dealt mainly with older young people, while Gateshead was the only pilot to include younger children, as Table 4.1 shows.

**Table 4.1 Age profile of BHL P cases**

Age range	Gateshead (%)	Gloucestershire (%)	Leeds (%)	All cases (%)
Under 5	11	0	0	4
5–10	14	0	19	15
11–15	31	11	54	44
16–19	43	67	26	38
Total cases	35	18	57	110 <sup>1</sup>

<sup>1</sup>The ages of 4 children were unknown.

Seventy-seven per cent of the young people were recorded as having had an assessment of some kind, but few (18) had received a CAF. The majority of the assessments that had been undertaken were PEPs. The BHL P s were asked to record the date of the last assessment, and this was noted for 29 cases in Gateshead and Leeds. Nearly half of the assessments (48%) had been conducted after the BHL P had started work with the young person. However, a small minority of cases in the sample (5) seem not to have had any kind of assessment for over a year. Given the amount of missing data about previous assessments, it is difficult to determine from the Activity and Service Logs whether assessments were used by BHL P s to determine the child/young person’s needs, and if so precisely how. In 82 per cent of the cases the designated BHL P was a social worker. In the other cases, the BHL P s included a community learning mentor, care officers, a social work student, keyworkers, Infobuzz workers, and foster carers. Gateshead was the only pilot in which all the BHL P s were social workers.

The majority of the children and young people of school age were in mainstream schooling (55%), although this was more likely in Gateshead and Leeds than in Gloucestershire, where many of the young people were in an older age group and were not in education, as Table 4.2 shows. Young people in Gloucestershire were less likely to be receiving schooling hours than young people in the other two pilots, reflecting the difference in the age profiles indicated in Table 4.1. Sixty per cent of young people of school age were in full-time schooling, with another quarter receiving part-time schooling (6–25 hours) and 6 per cent receiving five or fewer hours of education per week. A further 9 per cent of young people of school age were receiving no schooling hours at all.

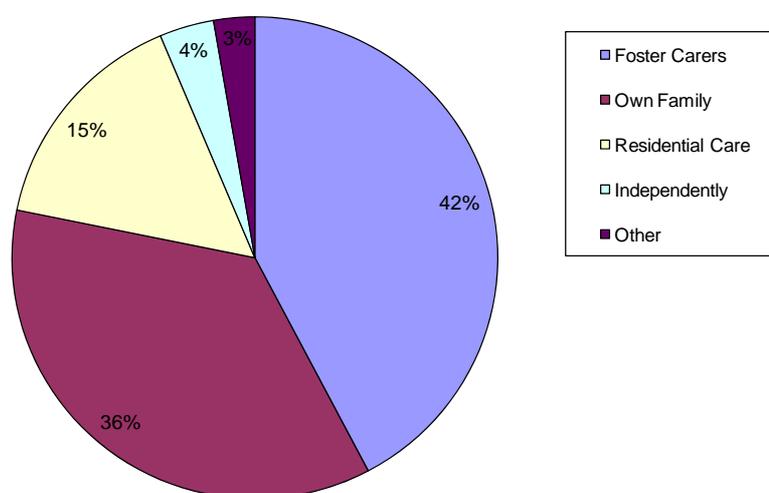
**Table 4.2 Educational status of children and young people**

Education	Gateshead (%)	Gloucestershire (%)	Leeds (%)	All cases (%)
Mainstream school	60	18	63	55
Pupil referral unit	6	24	11	11
Other unit	14	25	19	18
Home tuition	0	0	2	1
Community home with education	3	6	0	2
NEET	14	18	5	10
Nothing arranged	3	12	0	3
Total cases	35	17	57	109

The residential status of the young people also varied by area. The Leeds pilot was much more likely than the other two pilots to be dealing with young people on the edge of care who were still living with their own families, whereas the majority of young people in Gateshead and Gloucestershire were living with foster carers. Table 4.3 indicates on a pilot-by-pilot basis where the children and young people were living when they were allocated to, or their social worker became, a BHL P, and Figure 4.1 illustrates the residential status in the three pilots combined, drawing on the data provided in the Activity and Service Logs.

**Table 4.3 Residential status of the children and young people**

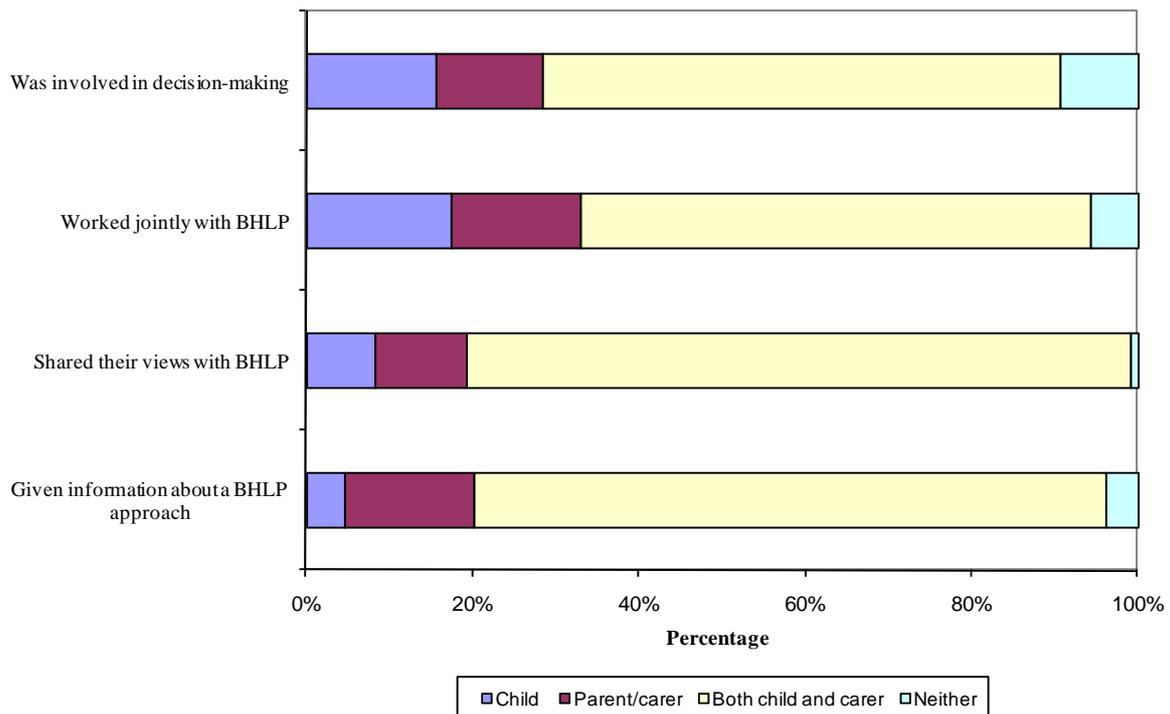
Living circumstances	Gateshead (%)	Gloucestershire (%)	Leeds (%)	All cases (%)
With own family	11	11	60	37
With foster carers	75	50	17	41
In residential care	8	28	16	15
Living independently	6	11	0	4
Other	0	0	7	4
<b>Total cases</b>	<b>36</b>	<b>18</b>	<b>58</b>	<b>112</b>



**Figure 4.1 Where the Children/Young People in Gateshead, Gloucestershire and Leeds were Living (n = 109)**

### **The Involvement of Children, Young People and Their Families in Decision-making**

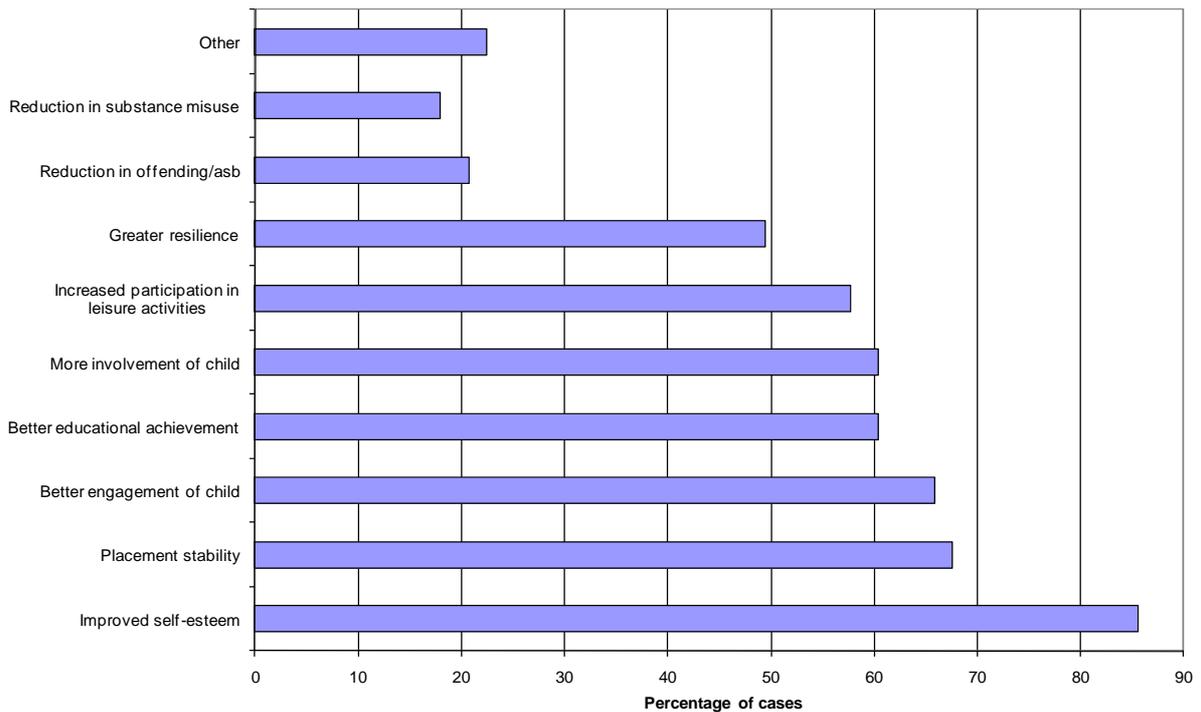
Having indicated the characteristics of the children and young people relating to gender, age, education and living arrangements, we can look at the Activity and Service Logs to find out about the kind of practice the children/young people experienced. One of the key aspects of LP and BHL P practice is the involvement of the children/young people in decision-making about their own Care Plans and trajectories. The BHL P s indicated on the Activity and Service Logs that they routinely involved young people and carers in decision-making. In Gateshead and Leeds the young people and their families were given information about BHL P working and were involved in decision-making with the BHL P. In Gloucestershire, it was more likely that the BHL P s worked solely with the young person and not with their carers. This is not surprising since the young people were generally older and sometimes living independently or in residential units. Figure 4.2 demonstrates the level of participation in decision-making on the part of young people and their parents/carers as perceived by the BHL P s and recorded on the Activity and Service Logs in the three pilots.



**Figure 4.2 Participation of young people and parents/carers in decision-making (n = 112)**

### The Outcomes Desired

The BHL P approach is based on the premise that each child’s needs will be assessed and actions put in place to achieve planned outcomes. The BHL P s were asked to indicate at the start of their work with a young person the outcomes they wanted to achieve for that individual. They were given a pre-coded list and could add any other outcomes they wished to achieve. The most common outcome recorded as desirable was improved self-esteem. This was noted in 86 per cent of cases. Gloucestershire BHL P s were more likely than other BHL P s to state that a reduction in substance abuse by the young person was one of the outcomes they hoped to achieve (67% as against 3% in Gateshead and 12% in Leeds). This reflects the age profile of the young people and the focus of BHL P work in Gloucestershire. The older the young people were, the more likely their BHL P s were to state that reducing substance abuse was a desired outcome. This was also the case in respect of the objective of reducing offending and antisocial behaviour (61% of BHL P s in Gloucestershire stated this as a desired outcome, as against 11% in Gateshead and 14% in Leeds). Not surprisingly, a reduction in offending and antisocial behaviour was also more likely to be recorded as a desired outcome for boys. (It was so recorded for 31% of boys as against 12% of girls.) Gateshead BHL P s were more likely than BHL P s in Leeds or Gloucestershire to note an improvement in educational attainment as a desired outcome (79%, as against 56% in Gloucestershire and 51% in Leeds). Figure 4.3 shows the prevalence of each desired outcome recorded in the Activity and Service Logs.



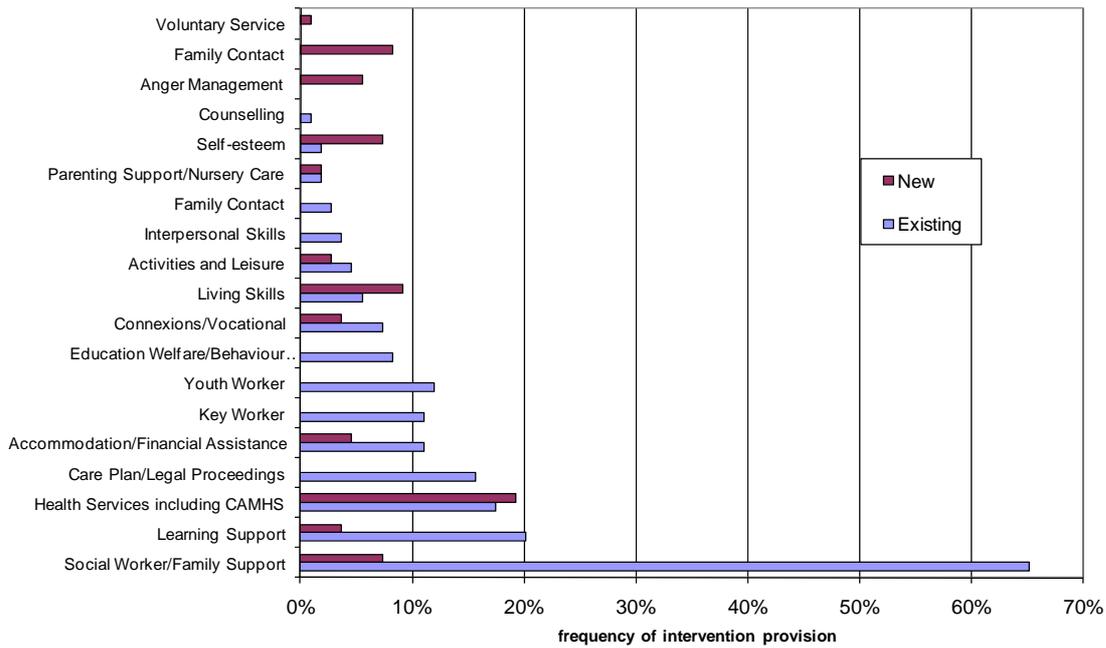
**Figure 4.3 Desired outcomes (n = 112)**

One of the explicit aims of the BHL P pilot was to improve placement stability for children and young people, and placement stability was noted as a desired outcome in nearly 70 per cent of the cases. Other desired outcomes for the children and young people included: enhanced family relationships; improved health and quality of life; increased independence; an understanding of heritage; being able to manage anger; improved team work; children feeling safe; increased confidence; and the encouragement of peer friendships. Many BHL P s did not record how they were going to measure whether the desired outcomes had been achieved, but among those that did, the most common method of assessing outcomes was via consultation with carers.

### **Service Provision and BHL P Expenditure**

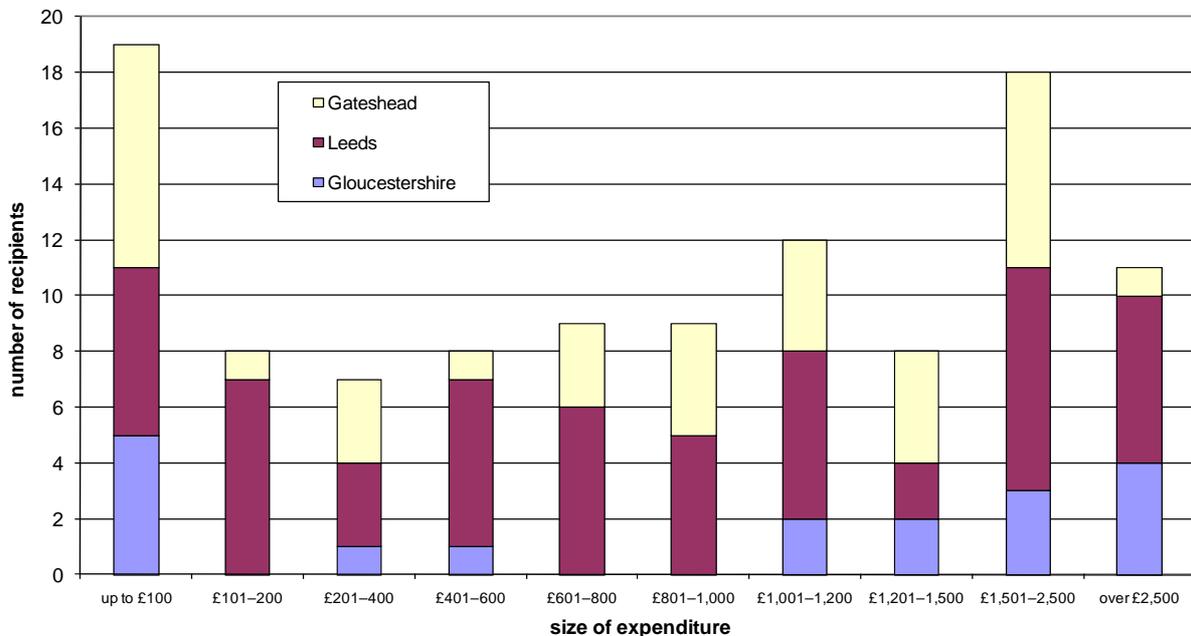
On the Activity and Service Logs, each BHL P was asked to record the services/interventions that were in place when they became a BHL P for a specific child/young person, and the new services/interventions they subsequently co-ordinated as BHL P s and those purchased from the BHL P budget. The methods we used to analyse the data are discussed in detail in Annexe 1. We present data relating to each individual pilot in Chapters 5 and 6. Here, we present the data for the three pilots combined.

Turning first to consider the interventions provided for the children and young people across the three pilots (Figure 4.4), we can see that the new services provided by the BHL P s included family contact, anger management and voluntary services. In all the other categories, the frequency of service provision was greater prior to the social workers becoming BHL P s except in respect of interventions designed to improve self-esteem and living skills and health services, including CAMHS.



**Figure 4.4 Interventions provided: Gateshead, Gloucestershire and Leeds (n = 109)**

Social worker/family support and learning support were being provided regularly prior to BHLIP intervention. If we look at the distribution of existing monthly expenditure at the time the BHLIPs were appointed and the pilots commenced (Figure 4.5), we can see that the amount of expenditure is spread and that all three pilots were spending significant sums already.

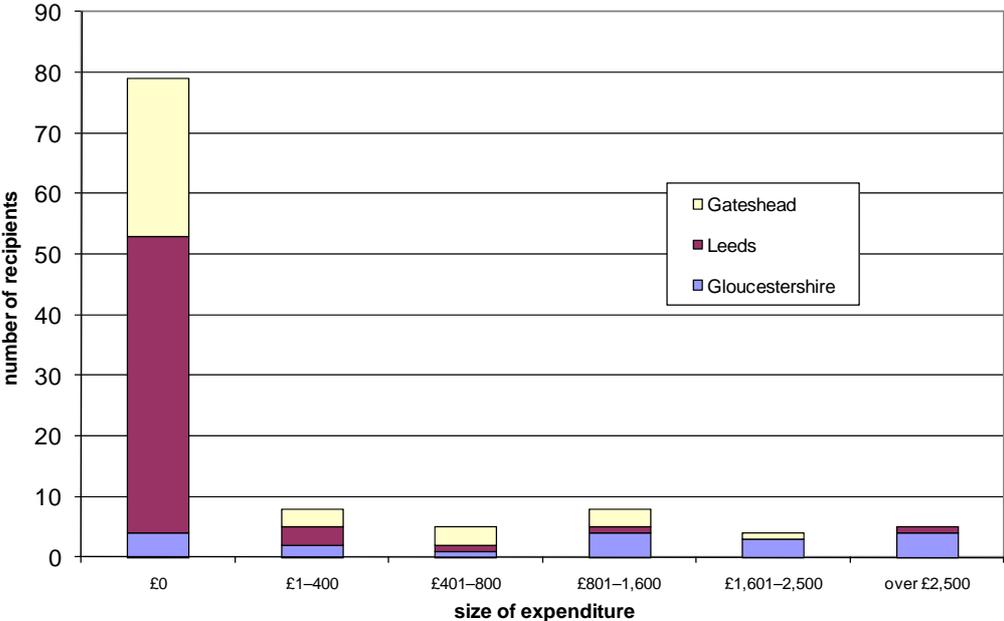


**Figure 4.5 Distribution of existing monthly expenditure per child (n = 109)**

If we compare the existing expenditure with expenditure on services by BHLIPs, we find that nearly 80 per cent of the young people had no purchases made for them from the BHLIP

budget (Figure 4.6). We strongly suspect that this is not an accurate reflection of the provision of services for all these cases but signifies the belief held by many practitioners that many services are ‘free’ and so the BHLP budget did not have to be used. There is evidence in all the pilot reports to DCSF that if the BHLPS thought they could provide interventions ‘free’ they did not tap into the BHLP budget. Only towards the end of the national BHLP pilots with children additional needs did the BHLPS realise that all interventions imply a cost and that if they were to become fully functioning budget-holders they would need to learn just how much the ‘free’ services actually cost. Indeed, when they did have this information, some were shocked at the high price attached to some services and immediately began to seek out more cost-effective options.

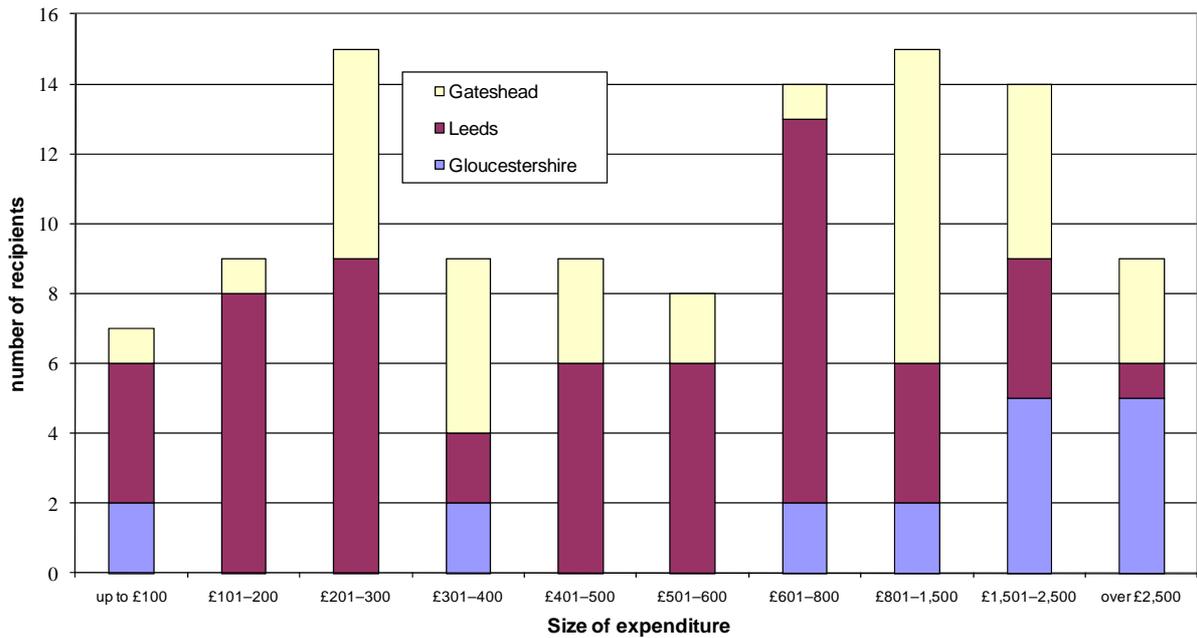
We can see from Figure 4.6 that young people in Gloucestershire incurred higher spends than those in the other pilots. The end-of-pilot report for Gloucestershire sheds light on this finding: services provided in the permanent foster care workstream included additional educational support and sibling assessments which were generally more expensive than services provided for other looked-after children.<sup>47</sup> Moreover, these young people tended to have complex needs, requiring a range of interventions and support services.



**Figure 4.6 Distribution of expenditure on services by BHLPS (n = 109)**

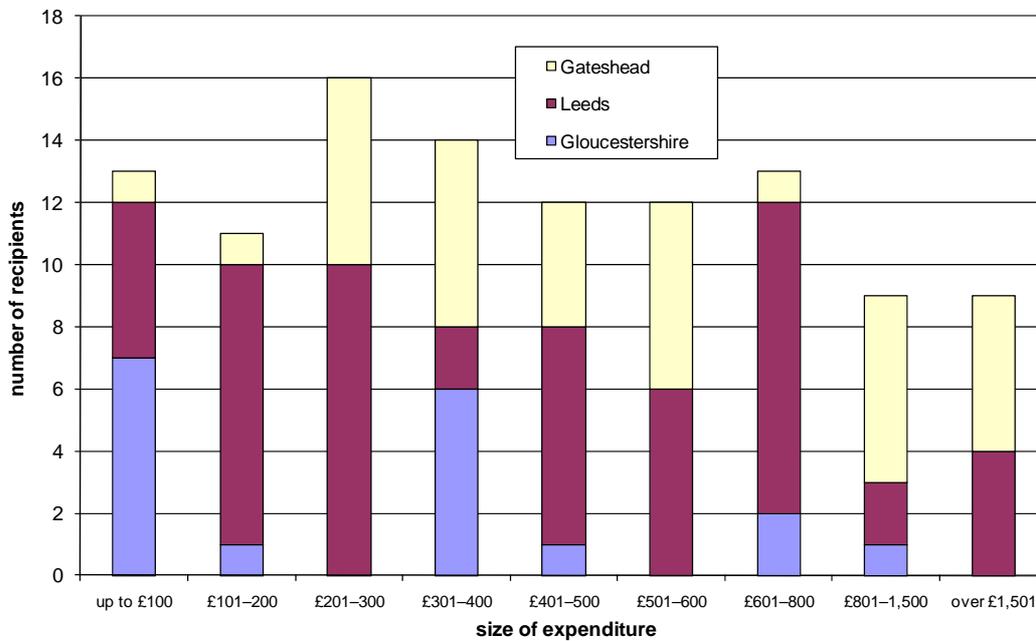
Turning now to look at the total expenditure by the BHLPS in the three pilots (Figure 4.7), we can see that children in Leeds were less likely than those in Gateshead and Gloucestershire to incur expenditure up to £800. There was very little expenditure at the low end (under £600) in Gloucestershire.

<sup>47</sup> Wilcox, K. (2009) *Budget Holding Lead Professional Children in Care Project: April 2007 to March 2009*, Gloucestershire County Council.

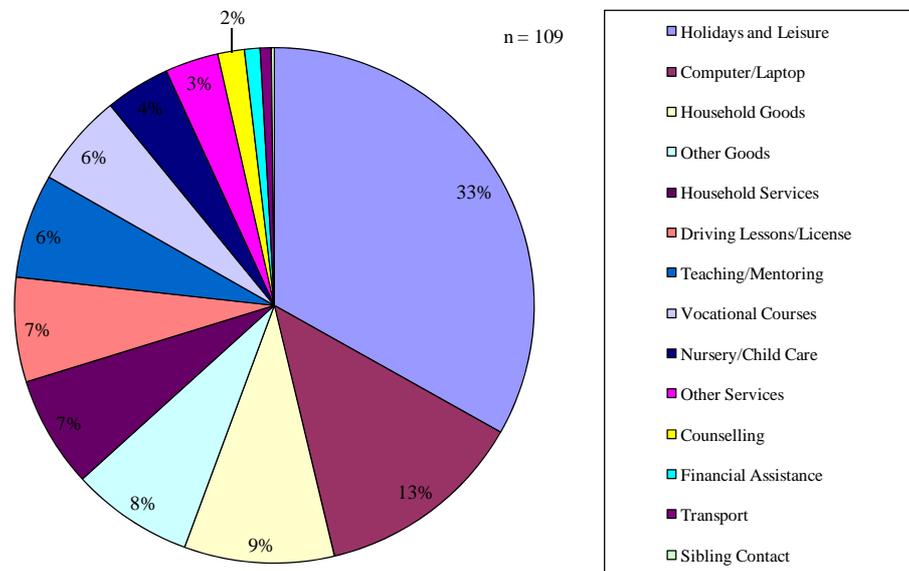


**Figure 4.7 Distribution of total expenditure implemented by BHLPs (n = 109)**

Finally, if we look at the expenditure from the BHLP budget per child/young person (i.e. the Department's pump-priming fund for the pilots) the position in Gloucestershire changes and expenditure was relatively low (Figure 4.8). When we look at how the money was spent across the three (Figure 4.9) we can see that the largest category of items purchased was for holidays and leisure activities (33% of the purchases), followed by laptop computers (13%).

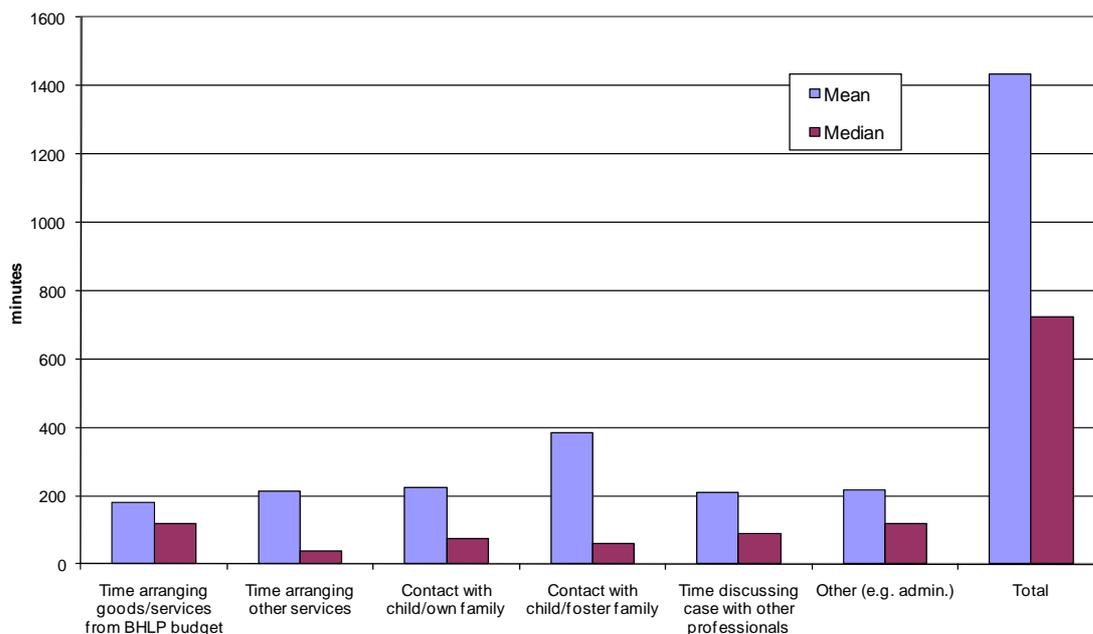


**Figure 4.8 Distribution of expenditure from the BHLP budget per child (n = 109)**



**Figure 4.9 Purchases by BHLPS: Gloucestershire, Gateshead and Leeds**

Finally, if we look at the time spent by BHLPS per case, we can observe that a relatively modest amount of time was spent arranging the goods and services purchased from the BHLP budget, and that the highest proportion of time was spent in contact with the child and his or her foster family (Figure 4.10).



**Figure 4.10 Time spent by BHLPS per case in Leeds, Gateshead and Gloucestershire (n = 110)**

## The Outcomes Recorded

The BHLPs were asked to complete a review form in respect of each child so as to record any outcomes achieved. Unfortunately, very few of the BHLPs recorded the date on which the review had taken place, so we cannot state with any certainty the period of time that elapsed between the start of BHLP activity and when outcomes were recorded. Nevertheless, we estimate that reviews are most likely to have been conducted around three to six months after BHLP practice began.

Very little change was recorded by BHLPs in respect of education outcomes, although one child had moved from mainstream schooling into a pupil referral unit during the time the BHLP was engaged with him. Similarly, the hours of education received by young people stayed constant over the period from when the BHLP started working with them to the time the case was reviewed. Few children had changed placements during the time the BHLP was working with them: one child had moved out of residential care and gone back to living with her own family and one child had moved from foster carers into residential care. On the whole, however, the BHLPs indicated on the review forms that the outcomes they had desired had been achieved. Those that had hoped to see an increase in self-esteem recorded that this had been achieved in 90 per cent of cases, as Table 4.4 shows. Self-esteem was measured subjectively, however, and there is no objective evidence of this improvement. There is a need for considerable caution in concluding that the BHLP intervention had caused improvements in self-esteem and greater resilience. The BHLPs tended to rely on reports from carers to estimate the extent to which desired outcomes had been achieved.

**Table 4.4 Outcomes Desired and Achieved (n = 75)**

Desired outcome	Achieved (%)	Not achieved (%)	Total no of C&YP
Increased self-esteem	90	10	61
Reduction in substance misuse	100	0	4
Greater resilience	80	20	40
Enhanced placement stability	83	17	46
Increased participation in leisure	88	12	43
Reduction in offending/asp	83	17	6
Better engagement of child	82	18	49
Increase in educational attainment	85	15	48
More involvement for child	88	12	50
Other	59	41	17

### ***Strengths and Difficulties***

We had hoped that rather more objective measures would have been used, including the use of the SDQ. Ideally, this would have been administered at the time of the initial assessment and again at the end of the BHLP intervention. The SDQ is a well-validated self-completion form for parents and children/young people to use. It is a brief behavioural screening tool commonly used by researchers, clinicians and educationalists within the mental health arena. It covers both positive and negative behaviours and also assesses the impact of the difficulties on the child and family. The SDQ is frequently used to assess psychological difficulties and social functioning impairment in children and young people and to measure progress in tackling these problems. The scores are compared at two points in time, to identify positive or negative changes.

Pilot managers were asked to encourage their BHLPs to administer SDQs to the children in their care and to their parents and/or carers, at two points in time: once when the needs of the child were being assessed, and then again once the BHLP felt that the needs had been met/interventions had been delivered. In practice, BHLPs usually worked with young people

who were already on their caseload, and so did not always find it easy to locate a point at which an assessment of needs was appropriate or to decide on an end point to the interventions. In Gloucestershire, the use of the SDQ was linked to completion of a CAF, and in Gateshead managers provided specific training for BHLPs in the use of SDQs, so that they were able to integrate them into their assessment practices. For most BHLPs, the second SDQ was administered at the time the review form of the Activity and Service Log was completed. Dates were rarely written on to the activity logs, so we have no way of knowing what period of time elapsed between the administration of the SDQ at time 1 and then at time 2. No SDQs were completed in West Sussex.

We received 26 completed time 1 SDQs, six from carers and the remainder from young people. The young people who completed the SDQs were all older teenagers, with an average age of sixteen. We have not conducted any analysis of the six SDQs received from carers: one of them was unusable owing to the amount of missing data, and the other five did not have an accompanying time 2 review. We have also not attempted any analysis of sub-groups, nor of individual pilots, owing to the small numbers of SDQs received. For the 20 SDQs completed by young people at time 1, we received 15 matching time 2 SDQs. The data were coded and level of difficulty scores produced for all fifteen young people at two points in time. Scores can range from 0 to 40, with 40 being the maximum abnormal score. Scores for the looked-after young people at time 1 ranged from 13 to 27, with a mean score of 18.3. At time 2, scores ranged from 12 to 24, with a mean score of 17.5. The change appears to have been fairly small, therefore. Population studies have been conducted in order to establish normal, borderline and abnormal scores with young people in the UK.<sup>48</sup> Borderline scores are typically observed in 10 per cent of the population, with a further 10 per cent in the abnormal range. By using these population norms, and comparing the young people in our sample, we can observe that 40 per cent of the looked-after young people had abnormal scores at time 1 and that, by time 2, 33 per cent of them had abnormal scores. There was some change by time 2, but a third of the young people were demonstrating that they were still experiencing a number of difficulties when the SDQ was repeated.

We need to be cautious about drawing any conclusions about BHLP practice from this very small sample, but the evidence would suggest that looked-after children do experience a number of difficulties, which are unlikely to be resolved quickly or simply by a boost in the expenditure on goods and services. We urged similar caution in the national study of BHLPs, where we also found that a little over half of the children and young people with additional needs displayed abnormal scores on the conduct problems and hyperactivity scales at time 1. At time 2, scores in all the domains tended to be lower, except for those on the peer problems scale. The changes were not significant, however, and we were not able to draw any conclusions about the impact of BHLP practice. Similarly, we cannot draw any conclusions in this evaluation.

### **Data from the West Sussex Pilot**

Thus far, in this chapter, we have looked at the data provided by Gateshead, Leeds and Gloucestershire in aggregate form. We turn our attention now to our analyses of each of the pilot areas in turn. Because West Sussex was never able to implement BHLP practice with looked-after children in the way envisaged by the DCSF and was unable to contribute to the evaluation in the same way as the other three pilots, we have looked at the limited data available from West Sussex in order to offer a pen-picture of the ways in which the social workers there used the BHLP budget as a top-up fund. We present this analysis here before examining BHLP practice in Gateshead, Leeds and Gloucestershire in more depth in Chapters 5 and 6.

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<sup>48</sup> Meltzer, H., Gatward, R., Goodman, R. and Ford, F. (2000) *Mental Health of Children and Adolescents in Great Britain*, The Stationery Office. <http://www.sdqinfo.com/ScoreSheets/el.pdf>

Social workers in the permanence teams in West Sussex did not complete and return our Activity and Service Logs, so we devised a pro forma on which the social workers could record information retrospectively about each child/young person they had worked with as BHLPS and the ways in which they had used the BHLP budget. We received some relatively brief records from West Sussex relating to 99 looked-after children and young people whose social workers had accessed the BHLP budget between September 2008 and March 2009 and analysis of these was not possible. Pro formas recording more detailed information were received from the social workers in respect of just 24 of these young people. The analysis we were able to conduct relates to work with 14 girls and 10 boys. The youngest child was aged four and the oldest was 15. The average age of the 24 children and young people was 12. We have undertaken analysis in respect of those young people about whom we have sufficient data, but caution must be exercised when interpreting the findings. We have no way of knowing whether the information we have been given relates to the most successful interventions or to cases belonging to the social workers most committed to the pilot or to the evaluation. There may well be a number of significant biases in the sample of looked-after children for which we received more detailed data. Moreover, we are able to provide an assessment of BHLP practice which is based solely on the social workers' own written reflections.

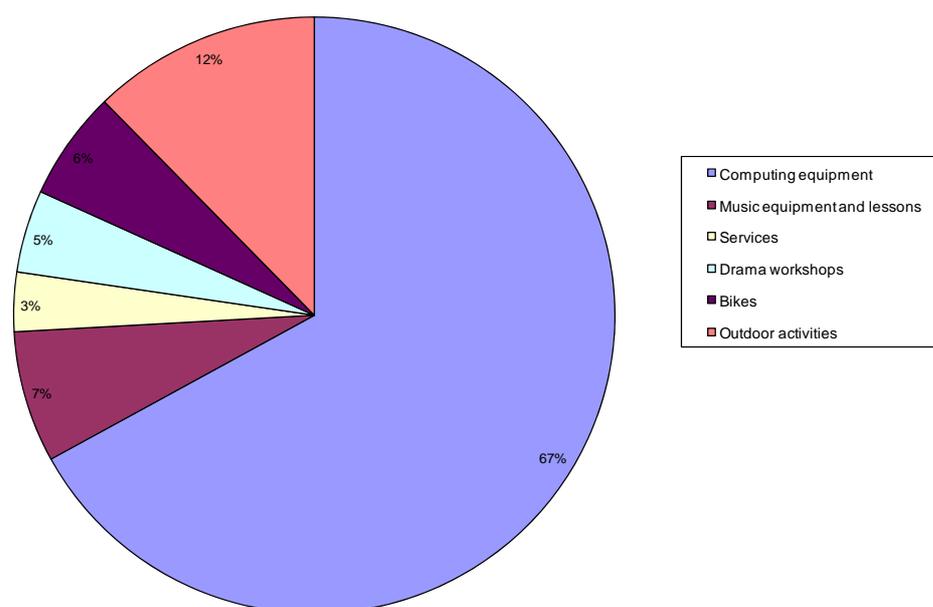
### ***Identifying Need***

Social workers were asked to note the needs they identified at the time they became a BHLP for each child in their care. Descriptions of need varied considerably. Some social workers provided a history of the case, describing past problems but not articulating current needs. Other social workers expressed needs in terms of a solution: for example, stating a need for a computer or for therapy. Nevertheless, where need could be identified and outcomes articulated, there seemed to be a focus on raising self-esteem (in fourteen cases); improving educational attainment or achievement (ten cases); and promoting communication skills and constructive interaction patterns with other people, including peers (seven cases). Other needs identified by the social workers included the need for the children to: improve behaviour; be safe and secure; form attachments with others; come to terms with loss; benefit from opportunities to achieve via leisure activities; develop physical skills; enhance contact with parents; and work through emotional issues.

### ***Spending the Budget***

The DCSF project funding was divided between the permanence teams during Year 2 of the pilot and the social workers were encouraged to access this budget to improve outcomes for looked-after children. Figure 4.11 shows how the BHLP budget was spent during Year 2 of the pilot.

In the main, the BHLPS spent the budget on goods rather than services. Only one young person had received counselling organised and paid for by her BHLP. Eleven young people had received computing equipment, either to help them with schoolwork or to stay in touch with family and friends. Eight young people had been given the opportunity to take part in leisure activities, for example, action holidays, theatre groups, dancing classes and rugby. Other purchases included musical instruments, a camera, a trampoline and bicycles.



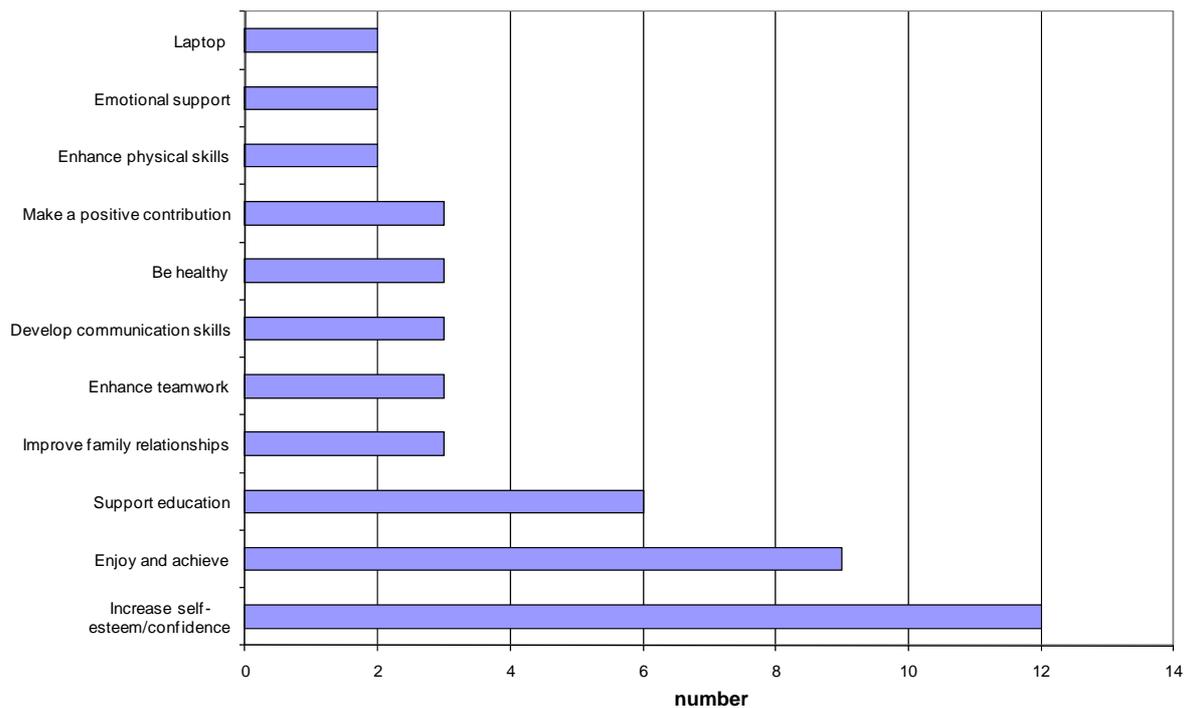
**Figure 4.11 BHL P expenditure in West Sussex (n = 24)**

The minimum spend on a young person was £50 to purchase membership of a rugby club, and the maximum spend on a young person was £850 to purchase a drum kit and lessons. A decision was taken in the three permanence service teams to invest in the Letter Box Club for looked-after children aged 7–11. This was a project managed by the Booktrust, which focused on improving educational achievement by providing each child with a parcel of books, maths activities and stationery, once every month for six months.

The majority of West Sussex social workers appear to have involved children and their carers to some extent in decision-making about the goods to be purchased. In nineteen of the twenty-four cases, parents/carers had apparently been told about the budget being available and, in seven cases, the children had also been told. The majority of children (15) and carers (18), however, had been invited to tell their social worker what help they would like to receive, and many of them were involved in putting their requests into practice, or in deciding how to spend the budget. Three children and seven carers were given a budget to spend themselves, and only in one case did a social worker say that they had made a decision about spend without any family input.

### ***Outcomes Desired and Reported***

Many of the outcomes identified as desirable for the young people were articulated by social workers in the language of the five *Every Child Matters* outcomes. So, for example, social workers referred to wanting young people to enjoy and achieve; this was noted as a desired outcome in nine cases, and boosting self-esteem or confidence was noted in twelve cases. In two cases, obtaining a laptop was seen as the only desired outcome for the young person. Figure 4.12 outlines the outcomes social workers had desired for this group of children.



**Figure 4.12 The outcomes desired (n = 24)**

In most cases, social workers indicated that, in their view, the desired outcomes had been achieved, usually fully. Some cases were ongoing at the end of the pilot, and in these the outcomes were noted as partially achieved and work was progressing well. Only in two cases did a social worker indicate that the desired outcomes had not been achieved, and this was said to be because of the complexity of each case and the failure of the two young people to engage in the interventions offered.

On the whole, subjective assessments of whether outcomes had been achieved were made by the social workers through observation. The social workers commented as follows:

*The child [a 10-year-old boy] was permanently excluded from school. So the computer package enabled the home tutor to do IT work with the child that was of great benefit as it helped to develop his IT skills. The child is also keen to research school homework using the computer, whereas in the past he would not do homework.*

*The young person [a 14-year-old boy] is now joining in group work at school and has made some friends. He has improved his social skills and grown in confidence. He now feels able to play his keyboard in front of new people. He enjoys his music lessons and this has opened up opportunities for interaction with his peers. His confidence has grown – he is now confident to perform his music in front of new people.*

*The child's self-confidence has improved and she [a 4-year-old girl] has developed her gross motor skills and her hand-eye co-ordination has developed. The skills she had developed whilst using the trampoline have also been transferred to the gymnastic classes she now attends.*

*The young person [an 11-year-old girl] now feels more confident when completing IT work at school. She is able to join in group discussions during her IT lessons. She is now able to concentrate for longer periods of time and her attainment levels in school have progressed. She has been able to talk to her friends on appropriate social sites.*

*She feels more able to make friends. It [BHLIP intervention] has improved her social skills and she has grown in confidence.*

### **Perceived Benefits of BHLIP Intervention**

Social workers were asked to state the advantages or benefits they thought there might be for the child as a result of them being a BHLIP. Seventeen social workers responded, mainly recording the responses that the children and young people had made to the opportunities provided for them, such as receiving a laptop computer, a musical instrument, or a bicycle. The following were typical:

*This young person [a 9-year-old boy] is completing schoolwork and his attainment levels at school have progressed. He is also very satisfied with [the] homework he has completed on the computer, and this has boosted his self-esteem.*

*The sense of pride in achievement and the resulting increase in self-esteem and self-confidence had a significant part to play in [the child] coming to terms with a potential adoptive placement disrupting through a set of circumstances that the carers faced, resulting in another loss for this child [a 10-year-old girl]. The activities on her bike with the carers were significant in re-establishing trust in a fun way and promoting a healthy lifestyle.*

Some social workers felt that by being able to provide the children and young people with these goods they had been able to empower them, and that they had subsequently felt valued and listened to:

*The child [a 10-year-old boy] felt empowered when he received the computer as he realised that his wishes are listened to.*

*The child [an 11-year-old girl] was able to tell me what they would like, which was empowering [for her].*

*I was able to work jointly with the child [a 12-year-old girl] and foster carer in identifying, commissioning and purchasing services.*

The social workers in West Sussex were positive about the work they had undertaken with looked-after children and could point to positive short-term gains for these children and young people. Nevertheless, they acknowledged that they had not embraced the new role intended for them as budget-holders and had benefited from having an additional fund on which they could draw. In our previous evaluation of the BHLIP pilots with children and young people with additional needs we pointed to the apparent benefits of there being extra financial resources which social workers could draw on without jumping through hoops and which could be used creatively and spontaneously. In respect of looked-after children, there may be a discussion to be had about the extent to which foster carers might be expected to provide laptops, bicycles and leisure opportunities for the children in their care and the extent to which social services should be plugging the gaps and ensuring that looked-after children have the same opportunities as other children living in a family setting.

We have no way of knowing whether the provision of goods actually enhances sustainable outcomes in line with the *Every Child Matters* agenda – longitudinal research would be necessary to test this. Nevertheless, the social workers in West Sussex felt that being able to make decisions to purchase things for looked-after children without having to seek permission from line managers had created a different and improved quality of relationship with the children and young people.

## **Different Profiles, Different Actions**

In this chapter we have examined data from the Activity and Service Logs in respect of Gateshead, Gloucestershire and Leeds combined and discussed the somewhat limited BHL P activity in West Sussex. Three pilots had moved closer to the policy intent and several BHL Ps had taken on a new approach. We have seen that the age profile of the young people varied between the pilots. Gateshead was the only one to work with under-fives and all three pilots did not of their BHL P work with young people aged 11–19. Fewer of the young people in Gloucestershire were in mainstream schooling, and that pilot had the highest percentage of young people who were NEET (not in education, employment or training). The BHL Ps set out to improve the self-esteem and educational attainment of the young people on their caseload, and achieving and maintaining placement stability was an important goal.

Relatively few new interventions or services were purchased from the BHL P budget for the children and young people in the pilot, and the majority of the expenditure was on goods and leisure activities. Strikingly, we found that 80 per cent of the young people had had no purchases from the BHL P budget recorded on their Activity and Service Logs, and the young people in Gloucestershire incurred the highest expenditure. We have very little objective evidence relating to the outcomes of BHL P practice, but, in the following two chapters, we present the qualitative evidence we gleaned from those involved. In Chapter 5 we examine BHL P practice in Gateshead and Leeds, and in Chapter 6 we examine the rather different approach to BHL P practice implemented in Gloucestershire.

## Chapter 5 Experiencing BHL P Practice

In Chapter 4, we drew on the data returned by BHL P s to provide a description of the children and young people they had worked with during the pilots and to note the outcomes BHL P s were wanting to achieve and the goods and services they provided. We have shown already how the four pilots took very different approaches to the introduction of BHL P s with looked-after children, making it difficult for us to aggregate the data collected in a meaningful way for analysis. We opted, therefore, to examine each pilot separately. We have presented our analyses of the limited data received from the West Sussex pilot in the previous chapter. In this and the next chapter we present the findings relating to Gateshead, Leeds and Gloucestershire, where managers worked hard to implement BHL P practice to policy intent. The data analysed were collected during the second year of the pilots. In analysing the data from the Activity and Service Logs and from Care Plans and assessments where we have them, we have been mindful of the approach adopted by each pilot and the characteristics of the children and young people involved.

Of particular importance in any evaluation of a new programme or approach are the experiences of the practitioners and of the children/young people with whom they worked. In order to hear as many voices as possible, we interviewed all those in Gateshead, Leeds and Gloucestershire who agreed to take part in the study. We wanted to know whether the young people had been aware that they were assigned to a BHL P, whether they knew about the budget and how it could be used, whether they contributed to the decision-making process in respect of how the budget should be spent; and the extent to which they experienced a shift in the way their social worker engaged with them.<sup>49</sup> Similarly, we wanted to know from the BHL P s how their role had changed as a result of their holding a budget and to hear their views about working as BHL P s with looked-after children. Not surprisingly, all those to whom we spoke talked about BHL P practice in ways which clearly reflected the kind of BHL P model which had been adopted in their own pilot and the extent to which practitioners perceived themselves as doing something different.

In this chapter, we examine BHL P practice in Gateshead and Leeds, both of which shifted their practice substantially in the second year of the pilot by designating a small number of social workers as BHL P s and providing them with specific budgets to use in conjunction with the children/young people in their care. In Chapter 6, we examine the experiences of young people and practitioners in Gloucestershire where the BHL P role was devolved to a range of practitioners and tended to be taken by whichever practitioner was working with the young person at any given moment in time. At the end of Chapter 6 we consider the similarities and differences in the experiences of BHL P practice across the three pilots and draw out the key learning.

### The Experience of BHL P Practice in Gateshead

Towards the end of the piloting period in Gateshead we spoke to most of the children and young people (7) who had given consent to participate in the research.<sup>50</sup> Three of them (Geoffrey, Martin and Ben) had disabilities, however, which made it impossible to interview them directly, but we were able to interview their carers. We talked to six carers, four BHL P s who had worked with the families we spoke to, and the senior social worker in the disabilities team. We also conducted a focus group with looked-after children during a residential activity weekend in Northumberland. Some of the children and young people had had a BHL P and others had not, allowing us to encourage discussion between the young people about the perceived benefits of having a BHL P.

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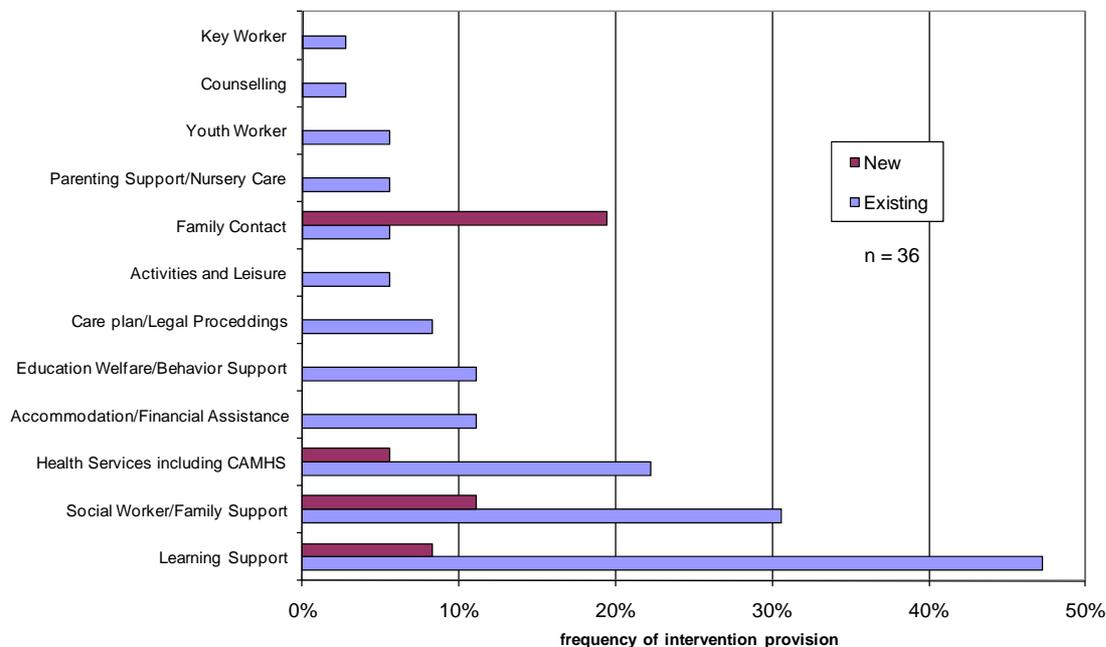
<sup>49</sup> Throughout the following chapters we present verbatim the comments made by children/young people, their carers and their BHL P s. We have given each child/young person a pseudonym to protect their identity.

<sup>50</sup> The children's ages ranged from 6 to 16, and the interview sample included three girls and four boys.

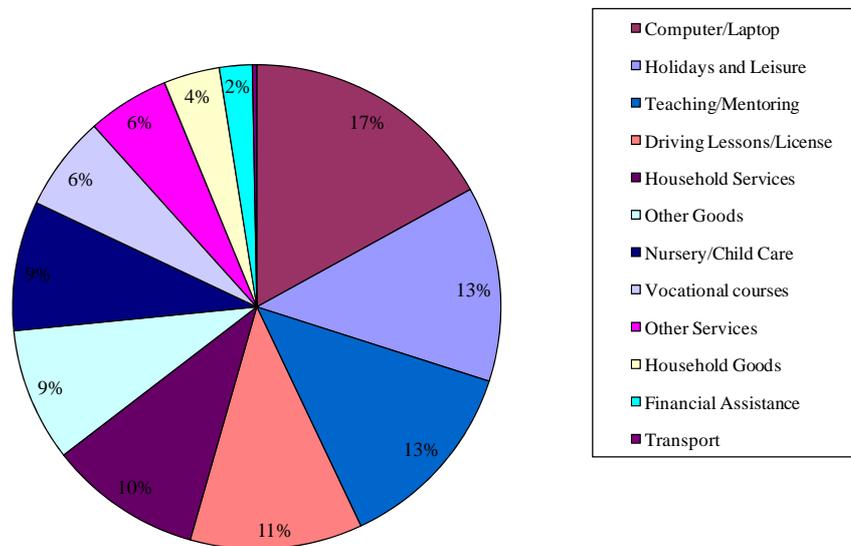
## The Services Provided

We begin by examining data obtained from the Activity and Service Logs. We undertook an analysis of the services that were in place at the time BHL P practice commenced with the children/young people concerned, the services co-ordinated/arranged by the BHL P s, and the purchases made using the BHL P budget. In Chapter 4, we examined the combined data for Gateshead, Gloucestershire and Leeds and noted the differences between the patterns of service provision and expenditure. Data on the costs of services co-ordinated by the BHL P s were rarely available and that there was little information about the duration of interventions, meaning that we had to make estimates using unit cost estimates applied during the national evaluation of BHL P practice with children with additional needs. We also pointed out that no new services appear to have been put in place by BHL P s for the majority of children/young people in Gateshead and Leeds.

Figure 5.1 illustrates the interventions already in place and interventions that were co-ordinated by the BHL P s in Gateshead. The blue bars note the interventions that were in place when BHL P practice began and the pink bars indicate the new interventions. It can be seen that the intervention most commonly provided was learning support and that the only intervention where provision increased substantially was family contact. This clearly reflects the objectives set by Gateshead with looked-after children. It is significant, also, that new health services were co-ordinated by BHL P s using their budget. This mirrors the activity by BHL P s in the previous national evaluation, who felt that holding a budget had enabled them to purchase health services, particularly CAMHS, more speedily. Figure 5.2 illustrates the purchases made by the BHL P s in Gateshead from the BHL P budget. Seventeen per cent of the purchases were for computers (mostly laptops), 13 per cent for holidays and leisure activities, and 13 per cent for teaching and mentoring and support.

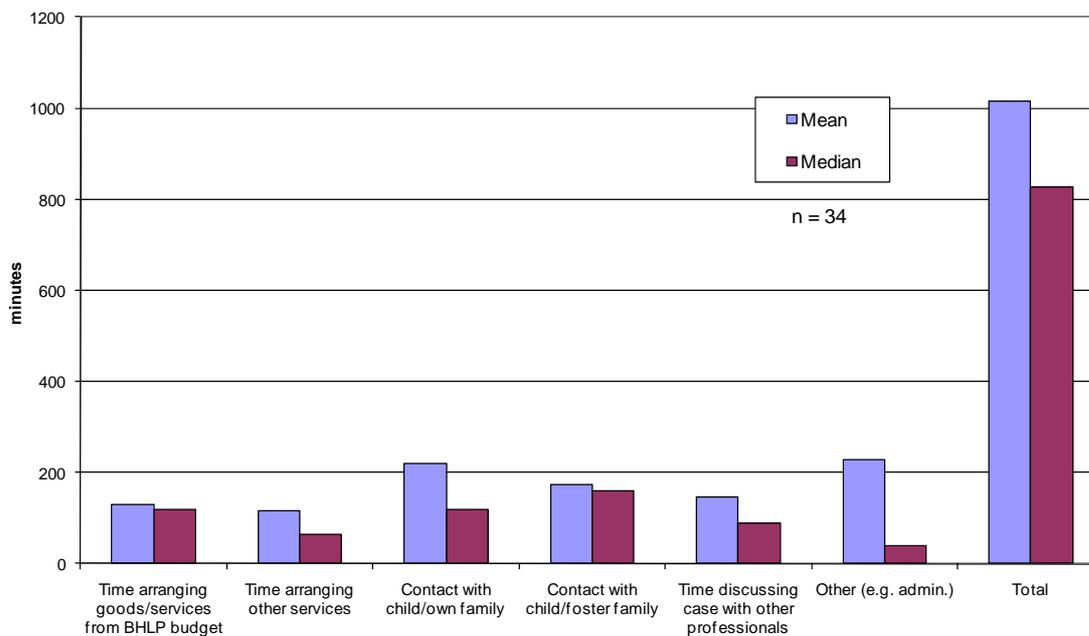


**Figure 5.1 Interventions co-ordinated by BHL P s in Gateshead (n = 36)**



**Figure 5.2 Purchases by BHLs in Gateshead (n = 36)**

If we look at how BHLs spent their time in Gateshead (Figure 5.3) we see that their time was fairly equally divided between their various activities with the looked-after children in the sample. Nevertheless, it is important to note the amount of time spent on administrative activities. Rather less time was spent arranging to purchase goods and services from the BHLP budget.



**Figure 5.3 Time spent by BHLs per case in Gateshead**

## ***Holding a Budget***

The social workers we spoke to indicated that they were aware of the expectation that they should be using the BHLP budget to be innovative in their work. One of them told us:

*We were told that you [sic] were looking at new and innovative ways of providing services for young people – and to some extent with a view to highlighting gaps in services. (Patrick’s social worker)*

For the most part, however, the BHLPs referred to the freedom BHLP practice gave social workers to make purchases without having to seek permission. A senior social worker said that social workers carried a budget that allowed them to go out and get whatever resources they wanted. Geoffrey’s social worker described BHLP practice as something that allowed social workers to make purchases according to their assessment of need without having to justify requests to a panel, making them more accountable for their work:

*... with the BHLP you make your assessment and you can then say, ‘Right, well, I know I’ve got this amount of money allocated for this person, or for all of my cases, and if I spend that much on him then that’s it gone and it – you know – impacts on the others.’ So it certainly would make you more accountable for how you spend your money.*

Marina’s social worker understood that BHLP practice was about providing services and not money, and about using finances in ways she might not have considered previously so as to organise creative packages of support. She thought it a good approach:

*I’d like to see social workers be more responsible for financial things and ... if you’ve assessed something that you know you’re able to provide without having to go through some of the protocols that we do, it’s kind of freed me up a little bit.*

Nevertheless, Patrick’s social worker had thought that caseload constraints would limit what he could deliver:

*... with the best intention in the world, you’re time-limited to what you can actually do with young people in that respect. So it came across to me as this was like a shopping list to some extent – ‘Oh what did you say you wanted? Oh well, I’ll see if I can get you that.’*

The practice in Gateshead varied, however, and not all the BHLPs held their own budget. In the team of social workers working with looked-after children with disabilities, we were told that a senior social worker acted as the budget-holder, and held a central budget for the whole team. The other social workers made requests for funding from this budget, providing information to justify the request. The senior social worker reviewed and authorised applications, speaking to families and professionals and undertaking the necessary paperwork. She informed us that this arrangement had been devised following team discussion of how to implement BHLP practice because some of the team had been reluctant to take on the additional paperwork involved and were happy with the arrangement that meant she held the budget and took responsibility for it. Geoffrey’s social worker underscored this approach when she said that she just organised taxis for Geoffrey. She and her colleagues denied that they had been BHLPs themselves:

*I think it’s probably a bit complicated, and I don’t know whether it’s been done correctly, but [the senior social worker] was actually the budget holder lead professional. (Geoffrey’s social worker)*

Because everyone, so they reported to us, saw budget-holding as conferring the ability to access an additional pot of money, social workers saw having to apply to it via the senior social worker as being a reasonable process. Geoffrey's social worker went on to tell us that the service manager had said to her:

*Right. There's some spare money there. Let's use that through the BHLP for Geoffrey, and to maintain the placement.*

Martin's social worker understood the BHLP budget to be a replacement for the previous Early Intervention Fund in Gateshead:

*There was another funding pilot that was just finishing – I thought that was where I was going to in the first place. And I can't remember which one it was now ... yes, there was that one going along as well, Early Intervention Fund ... I was trying to initially put in the request through the Early Intervention Fund, only to be told shortly afterwards that that was actually closing, so then I had to ... look at the Budget Holding Lead Professional.*

The social workers in the disability team said that making a case to justify a request for funding could be time-consuming. Martin's social worker, for example, said he did research to ensure the credibility of funding requests, particularly as he expected that cases would be discussed at service management level and with the foster care team. These BHLPs were of the view that the process incurred significant delays. The senior social worker confirmed that after she received requests for money from the BHLP budget she discussed them with other team members. Partly, it seems, this was to ensure that the right service was being provided for each child/young person.

The social workers in Gateshead who were able to hold their own budget described a different kind of experience. They had received training for their new role and had been helped to select appropriate cases and to understand the paperwork involved. They recognised that they had personal authority to make decisions and appreciated being able to do so:

*... being able to provide a service or purchase something ... without going through various rigmaroles or the approvals of line management and even panels and things has been fantastic (Marina's social worker)*

Social workers such as Marina's described a sense of excitement at being allowed to operate in this way and to be creative in their interventions. She was very pleased to be able to get on and provide funding for Marina with no conditions attached. She described being able to purchase something without having to get approvals from other people as 'fantastic'. There appeared to be some limited understanding about the size of the budget available, however. Marina's social worker and two of the carers talked about £500 being available for each child/young person. Because Marina's social worker had only four looked-after children on her caseload, two of whom had been placed for adoption and one of whom was going to a secure unit, Marina was the only young person eligible for BHLP funding. Patrick's social worker told us he had a budget of £8,500 to spend on the looked-after children on his caseload. Patrick's interest in drama classes had prompted his social worker to access BHLP funding to improve his chances of a career in drama:

*... at one point he [Patrick] wanted to be involved in performing arts. So we thought that was probably an ideal way of getting that sorted out, with BHLP funding.*

Martin's social worker told us that the senior social worker held £8,000 which could be spent on five or six looked-after children. Geoffrey's social worker, however, was unsure whether

there was a budget limit at all, she had not been trained and she did not regard herself as having been a BHLF.

### **Empowering Children and Young People**

An essential element of BHLF practice is the empowerment of children and young people to play an active part in decision-making and to exercise some choice about the interventions and support that might best meet their needs. During the pilot, therefore, we asked them and their carers about their experience of BHLF practice. Perhaps because practice in Gateshead varied and not all the social workers actually held a budget, the carers we spoke to did not appear to know or understand that their social worker had a budget. However, most were aware that a fund could be accessed to support looked-after children and that the social worker could buy things:

*I heard of it [BHLF] because when Patrick's review was on [the social worker] mentioned it and told him ... he had this money that was for kids in care, if they wanted to go to drama school and stuff like that, different things like that. Didn't go into great detail about it. (Patrick's carer)*

*I just know that there was some money available and [the social worker] came to me and asked if I thought there was anything that she [Marina] would like and spoke to Marina about it. (Marina's carer)*

Most of the carers said that they and the young people had always been involved in the decision-making, although children with disabilities were often less able to participate in this way. Geoffrey's carers went on to tell us:

*... we've never ever felt as though we haven't been able to say what we think's best for Geoffrey, and what we think's right. And when we've disagreed with things, they [social workers] have listened to us and they've [gone] with our feelings, which is nice.*

The BHLF funds were used to provide taxis for Geoffrey (aged 6) to get to school and home help was provided for his carers while one of them was incapacitated. Geoffrey's carer pointed out, however, that she was too busy being his carer to worry about, or find out about, where his social worker accessed money from. She saw no reason to know where the money came from:

*And I don't know where the money comes from, all the different pots. All I care is that my child gets the best of what he needs to make his life pleasurable and comfortable ... as long as the money's there that's all I'm bothered about, so we can access the facility.*

Martin's carer told us that she understood that the senior social worker held a budget from which Martin's own social worker had acquired some funding. While the social workers were generally aware that services rather than goods should be purchased, carers did not seem to have a clear idea of what could or could not be provided. Patrick understood from his BHLF that the budget was not there to provide white goods, however.

All the young people we spoke to regarded their BHLFs as social workers first and foremost. They had worked with the same social workers before they became BHLFs. Marina (aged 11), Lenora (aged 10) and Emma (aged 11) described their social workers as people who helped them and who had provided something for them. Patrick (aged 16) knew that some social workers had been given funding which had to be spent by March 2009 and that his own social worker had accessed the fund on his behalf. He thought that the money had to be shared among all the young people for whom his social worker was responsible. This view

was shared by Marina's carer, who thought that the money had to be shared between eight families. The young people were unsure as to why money had been available to spend on them, other than that they happened to have a social worker who could access the fund.

### ***Assessing and Responding to Needs***

Another central tenet of BHLF practice is that it should be needs-led. The social workers in Gateshead said that all the children/young people had been assessed prior to the start of the BHLF pilot and so they had not undertaken any specific needs assessments when they became BHLFs. Moreover, most were unable to identify any particular needs to be addressed by the additional funding in respect of most of the young people in our interview sample. All of them were said to be in secure placements, mostly with excellent foster carers, and to be doing well at school. Marina, for example, had a school report which demonstrated that she was doing very well and in which she was described as 'friendly' and 'gentle'. Nevertheless, social workers identified that some young people needed opportunities to make new friends and acquire social skills. The social workers and the carers of Marina, Lenora, Emma and Patrick described these young people as withdrawn or lacking in confidence. Patrick's social worker felt that Patrick needed to acquire a more realistic outlook and improve his marks at school while his carer felt that Patrick needed to learn better self-control in his interactions with others.

It would seem that the specific needs of young people with disabilities were also being met prior to the BHLF pilot, primarily by the schools, the disabilities' team and charities. Geoffrey's carer, for example, explained that Geoffrey needed specialist education, activities and equipment but that the two of them already received a large amount of help and assistance and he had everything he needed. His social worker agreed with this:

*Geoffrey didn't really have the need for anything else. He was in a fantastic placement, with every therapy that he could have had ... He wouldn't have been a young person that I would have been looking at to improve the quality of his life through other extra funding or stuff that I could do.*

These comments demonstrate not only that the BHLF pilot was still regarded as providing an additional pot of money rather than a radically new way of working, but also that looked-after children in Gateshead are well-provided for, with good access to leisure activities such as swimming and specialist support. Lenora and Emma's carer recalled being asked by the social worker if there was anything the girls needed. Since they were already involved in several activities, the BHLF funding simply enabled them to take part in some extra activities. Lenora and Emma also remembered being asked if there was anything they wanted. Emma's carer told us that the activities organised for Emma were what she had wanted for years. Lenora and Emma each received funding for activities each week for nine months: Lenora went to a dancing class and Emma was looking after horses.

Ben's carer was particularly pleased that the social workers had been able to take account of their religious faith in making decisions about his care. The BHLF fund was used to provide activities for Ben during school holidays to enable his carer to spend time with her own children. Patrick's carer believed that Patrick's own motivations had driven the decision to provide drama lessons. Unfortunately, Patrick and his social worker could not locate any drama classes locally that he could join, but he did receive a laptop computer to help with his schoolwork. It was disappointing for Patrick that neither he nor his carers or his social worker could identify a theatre course for him. The courses that Patrick had identified all declined to take him when they discovered he was in care. His social worker told us:

*Obviously he'd had some idea of what he wanted to do, so Patrick was given the task of looking through the website for various outlets and studios, and I was working off the*

*addresses that he was giving me. But it was quite a negative attitude, because clearly we had to mention who we were and where we were coming from.*

Martin's carers also said that the BHLF funds had been spent in response to their own ideas about what was best for Martin. They had received a payment to cover their travel and accommodation costs to attend a training course for a new form of therapy.

Most of the social workers did not refer to other professionals regarding the purchases they wanted to make. There was little discussion about the convening of the team-around-the-child (TACs) and the social workers themselves were central to the care-planning process. The carers for looked-after children with disabilities, however, regarded doctors as being in charge of the children's medical care. Because of Geoffrey's special needs a range of professionals were involved in his care, including a number of specialist doctors. His carer told us:

*... he has his own OT, he has a physiotherapist at school, he has a community physiotherapist, speech and language are involved via the school. The school that he goes to is very, very good. Everybody seems to connect at the school and then branch out into home ...*

For the most part, care planning in Gateshead did not involve large teams of professionals. Sometimes a community nurse was involved if behavioural support was needed (as in Martin's case, for example), or teachers. Nevertheless, Martin's carer described the social worker as the 'backbone' of his support package and Marina's carer described the social worker as a 'pivotal' figure in organising help.

### **Accessing the Budget**

Having agreed what was to be purchased from the BHLF budget for each child/young person, most social workers encouraged the carers and the young people to source and purchase the goods/interventions themselves. Marina and her carer talked about being given some money to go to the shops and select her tracksuit and bicycle. Marina's carer, however, was not sure that being asked to contribute to the decision-making and select the purchases had enabled her to feel more in control of the help Marina was receiving because she and Marina were not really aware what help was available and what could have been paid for. The budget was used to provide dancing classes, as well as a tracksuit and a bicycle. Others, including Patrick's and Emma's carers, had used the internet to identify suitable providers of the activities the young people wanted to get involved in. Lenora and Emma's carer already knew where to access dancing classes for Lenora, but she went to considerable lengths to evaluate the best source of horse-riding in the area. Martin's carers had already identified, sourced and undertaken the therapy course before the BHLF funding was provided and Geoffrey's carer had already found a suitable home-help – a friend who came at the weekend who was on the social services approved list. Similarly, the taxi firm used for Geoffrey had been on the council's approved list when his carer had identified it.

In most cases the social workers either accessed money from petty cash to give to the carers, or invoices were sent to the social workers or the central budget-holder. Some social workers needed to get forms signed, but found this to be a relatively straightforward process, although some social workers said they had experienced delays in the authorisation process. Geoffrey's social worker, for example, had made an emergency application to secure some funding for his carers for taxis and wished he had been able to agree the funding himself rather than having to go to a manager and say 'Can I have extra money please for taxis to get Geoffrey to school and his respite?'

Despite the relative ease in accessing money experienced by most BHLs, one social worker told us that a significant amount of time and effort had been involved in ensuring that the budget-holder would authorise a payment in respect of one young person on his caseload:

*It took well over a year to get sorted out from the request to the funding, and for the simple reason [that] it was the questions being asked – ‘Is this accountable? Can you show the benefit?’ It’s service managers, my manager, myself, you know – I had to sort of have this [information] and feel comfortable that it [the requests for funding] was a justified request ...*

For the most part, however, it seems that requests for funding were dealt with promptly although having to seek authorisation from a manager inevitably added an element of delay. We were aware that this had also been the case in the national evaluation of BHL practice in pilots in which the budget-holders had to seek permission and get forms signed in order to access the BHL funding. By contrast, when BHLs were given the authority to make purchases, they were delighted that they could make things happen quickly.

### **BHL Practice and Care Planning**

One of the expectations was that BHL activity would be reflected in the care planning relating to the young people involved. We were not aware, however, that Care Plans had been influenced by the social workers becoming BHLs. Neither social workers nor carers felt that Care Plans had changed a great deal during the course of the pilot. The BHLs rarely noted the actions they had taken in the Care Plans and did not regard accessing the BHL funding as linked to care planning. Therefore, the expenditure did not usually appear on the documents. Martin’s social worker, for example, had not included the therapy training that had been purchased via the BHL funds on his Care Plan. Although an extra page had been provided with the Care Plans to record BHL activity, it seems that this was not used routinely.

The BHL vision includes the expectation that, by holding a budget, the social workers can be responsive to the needs and wishes of looked-after children. They should be able to involve the young people in a creative process of identifying and agreeing needs, the actions that need to be taken and the outcomes that are desired. This process should take account of the views of the young people and their carers. The young people who participated in the focus group we held during the Gateshead pilot thought that being imaginative in the decision-making process is a good thing but stressed that they regard care planning as a process that takes time and, ideally, should evolve during the course of several meetings with the social worker. They also felt that Care Plans should contain different options for a way forward – options which can be revisited and discussed, particularly if there is uncertainty about what the best course of action might be.

Moreover, the young people were keen to emphasise that one size can never fit all, so that each child and young person’s needs and options should be regarded as unique. They did not like being lumped together in a single category of ‘looked-after children’ and strongly supported the idea that services and interventions should be personalised, tailored to their own specific needs and circumstances at different points in time. In this way, the young people felt they would be able to offer their own opinions and ideas and practitioners would be less likely to believe that they always know best, particularly before they have got to know each young person as an individual. The young people could see that there could be a number of benefits for them if they could be more involved in the care planning process.

## **Assessing the Impact of BHLF Practice**

Much of the support being provided for the looked-after children in Gateshead was in existence prior to the BHLF pilot. This was very clearly illustrated in Figure 5.1. Nevertheless, carers and social workers were able to specify a number of specific impacts of BHLF practice. The young people could also point to benefits, and some of them spoke very positively about the activities they had been able to engage in. Marina enjoyed learning different dances, Emma enjoyed looking after the horse she was riding, and Lenora enjoyed learning to dance in a group:

*We help each other when we're all practising the dance. And then tap, I've just learned a dance, like Saturday just gone. And ballet, I'm still on my exercises, 'cos there's still a lot of them.*

Lenora's carer saw the benefit of the additional activities on both Lenora's and Emma's behaviour. She told us that Lenora had gained more confidence and that the dancing had channelled her excess energy. She also described Emma's new-found determination to look after her horse herself. She went on to say:

*I think it's a good thing ... with Emma, it's her confidence, her health – you know, the balance disorder, the whole lot. It's sort of helping her quite a lot in everything.*

She also noted that Emma was showing improvements in her speech, muscle strength and confidence, and was mixing well with other young people, which she had not previously believed she could do. The carer said that both girls were finding their own feet and making new friends and acquiring social skills. She did not think that they would have achieved these benefits without the BHLF funding since she could not have afforded to provide the activities herself:

*Well the budget holding is really, really good because it can be a little bit frustrating if you're wanting to do all these different things with these children but you don't have the money to do it.*

Both girls appreciated the differences the activities had made for them:

*... you have fun there ... instead of sitting in the house or playing out with your friends or something. (Emma)*

*I'm meeting new people in cheerleading, because ... when I first started there were some other people there just started as well. (Lenora)*

Ben's carer said that the respite activities had relieved a great deal of pressure at home, while Martin's carers described the BHLF funding as having eased the financial burden of the care they sought to provide for him:

*I think that having that money given back to us can help us to continue what we're doing, going up and down the country with Martin. Because it has put a strain on us financially, finding that money to do it and to keep the money coming in. And that's been great having that funding there – you know, that they can say 'Right, OK this can go to Martin because they're trying these techniques with him to try and improve his quality of life.' Because that's basically what we're wanting to do, to get him to be more self-aware and to be more able to do things.*

Martin's social worker indicated, however, that he was unsure about how to assess the impact of BHLF funding for Martin (aged 14), partly because the effects on Martin of the

intervention in respect of which the carers had received training would be difficult to distinguish from the potential effects of Martin's education and development, but also because he lacked the specialised knowledge to do so:

*I personally couldn't evaluate Martin. I'm not a psychologist or an educationalist or something like that. But basically they're professional carers, and with the evidence that they showed me I felt this was of benefit for Martin.*

The senior social worker who held the budget was also unsure as to how to assess the impact of the BHLF budget on Martin:

*That is difficult. I suppose the only way you can evaluate it is by the child's development, because as I say, this family have come to us and said they've seen the benefits.*

Geoffrey's social worker, on the other hand, emphasised that the provision of taxi fares and home help to cover an emergency had been instrumental in helping him to maintain a highly beneficial placement:

*If we'd had to take him out of that placement for a month while [the foster carer] recovered, it would have been detrimental to his development, and he would have fallen back and he would have been hysterical, I really believe that. So the impact was huge, that he could stay there and just be taxied to places.*

She appreciated the flexibility of being a BHLF, which had enabled her to make a request for funds. However, she suggested that she would have been able to secure the funds for these services from elsewhere if the BHLF fund had not been available:

*But I think, regardless of being a BHLF, in that situation I would have gone to the service manager and said, 'I need to have X amount of money in order to maintain this placement', and I'm pretty sure it would have been approved anyway.*

Marina told us that her dance classes made her feel 'good' and that she was 'happy', although her carer thought it was too early to judge the longer-term impact. Marina's BHLF thought that having a bicycle had made Marina feel more included in family activities and had boosted her social skills, but she was aware that she had observed bigger impacts of BHLF practice with other looked-after children with whom she had worked. Although Patrick's BHLF had known there was potential for the funding to achieve benefits for Patrick, she and Patrick thought that little had changed. Patrick commented:

*In a way it hasn't really affected us that much.*

Although it had not been possible to arrange classes for Patrick and he no longer had the laptop that had been bought, he felt that the BHLF had opened his eyes to possibilities that might exist and had made him think differently about his own needs and how they could be met:

*... if you know that there's something there to always help you and support you if you ever need anything, then it gives you the confidence, and basically to say, 'Oh well, I can ask that.'*

His social worker also observed some positive development in Patrick's thinking about his future, which was something he had sought to encourage:

*I think it probably made him aware that there [were] additional services out there that would further his career, further his life chances.*

In the national evaluation of BHLF practice with children with additional needs we found that what mattered most to most children and their families was the relationship that existed between them and their BHLF. The personal characteristics of the BHLFs were very important in shaping that relationship, which was highly valued by the families. In this study, similarly, the BHLFs in Gateshead were described by families as 'lovely', 'fantastic' and 'nice', and one was described as a 'guardian angel'. For many of the young people and their carers, the relationship with their social worker had been established over a lengthy period of time, long before the BHLF pilot began. The ability to hold or access a budget appeared to have cemented the strong relationships that already existed.

### **Impacts on Social Work Practice**

The DCSF expected that holding a budget and taking responsibility for decisions about and the purchasing of services and interventions for each child/young person would signify a radical shift in social work practice. Not only would decision-making move closer to the young people and their carers but the social workers would have the freedom to be innovative and work with the families to promote better outcomes for the children and young people. We were keen, therefore, to explore with the BHLFs just how BHLF practice had impacted on their role as the corporate parent and their day-to-day relationship with looked-after children. Although the Department hoped to see a step-change in working practices, as we have indicated the majority of social workers tended to regard the BHLF pilot as providing an additional pot of money for them to use. Not surprisingly, then, they were enthusiastic about the initiative. The senior social worker told us:

*It's a great idea that you've got that pocket of money, that you can actually look at that family and say 'Right, we can't provide that service. Then yes, let's go and see if we can find it somewhere else. We'll come back with the cost.' And ... I thought it was very positive.*

Geoffrey's social worker appreciated that it had allowed her to tailor her work to Geoffrey's specific needs:

*It just gives you a bit more freedom to make the decisions as to what each individual needs.*

Marina's social worker was enthusiastic that being a BHLF had freed her up to think more creatively. She had been frustrated at the lack of control social workers had over the funds granted to them previously and felt very positive about her new role:

*Really positive about it [BHLF]. I mean, as a social workers we can't even sign for five pounds. We can't even get a fiver out to give a family without having the senior practitioner or a manager to sign for it ... I think when we're making decisions about children's lives and yet we can't even provide a fiver to give to somebody, it's just bureaucracy gone mad really ...*

Most of the social workers said that they had either gained new familiarity with the services that existed and the various options for provision, or had been encouraged to think in new ways about what could be provided for children and young people in their care. Martin's BHLF described BHLF practice as a 'new thing' for himself and his colleagues: it had made him feel more creative and he had acquired more awareness of other things that could be 'tapped into'. Patrick's social worker pointed out that 'the more options you've got the better',

and said he felt better informed about the costs of goods and services. Both he and Marina's social worker had appreciated being brought closer to the commissioning process:

*It was interesting just to see how many services are available for young people, and how much they never sort of come to light ... there's a big pressure there for you to look further afield, to look a little bit further over the top of your glasses to see where you're going.*

Marina's BHLF felt that direct interaction with service providers had led her to understand better the services they could provide and how they could be delivered:

*I was able to go directly to that nursery place to negotiate the service and the support that I'd wanted to purchase. So, yes, it would mean that we could do it quicker but it also really benefited me having that kind of relationship with the nursery as well, which I wouldn't normally have had.*

The changes described above were undoubtedly regarded positively by the social workers, but, on reflection, most thought that being a BHLF had made little difference to the way in which they actually managed their cases. One BHLF summed this up as follows:

*I don't know that it [being a BHLF] had any difference on the running of the case, but I suppose the difference is that I saw a need and I was able to actually provide something without having to go to my team manager ... without having to have paperwork approved by him and maybe his manager ... so in that respect ... it was a good thing ...*

One social worker pointed out that the team was already used to handling large budgets for looked-after children, so being a BHLF was not a very different experience. The BHLFs who were responsible for Martin and Geoffrey respectively described BHLF practice in terms of making an application for funding. For Martin's BHLF it was a 'one-off' application as he was not a BHLF for any other young people, and he saw it as much the same as making applications for a range of other funds. Geoffrey's social worker maintained that she had merely applied for BHLF funding – she would have applied to another fund if the BHLF budget had not been available – and had never regarded herself as being a budget-holder. Because of the close relationship the social workers already had with their looked-after children, BHLF practice did not signify a different approach. Patrick's social worker did not perceive there to be any change in his role:

*I didn't think the fact he got the laptop was going to be instrumental. I'd had a good relationship with Patrick anyway.*

While the social workers acknowledged the value of being innovative, they also expressed caution about using a new budget to purchase services which had not been tried and tested. Talking about the therapy course Martin's carers had attended using BHLF funds, the BHLF said:

*... what they [carers] are looking at at the moment is a different programme. I've got to be careful that I don't sort of lump everything together as if to say therapy outside is acceptable and we will pay for it. I need to look at each bit individually.*

Another social worker suggested that the responsibility of accounting for a budget could be a considerable pressure and was concerned at the potential for the money to be used inappropriately. This was a view many practitioners expressed during the national evaluation of BHLF practice and not all wanted to take responsibility for holding a budget and accounting for expenditure.

## **Potential Tensions**

Although social workers generally welcomed the additional money, they were aware that having a budget could cause tensions. We became acutely aware during the focus group of the potential for BHL P practice to be inadvertently divisive within families. This potential was heightened because only a few of the social workers in Gateshead were designated as BHL Ps in year 2. Some BHL Ps told us that this had created conflict with colleagues who resented the fact that they were not able to access the BHL P fund for their cases and saw the ring-fencing of the budget as unfair. Of course, this tension highlights the misperception that BHL P practice is merely about having access to an additional budget and draws attention to the general lack of understanding among front-line practitioners about the policy intent. At times, managers in Gateshead had had to explain the policy intent several times in order to reassure social workers who were not BHL Ps about the purpose of the pilot.

One of the most difficult tensions, however, may be less easily resolved. Some of the carers described the sensitivities and tensions that developed within their family when one child/young person had a BHL P and others did not. Patrick's carer told us that when Patrick received his laptop it had 'caused havoc' at home because two other boys in her care did not get a laptop since they had social workers who were not BHL Ps. Patrick was well aware of this difficulty himself. He told us:

*The other boys have got two different social workers. So obviously for one out of them three to have that funding and one out of three children here having a laptop, obviously it's gonna cause jealousy and stuff like that, because they wanted them as well.*

Patrick's social worker took the view that the other boys in the house were 'understanding' and 'stable' enough not to have borne any grudge against Patrick, however.

Lenora and Emma were also placed in a foster family with another young person who was in care. Their carer told us that the older child had not reacted badly when Lenora and Emma were given dancing classes and horse riding because she was 'a good-natured girl'. However, she went on to say that, had it been Lenora who had not got anything and the others who had, Lenora would have reacted very badly. In order to make things fairer the foster family had done its best to provide something extra for the other child:

*Because her social worker wasn't part of this test sort of scheme, it was a shame ... It was a bit hard, but we managed to get a little bit of money for her. I don't know where we'll get the next bit, and she's done a bit of horse riding, you know. We got some through education, and begged, stole and borrowed the rest.*

During the focus group discussions, two young people in the same foster family had clearly fallen out with each other because one of them had a social worker who was a BHL P and had accessed additional funding and the other had a social worker who was not a BHL P. Issues concerning fairness, favouritism and accusations about 'being spoilt' were raised, and the young person who did not have a BHL P was firmly of the view that there should be no difference in treatment and that one child should not have extras just because her social worker had access to money. The social work staff had had to work hard with these two young people to attempt to heal the rift that had arisen. The young person with a BHL P told us that she now wanted to leave what had been a secure foster home as a result of the tension and bad feeling. Unfortunately, the emphasis in BHL P practice had tended to be on having additional money to spend, thus creating seeming instances of lack of fairness, rather than on developing a radically new way of working with a young person in care. Had the policy intent been better understood there may still have been some tensions if a BHL P and a non-BHL P social worker had been working with different children in the same placement,

but the spotlight would not have been on spending extra money and providing what could be perceived as 'treats' in the way it had been during the pilot.

### ***Improving BHL P Practice***

We asked young people, carers and BHL P s whether BHL P practice could be improved. One carer thought that the budget held for a child should be greater and another thought that it would be preferable if money in the budget could be accessed on request:

*I just think some children have to fight all the time for what we would see would be a human rights issue. It should be there for them to get access to and to have when they need it. But it doesn't work that way unfortunately.*

The social workers who had to access the BHL P budget via a manager and the senior social worker were convinced that each social worker should be able to hold their own budget, as the following comments indicate:

*I mean, to me it needs to be all the social workers in the team need to have their own BHL P budget. That's how I would see it – not one social worker in the team. If it was going to be run, why can't the individual social workers have their own budget?*

*... if you did have your own budget then it would probably make it a lot easier ... if each of us was allocated X amount then I think it would be a lot easier.*

One social worker thought that the BHL P role should be assigned to the carers since they have greater day-to-day contact with the children in their care. However, this would change the nature of the initiative, which was clearly designed to give social workers who carry the statutory responsibility for looked-after children/young people individual responsibility for budgets. It was never intended that BHL P practice would focus on providing extra interventions or goods via an additional, time-limited fund.

When we spoke to the young people during the focus group and explained what BHL P practice was intended to do, they were generally positive about the potential benefits of having more control over and a greater say about their care planning, the choices that had to be made, and the options there might be for them to improve their educational attainment, to enjoy a wider range of leisure activities and to take responsibility, alongside their social worker, for decision-making. The focus on BHL P s simply having money to provide extra goods was not particularly helpful and was viewed by the young people as potentially unfair. The young people wanted to have a voice, were outspoken about the problems they had with social workers whom they rarely saw or when there were frequent changes of social work staff, and wanted adults to listen to them and take their views seriously. Most, however, were very positive about their experience of the care system.

The looked-after children in Gateshead already had access to a wide range of support services and activities so most were not in need of extra money. They generally had excellent relationships with their social workers and appeared to be in strong, stable placements. Because of the way in which BHL P practice was implemented it was difficult to detect any major impact either on the young people or on social work practice during the pilot. A clearer focus on desired outcomes and on how holding a budget might help social workers achieve these for looked-after children could shift the perception of BHL P practice away from it being a pot of money and connect it more closely with the care planning process.

### The Experience of BHL P Practice in Leeds

The Leeds expression of interest was focused on providing a swift, seven-day response to the needs of two groups of children and young people: those at risk of entering care and those already in care. Following our scoping findings, the Leeds pilot refocused its attention and gave a specific budget to thirteen individual social workers to be used to enhance care for children/young people on their own caseloads. Arrangements were made for these social workers to be able to access the money they needed swiftly and on demand, and a system of monthly support meetings was set up in order to provide support to the BHL P s in their role. We were able to interview five BHL P s (all social workers), and three families. These families consisted of Kylee (aged 12) and her mother, the extended family of Jamil (aged 10) (who was unable to take part in an interview himself), and Scott (aged 14) and his extended family. Before we present their views, we discuss the analysis of the data obtained from the Activity and Service Logs in Leeds.

### The Services Provided

We received 55 completed Activity and Service Logs from BHL P s in Leeds. Figure 5.4 indicates the interventions/services that were in place for the children/young people when their social workers became BHL P s and the new services they offered subsequently.

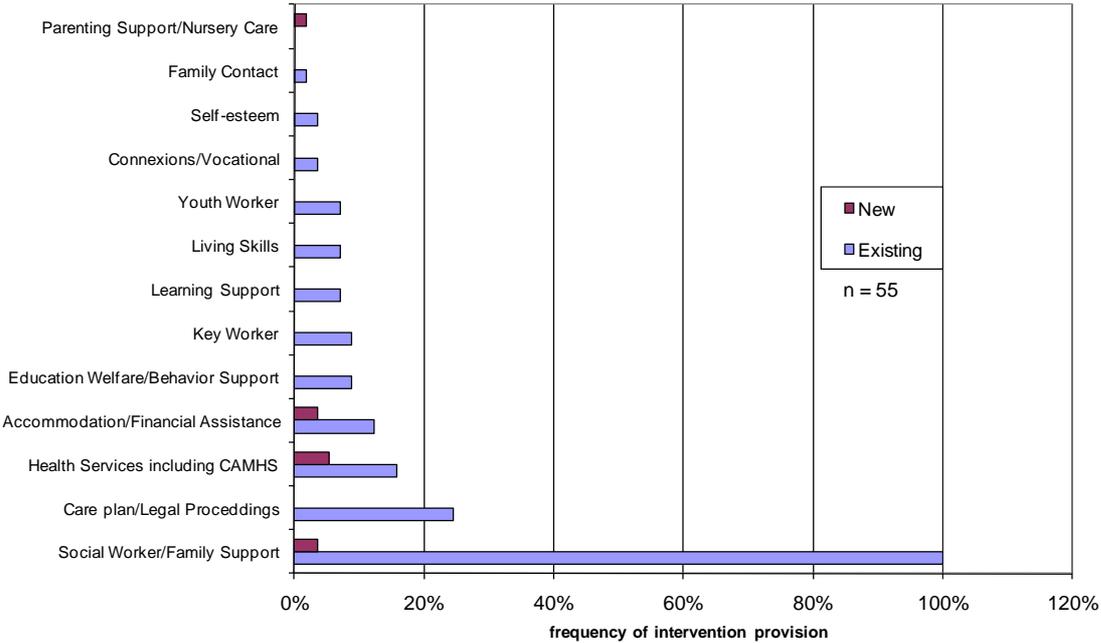
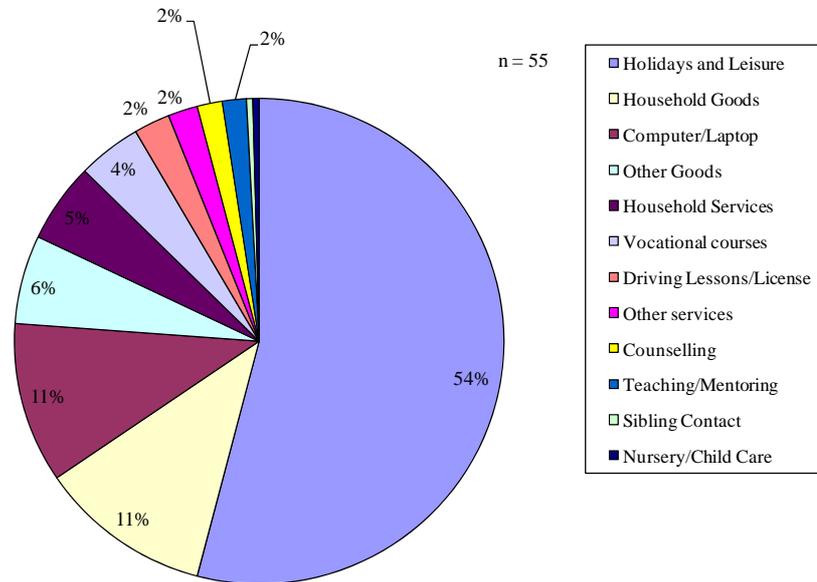


Figure 5.4 Interventions co-ordinated by BHL P s in Leeds

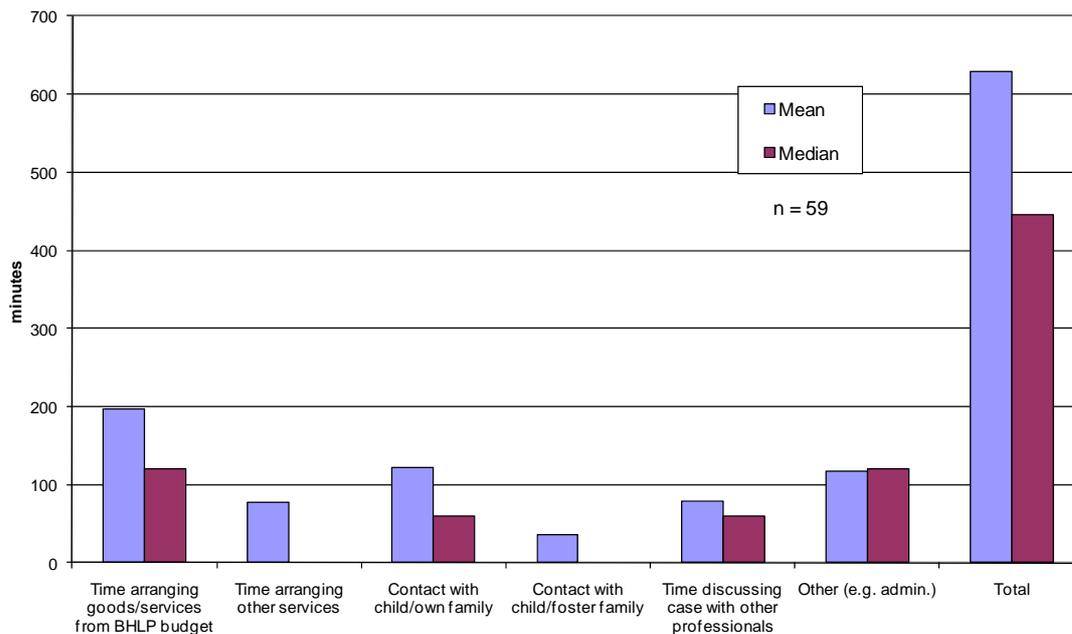
It is clear that relatively few new services were co-ordinated by the BHL P s, fewer than had been co-ordinated by BHL P s in Gateshead. By far the most common provision in Leeds was family support and support by social workers, and this was in place before the pilot. Figure 5.5 illustrates the purchases that were made by the BHL P s using the DCSF BHL P budget. By far the largest category of expenditure was for holidays and leisure activities – 54 per cent of the purchases in Leeds as against 13 per cent in Gateshead. Household goods constituted 11 per cent of the purchases in Leeds, as against just 4 per cent in Gateshead. The reason for this difference may well be that the Leeds pilot included a number of children on the edge of care and the purchases may have been made to improve living conditions at home and make it possible for families to continue to care for their children. At the other

extreme, nursery and childcare provision in Leeds was the smallest of all the categories and expenditure, at 2 per cent, whereas in Gateshead it accounted for 9 per cent of the purchases made. Driving lessons featured very little in Leeds in comparison with in Gateshead.



**Figure 5.5 Purchases by BHLPs in Leeds**

Finally, if we look at how BHLPs spent their time in Leeds we can see that a good deal of it was spent arranging purchases from the BHLP budget and rather less in contact with the children and their own or their foster families (Figure 5.6). Overall, however, there is little that is very different from the time profile of BHLPs in Gateshead.



**Figure 5.6 Time spent by BHLPs per case in Leeds**

## **The Benefits of BHL P for Social Work Practice**

One of the aims of the pilot was to enhance social work practice by empowering social workers and the families they worked with, promoting greater collaboration between them, and encouraging a needs-led personalisation of services, thereby bringing decision-making closer to children and families. Evidence from the social workers in Leeds seems to support the expectation that, to some extent at least, they were empowered as a result of becoming BHL P s. They appreciated the opportunity to adopt a 'can-do' attitude in respect of their families, and felt that they had enjoyed increased autonomy to make decisions about packages of care in a way that they had not done before, as the following comments illustrate:

*Being the BHL P gives me control of deciding who I felt needed what. I didn't have to go through a third or second person, I made that decision and got it approved straightaway without any hassle, without any questions being asked, and put whatever I needed to in place, got it up and running. So for me it cut all that – you know – paper-chasing really.*

*I think, as a worker, it gives you autonomy actually, and I like that autonomy, that I've been able to make a decision about whether that's a good thing to buy for a young person or a family or not, and whether it's appropriate, and I like that. And maybe that's my personality, but I like that role ... I find that beneficial because it gives me a bit more control, I suppose, in my cases and the decisions that get made ... I think all too often in social work you feel it's like sort of forms and a giant game – you aren't doing the work. I trained to do what I think is a social worker's task. I didn't train to be chained to my computer or to be a policeman. Often, social work is reduced to an awful lot of admin and an awful lot of policing of families and child protection.*

Accessing the BHL P budget was often quicker and easier than any processes that social workers had experienced before, and that was seen as an enormous benefit:

*I would have to beg and try voluntary agencies, you know, charities and stuff like that, but you don't always get things. So it was just a lot easier. I know I was saying that I didn't always have quick access to the money and that but, you know, when I did get it it was there, I could just go and spend it.*

*I can't say what it would have been like if we hadn't had it [the BHL P pilot], because we've had it. But what I can see is that the services that I required for that family would have taken much longer to get, if I could have got them at all. I don't think I could have got them anyway because I don't think I would have got the therapist to go to the house. It's usually, I think, about one child rather than the whole family unit, and being able to access it so quickly I think is very good. And I think it probably enabled the family [not in our interview sample] to see me in a different light than if I'd been [saying] 'Well, I can't get this, and I can't do that, and I can't help with this'.*

They also felt that their role as BHL P s enabled them to improve working relationships with other agencies, which had previously viewed them as talking about what had to be done, but as not being able to 'put their money where their mouth was'. Having a budget meant that the social workers could uphold promises made at multi-agency meetings and ensure that action was taken swiftly for young people, thus building trust with other agencies. This was also enhanced by the quick and easy access to the money that most BHL P s had through their resource centre:

*I think I'm of the opinion that family support in all its guises, whether it's child support or whatever, requires cash. And that's it, it requires money to do some work. And if you*

*haven't got the money then you can't get the resource and then it makes life far more difficult. And, yes, you are seen negatively by other agencies because you're seen as saying a lot of things but actually doing sod all.*

In addition, BHLPS felt that they were able to challenge other agencies, such as schools, when they felt that they were not providing the level of service that they should, by putting things in place using BHLPS funding, then showing that it was making a difference:

*I'm not there to rub them up the wrong way. It's really to say, 'Well, you know, I've just proved that with this support he has improved. So why, then, is that not happening the same in the school setting?' (Jamil's BHLPS)*

The BHLPS freely admitted that in some cases they had made mistakes, but had enjoyed the freedom to try different approaches instead of having to channel referrals via existing provision, which was not always available or entirely suitable.

Another benefit BHLPS identified was that they had been able to focus much more on family issues, rather than targeting support directly on children, and this often meant that they were able to work in a preventative way instead of engaging in fire-fighting or crisis management. Being able to meet genuine need was immensely satisfying for social workers and, although they expressed concern as to whether they would be able to continue to do this once the BHLPS funding ceased, many had already tried to think of ways in which they could obtain services without needing to use cash resources:

*I like that [BHLPS practice], because it forces you to sit down, look at what you're wanting, look at the outcome, look at how you're gonna follow that up, and look at monitoring that in-between.*

*I think BHLPS for me means more flexibility, more power – well, more control over decision-making. Because you're cutting all the paperwork ... And it's just quick, and the results can be quick, and that's good, rather than waiting and waiting until the family do get to crisis point before you do intervene. And if you intervene earlier you're preventing that from happening then, aren't you? And then everybody's happy, and you don't get ones where you need a lot more support to get them back-up. Whereas if you're in there earlier then you're keeping an even keel, aren't you? – all the way then, hopefully.*

### **The Challenges Faced by Social Workers**

Although a great deal of enthusiasm was shown in Leeds for the BHLPS pilot, there were a number of challenges. Many of these related to the processes in place in the pilot. The BHLPS felt that restricting BHLPS resources to children in a specific age range and specific social workers had been frustrating, and indeed, in the later months of the pilot the age restriction was lifted somewhat. The BHLPS came to realise that they could adopt a new way of working with children on their caseload, rather than viewing BHLPS practice as accessing a pot of money to spend:

*I think the limits that are placed on the BHLPS pilot, whilst they obviously have to have limits and you can't have a free-for-all, are quite restrictive. I think giving it to one person in the team is quite plainly wrong, and I've always felt that it was wrong.*

As had happened in Gateshead, some BHLPS experienced jealousy on the part of their colleagues, who had not grasped the concept of BHLPS practice and merely saw selected social workers having access to a pot of money. Colleagues felt it was unfair that some children were eligible for additional expenditure while other needy children on their own

caseloads were excluded. Some BHLPS were put under pressure to take on aspects of the cases belonging to other social workers, so that other children could benefit from the additional opportunities the BHLPS fund provided.

Some BHLPS reported that they had sometimes been confused when they received different messages from the central management team, those who were supervising them and the administrative staff that dealt with payments about what they could do as BHLPS. This confusion arose partly as a result of the refocusing in the pilot in year 2, and demonstrates the need for effective communication at all levels if BHLPS practice is to succeed. It is notable that the BHLPS in Leeds did not receive any training for their new role and this may have added to their uncertainty about the parameters of being a BHLPS. Social workers said that, in carrying out the BHLPS role, they needed to think deeply about their work with families. In child protection cases, for instance, they pointed out that they sometimes needed to be authoritarian and make tough decisions, which might be against the wishes of family members, and therefore they needed to maintain boundaries in order to be able to retain their authority. Nevertheless being a BHLPS was seen by social workers in Leeds as promoting a facilitative role through which they could build up a close relationship with families and encourage family members to take part in the decision-making. This duality of role – as someone with authority and as a facilitator of family empowerment – sometimes resulted in tensions which the BHLPS had to manage.

### ***Training and Development***

As we have noted, the social workers in Leeds were not offered or given any formal training for BHLPS practice, primarily because in the first year managers felt that the BHLPS approach was something a good social worker should be adopting anyway. After the refocusing, a series of support sessions ensured that the thirteen designated BHLPS could discuss cases with each other and they were given support in reaching solutions, thus enhancing their confidence in the role. All the BHLPS we interviewed, however, felt on reflection that training was needed for the new role, but that the nature of the training would depend very much on the direction in which BHLPS practice is taken in the future:

*I guess you would need a bit more training in finance and budgeting. Because if we are going to be budget holders, well then I guess there's going to have to be some accounting done, unless that's done by a completely different person. I don't know what the future would hold if we held our own budgets, in terms of accounting and so forth. I don't like [playing with money]. So I would think twice about staying in a job as a social worker if I held a budget. And I guess if we were holding our own budget, it depends on – on the extent that budget reaches. Would it be, if a child was looked after, we [would] have to look around at different taxi services because we would be responsible for buying in that service? If it's just for helping families like this one has been – you know, using it where there's a shortfall – we haven't had any specific training round it, and yet we've all managed it. If we were going to manage a budget for our whole caseload, that includes everything including transport, looked-after children, we would need training in some kind of accountancy. (BHLPS)*

*I think understanding how budgets work in the first place ... just like any other manager, you look at what you want, what you're gonna spend your money on, why you want to spend your money, and how you're gonna provide that service, what is the service for, and understanding the need of your young person. But I wouldn't want to be in control of the budget and working it out, I would want somebody [else] to be doing that. (BHLPS)*

Some of the training needs identified centred on aspects of commissioning, contracts and service agreements, but some BHLPS thought that financial aspects like these should, in any case, be handled by an administrative member of staff and not necessarily by social workers.

Some social workers were concerned about their lack of knowledge in areas such as safe recruitment and quality assurance of services and thought that this also could be handled by someone else:

*You're not actually managing the money in the sense that you go down to the bank and deal with cash. So I don't think that kind of thing is needed, because we still have somebody in admin to raise the cheque and do all that kind of finance stuff ... I think maybe knowledge of administering a budget would be useful, some sort of basic training. I think actually, this is something I would quite like, would be training on commissioning services and products and work commissioning. Because you are commissioning services, and yet you don't really get training on that. Because it was conspicuously absent, to be quite frank. (BHL P)*

Other training needs centred on undertaking more generic work with families. The BHL P s felt that more training is needed to help them understand family dynamics and how to work in a preventative way with children on the edge of care, including approaches to working in partnership with these families. These are issues which it seems it would be useful to address in initial social work training:

*For me it would have to be an understanding of family dynamics and being able to communicate effectively, and learning to explain to the families what it's all about ... It was a pilot. If it goes mainstream I don't know what it'll be called, if it's going to be under individual line budgets or not, I don't know, but [I would need] those sorts of skills really to work with the families and everybody else involved. It would have to be multi-agency working ... (BHL P)*

Social workers acknowledged that they had been carrying considerable responsibility as BHL P s and wanted to reassure themselves that they had the correct training and supervision in place to be able to deal with issues that arose, particularly given the amount of freedom they had been given to make decisions and the potential to make mistakes:

*It was a good learning experience, but do you really want to have a learning experience with other people's lives? The service that you're providing – you know, we're all learning every day, every day in our practice. But when I was a student, and when I was a newly qualified worker, I was quite heavily supervised, whereas with BHL P, you know, we had these focus meetings and things but not really – not supervised. You're effectively given the cash and told to run with it. And that's scary.*

### **Involving Children and Families**

The BHL P s in Leeds had mixed feelings about the involvement of children and families in decision-making. While all expressed a commitment to the concept, they expressed a certain reluctance to give up control in some cases, stating that families often did not have the skills or the knowledge to be able to participate effectively. They told us that some families were difficult to engage, and so decisions needed to be taken on their behalf. We detected a view that making decisions is part of the social worker's role, since they have the experience and knowledge to know what might work, particularly when the needs and wishes of different family members are at odds with each other:

*It was difficult really, because if you're ... attempting to visit somebody as frequently as I was attempting to visit [child's mum] – certainly going at least once a week, probably more often than once a week, unannounced, just popping by, knocking on the door, leaving notes, trying to make contact with them. Because there were masses and masses of times where she wouldn't engage with us, or she wouldn't answer the door to us, she wouldn't respond to phone calls, she wouldn't respond to letters, she*

wouldn't respond to anything actually. And we knew people were inside the house but nobody was answering the door. So that's quite frustrating, because it does make a mockery of the whole planning business, because we've got a family that won't, doesn't want to engage, but the professionals involved need to have some sort of plan, which you can't particularly implement because the family don't want to engage with you about the plan. (BHL P, talking about a family who did not give consent to being interviewed themselves)

... Dad isn't the brightest ... he's lovely and he loves his children, but he's not the brightest, he's not the most intelligent man. So I was having to guide them step by step through the process, and realising actually what services they needed. So basically ... sometimes ... if you're stuck, you've got to give ideas ... [I] gave the bone and built on the flesh with them. (BHL P, talking about a family not interviewed for the research)

... you've got to plan, but it's not every family who knows – they know what they want, but they've come to you because they're expecting you to help them and give suggestions. And if it's rubbish, families who are desperate would say [so]. You would soon know because they will have their way of telling you.

I suppose we would, as social workers, have to identify areas which would be helpful to families. I would be worried about families. Because you were talking a bit more about families being part of the thought process and the decision-making process. Now, we meet families so often that are 'If I move house everything is going to be all right, if I got this everything would be all right, if I had this money everything would be all right'. And I think, as social workers, we need to be able to see beyond that.

Worries were also expressed about encouraging a culture of dependency if families were allowed to know the amount of the budget social workers held.

### **BHL P's Perceptions of the Benefits for Children and Families**

Despite their mixed feelings about involving families in decision-making, many BHL Ps had done this effectively, and felt that they had empowered some of them as a result. They felt that this approach meant that families, and particularly children, were shown that someone cared about them, and that this was important:

*It made him [an 18-year-old] feel like somebody bothered about him and cared about him – you know. I mean, obviously, he was fond of me, but because we could do these extra things – he'd had social services involvement before and they couldn't do much. So we could do these things and it made a difference to his life. (BHL P, talking about a young man who could not be traced after his case was handed over to the mentor in the hostel in which he had been placed)*

For some social workers, the fact that they could provide something from the budget that families and children would not otherwise have received was of great benefit:

*The main benefit for me is, it has allowed me to work with families where I wouldn't have been able to – in a way that I wouldn't have been able to work with them before ... I had a really good piece of work that I did with a child, and I got him in with a neighbour in the street, and through the BHL P money I was able to support her to move to a bigger house, and keep him till he was eighteen. Without that BHL P money it wouldn't have happened, and that child would have come into care. (BHL P, talking about a family who did not consent to being interviewed themselves)*

*I don't think I could have accessed that [therapy] through our therapeutic team so quickly. I'd have had to put in the referral and then wait for a consultation and then they may have allocated it. But what would have happened, I think, in that case is, the family would have had to travel to the offices of the therapeutic social workers. It wouldn't have been done in situ, which I think was more appropriate. (BHLP, talking about a family who were uncontactable for interview)*

### **BHLP Practice and the Care Plan**

Whether, and to what extent, BHLP practice was embedded in the Care Plans seemed to depend very much on the relationship between the social workers and their clients. Those social workers who were taking on new cases or were part of assessment teams explained that the package of care that they developed as BHLPS went into the Care Plan, but for some children and young people the Care Plan had been put in place a long time before. In those cases the work of the BHLP was usually fed into the discussions at review meetings, rather than being regarded as an integral part of a Care Plan. From the outset, the BHLPS were encouraged to link BHLP practice with the Care Plan, and were encouraged to think in terms of the outcomes they wanted to achieve when designing a package of care in their new role. The majority of the evaluation forms sent to us from Leeds included completed accompanying case study forms, on which BHLPS had been encouraged to record what had been achieved, using the *Every Child Matters* outcomes framework.

We also received many Care Plans and PEPs, and it was evident in many of the monthly Care Plan reviews that BHLP provision was regarded as part of the overall Care Plan and recorded accordingly. The term 'BHLP' was rarely used within the Care Plans to describe the social worker, but services or goods provided by the BHLPS were often stated and linked to the rest of the plan, and clear justifications were made in many cases for the goods sought or provided. The purchases made by the BHLP were, however, always a very small part of the overall package of care that was in place for a young person, usually involving multiple agencies, and the purchases were often targeted at one particular need that had been identified, such as a need for leisure activities so that the child could 'enjoy and achieve':

*[The child] does attend and engage positively with the educational provision that she has. This needs to be encouraged and rewarded. [The child] has had various hobbies, including horse riding, attending the gym and dance workshops. (girl we did not interview, aged 14, in residential care)*

### **Families' Perceptions of the Benefits of BHLP Practice**

We were able to speak to just a few family members in Leeds (using independent interpreters with some family members), and they were all positive about the work BHLPS had done. All the families recognised that their social workers were BHLPS, and that they had funding with which to provide a personalised service. All of them had had previous dealings with social workers and regarded the BHLP approach as distinctly different. They had felt supported in a way that they had not previously. The families described close, supportive relationships with their BHLPS and were appreciative of the work that had been done with them. Families described the importance of getting help that was tailored to their specific needs, and they appreciated that it was given swiftly. Jamil's family described how their BHLP had acted as a go-between between them and Jamil's school, thus stimulating a better relationship and a better level of support from the school. Jamil's mother said that the BHLP had told her that she had a budget for three months to support Jamil:

*But she didn't say ... how much it was. But she gave fifty pounds to the tutor, who bought some stuff [books, pencils and tapes] ... the budget expires in July – where we will be getting support after that, we don't know what's going to happen.*

The family believed that Jamil would need longer term support and were uncertain how this was going to be possible when the BHL P pilot ended. Scott's family were not too sure about the budget or how much there was in it. Both Jamil's and Scott's families had seen real improvements in their children, which they ascribed directly to the services that had been put in place by their BHL P s. Jamil has severe learning difficulties and, although he was attending a mainstream school, he needed more help. The BHL P arranged for a tutor specialising in non-verbal communication to support Jamil and to help his mother communicate better with him. Scott also has learning difficulties and had had problems with alcohol use. He and his girlfriend (aged 17) had had a baby and the BHL P arranged for Scott to be supported by a fathering mentor, who had worked with him to develop his role as a young father. The BHL P also provided a computer for Scott so that he could research things such as child health and development on the internet. However, he had not been able to use it because the house had been blacklisted and no-one would install an internet connection unless a substantial sum of money was paid as a deposit, which the family could not afford. There was some frustration about this but it would appear that the family had not mentioned the blacklisting to the BHL P.

These families agreed that the BHL P purchases had made a huge difference:

*It has made a really extremely big difference for him [Jamil], having the extra support at home. I mean the amount of time he's been going to school, he couldn't count one to ten ... And now if you ask him he can count one to ten. (Jamil's uncle)*

*It's meant a lot to me ... because he's a lovely listener, and he [the BHL P] seems to work things out, like when he does these little charts, you know, and makes me sort of put things [on them]. I feel a lot calmer now – not stressy – but, you know, I panic. (Scott's mother)*

Scott agreed with his mother that the BHL P had helped her, but he did not regard the BHL P as having helped him very much:

*... he's all right and that, he's good to talk to. Like my mum says, it helps her.*

Both these families expressed worries about the future, and about how sustainable the help they had received might be. It was clear that both families had faced numerous difficulties and had a range of varied needs that were likely to continue well into the future. They had experienced a relatively short-term intervention funded by the BHL P budget and were concerned that the support they had received was not sustainable, yet knew that, if it continued, it could help their children to realise their potential. Jamil's family was looking at ways of funding a continuation of the educational support itself, having seen the benefits it had brought. Scott's mother told us:

*... the future worries me, because, obviously, we've got this dad [Scott] with a baby, he wants to be with his girlfriend and the baby, but he's not old enough [at 14] to live with them. So it's a worry to me.*

Scott, himself, had very little idea what help he would need in future. His mother added:

*I feel ... we need a long-term investment with the help.*

Scott's mother was a single parent and struggling to cope with very demanding circumstances in respect of her children. She expressed concern that, although she had three different social workers (one of them being the BHL P) for each of the children in the household, no real support was available for her. She felt very vulnerable because, if the

support for the children was withdrawn, she would be expected to cope on her own, and she doubted her capacity to do so. She told us that she had needs that were not being met:

*I'm the rock of the family ... Maybe we're getting to the crunch point that I'm realising that I probably need a counsellor of my own, the medication's not keeping me going.*

This mother's perception seems to be at odds with the comments made by the BHLPS that they were able to work in a more family-focused way. Scott's mother described how the BHLP was there for one particular child rather than to support the whole family, and she felt that the family had other needs that were not being met, although a number of practitioners were clearly involved with the family

Kylie (aged 12) had had more than one social worker when her current social worker became a BHLP. Kylie told us that she did not see her social worker very much. She was looking forward to her school trip, paid for from the BHLP fund, when we spoke to her. Kylie did not know anything about BHLP, just that her social worker had offered to pay for the school trip which her parents could not afford. Kylie had been placed with foster carers overnight at some stage in the past, although she did not appear to know why, when she was placed on a care order:

*They just took me away ... They came and said that I had to move away for a night.*

Several of Kylie's siblings had also been placed under a care order and the family was well known to children's services. They did not talk highly of the various social workers that had been involved over the years, but things had improved a great deal since their current social worker had taken over. Kylie's mother explained:

*... if we'd have been stuck with the first one or the second one or the third one, I don't think we'd be where we are today ... things have changed ... things are different ... She [BHLP] came in with a fresh pair of eyes.*

She explained that, in the past, the family felt as if they were being watched all the time, which had meant that they never felt relaxed around the social workers. By contrast, the BHLP had taken a very different approach, which had been much appreciated by the family:

*Her way of getting through to you was 'If you do need help, tell me ... just come to me and I will be there.' So I know she is there, you know, if I need her. (Kylie's mother)*

Although being given the money (£800) for Kylie's school trip was clearly very important for Kylie and meant that she was not marginalised and excluded as a result of her parents' financial situation, what mattered most to this family was the BHLP's approach and attitude – she was there to help not to judge the family.

## **BHLP Practice in Gateshead and Leeds**

Our analyses of the data from the pilots in Gateshead and Leeds indicate that both had made considerable strides in implementing BHLP practice to policy intent during the second year. There was still a tendency, however, to regard the pilot as providing an extra pot of money. The managers and practitioners had faced a number of challenges, and it had taken time for practitioners to discard the notion that BHLP practice signified the availability of a pot of extra money and appreciate the benefits and potential of budget-holding, and the freedom they had to make decisions themselves about purchasing interventions. There was a tendency still to focus on how to spend the budget provided by the DCSF, and some social workers, particularly in Gateshead, had struggled to think of things to buy for young people who were already well cared for. Nevertheless practice had certainly begun to shift, and the

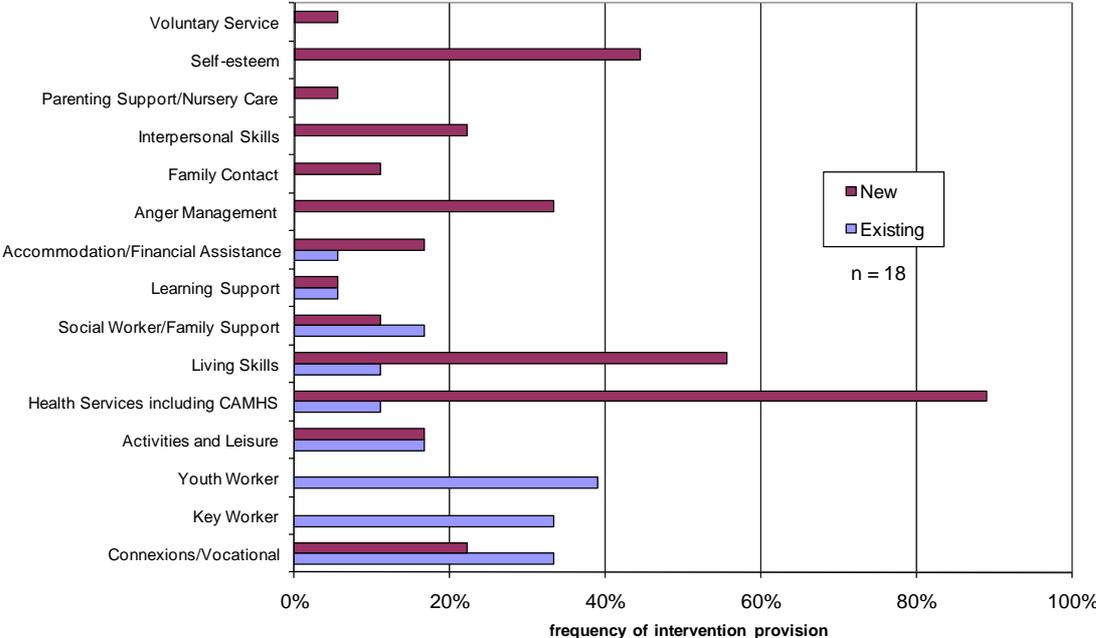
social workers had recognised the importance training and support would have if they were to embrace the responsibilities of being a BHLF fully. In Chapter 6, we examine BHLF practice with looked-after young people in Gloucestershire, and then draw together the key themes from across the three pilots.

# Chapter 6 A Different Approach to BHL P Practice with Looked After Children

In the previous chapter we looked specifically at the experience of BHL P practice in the Gateshead and Leeds pilots. In this chapter, we focus on Gloucestershire and then bring together the key findings from all three pilots. Gloucestershire took a different approach to BHL P practice from the start: the designation of BHL P was not restricted to social workers and the looked-after young people were allowed to choose who their BHL P would be. The objectives set for the pilot were to: improve educational attainment; improve safety in respect of substance misuse; reduce reoffending rates; improve placement stability; give looked-after children and their parents/carers greater control; and devolve responsibility for decision-making nearer to the child.

The Gloucestershire pilot suffered some setbacks in the implementation of several of its workstreams with looked-after children and, like the pilots in Leeds and Gateshead, did not really get going until year 2. Unfortunately, we received relatively few (18) fully completed Activity and Service Logs from BHL Ps in Gloucestershire, primarily, we suspect, because it was more difficult for the pilot to keep track of who the BHL Ps were and remind them about the evaluation and its requirements. In order to develop a fuller picture of the pilot, therefore, we have relied more on the data from the in-depth qualitative interviews with eight young people, their carers and pilot staff. The age range of the interview sample in Gloucestershire is markedly different from that of the children/young people elsewhere, in that these young people were all aged between 13 and 17. In our sample, Thomas was the oldest, at 17, Fred, Douglas and Aaron were all 16, Sinead was 15 and the other three young people interviewed, Neil, Jane and Alan, were all 13.

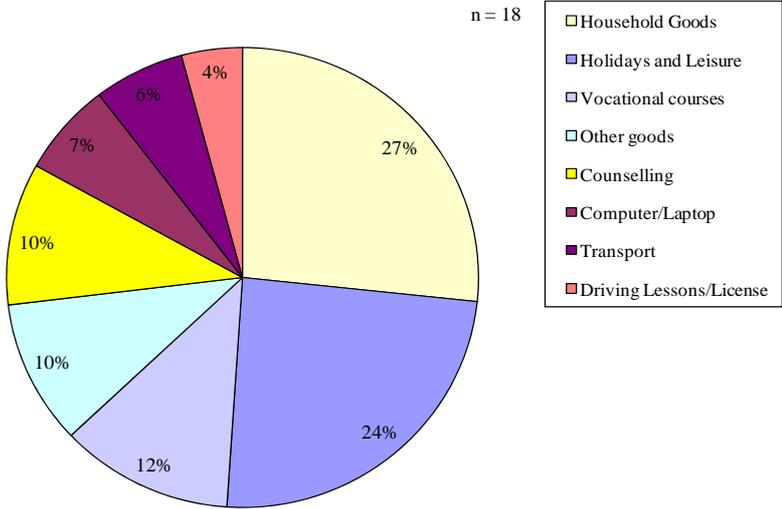
Figure 6.1 shows the interventions that were already in place when the young people concerned were allocated a BHL P, and those that were put in place by the BHL Ps.



**Figure 6.1 Interventions delivered in Gloucestershire**

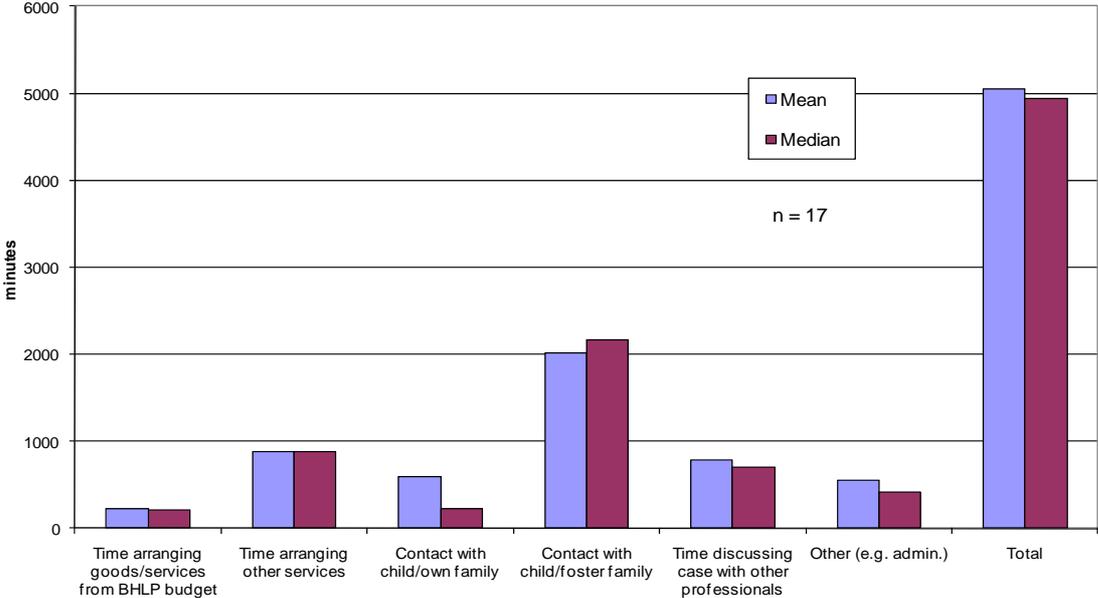
It can be seen that the BHL Ps in Gloucestershire, in contrast to those in Gateshead and Leeds, co-ordinated a wide range of new services that had not been offered prior to the pilot. By far the most frequent category of new interventions delivered were health services,

including CAMHS. Also high on the list were interventions to improve self-esteem and living skills. Anger management interventions were also important. Figure 6.2 provides a snapshot of the distribution of expenditure from the BHLBP budget in Gloucestershire. The largest categories of expenditure were for household goods (27%), holidays and leisure activities (24%) and vocational courses (12%).



**Figure 6.2 Purchases by BHLPs in Gloucestershire**

It is evident from the logs that the Infobuzz workers in particular spent a good deal of time working closely with the young people in the substance misuse workstream. The total amount of time BHLPs spent per case was very high, with a mean of around eighty hours (Figure 6.3). Much of this time was spent in contact with the young person and his or her foster family.



**Figure 6.3 Time spent by BHLPs per case in Gloucestershire**

In many ways, the profile of BHL P activity in Gloucestershire is rather different from that in Gateshead and Leeds, and our interviews suggest that the experience of BHL P practice was more variable than elsewhere, also.

## **The Experience of BHL P Practice**

The knowledge and understanding of BHL P practice displayed by social workers and BHL Ps in Gloucestershire were quite varied. Infobuzz workers articulated clear ideas that children should be in a position to make their own decisions and to choose what they needed and do so quickly. One thought that the nature of BHL P practice varied from case to case, depending on each young person's level of need and the extent to which their social worker got involved, requiring the Infobuzz workers to be flexible. The social workers for Neil and Aaron, both of whom had taken on the role of BHL P themselves, understood the project as intending to put front-line practitioners in charge of money to spend with young people on what they saw as necessary, transferring 'the concept of person-centred planning' from adults with learning difficulties to work with looked-after children. Aaron's social worker thought that some of his other colleagues were more vague about the pilot:

*... other people in the team are also BHL Ps who haven't been involved, don't have the faintest idea what is happening, what it's for ...*

An example of this lack of understanding was evident when we spoke to Sinead's social worker, who told us:

*I see BHL P as ... it's the worker we're talking about, BHL P, isn't it? It's the worker who is doing ... doing the ... who is doing the ... doing the ... who has got the funding, and is trying to use the funding for the young person.*

Fred's outgoing keyworker, who had been nominated as Fred's BHL P at one stage, also pointed to various aspects of the pilot that confused her. She saw the remit of the project as having drifted:

*... at first I thought it was more to do with drugs but then ... it extended to education. Now it's been extended to family and now it's been extended to other stuff – do you know what I mean? It's just like ... you start off with this little piece, it's drugs, alcohol abuse, that type of stuff and then you've got these branches that seem to be out all over the place now.*

Her comment almost certainly reflects the way in which the different workstreams were developed and modified at different times. Professionals and, indeed, carers routinely referred to the BHL P project as making a 'pot of money' available for additional needs. When we asked them to describe BHL P practice, they offered comments such as the following:

*A pot for Fred ... a pot of money for Fred that ... if he needed anything education-wise, that I could get into that to get stuff for him. (Fred's keyworker BHL P)*

*... it's money, extra money to help children with their learning. (Jane and Alan's carer)*

*Oh great ... Some more money in the pot, you know, to help along ... (Neil's carer)*

The association of BHL P practice with there being a pot of money to spend was common among practitioners throughout the pilots and meant that those involved were often uncertain about what 'BHL P' actually signified. This uncertainty was mirrored in the comments of the young people and their carers. Not all the young people we spoke to had known they had a

BHLP working with them, and some maintained at the start of their interview with us that they knew nothing about BHLPs. Aaron, for example, said he had been told by his BHLP on his way to our interview what BHLP was and what had been provided for him. Most of the young people, however, were eventually able to offer some kind of explanation and demonstrate a rudimentary understanding of BHLPs. Douglas, Thomas, Alan and Fred described BHLP practice variously:

*It's like they... they've got a budget as well to spend on me, but it's things I need rather than want. (Douglas)*

*Well, it [BHLP practice] helps meet their [looked-after children's] needs in life really. It's like ... to get transport to my job and stuff ... I guess someone put me forward for it really. I don't really know. My worker just said, 'Oh there's someone here to see you', and that was it really. (Thomas)*

*People who lend money to help with young people's education. (Alan)*

*That's their job basically ... just helping you make sure you don't waste it [the money], make sure it actually goes to a good use. (Fred)*

Sinead could not say what the function or purpose of BHLP practice was, but was aware she had received help through the fund. Neil, who had for most of the project understood BHLP to take the form of a weekly after-school club, still professed to be mystified:

*... I just don't know how to get the money, or just things like that. It's just really hard to understand ... All I know is that you have a budget holding leading professional that has a certain amount of money that he looks after for you. And if you need it for certain things, like education, stuff like that, you get given it. But I don't think it's as easy as that. (Neil)*

Fred and Thomas were unsure what BHLP constituted because they did not think they had received any intervention through the BHLP fund. Their carers were similarly uncertain. Neil's foster parent said she had heard about the project from Neil. When she had understood, towards the end of the pilot, that money was available and might have to be accessed before it ran out, she had tried to find out more. Although Neil's social worker and a senior manager in social services had not been able to enlighten her, she told us she had heard from another foster carer that

*there was three parts to the BHLP: that it was for education but also for children perhaps involved with drugs, and another aspect or something ... But nobody, I mean there was what, ten of us at the meeting, all foster carers, nobody else had ever heard of it. I go down to the support meetings, nobody knows what you're talking about. Most of the social workers [had] no idea. Which is a bit frightening and scary, really, that nobody with supposedly such a big scheme and everything can answer any of your questions.*

Jane and Alan's grandparent carers thought that BHLPs provided 'extra money to help children with their learning', but said:

*There's lots of different things have been given to us information-wise, and a lot of it, to be honest, has gone 'whoosh'.*

Douglas's and Aaron's home care manager told us that she had found out 'by accident' that the boys had BHLPs, and eventually had to ask their Infobuzz workers about the nature of the involvement. She described BHLPs in the following terms:

*I suppose the baseline being that there's an assessment of need. When there is an assessment of need completed you've got an allocated budget for that young person, and you would have a professional who would control that budget, but work very closely with family and the young person as to how to spend that money.*

Both she and Aaron's social worker expected that Aaron would have little capacity for recalling or focusing on the nature of the BHLF involvement because she was, so she described herself, just 'kind of tweaking things in the background'. Thomas's Infobuzz worker talked about another young man who would be unlikely to remember anything about his BHLF intervention:

*I've spent a whole day with Francis talking to him about this, and he'll look at me with pleading eyes and say 'Yes, I understand'. Twenty-four hours later he has completely forgotten the conversation because his life is about surviving from one day to the next and 'Do I care about what? BHLF?'*

These various remarks indicate that there were mixed understandings in Gloucestershire about what a BHLF did and about how BHLFs were supposed to practise. Although one of the expectations was that BHLFs would both hold a budget and also engage young people in discussions about priorities and how to maximise the potential of the budget, there was continued uncertainty about the amount of the budget and about how it could be used. Some young people and their social workers thought that the amount of money was relatively small, while other referred to larger sums of money being available. So, for example, Neil's social worker and Fred's keyworker both suggested that the amount was relatively small in the overall context of what was spent on looked-after children. Thomas's keyworker described the budget as giving 'young people a little bit more extra help on little things'. By contrast, social workers involved with the long-term placement stream were aware that the budget available for their cases was significantly greater than the budgets in other workstreams.

Although Aaron and Thomas did not know the amount of their budget they said it would be 'nice to know'. Thomas said he had tried to find out, but been unable to and had guessed that it might be £400. Neil, Fred and Douglas reported with various degrees of certainty that their budget was around or up to £1,000. Fred, laughingly, told us:

*It's a grand. At the end of the day, who walks away from a grand?*

One social worker explained the importance of considering carefully whether to share information about the size of the budget with young people, taking account of their supposed ability to budget sensibly:

*I always think, do you tell them how much money they've got in their budget or not? Because, I think, it depends on them as individuals as to whether you feel that they'd be able to use that money productively and to meet the need ... I think it's difficult ... the one young person I've got is very good, and he looks at the things like the education and things like that, as to the best way to move forward and spend the money. The other young person that I've got, if she doesn't get what she wants, she'll say 'Right, well, can you just give me that out the budget holder lead professional money and we'll just pay for it?'. She wanted to buy something in town and she didn't have enough money and wasn't due pocket money. So she said, 'Well, I'll just get it off [the social worker] from the BHLF.'*

The young people's limited awareness of the budget might, then, have been a reflection of a decision on the part of professionals not to disclose the amount available or of the continuing uncertainty about the amount available among the professionals themselves. Certainly, we

were not aware of young people being fully conversant with the budget or having been fully involved in deciding how to spend it. There was also considerable uncertainty among the professionals and carers we spoke to about the limits on BHL P spending. Sinead's Infobuzz worker thought she could spend £500 on each young person and could ask her manager to decide if a larger amount was required. Neil's and Aaron's BHL P s (both social workers) thought that the budget was £1,000, though they said it had taken them some time to find this out. Fred's keyworker BHL P thought £1,500 was available for each case, while Thomas's Infobuzz worker was not aware of any limit:

*No. No, we've never had a set budget. We never have set individual budgets. That was never something that was made available to us.*

## **Taking on the Role of BHL P**

The uncertainty relating to BHL P practice may well have been heightened in Gloucestershire because of the range of BHL P workstreams that were established and the number of different people who could act as a BHL P. When we asked young people to tell us who their BHL P had been or who was currently their BHL P, most said they did not know, although some went on to hazard a guess. Jane and Alan were aware that their former social worker had arranged for activities to be provided for them. Neil thought the BHL P was his social worker. Thomas recalled choosing his keyworker as his BHL P:

*[The Infobuzz worker] just told me to pick out a budget holder. I needed a professional person who you could trust and stuff really ... He said I could choose him if I wanted, or whatever. I chose [the keyworker] ...*

In some cases it was not always clear who had acted as the BHL P. Aaron's social worker was nominated as his BHL P and told us that social workers 'more often than not' became the BHL P by virtue of the parental responsibilities accorded them. Aaron's care home manager, however, thought that although the social worker was the BHL P from 'Aaron's point of view', his Infobuzz worker acted as his lead professional. We spoke to Fred and the keyworker who we were told had been nominated as his BHL P for the time he was at his current residential home. The keyworker, at various points, referred both to herself and to Fred's Infobuzz worker as the BHL P and, at one point, to his social worker as the lead professional responsible for ensuring his needs were met:

*[The Infobuzz worker] is his BHL P worker but I'm his allocated worker but I really haven't taken that role on. I only do it in my form of keyworker for Fred ... [The Infobuzz worker] was supposed to dwindle out and I was supposed to take over, but I think roles are now changed because of the situation here ...*

She talked about having delivered 'BHL P bits' herself for various young people, but later speculated on what would have happened if she had been Fred's BHL P. Like some others we spoke to, Fred's keyworker sometimes referred to BHL P in the plural (BHL P s), or as an organisation:

*It's the BHL P. They're buying it. Budget holder lead professionals are making that [decision]. They've made the decision to buy Fred a bike for family contact.*

Neil's carer told us that 'they' had decided at a meeting that his social worker should be Neil's BHL P rather than herself, and Sinead and her social worker referred to the 'people from BHL P'.

The Infobuzz workers described an explicit intention to 'hand on' their cases, once a young person had engaged in the intervention, to someone they could trust and choose

themselves. In most of the cases we discussed, this had not been so straightforward, sometimes because young people chose an individual the Infobuzz workers deemed inappropriate and had to be persuaded to select someone else:

*... only in one or two cases was a BHLF offered up by the young person who was totally inappropriate. That proved difficult to start with because we did tell them that it would always be their choice. What we had to do on those one or two instances was actually point out to the young person that by making this person the BHLF, they may not have the experience, the capability or the understanding of children's services to be able to work on their behalf in the most appropriate manner. So we would ... ask them to reconsider and choose somebody that, yes, they equally trusted, yes they equally had access to but also, equally, could perform the task of a BHLF to the best of the child's benefit. (Thomas's Infobuzz worker)*

Apparently, Thomas had initially wanted his mother to act as his BHLF, but the Infobuzz worker had concerns that she might use the budget to provide him with cannabis and so he was asked to choose again. Young people in residential homes often chose their keyworker as their BHLF, but when the keyworker or the young person moved on the role had to be transferred to someone else. As a result, some young people, such as Fred, had had several BHLFs. When we spoke to him, Fred was not sure if he had a BHLF and thought that he was still awaiting confirmation of who his third or fourth BHLF would be. Fred's Infobuzz worker was of the opinion that such transfers did not always work out. In some cases, a replacement could not be found or nobody had been identified to take on the role once the young person was engaging with the Infobuzz worker. Sinead's worker described herself as Sinead's BHLF 'by default', since there was nobody else to take on the role when the keyworker Sinead had selected then moved to another job. She expressed regret about the lack of stable figures in the lives of looked-after young people:

*... the trouble is, when you're starting to do that much intervention with a young person, and they haven't got anybody they can identify as their BHLF, you then become that role, and that's been quite hard to keep encouraging them to find somebody else, because they take it as [meaning], 'Well, don't you want to do it any more?' ... that's the one part I found very hard ... if they [the young people] can't identify anybody from the start, because they haven't really got any significant adult in their life, then to have to turn round and say 'Right, now you have to find somebody who is going to be your BHLF', they do find that quite difficult.*

Moreover, when the role had been taken on by someone other than the Infobuzz worker, a clear demarcation was not always apparent. Thomas's BHLF, for instance, described his role as that of communicating Thomas's needs or wishes to his Infobuzz worker:

*I work closely with Thomas and obviously, I've got to see what his needs are and that, and what he's working towards. So if Thomas says 'I need this and I need that', I can advise him that maybe the BHLF will be able to help him out. And then we go through [the Infobuzz worker] and sit there and talk about it, and make plans from there.*

The frequent changes in the BHLF role were raised as an issue in other streams as well. Neil was part of the education stream, for example, and his social worker described the process of becoming his BHLF. He had been handed the forms for Neil's case when Neil had come on to his caseload and had been told:

*'Oh, and by the way, he's in the BHLF pilot', and that was it.*

This social worker said that he was told that Neil knew all about the BHLF pilot and it was suggested that the new social worker should ask Neil to tell him about it.

## **Training**

The apparent lack of understanding about the BHLF role and its intentions was evident. In Gloucestershire, the BHLFs held mixed views about the training available. The Infobuzz workers were satisfied that the CAF and BHLF training sessions had told them what they needed. One said:

*I had a good briefing to start with ... I knew what we were about and I knew what it was about. I didn't understand some of the funding streams and how they worked, but it was fine because there was always somebody else to ask.*

By contrast, one social worker told us that she had not had any formal training, and Neil's social worker told us that he had not had time to attend a training event, but had heard about BHLF in other training sessions. Neil's carer said that the social worker had described going to various meetings to try to establish what was involved in BHLF practice, but without success, which had not given her confidence in the social worker:

*... the one person I think he [the social worker BHLF] said that he had been in contact with ... what he said to me was, every time he came away from a meeting with him, he was more confused than when he went in ... that is how he put it to me, which, you know, doesn't give much confidence ...*

Thomas's and Fred's keyworker BHLFs said that they had attended a three-hour training session, but did not feel that this had been enough for them to be told about or to take in the amount of information they needed for the new role:

*I think it would be better to have a week's course instead of trying to throw everything in a half day. Even the person said 'This is three days' course I'm banging into half a day', and I said to her 'And what benefit is that going to be towards us? How is that going to help us? Because you're going to throw all this stuff at us, we're going to forget half of it.' (Fred's BHLF)*

Thomas's worker was rather less concerned about the lack of information because he could rely on the Infobuzz worker to keep him straight.

## **Assessing Needs and Planning Interventions**

Budget-holding lead professional practice is integrally linked with a needs-led approach. Being able to assess each young person's needs rigorously is critical if care planning is to be based on some kind of clear understanding of the needs being identified. The CAF is expected to be the universally used form of assessment, but none of the young people we spoke to in Gloucestershire could recall having been involved in a CAF assessment. When prompted by their BHLFs, however, both Sinead and Thomas agreed that an assessment had been undertaken. The other young people had no awareness of any kind of assessment. Douglas said he was not aware of a change to his Care Plan when he had been allocated to a BHLF, but Thomas's keyworker described how the action plan had been discussed with Thomas and his Infobuzz worker. The manager in the care home where Aaron and Douglas had been placed said she had not seen or heard of a CAF being done for either of them, though she thought they had been assessed before they arrived. Neil's carer said she had expected to be approached by someone from the virtual school to ask about what help Neil might need through the BHLF budget, but had not heard anything. The carers for Jane and Alan said that their BHLF social worker had visited them to ask what they might need from the BHLF budget but they regarded the six-monthly social work reviews as the key mechanism for identifying and addressing the children's needs.

It is important to note that all the children and young people in Gloucestershire who were allocated to a BHLF were already in the care system before the BHLF pilot had commenced in 2007. All of them, therefore, had a Care Plan in place and had undergone assessments prior to the pilot, so it is not surprising that new assessments were not routinely undertaken and that review meetings provided the opportunity to reflect on each young person's needs and make modifications to the Care Plan.

Neil's social worker, who took on the role of BHLF, told us that he had been advised to complete the last page of a CAF form in order to access the BHLF budget. He regarded this as unnecessary, however, since the core assessment had already been completed and nothing within the CAF would be tied into Neil's Care Plan. Aaron's social worker described a different issue when he pointed out that Aaron had come on to his caseload and had changed placement in an emergency, and that therefore there had been little or no time to plan the activities he undertook as the BHLF. Aaron's social worker saw this as a general problem with the BHLF pilot saying that, ideally, BHLF

*would be about doing the support planning before you actually start allocating the resources. So we're now scrubbing around having to do support plans even though people have been the budget holder for months, if not years.*

All the Infobuzz workers were convinced of the need to have a CAF assessment before planning BHLF interventions. All of them had completed the 'Analysis, Solutions and Actions' section of the Gloucestershire CAF. Thomas's Infobuzz worker described how the CAF analysis had formed part of the process of engaging with a young person. Fred's Infobuzz worker regarded the CAF as integral to the Care Plan which was referred to at the review meetings. Sinead's Infobuzz worker had helped the nominated BHLF with the CAF analysis since the BHLF had not received CAF training, although she also indicated that the Care Plan and the CAF had not yet been linked up even though both had identified needs relating to education and substance use.

### ***The Perceptions of the Young People***

During our interviews with the young people, we referred to their CAFs, where these were available, in order to ask them to reflect on the actions that had followed. We discuss the responses from each young person in turn, starting with Aaron.

*Aaron*

No CAF was available for Aaron, but he had become a BHLF 'case' because he needed a long-term foster placement. Nevertheless, he had been provided with a residential placement in which he was happy to stay until he was 18. He hoped to be able to move to supported housing thereafter, but his social worker had indicated that this would not be provided via the BHLF budget. The only need Aaron could identify in respect of the BHLF fund was for a motorbike, ostensibly so that he could travel to college. He also saw it as providing some freedom for him:

*I think it's freedom in the open road, innit? And plus you get a motorbike, you know, riding up at Starbucks in front of all your mates going [sound of bike – laughs], that'd be ace. And I'll suddenly get a lot of attention for once, instead of being the one who gets one or two people speak to me.*

Aaron's BHLF social worker also perceived that Aaron needed experience of 'normal' family relationships to prevent him becoming institutionalised, or to render him less vulnerable when he became independent. He told us that there were concerns about risk at Aaron's parents'

house that had to be addressed so as to make it safe for Aaron to visit his parents. Aaron's care manager was also aware of this concern. Aaron had managed to access mainstream education 'with a hell of a lot of support' according to his BHLF social worker, but did not regard this as having been achieved by BHLF provision.

### *Douglas*

Douglas's CAF identified needs in relation to: cannabis use; lack of meaningful education or training towards a career, and past traumatic experiences; his relationship with his family; and unsuitable peers. The desired outcomes listed included the following. Douglas should be able to: accept the true extent of his drug use so as to realise the benefits of therapeutic input; reduce his intake of cannabis and improve his self-esteem; have a stable relationship and spend significant positive time with his family; have his mother play an 'effective and influential role in his life'; and have a peer network that did not include drug users. The identified actions were for him to: have work experience; have support with his education or training opportunities; engage in meaningful activities with his family; work around his drug use; see the benefits of therapeutic input; and identify activities and pastimes that interested him. Douglas himself described his needs to us as being for a college course, a car, and the licence to drive it. He regarded being able to make new friends as one of the advantages of a residential course he had attended. His care home manager thought that the issues around drugs had been identified by the education service before he came to the home, but understood this to be the basis of his work with Infobuzz.

Improving educational outcomes was an important goal and Douglas told us that his Infobuzz worker had arranged a college place for him although he understood it had been funded through the reintegration budget and not via the BHLF budget. Douglas's home care manager regarded this as an important aspect of his care planning. Douglas described what he would be doing:

*... bricklaying, carpentry and plastering for six to eight weeks. After that they find me a full-time job, and I carry on staying there as well. So I get paid for it by the week there as well, ESA [Employment and Support Allowance] in September, so that'll be all right.*

### *Fred*

Fred's CAF had identified his needs as being able to: attend college and learn effectively; access suitable supported accommodation when old enough; and get to and from college, family and social events. The desired outcomes listed were for him to: have his CBT licence and independent transport; reach college entry standard in his education; and have access to suitable supported accommodation. The actions identified were for 'someone' to assist him in obtaining or reaching these outcomes. In our interview, Fred described his needs as being to achieve independence through supported housing and to get a motorbike and licence. He regarded the motorbike as a means of travelling to work or college more cheaply. He understood that becoming a member of a gym would be a measure to counteract his smoking.

Both Fred's Infobuzz worker and his BHLF saw Fred's education as an important area of need since he was dyslexic and in education for only one day a week, but they acknowledged that he was 'headstrong' and had not taken up the opportunities offered to him as alternatives to school. Both mentioned that Fred had wanted to secure a placement near his family. They diverged in their views on other areas of need, however. Fred's Infobuzz worker described a motorbike as being 'essential' for Fred, while his BHLF keyworker was very much against him being provided with a bike, since he believed it would give him an unrealistic view of the cost of obtaining and maintaining a vehicle, and would lead to him driving on very dangerous roads with little experience. She regarded travel by

bus as a realistic alternative. She noted, however, that the decision was 'theirs' to make. Fred's Infobuzz worker said he was 'not worried' about Fred's cannabis use and saw it as 'no problem', and had not included this as an issue on his CAF, at his request. The keyworker, however, expressed concerns about his drug use, particularly in relation to his safety when motorcycling.

Fred's Activity and Service Log indicates that he received an intervention on substance misuse from his BHL P, that a college place had been organised and the possibility of accommodation had been investigated. Fred also received payment for a provisional driving licence. He also told us that a gym membership had been arranged for him as an incentive to cut down on his use of substances, and he saw this as one of the benefits of the intervention. When asked what aspect of the decision-making he had contributed to, he talked about the gym membership. Sadly, the placement arranged by Fred's Infobuzz worker had not worked out:

*So there was quite a struggle to get him into a college placement ... he had a couple of hiccups there, so he got sort of dropped from some of the subjects he was doing. Once that happened, then he needed those subjects, so he totally lost interest in going to college because they weren't letting him go to the lessons that he wanted to. (Fred's Infobuzz worker)*

Fred had been given a book in preparation for going to college:

*... when we went for college he needed this maths book, so I phoned [a colleague] up and she got him a maths book and that came out of the BHL P money. But that was just like one maths book. If he'd have needed a tutor, she probably could have got him a tutor from that BHL P money. (keyworker BHL P for Fred)*

The Infobuzz workers told us that the young people they worked with did not always want or need goods purchased for them, however. Fred's Infobuzz worker, for example, had found that Fred was not necessarily interested in having things purchased for him. She told us that he was offered new clothes to go to the gym, and he had said:

*'No I don't need that, I've got those things. I don't want that, I've got that.' So he's not somebody who was asking for lots of stuff.*

### *Jane and Alan*

Jane and Alan were identified for BHL P intervention within the education workstream. Jane's CAF, attached to her action plan, identified her needs as being to improve her maths and French and find support to learn to play the piano. The desired outcomes sought were that Jane could say how she would like this to happen and could determine what she was strong at in maths; and the actions identified were to find a maths tutor and someone to help her access piano lessons, and to give her the opportunity to enhance her French by going on trips to France. Her school, or else the Virtual School, were tasked with meeting her needs. Alan's CAF stated his needs as being to: concentrate in the classroom; improve his maths and English; and access safe activities to develop friendships. The desired outcomes identified were that Alan would: be able to say what helped him concentrate; show that his spelling had improved; and name an activity he had attended and friends he had made. The actions state that someone should talk to Alan about these issues, find a tutor, and support his attendance at his activity.

Jane and Alan's carers described their needs in terms of education – they were concerned about both young people in respect of their maths and English results, and were concerned that neither would achieve the necessary grades to study law and join the RAF, respectively.

Alan was due to sit his GCSEs the following year and was gaining grades of D, E or F. The carers wanted extra teaching provision to be made available, noting that both children had a reputation for poor concentration or disruptive behaviour in class. Jane and Alan recalled talking with their BHLF social worker about extra tuition and about activities to support their education. The carers also mentioned, in the course of the interview, concerns relating to Alan's destructive behaviour in the house and how he struggled to cope with past trauma, but these concerns had not been identified as issues in respect of BHLF intervention.

Other interventions we were told had been provided through BHLF funding included extra-curricular drama classes chosen by Jane, and drumming lessons and athletic clubs chosen by Alan, all of which the young people had enjoyed. Jane's Activity and Service Log, however, notes that her drama and dancing tuition were in place before the BHLF pilot. The BHLF provision listed for her from the BHLF budget included two trips to France and piano lessons provided by the school. Jane and Alan expected to receive extra tuition at school, but one of them told us:

*We haven't had any help at school yet, any teachers or anything like that – that hasn't been sorted out.*

One of their carers told us that the BHLF, who had moved on from the role, had tried to resolve this:

*The school asked me about it and I spoke to [the BHLF social worker] and she said she would write to the school saying that the BHLF were going to deal with it and get the extra teacher or the extra whatever for Alan and Jane in school. And this is three months ago, and nearly four months now.*

*Neil*

As regards Neil, we did not receive a CAF for him. He told us, however, that he needed a laptop:

*I've got a laptop, but it's like kind of slow. It's not working. So I think I need a new laptop and probably, if I don't use it [BHLF money] all up, then I could keep the rest, probably for education, but I would need a laptop.*

Neil's carer told us that Neil needed extra tuition in school and would benefit academically from having his own computer. His BHLF social worker felt that he was doing well enough at school and said he wanted to try to organise a course on refereeing for him.

*Sinead*

Sinead's CAF identifies her needs as being for: a structured education programme with safe transport to access it; access to a phone; a healthy diet at her family home; better personal care and hygiene; a better understanding of emotional, sexual and general health in relation to her alcohol consumption; a structured and supportive home environment; activities; and access to study time at home. The actions identified were for 'someone' to assist her in achieving these, or to talk to her about these needs. The desired outcomes identified included Sinead being able to: name things that she could do to help her get up for school and say what the impact of non-attendance would be; feel that she was able to travel safely; cook and have access to healthy affordable food regularly; explain her use of alcohol and the risks it posed to her; explain her housing needs; and experience activities with her family. The CAF identified problem areas and stipulated that 'someone' should help address these. The desired outcomes were almost all voiced in terms of Sinead reaching a level of understanding and articulacy about the issues that had been identified.

Sinead voiced her own concerns as being about moving back to her family (she had been in residential care but had repeatedly run away to return home) and education. We spoke to Sinead in the presence of her Infobuzz worker, who prompted her about other identified needs. The Infobuzz worker recalled the needs identified on the CAF, aligning some of these with poverty at her family home. She told us that Sinead lacked furniture and clothes there, and was unable to cook healthily as the kitchen was not kept stocked. The Infobuzz worker indicated that moving back home had become Sinead's main priority, and that this had been presented to her as a possibility only if she engaged with education in some form. She did move back home, but remained under a care order. Her social worker did not wholeheartedly agree that she had needed to move back home, and remained concerned about the appropriateness of the home environment and about the family's unwillingness to admit professionals to the house or support Sinead in attending school.

Sinead had been given a place on a training course provided by a trust and funded through her BHLP, which she had found very rewarding:

*And it was all about people – the people that was in my class was all girls, and they were in the same situation as I was. And like I met one of the people, one of the girls before, and it was just like fun really. So we got on with our work ...*

Her Infobuzz worker described this as a 'turn-around' programme for re-engaging young people who had not been accessing mainstream education, with a focus on practical skills and incorporating an element of counselling. Sinead's course had cost £500, so when the taxi fares had been taken into account this had used up most of her allocated BHLP budget. Sinead's CAF had also identified the need for a phone, a healthy diet and her own space at home. Goods were purchased from the BHLP budget in relation to these needs: a phone, food ingredients, furnishings and decorating materials, and clothes to attend her course in. Sinead told us:

*... if I'm low on clothes and stuff like that, they help me out so that I can go in school ... I've got like budget money. I usually ring [the Infobuzz worker] and ask. And I'll just say on the phone like 'Oh, I need like a new pair of jeans', or this, that and the other, and [the Infobuzz worker] usually works it out.*

Her Activity and Service Log shows that Sinead was already receiving therapy from CAMHS, and that the BHLP had provided inputs on self-esteem, drugs and alcohol and sex education, as well as family work on attachment. Eight hours a week of therapy and counselling were also organised from the BHLP budget.

Sinead spoke about choosing the materials for decorating her room and using her mobile phone to communicate with her Infobuzz worker, communication which the worker also saw as important:

*... they didn't have a house phone, so it was very hard to get hold of her, it was literally turning up at the door and knocking. So every time you needed to speak to her you had to drive, literally drive to her house because she didn't have a mobile ... [The phone] made a big difference ... if she was worried about anything she would phone me to say that she was worried about something, or needed someone to talk to.*

Sinead was clearly very pleased with the help and support she had received as a result of her BHLP budget.

## *Thomas*

Thomas's CAF identified his needs for: education or training; a reduced use of illicit substances and a cessation of drug dealing; a Solutions worker and independent living; a return to the area he came from; new friends who did not use substances; and independent travel under his own responsibility. The desired outcomes included him: achieving structure in his life and fulfilling his potential; being less reliant on cannabis; avoiding problems with the police; owning a vehicle responsibly; and living independently around his family. The actions identified included Thomas reducing his drug use; the input of the Infobuzz worker in relation to drug issues; securing driving lessons and a vehicle; and the social worker's support in the transition to independent living. Thomas had already moved to a home located near to where he grew up.

Thomas remembered all these issues being identified when we talked to him, and said he agreed with his Infobuzz worker and BHLP (though he did not mention the drug dealing to us). He was particularly clear about his need for a motorbike to travel to a work placement and to support his independence in the more rural area where he was living. His Infobuzz worker saw the bike as a means of supporting contact with members of his family, despite remaining concerned about the potential for manipulation in these relationships. Thomas's keyworker pointed out that Thomas would not walk to catch a bus.

### ***Integration of BHLP Intervention with Care Plans***

In addition to the CAFs, we received Care Plans and reviews for three of the looked-after children in our sample – Fred, Thomas and Douglas – as well as a review form for Alan. The issues, outcomes and actions detailed in these documents correspond closely to those identified in their CAFs, with three exceptions:

1. Alan's review included the need to effect a change of name for him and his sister, and stated that an application would be made to use his Personal Education Allowance to purchase a computer.
2. Douglas's plan made no mention of his substance use, but did note a problematic earlier relationship, which his Solutions worker was tasked to address by talking to him. The plan, at his review, was that he should remain in care until he was 18.
3. Fred's plan stressed his concern about his young siblings who were not in care, and his strong wish to initiate contact. It emphasised his long-standing determination to join the Army, which was presented as a major impetus in his continued efforts to complete his education. His review stressed that he required a Solutions worker.

While the Care Plans largely mirror the needs and actions identified in CAFs and by BHLPs, they do not always appear to be closely integrated. The plans and reviews do not make mention of a BHLP as an individual except on Fred's and Thomas's review forms, which mention that the organisation of licences and driving tests and the purchasing of mopeds were to be effected by a 'BHLP worker'. Thomas's form stated that the BHLP worker would clarify that Thomas must stop any risky behaviour on the roads and arrange road safety training before allowing him to sit his test. Fred's review noted that gym membership was being organised by the BHLP. Some actions that were listed on the Activity and Service Logs as being organised by the BHLP are listed in the Care Plan as the responsibility of others such as social workers, Solutions workers or social care (e.g. Fred's college placement). Thomas's, Fred's and Douglas's Care Plans do not indicate that the activities had been discussed with anybody acting in the capacity of a BHLP, and there is no mention of a BHLP attending Thomas's or Fred's review meetings.

We have a strong sense that the role of BHL P was not regarded as a radically new role to be developed as part of a different approach to social work practice with these looked-after children. It was usually a shorthand used to signify who was accessing the budget or working with a young person at a given time. This said, most of the young people we spoke to, as well as their carers and the professionals working with them, agreed that their needs had been very minimal, and often did not require additional money to be spent. Aaron, Douglas, Fred and Thomas had all identified a need for a motorbike and the licence to drive it, but little else. Aaron said he could 'do his own thing' at the residential home where he now lived, and found it 'nice and relaxing'. Douglas, too, felt that the home provided very well for them in the ways of clothes, goods, trips and activities, and lifts where necessary, and thought that it was the 'best place' he could stay. Neil could think of nothing he required, other than perhaps a laptop. The care home manager where Aaron and Douglas lived also found it hard to determine areas of significant need for either of them, describing the question as a 'head-scratcher'. She said that the BHL P money felt like an opportunity, but pointed out that the children were already heavily funded by the local authority and received many services through the home as part of their fee. Aaron's social worker thought his placement was well-resourced, and described additional BHL P money as 'not necessary' in his case.

Other young people were already receiving services through the education system when the BHL P pilot started. Jane and Alan's carers pointed out that the children had already received holiday trips through the school, and Neil had been provided with a home tutor through his Personal Education Plan, which came with a £500 budget for educational needs. Neil's social worker described Neil's foster carers as extremely caring and diligent. Having secured a change of school for Neil, he did not foresee him having any further problems with his education since he was now performing relatively well academically, but felt that his carers (both teachers) wanted him to do even better. Fred's Infobuzz worker stated that Fred did not have a substance issue 'as such' and had 'no pressing needs'. Thomas's Infobuzz worker saw Thomas as enjoying a high level of care and financial support for services at the home in which he now stayed, with a good Solutions worker and a social worker in place.

## **Delivering BHL P Goods and Services**

It is clear that a range of goods and services had been purchased, as we saw in Figure 6.2, and that the young people felt very positive about these. None of them had actually got a motorbike, however, or taken their driving test by the time we interviewed them, although these things were still planned for Thomas, Fred, Douglas and Aaron.

Young people in the substance use workstream had received advice on drugs and other health issues, mostly through their involvement with Infobuzz. They did not view drug and alcohol work or advice as a distinct service purchased from the BHL P budget, but as a part of the work that the Infobuzz workers were engaged in. Douglas and Sinead, for example, had gone on a course:

*We went on a residential, like done a lot of problem-solving, misuse and stuff like that, drugs misuse. They do sessions on stuff like that. (Douglas)*

The Activity and Service Log relating to Douglas lists the residential course as providing inputs on drugs and alcohol, stress management, confidence and self-esteem, behaviour and goal-setting. Douglas received six hours per week of training organised through the BHL P budget. He told us that the residential week allowed him to try out a range of sports activities, which he described as 'the best thing' about BHL P:

*We done archery, zip wire, low ropes, high ropes, problem-solving. We done like a trust walk there where one of us gets blindfolded and we get like guided around the place. And I think that was it. But then like drugs, like done drugs misuse as well, stuff like*

*that. But during the day we'd do things. During the night we'd go out, and 'cos it's pitch black and everything, we'd go out and play games ...*

Fred, Douglas and Thomas knew that trying to cut down their drug use had been an undertaking cited on their CAF assessments. They voiced some commitment to tackling their drug issues in the wake of these interventions:

*... one of my ones on there [the CAF] was drugs, to reduce my smoking of drugs, which I've pretty much done. Obviously I hardly smoke it. I'm always at work, I've got a job. (Thomas)*

Thomas's Activity and Service Log indicated that he received twenty hours a week of educational training in addition to the contact with the Solutions and Connexions workers who were already working with him when the BHLPI pilot started. The BHLPI indicated that he had delivered work around substance misuse and given general support to Thomas, and had organised personal safety training and leisure activities through a local gym and Thomas's care home. Thomas's Infobuzz worker said that provision for him had not entailed a great deal in relation to

*supplying him with loads and loads of money and goods and things, because he didn't really need that. He just needed stabilising as a person and I think the whole process of BHLPI, the care home, social work care, as a package has at last managed to do that ...*

Thomas's keyworker BHLPI suggested that there might have been some wariness about purchasing goods for him in case this set a precedent:

*I'd say the main disadvantage is, if there's something he [Thomas] wants, like a mobile phone, he'll try and get it through the BHLPI scheme, try and get as much as he can out of it. So some stuff, he can try and take advantage of it that way. But that's the only disadvantage with it.*

During the BHLPI pilot, all the young people except Neil, Jane and Alan had moved. Thomas had wanted to move nearer his family and Sinead had wanted to return to her family home. Both appreciated the effort their Infobuzz worker had made to secure these transitions. Fred, Aaron and Douglas had had to move to new placements because of extenuating circumstances. Fred was dissatisfied with his new placement but understood that his BHLPI was trying to help him move to supported accommodation. When asked whether his BHLPI would use the budget to help secure placements, Fred said:

*Nay, that's different. You don't need any BHLPI money to do accommodation.*

Aaron and Douglas were very happy in their placements. The professionals we spoke to tended to see placements as something the BHLPI could make an input into, but noted that placements are ultimately handled by social services. Douglas's care home manager, for instance, saw his drugs issues as the remit of the Infobuzz worker, and his placements as the responsibility of social services:

*I suppose the Infobuzz worker's involvement has been much more targeted to the issues, whereas [the social worker] would have an overview of all of the issues in relation to Douglas's care needs or development.*

She suggested, however, that addressing placement issues through BHLPI practice might 'revolutionise' provision:

*... if it was the BHL P money that paid for the placement here there would be a lot more control ... a lot more choice, I suppose, in terms of who would accommodate the young people, and then what outside services would come in, rather than us as a provider charging an X amount of money to the local authority and then we tailor-make the package, and then that's reviewed every six months. I have very little involvement with fostering, but I could see that that would open up more opportunities in fostering ... (Douglas's care home manager)*

Not all the goods and services identified as things a young person should have or wanted had been provided during the BHL P pilot. Fred's Infobuzz worker and Neil's carer and social worker had all hoped that the Virtual School would become involved with them, but this did not happen:

*There was a possibility we were going to be operating a virtual school to engage young people. It didn't actually come off the ground ... (Neil's Infobuzz worker)*

### **Accessing the Budget**

Neil and his carer said that neither they nor Neil's BHL P had been able to access the budget to provide Neil with a laptop. His BHL P and his carer had also been trying to identify a refereeing course for him but had been unable to do so, the latter telling us:

*... we've been trying to access football clubs for him in the area but we haven't had any successes yet. He is a great football lover but the teams around are ... a bit scattered.*

She thought that uncertainty over how funds could be accessed had discouraged them from thinking about what could be provided:

*... with nobody being able to find out how to get hold of it there didn't seem much point in coming up with any ideas on how to spend it.*

The expectation was that BHL Ps would be required to identify, appraise and select the most important or appropriate options for each young person, having consulted with them and their carers, and then purchase goods and services in their capacity as budget-holders. One social worker described how this had worked smoothly:

*I went to our virtual school and asked them if they knew of any reputable tutors or any that they had used in the past for anything, and they gave me a couple of tutor agencies and gave me their contact details. I contacted them, told them what I needed, what I was looking for, what we were hoping to achieve, and then they went back and had a look. They had like a pool of different tutors that are able to meet different needs and they come back with certain ones and sent me how much it was going to cost, whether they could do the days that we wanted and the hours we wanted and teach the lessons that we'd wanted, and then we just choose the best one that would meet the child's needs out of the ones that were provided. And then they started and we funded it. They invoiced me and we paid it through a budget code for the BHL P so that was relatively easy really, because I used a virtual school that we already had set up ...*

Not all the social workers who had been designated as BHL Ps had found out how to access the budget as easily, however. Neil's social worker was one of these, and Jane and Alan's carers also told us that they had never received money from the BHL P social worker for the activities they had paid for themselves up front.

In most of the accounts about the process of accessing BHL P funds, it was not apparent that BHL Ps had been given the authority to spend the budget in whatever way they wished. Jane

and Alan's carers had understood that in order to release money, the BHL P social worker had to ask a manager or supervisor. Similarly, Douglas also understood that his BHL P had to have decisions 'vetted' by someone in higher authority:

*It would be like bowling, cinema, go and see some concerts and stuff like that. She [the BHL P] was all right with that, she was 'Yeah ... I'll talk with my manager', or whoever it is, 'and get back to you'.*

Aaron's social worker also said that team managers signed off 'requests for funding', although another member of the team saw this as a considerable improvement on previous procedures:

*... so I just spent the money really ... never needed to be told twice to spend money. We got permission but I didn't actually have to go to what we've been used to, like go to a panel asking for, preparing a big report saying why we need it ... [We] didn't have to do any of that, which obviously makes a huge difference in regards to time.*

The keyworker BHL Ps we spoke to did not see themselves as having taken budget decisions, however. Fred's keyworker BHL P, for example, described how the Infobuzz worker had taken the decision about the motorbike out of her hands:

*... Infobuzz made that decision and they need to. They never consulted with us at all ...*

Thomas's keyworker BHL P regarded Infobuzz as part of a hierarchy of authorisation above him:

*If you're applying for something there's quite a lot of forms and that to fill in, which can be a bit, you know, time-consuming. And I think there could be an easier process of getting access to the money, instead of going through a lot of – like Thomas said, going through a lot of different people. Because it takes time really doing it that way ... He's come to me, I've gone to [the Infobuzz worker], and [the Infobuzz worker]'s trying to get a credit card off the budget holder for the main pot of money. So this has taken three weeks to get hold of this credit card to book the test, so that's like three weeks extra of Thomas's life waiting for us to get things moving really.*

On the other hand, Thomas's Infobuzz worker described the BHL P pilot as having radically altered the process of gaining permission for spend:

*I've been involved long term with young people where I've got no idea how to access the money. I know that's what the person needs but to get that I've got to fill out a form. I've got to ring somebody else, I've got to ring the social worker, I've got to and then wait for them to put this in place and raise the money to do it. BHL P, you don't have any of that ...*

He nevertheless perceived that two budgetary levels were operating, whereby larger purchases had to be agreed by senior professionals:

*... it's about making sure there's money available to maybe support them in a change of accommodation. Those decisions would be made by the BHL P lead and the BHL P team out of the Children and Young People's Directorate ... If we need to buy in another service, that will go back through the BHL P workstream lead, who would then not only look at whether this service is needed but also probably spec the most appropriate one ...*

In order to have the purchase of a motorbike and licence authorised – items she described as being on his CAF form – Fred’s Infobuzz worker had had to make a substantial application to ‘the budget holders’:

*I’ve got to write the case up first, so I need to put that to the budget holders. Well, I put it through – I put it through the person that we go through, and they have to put it up to the overall sort of lead for BHLP in this county ... I need to have the reasons for why this is really important. So it’s just putting forward ... we’ve got the CAF, but I want to do some background material to make sure it’s signed and sealed.*

Services had to be agreed or paid for by a budget-holder. This was sometimes described as a function which was deferred to someone else. Sinead’s Infobuzz worker, for example, stated that she did not view herself as having had anything to do with the financial aspects of holding a budget:

*So he [the workstream lead] held the budget, so we didn’t have anything to do with the finance, we just literally would phone him up and say ‘This is the course we want her to go on, this is how much it’s costing’, and he just sorted it all out ... I’ve got no idea how the budget worked. We didn’t hold the budget at all, we just sent an invoice off to him and he would do it all.*

Within the substance use stream, a petty cash system had been operating for smaller items:

*I think for smaller amounts of money you are able to just go ahead, when it isn’t a major amount of money. So it’s probably one hundred pounds and under or something that you can just do it. I don’t know – you’d need to speak to somebody who was much more on the finance side. But I’m pretty sure that might be ... well, I think that’s what I’ve heard. So if it’s one hundred pounds and under go ahead and just put the receipts in. If it’s above that then discuss and put a case. (Fred’s Infobuzz worker)*

When this worker had had to pay for one item costing £63 with her own money, however, she had, she told us, checked the purchase with four people before doing so:

*And yes it’s on the CAF, and yes it meets the needs and all the rest of it, but I made sure that other people thought the same as me, that I should go ahead and do this, because I wanted to cover my back to make sure I’m going to get the sixty-three pounds back. And it would be an awful lot easier if I didn’t have to do that.*

The implementation of BHLP practice was intended to result in faster delivery of services by removing the requirement to seek approval or authorisation from senior staff before making purchases. Some of the procedures for authorisation and release of funds described to us by practitioners in Gloucestershire seemed, on occasion, to constitute a lengthy process. Some of the young people were also aware of this. Thomas, for example, described the process that had to be followed to fund his driving test:

*... I’ve got to go through [the keyworker BHLP] and then he has to say yes or no. If he says yes then it has to go to [another worker] and it just gets passed along the queue pretty much, which is a bit of a pain because it’s a long process, and then by the time it gets back to me it’s like two or three months later. So it’s a bit of a pain that way. I’d rather [my keyworker] decides to say ‘Yeah’, and then bang it’s done, instead of it being prolonged really.*

Fred’s Infobuzz worker, reflecting on the BHLP pilot, also suggested that accessing cash had been a complicated process and suggested a change of policy:

*... if there is a targeted amount of money it would just be far more sensible to have that money put into a separate account or whatever, and we can access it, obviously keeping, you know, the correct records and showing the need ... it'd just be less hoops.*

## **Taking a Team Approach**

Of course, consultation is appropriate when a range of practitioners are involved in a child's care planning and are providing a co-ordinated package of support. The BHL P should have the authority to put decisions into action relating to expenditure rather than having to seek authorisation from colleagues and managers, whereas care planning should normally involve the practitioners relevant to each child. While we observed a number of practitioners working with individual young people, however, it was less clear that they were collaborating as a team-around-the-child (TAC) with one of them taking the lead professional/BHL P role. Rather, it seemed as if a range of practitioners got involved, passing responsibility between them, depending on what was being provided for a young person at any given moment in time. As we have noted, this occasionally resulted in confusion and rather lengthy processes to access the budget. During the BHL P pilot, perhaps because the young people appeared to have limited needs, the BHL P budget was used primarily to provide 'little extras', as Thomas's keyworker described them, or to target specific concerns such as educational attainment.

Most of the young people in our sample in Gloucestershire were already involved with a wide range of practitioners and action plans had often been developed through consultation between social workers, care home staff, education specialists and others. One Infobuzz worker described the multi-agency approach as follows:

*I would make all the arrangements and I would get all the education meetings together and do all the meetings, and pull everybody together. And [the young person] would choose where she'd want to go for education. And then the social worker would turn up at the last minute at meetings. But we'd kind of make sure that it was all OK and she was happy with it as well. So we worked really well together. She just left me to kind of do all the planning, and I would send her a weekly report on what was happening.*

Aaron's care home manager said she had liaised with the BHL P to help Aaron decide on what he needed, something she had been unable to do for Douglas as she did not think that his social worker was involved in BHL P planning, and felt that they both should have been:

*I suppose, from our point of view, and my experiences with Aaron's and my experiences with Douglas', is that if you are the lead professional at the very beginning, it would be quite useful to involve as many people as possible in those discussions, and if those people change, to make sure that new people are aware of the involvement.*

She reflected that most looked-after young people would be familiar with multi-agency involvement co-ordinated by a lead professional. Aaron's BHL P pointed out that there was a 'big team' round Aaron (including CAMHS and the interventions team) but that they did not work together: instead, they each had responsibility for aspects of his care package but worked to diverse agendas. Fred's Infobuzz worker told us that Fred was separately supported in his court case by social services and an advocate who 'enables other stuff'. Fred's care home manager was, or had been, involved in BHL P planning but staff had disagreed with the Infobuzz worker over the funding of a motorbike.

The Infobuzz workers attended multi-agency and review meetings in respect of their cases, but described these as being convened largely by other professionals, including care planning meetings and case conferences run by social services or meetings at school:

*Because we have this independent review system as well, besides Fred's normal Care Plan meetings and whatever you also have somebody who is putting it all together and saying, 'Right, what's happened since last time? Who has not done what they should have done?'*

One Infobuzz worker noted that some social workers were reluctant to invite Infobuzz staff to the care planning meetings, even if the young person wanted them to attend.

## **Making a Difference for Looked After Young People**

In Gloucestershire, the practitioners, carers and young people themselves believed that BHLIP intervention had made an important difference in their lives. Some of the differences they described, however, were not necessarily linked to BHLIP practice as a distinctly different way of working but, often, were the result of there being an additional pot of money, or a specific worker putting arrangements in place that improved the lives of the young people concerned. The personal relationship formed with a keyworker could have a significant impact, as could the move to a good placement. Aaron, for example, had found that his visits to his family had improved a lot since the BHLIP had fitted safety devices and repaired his mother's wheelchair, so that Aaron was able to do things and go out with them. Aaron stressed that the main thing that had made a difference in his life, however, was the move to his current home. His care home manager thought likewise and considered that BHLIP intervention had made no real difference for Aaron, his needs having been addressed through the residential provision. She thought the same about Douglas, although she noted that he had enjoyed his residential course with Infobuzz and had been able to make new friends there. Douglas thought that the work undertaken by Infobuzz had helped him to rebuild relations with his family and that the residential course he had attended with his Infobuzz worker had introduced him to new friends and given him a great deal of information about drugs. He did not think that having a BHLIP had affected his life, but thought that the Infobuzz worker had become a friend he could turn to.

When we talked about the impact of BHLIP practice with young people in the education stream, Jane said she was better educated and more confident at school, while Alan said that the drumming lessons provided through BHLIP funds let him take out his anger, and this meant that he felt 'happier'. They both agreed that the BHLIP intervention had been 'really good', and their carers also thought that the activities were helping them at school, though they were concerned that extra tuition had not yet been provided.

Neil's carer and his BHLIP social worker thought that BHLIP intervention had been a disappointment for Neil. Neil told us himself that the conference that was to be his only involvement in BHLIP practice had been cancelled at the last minute. Thomas, on the other hand, was very happy to be living back near his family, although neither he nor Fred appeared to think of themselves as having received help from BHLIPs:

*So far so good. Well, when it [the provision of a motorbike and driving licence] happens then I'll be a happy bunny, put it that way [laughs]. But until then I just think, oh, it's just another agency in my life really. 'Cos I've had so many agency people work with me, it's beyond a joke ...*

Thomas's Infobuzz worker stated that the delays in getting Thomas his licence had arisen from Thomas persistently changing his mind about this. He emphasised however, that Thomas having moved back near to his home had made a real difference for him:

*... the levelling experience of knowing that somebody is always there and not just on a three-monthly basis, when he's got to turn up at an office and have everybody talking about him, and I think he's found it empowering ...*

Fred's Infobuzz worker thought the intervention had helped him make changes and feel in control, providing 'another voice batting [sic] his corner':

*... I think it's effective. You know – it does what it says on the can. And whenever I've talked with Fred about it that's what he said as well. You know – it might not have been a huge intervention in his life, but he gave me the impression that it's helped him to get some things that he wouldn't have had otherwise, or meet some needs, I should say.*

Fred's Infobuzz worker felt she would not have had the same degree of influence with social workers on his behalf if she had not been working through the BHL P pilot. By comparison, Fred's keyworker and erstwhile BHL P thought that the intervention had made 'not a lot' of difference to Fred. She was concerned that he was not on a training course and thought that, although he had not been given money to buy a motorbike, he was quite capable of getting a bus.

Of the young people we spoke to, Sinead was one of the most positive about the difference BHL P practice had made for her. She said that she would recommend it to anyone else:

*I'm quite happy with everything that's going on. 'Cos like I've got into education, I'm getting clothes and stuff like that, so I'm fine. I'm getting into education more often now so ... I would advise them to go for it I think. 'Cos like it's helped me quite a lot ...*

She thought she would not have been trying to attend education without the intervention, and was very enthusiastic about the transformation in her home life that redecorating her room had brought. In particular, she valued the time she was able to spend with the Infobuzz worker:

*... the best thing is when me and [the Infobuzz worker]'s in the car, 'cos I can get everything out in the open and [the Infobuzz worker] is just there listening to my boring conversations, just laughing away like. And ... if I'm in a depressed mood or something, I get hold of [her] and she helps me, and we have quite a few laughs in the car ...*

Her Infobuzz worker regarded the purchase of a mobile phone as central to achieving positive outcomes for Sinead as it had given her access at any time to someone she could confide in or ask for help. She thought that getting Sinead to talk to someone and getting her into education had made a major contribution, without which she might have ended up in worse circumstances:

*[Without BHL P] she wouldn't be in education. And I think she would be back at home, but I think eventually she probably would have been moved to a secure unit ... because of her running away, and because she wasn't speaking to anybody about going to school or about her drinking or drugs or anything like that, and her risky behaviour ...*

The Infobuzz worker felt that Sinead had addressed her health issues, having taken advice on sexual health from a nurse, and had reduced her risky drinking. She pointed out that had she worked with Sinead in her previous role as a drugs worker rather than via the BHL P pilot, her remit would have been limited to providing advice on drugs and alcohol. She was pleased that Sinead's family would talk to Sinead about problems now, but she remained concerned that they still would not let her or other professionals into the house, that Sinead was still in education for only two days per week and that her diet was still not consistent.

Sinead's social worker voiced similar concerns. She was greatly impressed with the Infobuzz worker's achievement in getting through to Sinead and being able to communicate with her and her family, and in getting her to attend a course. She was still concerned, however, that there had been no 'magic improvement' in Sinead, and thought that the difference made had perhaps been to 'hold' her situation from getting any worse, rather than to improve it. She pointed out that Sinead's problems were indivisible from those of her family as a whole, who had been involved with social services for the past six years. Ongoing issues relating to care orders in respect of Sinead's siblings meant that Sinead and her family still would not engage with the social worker, though her Infobuzz worker reported that a recently appointed social worker was getting on better with the family.

## Changing Social Work Practice

The social workers we interviewed did not see BHLF practice as something that had had a significant impact on their practice, though all were interested in the possibilities of the model. Neil's social worker felt that it was a good idea in principle, but one that was unlikely to be realised in practice because

*people will not, in my experience, relinquish control of budgets to practitioners such as myself.*

Aaron's social worker thought that the BHLF pilot had given him some autonomy, but felt that the potential for creative thinking was constrained because, in his words, 'we've never been aware what our budget was', and by the wider policy directions within social services. He told us:

*I think the difficulty is when you're doing it [BHLF] in parallel to the systems that you've got already, which are increasing in their bureaucracy and increasing in their intrusiveness ...*

Fred and Thomas's keyworker BHLFs did not feel there had been any impact on their role. They saw being a BHLF as being essentially about talking with the young person or the professionals involved with them, and felt that these activities were already encompassed by their normal remit. By contrast, the Infobuzz workers were enthusiastic about the contribution the BHLF pilot made to their role, expanding it beyond the delivery of drug and alcohol advice to allow them to tackle problems holistically and get to know young people in much greater depth and over a longer period of time:

*... we were acting as counsellors one to one with children in school, but that was just a counselling session ... Whereas with the BHLF ... you could get twenty calls a day, or five phone calls a day. It was really varied and, depending on the level of need of the young person, how many other people they had in their lives, you either used a lot of the BHLF [fund] or [used it] quite sporadically. It changed quite intensely with how things were with that young person. So it was quite a responsibility. (Sinead's Infobuzz worker)*

Some of the practitioners had been involved in commissioning services and interventions and in thinking about the most cost-effective ways to meet the young people's needs. In this regard, Thomas's Infobuzz worker described her role as follows:

*... it's like 'Well, what's the best use of that money in relation to that young person? Do I need to buy a quality service to make him meet that need or can it be supplied through the voluntary sector?' So there's commissioning involved. There's almost a market involved and a lot of homework, you know. This isn't just three interventions a week – you have to spend time sat down reviewing your notes, looking for*

*opportunities to make improvements in a young person's life and negotiating with the young person ...*

She went on to indicate that decisions to purchase specialist services were not normally taken by the BHLF but by the workstream lead. Before a specialist service was purchased, efforts would be made to see if a 'free' service was already available:

*... a lot of these services don't charge, so we can refer them to a service that is available for a young person and there's no charge involved. It only gets a little bit more messy if we have to buy in a service that will charge, and if that's what the young person needs, then that's what they get. But that needs to be agreed because the workstream lead can then actually look at it and say, actually, can we do it cheaper here ...*

Overall, then, these views indicate that there was not a distinct shift in social work practice with looked-after young people, but that the availability of a budget had opened up a number of purchasing options. It also appeared to deepen and strengthen the relationship practitioners could forge with a young person.

### **Nominating a BHLF**

In Gloucestershire, a central feature of the BHLF pilot was the belief that young people should be able to choose the practitioner who would become their BHLF, and that the BHLF did not have to be their social worker. In many ways, then, there was less clarity about the role of the BHLF because the designation tended to shift between practitioners. We noted that there was a marked difference between the workstreams in this respect. An important aspect of BHLF practice for young people in the substance use stream was the personal connection forged with the Infobuzz worker, who in each case had acted as the BHLF for at least some of the time. Douglas and Sinead described their Infobuzz workers as 'friends' they could ring at any time. This sense of attachment with the BHLFs was less apparent in other streams where the BHLFs were the young people's social workers. Aaron, for instance, suggested that his social worker was 'the most important person I can talk to' but did not suggest he would call him any time he had a problem. Jane and Alan thought their BHLF was 'a better person than a social worker' but said they would still go to their carer if they needed to talk, since this would be 'someone we see every day'. Sinead told us:

*And then [the Infobuzz worker] came along and now I don't really bother with my social worker, like ringing her up or anything. I'd just get straight on to [the Infobuzz worker].*

The close identification of the young people with Infobuzz workers occurred in the context of the young people voicing strong dissatisfaction with their social workers. Douglas said he did not really talk to his social worker:

*... it's just their job really, they don't care [laughs]. They don't care, as long as they get paid like ... [I see a social worker] every like six weeks so far. Annual check like, innit?*

Jane and Alan said they 'hardly ever' saw their current social worker, and Fred told us:

*I don't like my social worker, she doesn't do anything. She's shit.*

This general disdain was acknowledged by Sinead's social worker. She saw the strength of the BHLF pilot as enabling Sinead to have a professional in whom she could confide. But she perceived Sinead's attitude as an inevitable by-product of the social worker's statutory role and responsibilities, pointing out that she had been, and still was, required to make

difficult decisions in relation to Sinead and her siblings for the protection of their welfare, decisions with which neither Sinead nor her family agreed:

*... the whole family, parents, have never accepted that they are not able to look after their children. And so they have deep resentment against social services.*

Aaron's social worker also recognised a potential for tension between a lead professional and a social worker where the roles were split between two individuals:

*... we have to have that central [role]. Because of parental responsibility and so on, we have to have that final say or decision ... Well, it's about the accountability as well, isn't it?*

The BHLF role, as envisaged, is one in which the lead professional has the authority to make decisions with a young person and, despite the split roles, the social workers in Gloucester retained the ultimate authority in respect of key decisions:

*We did have a bit of a battle with education ... But the social worker was the one, at the end of the day, who made the calls to say that this was the best course for Sinead for this period ... before she could step back into mainstream education. So it was actually the social worker who had the final say. (Sinead's Infobuzz worker)*

Other than in Sinead's case, there did not appear to have been any significant disagreements or divergences of opinion between those acting as BHLFs and social workers, but this may have reflected a separation in the remits they held, with the BHLF dealing only with issues that the social worker was happy to hand over. The Infobuzz workers saw themselves as go-betweens, particularly, for example, in Sinead's case:

*... because the relationship had broken down between the family, and Sinead wouldn't speak to her social worker, I was the kind of go-between, so acting as her kind of voice, and also speaking on behalf of the social worker. If the social worker was a bit concerned about something I'd go back and I'd explain why she was concerned. (Sinead's Infobuzz worker)*

In this particular case there appeared to be an element of 'good cop/bad cop' in the pattern of interaction between Sinead and her Infobuzz worker and her social worker. While the Infobuzz workers were undoubtedly able to develop close, trusting relationships with the young people, being designated as BHLFs tended to introduce more layers of authorisation and decision-making into the process. The nominated BHLFs had rather less authority than they might have had elsewhere because they needed to defer to the young people's social workers.

This apparent dilution of the role of BHLF may well have contributed to the fact that many of those we interviewed seemed unclear and uncertain about BHLF practice, how it worked and what it was for. In many ways, the Infobuzz workers acted as lead professionals or keyworkers rather than BHLFs, developing a close bond with a young person and delivering intensive one-to-one work. In contrast, some of the social workers who became BHLFs appear to have been at a loss to know what to do with the additional pot of money that came with the BHLF pilot. They were often unsure about how to access the money and did not always know how to spend it because the looked-after children on their caseload were mostly well-provided for.

As regards changing social work practice with looked-after children, we found little evidence of this happening in Gloucestershire. The pilot provided additional funds and these were sometimes used creatively, but there was no strong sense that practitioners had adopted a

new role which had empowered both them and the young people in their care. This may have been due partly to the fact that the young people had been on the caseloads of the social workers involved before the BHLPI pilot began. Inevitably, perhaps, the BHLPI initiative was therefore regarded as providing funds rather than as changing practice. The apparent lack of evidence of change in social work practice may also be due in part to the turnover of staff and placements. Practitioners nominated as BHLPIs sometimes moved on, or the young person's placement changed.

## **Assessing Outcomes**

There is a strong belief among practitioners and pilot staff in Gloucestershire that BHLPI practice has empowered young people to be more in control of their lives and the decisions taken about them. Without objective measures of change it is difficult to assert that their lives had been improved substantially, however, and that the changes could be sustained. Sinead had returned to education but in a limited and irregular way. Young people in the substance use workstream said that they understood more about the dangers of drug taking and had been given advice. Subsequently some of them had reduced their use of drugs. Longer follow-up would be needed to assess whether this positive shift in behaviour is sustained. All the young people except Fred had moved into placements that they were happy with, but there is little evidence that this was the direct result of the BHLPI pilot. The BHLPI models of practice adopted in Gloucestershire were rather complex, with several workstreams all adopting different approaches. This makes it difficult to evaluate the extent to which the objectives of the pilot were fully achieved, even though most of the young people expressed gratitude for the purchases made from the BHLPI budget.

## **Reviewing the Evidence from the Pilots**

In this and the previous chapter we have considered the findings from the Gateshead, Leeds and Gloucestershire pilots. There are both similarities and differences between them, which reflect the approach each took to implementing the BHLPIs with looked-after children. By far the most complex approach was adopted in Gloucestershire, which implemented BHLPIs in a number of distinctly different workstreams. Not all of these workstreams took off, but the work with young people with substance abuse problems seems to have been particularly successful. Infobuzz workers had sufficient time to develop and foster close relationships with the young people concerned and work alongside them in the delivery of a range of services. However, there were clearly some confusions about which practitioners held the role of BHLPI and about where the authority to access and spend the budget actually resided. Looked-after children are allocated a social worker who carries the statutory responsibility as the child's corporate parent. Yet in Gloucestershire, the social worker was not necessarily the BHLPI and some social workers seemed to have a rather tenuous relationship with the young people in their care. This was in direct contrast with the social workers' experience of BHLPI practice in Leeds and Gateshead. In both these pilots, social workers embraced the BHLPI role and appeared to enjoy strong and supportive relationships with the children and young people for whom they held statutory responsibility.

The extent to which any of the practitioners designated as BHLPIs in all three pilots actually held a budget and developed their purchasing and commissioning skills varied. Comparatively few new interventions were purchased for the looked-after children in Leeds and Gateshead relative to the activity in Gloucestershire, but it was not always clear to us who had actually signed off the expenditure in the latter. One of the challenges for local authorities is to render financial and management systems flexible enough to enable front-line practitioners to hold and be responsible for substantial budgets. There was a tendency in all three pilots, particularly during the first year, to put systems in place which required authorisation for expenditure to be sought from managers at one level or another. Devolving control of budgets to social workers requires a system change. Once this has been achieved,

social workers also have to be confident that they, too, can share the responsibility for prioritising and allocating the budget with the young people themselves. Not all the BHLPS had been comfortable sharing information about the budget with the young people or with their carers. We observed an element of mystery surrounding the budget in all three of the pilots, although all had made considerable progress in implementing BHLPS practice to the policy intent.

We noted that in Leeds and Gateshead, and also in West Sussex, the emphasis during the pilot was on spending money from an additional budget. Because the pump-priming budget was time-limited there was some urgency to make sure the money was spent. The West Sussex pilot, for example, purchased a large number of laptop computers in year 1, irrespective of the assessed needs of those who would ultimately be given one of them. Laptops were a major purchase in Gateshead as well, but fewer were provided in Leeds and Gloucestershire. All the pilots used the *Every Child Matters* outcomes framework as a template for assessing effectiveness, and all placed emphasis on supporting children and young people to enjoy and achieve. Leisure activities, holidays and short trips featured consistently as purchases and, by all accounts, they were greatly appreciated by the children and young people who benefited from them. Not only did they enable looked-after children to enjoy the kinds of activities that other children usually enjoy, but they promoted self-confidence, self-esteem and new peer friendships. When the BHLPS were creative in their responses to assessed needs, the young people were also able to be creative, safe in the knowledge that while they were learning about new things it was all right for them to change their minds and make mistakes.

On the whole, the children and young people in Gateshead, Leeds and Gloucestershire were in stable placements when the BHLPS pilot began and social workers felt that the foster care provided was of a high standard. We know nothing about placement stability in West Sussex, but it is important to note that children's services in the county had been experiencing major reorganisation and that the most recent Ofsted review had been more critical than reviews in other pilots had been. The extent to which any social workers made radical shifts in their practice is questionable, but some, as we have seen, were beginning to enjoy the new role and had recognised its potential for their work with looked-after children. They had all experienced a number of challenges along the way, but most were keen to progress BHLPS practice in the future. Realising that BHLPS practice involves far more than having access to a fund of money signifies an important step forward.

We have been able to say very little about sustainable outcomes because little objective, measurable data is available from the pilots. That many children and young people had benefited from the pilot in the short term is not in doubt. More rigorous, comparative research would be necessary to determine the longer-term benefits. In the next chapter we draw on the data we have to identify the elements of effective BHLPS practice, and review the findings from this study in the context of our previous evaluation of BHLPS and other related research.

## Chapter 7 Identifying Effective Practice

The findings presented in the previous chapters suggest that some practitioners were able to begin to develop a new approach to their practice but that, for most of them, being a BHL P did not for the most part signify much of a difference. Although the children and young people they worked with mostly appreciated the opportunities which access to the BHL P budget had afforded them, what they valued most was a supportive and sustained relationship with a keyworker to whom they could turn if needed. In this chapter we attempt to draw out the elements of effective practice in the looked-after children pilots and review the findings in the context of the previous national evaluation of BHL Ps and other relevant research. We begin by examining the responses made by practitioners and managers to two e-surveys conducted at the end of the pilots. We wanted to give them a chance to look back and reflect on their experience of the pilots and suggest ways in which BHL P practice might be enhanced in future.

### The Views of Practitioners

We sought to obtain the views of all those who had been BHL Ps. This had been an effective way of involving BHL Ps in the main national evaluation and a similar survey was designed for use with BHL Ps who were working with looked-after children or children on the edge of care. We experienced two key challenges to the implementation of the survey in this evaluation, however. First, it was inappropriate to include social workers in West Sussex, given that the policy focus had drifted and they did not regard themselves as having taken on a new role as BHL Ps. Second, it was extremely difficult to identify the BHL Ps in Gloucestershire. Despite repeated requests, we were not able to obtain a definitive contact list. A survey invitation was therefore sent to the social workers and Infobuzz workers who had been involved with all the children and young people who had been identified as BHL P cases in Gloucestershire. Invitations to participate were sent, also, to all designated BHL Ps in Leeds and Gateshead.

A total of 64 invitations to participate in the e-survey were distributed. Reminders were sent to people who did not respond. We received just ten responses. This is extremely disappointing as it does not allow us to conduct a robust analysis of the data provided. Instead, we provide a description of the responses sent by the ten BHL Ps. We have no way of knowing why the response rate was so low. It may be that some practitioners had moved on, or they did not regard their BHL P practice as having been a central part of their work, or they did not regard themselves as BHL Ps, or they were simply too busy to respond to research. For example, one Gloucestershire social worker told us:

*I was not a BHL P but a social worker for a child using BHL P – I was and am still not impressed.*

Maybe others felt similarly and so did not bother to respond to the e-survey. It is possible that the BHL Ps who did respond were those who felt most positive about the pilot. Inevitably, the findings must be read with caution in terms of their generalisability to all BHL Ps.

Six responses were received from Leeds, three from Gloucestershire, and one from Gateshead. Seven of the BHL Ps were social workers, one was a social work assistant, one was an Infobuzz worker, and the professional status of one respondent was not given. Seven of the BHL Ps were female, two were male, and the gender of the remaining BHL P was not given. The caseloads of these BHL Ps ranged from two to twenty-four children and young people, with the average caseload being fourteen. This would appear to be about the size of caseload that would be considered appropriate in this kind of work. Eight BHL Ps stated that they understood what was expected of them in their new role, and seven BHL Ps said that

they had felt ready for the role. However, only five of the BHLPS had received any training for it. Most had worked with looked-after children and with those at risk of going into care. Only one BHLPS had used the CAF as part of an assessment.

### ***A Changing Role?***

Seven BHLPS stated that the role of BHLPS was different from their normal role. They explained that it gave them more control and autonomy when dealing with cases, and allowed a more flexible approach, as these Leeds social workers explained:

*I had the autonomy to make decisions about cases that had a financial implication. This is not commonplace in my experience.*

*Not much difference apart from being able to make decisions about funding without consulting management. This allowed me to discuss funding with families and children more and get them involved more.*

*Flexibility of approach to funding interventions. Being more creative about solutions.*

Six BHLPS felt able to take decisions independently about the budget without seeking approval from someone else. Four had a limit to the budget that they could spend, either per child, or for their caseload as a whole. Six BHLPS said that they had experienced practical challenges in their role, including not having enough time to spend with families, too much paperwork, the lack of availability of other agencies or services, and concerns about the quality assurance of services, as the following comments attest:

*When commissioning external services, I was very wary of using services that have not been tested by the local authority. Therefore, I only used recognised services. (Leeds BHLPS)*

*Timing, i.e. % of contact time. Lack of financial control. Limitations as in Social Workers availability, Care Homes availability, Virtual Schools Team availability. Accessing money. (Gloucestershire BHLPS)*

*Actually trying to fit in the additional paperwork, meetings and delivery of services. (Gateshead BHLPS)*

Eight BHLPS described their managers or supervisors as supportive, and five regularly held multi-agency meetings concerning the looked-after children in their care. The majority of BHLPS reported that other practitioners had not understood their role as BHLPS, although most had had no difficulty engaging other practitioners to work with the children and young people for whom they were responsible.

The BHLPS stated that they had a good knowledge of services that were available locally, but did not have as much knowledge about their cost. Several had identified gaps in services, particularly for young people who were leaving care post-16, and in respect of services for those with disabilities:

*I am working with a young person who is Looked After and is 17. I have used BHLPS monies on him three times for additional support. He has learning difficulties and is due to 'leave care'. However, the Joint Care Management Team (the team for adults with learning disabilities) will only take people with an IQ of 70 or less. This young person is very vulnerable and whilst we are encouraging independence and hope that he will be able to live independently in the future, he is not being offered the right support. His siblings have been in a similar position. (Leeds BHLPS)*

*Services for children with complex disabilities are lacking. Mainstream services do not have adequate finances to provide support for these children for them to be inclusive. (Leeds BHL P)*

Five BHL P s had experienced barriers to implementing Care Plans as BHL P s. Some of these related to the BHL P process itself, and others to external factors:

*There are many barriers to supporting people that sometimes money cannot fix. An example is the experiences the parent has had (violence, abuse, etc.) that makes them less able to parent. Providing services can help some people, but for others, the experience is too deep rooted. (Leeds BHL P)*

*More to do with the resentment of colleagues who found it really different to accept the funding was for my caseload only. (Gateshead BHL P)*

*Lack of communication between professionals and the BHL P worker. (Gloucestershire BHL P)*

We have already referred in previous chapters to the tensions which arose when some social workers were designated as BHL P s and others were not, and appeared to have been given extra money to spend.

### **Empowering Young People**

Seven BHL P s felt that they had found it easier to engage with families and young people as BHL P s, and in all cases, children and young people had contributed to decisions about spend from the budget. Seven thought that the BHL P approach had empowered children and young people because they had a choice or a 'say' in how the budget was spent and this could be acted on by the BHL P:

*I think it gave them a choice about what they felt was important for their family. They found it useful – I could say 'Yes, we will organise that' instead of waiting for me to get back to management. Some were also empowered by helping to organise the services when they wouldn't have done this previously. (Leeds BHL P)*

*It is more empowering for the parent/child if a decision can be made straightaway, rather than the worker having to go and ask a manager (it can be embarrassing for them to have to wait for a decision). They also put more faith in a worker who can make decisions. (Leeds BHL P)*

*Deciding what would make a difference for themselves as opposed to someone 'doing to them'. (Gloucestershire BHL P)*

### **Proposals for the Future**

The BHL P s saw some benefits in the BHL P approach. These included being able to involve families more effectively, being able to act on decisions, and having easier access to money. The following comments were made by Leeds BHL P s:

*I have really enjoyed having control over what I can spend and who I can spend it on. In the past, I have had to say 'I'll ask my manager' and there is an inevitable delay in the services. Professionally, I also liked this responsibility.*

*Building better working relations with families/service users.*

*Easy access to finances.*

The main drawbacks of being a BHLF were identified as the amount of paperwork involved, and the time-consuming nature of the role. One BHLF had had little control over finances and saw this as a drawback. Improvements to BHLF practice suggested by the BHLFs included more training for BHLFs, information for other practitioners about the role, more resources and/or budget, and allowing carers to become BHLFs because 'they are at the "coalface" of knowing what a child or young person needs'.

## **The Reflections of Managers and Co-ordinators**

In addition to the e-survey of practitioners, invitations to take part in an e-survey were sent to BHLF managers and pilot co-ordinators in Gateshead, Gloucestershire and Leeds. Twelve responded. When asked to describe the remit of BHLFs in their area, they responded that they expected BHLFs to take a needs-led approach and be creative about reaching solutions to identified needs through the use of a budget. Several managers mentioned the importance of using CAF processes and the increased involvement of children and families. The following comments were typical:

*Where indicated by an assessment, making use of the dedicated budget (and its ease of access) to get goods or services to improve outcomes for looked-after children or to prevent a child 'on the edge of care' becoming looked after.*

*To work with the child, young person and their family to complete a holistic analysis of need (based on our local CAF process) and commission the support package to meet the need.*

*To promote a more responsive and creative use of resources for meeting the needs of individual children – managing own budget.*

In Gloucestershire, this role was conceived differently, because the BHLF function was devolved to another person wherever this was felt appropriate:

*The role is carrying out the functions of the CAF/LP process with the added individual commissioning function. BHLFs have direct access to [a] devolved commissioning budget for individual families and children, [and a] supported network around the child in care. Where the BHLF is the social worker then they combine this role with their statutory role. In some cases, where appropriate for the young person, the BHLF role has been delegated to another professional in the network who acts on behalf of the social worker as BHLF. The BHLF functions are delegated but not the statutory functions. In essence this has been the relationship building, CAF and commissioning functions. The role of the BHLF is to empower and get alongside [the] young person.*

## **Encouraging Social Workers to Become BHLFs**

About half of the managers felt that it had been difficult to encourage social workers to act as BHLFs. Several reasons were given for this difficulty: some social workers had failed to embrace the concept; social workers regarded the paperwork as too onerous; social workers viewed BHLF as a fund; it was difficult to communicate with social workers; some social workers were concerned about the additional responsibility and workload; and staff turnover and capacity continued to create problems. The following comments illustrate these themes:

*Almost exclusively we were unable to use SWs as BHLPS due to the time commitment required to meet the needs of very challenging young people, plus it was very difficult to get them to think differently about meeting needs.*

*This was a large change process for Social Workers and was seen as an addition to their already heavy workload. However, those that were able to engage with the process very quickly saw the benefit for the young person and also as a way of working to identify and meet needs.*

*Social workers have found it difficult to make the cultural shift to a needs-led rather than [an] expert/service-led approach. This has been exacerbated by lack of capacity, impact of staff shortages and ICS. Those that have embraced it, usually working with several young people, feel it promotes good practice and would want to work this way with all their cases.*

*Two Social Workers throughout the whole of the pilot failed to engage with BHLPS.*

*Social Workers felt that they did not have enough time to take on the role of a BHLPS.*

Nevertheless, as some of the above comments indicate, where social workers were able to embrace the concept of BHLPS practice they had found it rewarding. All the managers were of the view that BHLPS in the pilot had generally understood their role. However, half of the managers felt that the BHLPS did not have enough training for their role. They expressed frustration that, even when training was provided, social workers did not attend:

*Training was offered but there was not much take-up.*

*[BHLPS] were given training but staff turnover was high and we did not have capacity to repeatedly run training. Offered one-to-one support using project workers but take-up was slow, inconsistent.*

Turnover among social workers was an issue raised also by some of the young people and is clearly a concern within social work practice, especially with looked-after children. The lack of training for BHLPS practice emerged in the national evaluation as a real problem and as one of the reasons practitioners failed to understand and embrace the policy intent. In addition, managers in this study were able to identify areas where social workers would have benefited from additional training that was not provided at the time. The topics which they thought should have been addressed included how to commission services, analyse need and work in partnership with children and families:

*More training needed to understand the 'co-production' process and on analysis of need rather than descriptions of problems.*

*In the first year of the pilot there could have been more on managing and understanding the role, participation and engagement, budget, understanding commissioning.*

*Had several focus groups where BHLPS met with the project team but I think they could have benefited from more training on commissioning services.*

It is important to note that the DCSF offered to provide training for all the pilots but not all took up this offer. The Department had developed a detailed training programme during the refocusing exercise in the midst of the national evaluation, and the practitioners who experienced it then were united in their praise for the training. This training was on offer at the start of the looked-after children pilots, but take-up was minimal. One manager also

pointed out that training needs to be given to other practitioners working with BHLPS, so that they also understand the BHLPS role:

*For those who were expected to take on the role of BHLPS specific training and support was given. However, the training need was much wider than just the social workers and all professionals in the network of support for the child/young person need also to have received some level of training or awareness raising.*

This wider training remit would have been particularly important in pilots where practitioners other than social workers were taking on the new role. Nevertheless, managers and co-ordinators perceived local agencies to be supportive of the BHLPS pilot, irrespective of the level of their understanding of the policy intent.

### **Meeting the Challenges**

Eight managers described several practical challenges associated with implementing BHLPS practice with looked-after children and with those on the edge of care. Many of these challenges centred on ensuring BHLPS could have ready access to their budgets:

*Initially, due to the departmental financial systems, it was hard to set up local systems to access the money but this improved significantly over the two years.*

*Practical issues related to getting hold of cash as quickly as was sometimes necessary.*

*Budget processes – how to make this as unbureaucratic and accessible as possible.*

Another challenge had been ensuring that social workers had enough time to carry out the BHLPS role effectively:

*Enough time and resources to create space in people's daily working lives.*

*Time needed for social workers to build quality relationship needed to implement with C&YP and their families/carers – very difficult to do within current expectations of social work role for CIC [children in care].*

Other challenges mentioned included: policy changes within the local authorities, getting social workers to sign up to CAF processes, and keeping the focus on changing social work practice rather than on spending money from the BHLPS budget. Seven managers identified barriers to commissioning services in their pilot. These commonly related to the BHLPS' lack of understanding of commissioning processes:

*Lack of understanding on how to commission and what can be commissioned outside of the children commissioning team.*

*Practitioners' willingness to take on individual commissioning role – tended to think along traditional services already there rather than think creatively about what could be. Some social workers and managers saw it as a way to access another pot of money rather than seeing the potential for reshaping service provision and how we meet need.*

Other challenges mentioned related to local authority policies and procedures in respect of finance, placements and the like. One manager commented that 'getting established finance systems to think differently about commissioning' was an issue which needed to be addressed in the future.

## **Identifying Gaps in Services**

Ten managers identified gaps in provision in their area for looked-after children or children on the edge of care. Many of these gaps centred on the provision of leisure activities which would normally be available to most children, but which managers felt were not inclusive enough:

*Free access to certain paid-for 'universal' services, such as gym membership. There are now commissioning exercises attempting to meet some of these identified needs.*

*Some leisure activities could be provided by Leisure Services working corporately with Social Care for looked-after children – also gaps in educational support and therapeutic support.*

*CIC are not well linked into services they are entitled to within universal provision eg extended services, youth provision, community activities.*

*... for children on the edge of care access to some holiday activities, school trips, access to IT and additional education support. For looked after young people, access to activities, additional education support.*

A mentoring role was also considered to be important for these children, but, often, it was not available:

*Mentoring support – clear message from CIC that they need and want people who can have regular and frequent contact with them to 'walk alongside them' and provide support and advocacy.*

*The need for intensive support and mentoring with consistent adults for the most challenging young people.*

Managers also pointed to a gap in the provision of support for young people leaving care:

*The Leaving Care support seems to be an area where it is failing young people and not preparing them for the challenges that will face them in independent living. More skills training needed and support other than Solutions workers. A one-to-one support role is needed.*

Two managers referred to a possible overlap of provision: one pointed out that clarification was needed about the potential overlap of the BHLF budget with the section 17 budget, although their comments indicate a misperception of BHLF practice as being about having a top-up fund; and another felt that more inclusive policies towards looked-after children in universal service provision would lessen the need for targeted support.

## **Empowering Families and Practitioners**

All but one of the managers felt that they had received enough support in their own role as implementers of BHLFs, and nine felt that children and families were more empowered as a result of BHLF practice. Managers were of the view that young people had felt listened to and that they were in control and could make choices about what was needed:

*Young people were more involved in planning. They also had more control in how money was being spent to meet their needs.*

*Evidence from feedback from young people that they feel 'listened' to in a way they haven't experienced before and 'heard' in terms of the plan that has been implemented.*

*... the BHL P [pilot] has encouraged positive relationships between carers and the young people. This has enabled them to feel empowered and make positive choices towards implementing change.*

Managers and co-ordinators described the main benefits of BHL P as being a switch to a needs-led approach, the increased involvement of young people, and a more timely response to meeting needs:

*Starting with needs and not services challenges services to change the way they do things.*

*Rapid access to (often simple) solutions that can make a real difference.*

*Timely response based on need. Finding solutions in participation with young people and families. The change in practice to one of a more partnership approach to dealing with the needs of families.*

*Using funds as a leverage to access services and open a more multi-agency response.*

*Brings focus right back to child – not the system around them and professionals.  
Needs-led commissioning – reshaping service commissioning for children in care.  
Efficient use of resources – improved outcomes as targeted.*

### **The Changes Needed**

The drawbacks of BHL P practice identified by the managers centred on the importance of having the right person as a BHL P, and the difficulties of promoting cultural change in the social work environment:

*Not having appropriate BHL Ps to act on behalf of a young person. I feel that it needs to be a professional person who can be the right level of support but also be responsible enough to manage a budget.*

*Having the right person as the BHL P, this is crucial.*

*Cultural change! No real space within social work reform.*

*I do not feel that currently Social Workers are the best people to be the BHL P due to time restraints and some resistance.*

Managers and co-ordinators suggested a number of ways in which BHL P practice could be improved, including better training around commissioning and more time to develop the role. One manager felt that the BHL P role should be opened up so that other practitioners can be BHL Ps. As we have seen, however, there is an issue to be considered in respect of BHL Ps working with looked-after children because of the statutory responsibilities social workers carry as the corporate parent. Devolving the BHL P role to another practitioner inevitably creates a split in the responsibilities and calls for very careful liaison to ensure that roles do not become blurred and confused and processes complicated, as they tended to do on occasion in Gloucestershire.

## Reviewing the Evidence

The responses from practitioners, managers and pilot staff via the e-survey tend to support all the messages that have been evident in previous chapters. One of the key objectives of our evaluation was to examine the extent to which BHLPS were able to hold and control budgets for individual looked-after children and the extent to which this signified a marked change in social work practice which had the potential to improve outcomes for children. Only a few social workers took on a new approach in the last year of the pilot, and those who did recognised the benefits of working in a different and more personally accountable way. Without doubt, one of the perceived benefits of being a BHLPS is being able to engage and work closely with a child or young person, spending more time assessing needs and thinking creatively about what activities or interventions would make a difference and could improve outcomes. The BHLPS also learned more about the services available locally and the options that might be open to young people. As several social workers told us, being a BHLPS had encouraged them to be more creative and to liaise directly with service providers to develop tailor-made packages of support.

The looked-after young people we worked with in a focus group pointed to the benefits for them of being more closely involved in the planning process and of thinking about their own needs and how to meet them. However, they voiced mixed feelings about being involved in decision-making. They acknowledged that there were some things they wanted to be involved with and about which they would feel comfortable in making decisions. They noted that, if they felt comfortable, being involved would enable them to learn, particularly as they are the ones who probably know best what they need at a particular time. However, they were very aware that they might not always make the best decisions by themselves and would almost certainly make the wrong decisions at times. They recognised that in order to develop confidence in decision-making, they would need advice and support and to be allowed to make mistakes and get it wrong occasionally. They also thought that, if they were uncomfortable making decisions about certain things, they should not be pressured into doing so. In respect of what they describe as the 'big decisions', such as leaving home, they did not want to make the decision without a lot of help because, in their eyes, big decisions carry a good deal of responsibility. Nevertheless, despite their uncertainties, they all wanted to be able to decide whether their social worker should be male or female.

Although the BHLPS pilots were regarded as heralding a radical transformation in the role of social workers as lead professionals, such a transformation was rarely achieved. While some social workers and other practitioners reported positive changes in their practice, the majority were inclined to regard the pilot as providing them with a chance to access additional money which could be used to provide goods and services that would not necessarily be routinely available. Administrative barriers often made it harder for them to move into a commissioning role, so the focus was on purchasing readily available items. Annexe 2 illustrates the extent to which laptops were provided, for example, primarily to assist children and young people with their learning and school work. Leisure activities were also popular, providing young people with opportunities to engage with their peer group and take part in things which otherwise might have been denied them unless their carers could afford to pay for them.

There was relatively little expenditure from the BHLPS budget on service provision, although some children received additional tuition, counselling and therapy. As we saw, there remained some confusion in the pilots about the amount of the budget available to BHLPS for each child or young person, and expenditure tended to be fairly modest in most cases. Furthermore, practitioners were divided in their views about the appropriateness of telling young people and their carers how much money was available. Fears were expressed that some people would make unreasonable demands or want to spend money on unsuitable purchases. Hopefully, however, discussions between BHLPS and family members would allow young people a voice and also help them to learn how to prioritise when budgets are

limited. We note, however, that there were some internal disagreements among practitioners in Gloucestershire about the wisdom of purchasing motorbikes for several of the young men. This kind of debate can be helped, perhaps, if the decisions about priorities are closely linked to each child's or young person's Care Plan and the desired outcomes. It would seem important for BHL practice to be integrated into the care-planning process, the development of SMART outcomes, and the mapping of the pathway for achieving those outcomes.

During the pilots, BHL activity was not always closely integrated into the care-planning process or the regular reviews that took place, and, particularly in Gloucestershire where the BHL role was fluid and flexible, decisions about expenditure from the BHL budget tended to be somewhat separate and not always linked back into the Care Plans. This lack of integration may, in part, be the consequence of the widespread belief that BHL practice is about money – having a specific fund – rather than about a change in social work practice. We have noted that some practitioners could not really identify needs on which extra money could be spent in respect of several looked-after children, who appeared to be well catered for and well cared for already. It is important that before BHLs are introduced more widely the myth that BHL practice is about spending a pot of money needs to be dispelled and the policy intent fully understood across all the agencies working with looked-after children.

## **Comparing Findings and Determining Effective Practice**

The previous evaluation of BHLs with children with additional needs informed both the pilots with looked-after children and our evaluation. The issues which arose in the first year of those pilots mirrored those which arose in the national evaluation, the findings from both studies are consistent, and the lessons learned are broadly similar. All the pilots found that it took longer to implement BHLs than had been anticipated. Not all the practitioners grasped the policy intent and regarded the BHL pilots as providing additional, time-limited cash from which to purchase relatively modest goods and services. Those practitioners who did embrace the Government's expectations of budget-holders and who began to be creative in their approach thoroughly appreciated the freedom and flexibility the role gave them to offer personalised support to children and young people. The elements of effective practice we identified in the earlier study can be identified also in this evaluation, reinforcing and underscoring the conclusions we drew at the end of the previous research.

### ***Effective Practice Relating to Process***

In terms of process, both evaluations point to the following elements of effective practice:

1. To be effective, the essential, core elements of BHL practice need to be clearly articulated and embraced at all levels in children's services and in other agencies which contribute to the TAC and to care-planning activities.
2. Training for the role of budget-holder is absolutely essential if social workers and others are to be able to understand fully the new role and its implications for workforce reform. Ongoing supervisory support is also important if BHLs are to be empowered to handle and be accountable for individual budgets.
3. Budget-holding entails an additional time commitment, not simply to fill in forms for funding and to make purchases, but also to spend time with the child/young person to identify needs, prioritise actions and interventions, and empower the young people to participate in the decision-making. This has implications for caseload management and the extent to which the needs of looked-after children can be prioritised against a backcloth of ever-increasing pressures on front-line social workers to give child protection high priority.

4. The implementation of BHLPs with looked-after children implies a significant change in children's services, requiring more responsive administrative and management systems, and a willingness to let go of traditional models of practice in favour of trying something new. The building blocks for budget-holding, including the CAF, TACs and a needs-led approach, have to be in place and procedures streamlined.

### ***Effective Practice Relating to Outcomes***

In terms of outcomes, we urged caution at the end of the national evaluation about attributing observed impacts of BHLP practice to a new way of working. In that study and in this, the positive benefits observed relate primarily to the ability and commitment of the practitioners involved to engage with young people, spend time with them, and use the BHLP budget to purchase goods and services that met specific needs, at least in the short term. Having access to an additional budget meant that BHLPs could offer some immediate support when needs had been identified, thus reinforcing the perception of the children and young people that someone was listening to them and doing something for them. The budget has been seen to be effective in the freedom it afforded practitioners to purchase goods and services that could not be obtained via other funds. A strong feel-good factor was associated with having a budget, but a longer follow-up study would be needed to assess whether the immediate benefits were sustained, whether outcomes were improved, and whether those children and young people deemed to be on the edge of care were prevented from going into care.

The pilots all provided case examples to DCSF during the course of the evaluation, the majority of which record positive outcomes for the children and young people involved. But without objective measures of change and a more robust comparative study, it is not possible to claim that BHLP practice has itself effected the outcomes recorded. Had the pilots had more time to test out a new social work role then it might have been possible to determine specific impacts which would enable pilots to argue that BHLPs had been effective. We do not have the evidence to say that BHLPs were effective, but our evaluation does point to some positive short-term benefits for looked-after children and young people and demonstrates the potential associated with budget-holding.

### ***Perceived Benefits***

Practitioners had been able to enhance relationships of trust with the young people and their carers as a result of having access to or holding a budget which could address immediate needs. The young people themselves were given opportunities to think about and express their needs, and they valued being heard and taken seriously. The ability to produce some goods and services quickly demonstrated the level of care and commitment practitioners are keen to promote with looked-after children. Facilitating attendance at dancing lessons, for example, enabled some young people to enjoy and achieve in the company of their peers. The BHLPs experienced increased job satisfaction when relatively low-value purchases were seen to make an immediate and substantial difference to children's lives. These positive benefits indicate that holding a budget can make an important contribution and help practitioners to gain the trust and confidence of children and young people who are especially vulnerable and who may have experienced disrupted lives and placements.

We noted in our previous national evaluation of BHLPs that many of the purchases made had been targeted at alleviating poverty. Many of the children with additional needs were living in neighbourhoods which experienced severe deprivation and the BHLP fund was used to provide household goods and services on many occasions. If we consider the items purchased in this evaluation with looked-after children (Annexe 2) it is evident that some purchases clearly related to addressing shortfalls in the home, such as in bedroom furniture, carpets and house-cleaning items. The vast majority, however, were targeted at providing

leisure and educational activities for looked-after children and giving them the kind of developmental experiences that other children might have and expect. There was much less use of the BHLBP budget to buy white goods and a greater emphasis on meeting the developmental needs of the looked-after children. In this sense, we have observed a more individually targeted approach in these pilots, with BHLBPs using the money to improve the life chances of specific children rather than to address wider family needs and to alleviate poverty. This is not surprising, and reflects the fact that the majority of the looked-after children were said to be in good and stable placements. It also demonstrates that in these pilots the BHLBPs were responding directly to the needs of individual children and young people. In all four looked-after children pilots the BHLBPs worked directly with children and young people in order to: improve their self-esteem and enhance their resilience; increase their participation in arts and recreational activities; promote learning and improvements in educational attainment; and increase the safety of young people involved in drug use and its associated lifestyle.

## **Learning from Local Evaluations**

The looked-after children pilots varied in their use of local evaluators, whereas most of the previous pilots with children with additional needs had commissioned local evaluations to complement the work of the national evaluation team. In some instances this had led to what appeared to be contradictory findings, largely because the local evaluations had not been able to embrace a comparative methodology and had relied on qualitative or secondary data sources. In the looked-after children pilots, both Leeds and Gloucestershire commissioned independent evaluators to examine their work. Because the Gloucestershire evaluator planned to interview a number of young people and some of the BHLBPs and their managers, we agreed not to involve the young people in two sets of evaluation and aimed to select for interview only those who had not participated in the local evaluation. We believed that the local studies would complement our research and so we summarise their findings here and consider the extent to which they support the findings presented in the previous chapters.

### **Leeds**

The Leeds pilot commissioned Leeds Metropolitan University to examine a series of case studies prepared and provided by the pilot and to talk directly with the BHLBPs. The report of the local evaluation<sup>51</sup> suggests that BHLBPs welcomed the availability of the budget and felt they had been able to meet a variety of needs, although some felt that the administrative requirements were too demanding (including the data collection required for our own evaluation of the pilots). Being able to make decisions about expenditure and the flexibility the funding offered were both viewed as important benefits of BHLBP practice. However, many of the comments made by the BHLBPs indicate that the focus was primarily on having additional money to spend on looked-after children rather than on social workers changing their practice. Some of the BHLBPs acknowledged that, if they are to have responsibility for individualised budgets and change their approach, they will need more training and a better understanding of financial systems and commissioning processes. Indeed, they recognised that commissioning represents a big challenge, which echoes the views of BHLBPs in our previous national evaluation.

Fifty case studies were examined as part of the local evaluation in Leeds, primarily involving teenagers. Unfortunately it is difficult to discern which of the young people were on the edge of care – a group of children specific to the Leeds pilot. However, the data collected suggest that the majority of interventions focused on the provision of practical support via the purchase of furniture and contributions towards housing repairs. This emphasis may well

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<sup>51</sup> Frost, N. (2009) *The Budget Holding Lead Professional for Children in Care: An evaluation of a local pilot*, Leeds Metropolitan University.

reflect a desire to keep children in their own families rather than remove them into foster care. The purchase of computers featured regularly, as did leisure equipment and activities. Relatively little of the budget was spent on services and interventions, as the Activity and Service Logs indicate also (see Ch. 5, Figure 5.4). The total expenditure on the 50 cases was £25,000, with an average of £500 each. Only seven young people had purchases made on their behalf of over £1,000, mostly of household goods and furniture. Figure 5.5 illustrates the purchases made in Leeds, and holidays and leisure activities accounted for 54 per cent of the expenditure. The findings from the Leeds local evaluation are consistent with those we reported in Chapter 5. The description of the study in Leeds supports our findings that the emphasis was on spending additional money rather than on effecting a radical change in social work practice.

### **Gloucestershire**

The local evaluation in Gloucestershire was conducted by an independent social care consultant.<sup>52</sup> The local evaluator had access to the Activity and Service Logs devised for our national evaluation, local monitoring data, CAFs and CAF reviews, ICS data and the SDQs administered by BHLPS. Pilot staff collated the quantitative data and the evaluator conducted a range of semi-structured interviews and attended some focus groups arranged by the pilot staff. The local evaluation report acknowledges that there are significant limitations to the data obtained, which mean that the findings must be treated with caution. In particular, data sets were incomplete, the number of cases allocated to BHLPS in Gloucestershire was small (21) and it was too early to impute any medium to longer-term outcomes. The report notes the difficulty in relying on social workers to collect additional data when they already consider the paperwork associated with looked-after children to be onerous and time-consuming. This observation accords with our own experience, particularly in Gloucestershire where the BHLP role was not always taken on by social workers and maintaining case records was a shared activity.

The local evaluation lists a series of challenges associated with implementing BHLPS in Gloucestershire. These included: delays in development due largely to factors external to the pilot; difficulty engaging staff in a new venture during a period of staff shortages; organisational change and increased pressure on staff at all levels; difficulty changing the culture to be needs-led, child-centred and outcomes-focused; and the fact that the BHLP vision was not always clear, not all practitioners understood the model, and offers of training were not always taken up. We have noted all these challenges elsewhere in this report: they were not unique to Gloucestershire, and all the pilots faced similar difficulties.

The local evaluation reports that 21 young people experienced the BHLP approach, the majority of these being in the substance misuse workstream. The maximum spend on any one person was £8,879, for private home tuition, a laptop, a bicycle and clothes. The minimum spend at any one time was £11, for electricity top-up and food. The highest expenditure (£11,849) was in the permanent foster care workstream – five young people incurred an average spend of £2,369.80 each. Services for these children, including educational support, sibling assessment and contact with parents, generally cost more than the services needed by the young people in the substance misuse workstream.

In terms of the qualitative study in Gloucestershire, the learning from this also appears to be consistent with that from our own evaluation. Both evaluations highlight the challenges and, in particular, the lack of clarity among practitioners about the role of the BHLP and about the purpose of the pilot. As a result, some of the social workers and other practitioners regarded the BHLP pilot as doing no more than providing access to additional money rather than as

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<sup>52</sup> Taylor, J. (2009) *Gloucestershire Budget Holding Lead Professional Pilot: BHLP children in care local evaluation*, Gloucestershire County Council.

requiring practitioners to adopt a new way of working with looked-after children. Some of the case studies presented in the local evaluation report confirm the use of the BHLF fund within a top-up model of practice, which was prevalent across the country in the previous national evaluation of BHLFs. Practitioners in both sets of pilots questioned the need for a CAF assessment simply to access additional money to buy goods and services, and both our own evaluation and the local evaluation in Gloucestershire here found little evidence of multi-agency working.

The local evaluation in Gloucestershire endorses the view expressed by the pilot manager to us that young people want to be able to choose who their own BHLF is and that a significant number did not want their social worker to be their BHLF. However, the reasons given by the young people for this choice seem to revolve around their perception that social workers have insufficient time to spend with them and are largely unaware of their needs. Moreover, the pilot manager indicated that Care Plans do not always reflect the primary concerns or needs of young people, and that they are more meaningful if the looked-after young people are involved in drawing them up and have been engaged in the CAF process. In addition to there having been a lack of understanding among social workers in Gloucestershire about the role of a BHLF, primarily because they did not receive specific training, there was also a lack of experience in respect of CAF processes, which were not fully embedded and appeared to social workers to conflict with other core assessment processes and result in duplication of effort in some cases.

The local evaluation report also confirms that budgets were not fully devolved to BHLFs and that team managers or workstream leads continued to sign off applications for expenditure. The author also suggests that, if BHLFs are to hold and be responsible for individualised budgets, they may need training in financial management and administrative processes may need to be simplified. Nevertheless, as we have shown in our evaluation also, the young people who participated in the pilot clearly appreciated the opportunities the BHLF budget had provided, and appreciated also the support of practitioners, such as those from Infobuzz, who spent time with them, were available to help them, and listened to their concerns and needs. Access to the BHLF fund had meant that services could be harnessed more quickly and decisions made to address immediate needs. There is clear evidence in the local evaluation and in our evaluation that having time to give young people, to get to know them and to establish trust, are key ingredients in improving outcomes for looked-after children. This has significant implications for social work practice if social workers are to become BHLFs in future. Workloads may need to be reduced if social workers are to be able to give the commitment and time to build positive relationships with looked-after children.

When other practitioners are asked to take on the role of BHLF, the Gloucestershire pilot has highlighted that there is a need for greater understanding of the BHLF approach among other agencies such as health and education, which, it seems, did not routinely accord the same status to Infobuzz workers as they did to social workers and, therefore, did not include them in care-planning reviews. It is also important to clarify the working relationships between social workers, who hold statutory responsibility for looked-after children/young people, and other practitioners who hold the BHLF role. Communication between these two groups was problematic during the pilot and this may have weakened the opportunities for young people to be empowered via the BHLF approach and to contribute to care-planning processes. Furthermore, it would seem that the young people in Gloucestershire were not accessing the full range of services available, primarily because multi-agency working had not been fully developed.

We noted that there continues to be a tendency in all the pilots for social workers and others to regard some services as 'free', so that they look around for 'free' services before commissioning services using the BHLF fund. Of course, services for looked-after children are not free – they all carry a cost, a reality that finally dawned on the BHLFs in the national

evaluation who eventually understood the significance of the role they were being asked to play. If the policy intent is fully understood and personalised budgets are implemented, BHLPs will have the responsibility for prioritising expenditure, not merely for purchasing additional goods and services, but also in respect of the co-ordination of the total package of care being provided. The local evaluation supports our view that developing this expertise is a slow process, and that there is still some considerable way to go in all the pilots before it is achieved.

## Lessons from Other Research

Clearly, there is a sizeable body of research relating to looked-after children in England. A key message from that body of research is the need for stability in the children's lives, particularly in respect of placements and the relationship between the social worker and the looked-after child/young person.<sup>53</sup> Another key message is that looked-after children tend to do less well in terms of their education and have lower life chances than other children. Looked-after children are over-represented in a range of vulnerable groups.<sup>54</sup> The BHLP pilots were one of a number of initiatives which have been launched by the Labour Government in the last ten years to address these concerns.

Statham and colleagues<sup>55</sup> concluded from a review of several studies that looked-after children want social workers and other professionals to offer practical help and support, be prepared to give time to listening to them, and be reliable and keep promises. For the most part, the children and young people in Leeds and Gateshead in this evaluation felt that their social workers, as BHLPs, had lived up to these expectations. The picture was more mixed in Gloucestershire, but in that pilot other keyworkers and Infobuzz staff had provided the relationship stability the young people wanted, and had spent considerable time working with them. Previous research has demonstrated that social workers frequently feel demotivated and deprived of autonomy despite their enthusiasm for and commitment to caring for this vulnerable group. Le Grand has suggested that social work managerialism is increasingly dominating professionalism, to the extent that social workers have no control over the numbers on their caseloads or the budget for each looked-after child, and they are the least powerful members of the children's services departments.<sup>56</sup>

Budget-holding was designed to change this pessimistic view of the role of social workers: accountability for and discretion over the use of budgets was to be devolved to front-line social workers, thereby reducing managerial control and giving social workers the authority to take decisions, in consultation with the young people themselves, without having to seek approval. As we have seen, it took local authorities some time to relinquish central control over budgets, mainly because financial structures were not sufficiently flexible to enable social workers to actually hold budgets themselves. As we found in the national evaluation, however, not all social workers want the responsibility for holding budgets, preferring to let managers take decisions and handle finances, but the majority of those who became BHLPs in the second year in both sets of pilots very much appreciated the freedom and job satisfaction BHLP practice allowed. They do, however, need appropriate training and support for the new role.

Le Grand also pointed to the division of responsibilities that characterises many local authorities, which means that a child might pass through a number of teams, necessitating a

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<sup>53</sup> Le Grand, J. (2008) *Consistent Care Matters: Exploring the potential of social work practices*, DfES.

<sup>54</sup> DfES (2006) *Care Matters: Transforming the lives of children and young people in care*, Cm 6932, The Stationery Office; Beecham, J. and Sinclair, I. (2007) *Costs and Outcomes in Children's Social Care*, Jessica Kingsley.

<sup>55</sup> Statham, J., Cameron, C. and Mooney, A. (2006) *The Tasks and Roles of Social Workers: A focused overview of research evidence*, Thomas Coram Research Unit, Institute of Education, University of London.

<sup>56</sup> Le Grand, *op. cit.*

change of social worker each time. In these circumstances, there is little incentive for individual social workers to develop a relationship with a child. There is no doubt that the social workers who were BHLPS in Gateshead and Leeds were incentivised to spend time and develop a relationship with the looked-after children on their caseload and that this was welcomed and appreciated by the children/young people themselves and by their carers. By contrast, the Gloucestershire approach, which allowed young people to select a BHLPS other than their social worker, meant that those in the substance use stream did experience split responsibilities. While the Infobuzz workers developed close and supportive relationships with the young people, many of the young people had social workers who remained at arm's length and, sometimes, there were other practitioners acting as a keyworker. This could be confusing for everyone and undoubtedly led to delays in some cases in accessing services and other purchases using the BHLPS budget. Further thought might need to be given to how processes can be streamlined if practitioners other than the designated social workers are to be fully effective as BHLPS, and to the impact that split responsibilities may have on the attempts to promote stability for looked-after children and young people.

### **Promoting Stability**

As far as we are aware, the majority of children/young people in the pilots were in fairly stable placements, and most did not change placements except as part of an agreed Care Plan (e.g. to move a young person back to his or her own family). The BHLPS viewed placement stability as an important goal and were of the view that access to funds via the BHLPS budget had contributed to stability. A survey of research relating to placement stability and continuity of care undertaken by Holland *et al.* found that there is relatively little robust research in this area.<sup>57</sup> Nevertheless, they concluded that there had been a culture of innovation in the voluntary and statutory sectors, linked with the far-reaching changes in children's services in recent years. The general message they received from local authorities was that looked-after children had become a higher priority and that new projects had been designed to promote continuity and stability. However, children's services were voicing concerns about the size of caseloads, which they wished to reduce, and about the lack of availability of mental health services for looked-after children. Both these concerns were voiced again during the BHLPS pilots, although the availability of the budget had enabled some BHLPS to fast-track CAMHS interventions. The need for more joined-up working is evident, particularly as there are high levels of emotional and behavioural problems among looked-after children.<sup>58</sup> We have noted that there was little observable evidence of TACs working closely with the children/young people in the pilots, and it may be that this is an area for further development.

Holland *et al.* also noted the ongoing concern about the recruitment and retention of social care staff in children's services. Managers in their survey, as in ours, wished to reduce caseloads to allow more direct work with children and to retain experienced social workers who could provide quality assessments and interventions.<sup>59</sup> The evidence from our evaluation would suggest that social workers who became BHLPS experienced enhanced job satisfaction and enjoyed the additional responsibilities associated with holding a budget. They and their managers also acknowledged that they would need carefully managed caseloads and continuing support to be effective as BHLPS, and that not all social workers are suited to or want to embrace a radically new role. Career planning must be a central plank of workforce reform if the most experienced and committed social workers are to be cherished and retained.

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<sup>57</sup> Holland, S., Faulkner, A. and Perez-del-Aguila, R. (2005) Promoting stability and continuity of care for looked-after children: a survey and critical review, *Child and Family Social Work*, vol. 10, pp. 29–41.

<sup>58</sup> Sinclair, I., Wilson, K. and Gibbs, I. (2000) *Supporting Home Placements: Reports 1 and 2*, Social Work Research and Development Unit, University of York.

<sup>59</sup> Holland *et al.*, *op. cit.*

The young people in the pilots were vociferous about their dissatisfaction when staff turnover is high and they are moved from one social worker to another. Placement stability may well depend not only on the availability of good-quality foster families but also on the consistency of social work support and the ability of social workers to form and foster close interpersonal relationships with the looked-after children in their care. The interim report of the Social Work Task Force, published in July 2009, noted that the key conditions that make for a confident, effective profession are not being fully met.<sup>60</sup> The Task Force refers to the need for social workers to spend more time with service users, to have high-quality professional supervision and a clear career structure, to have manageable workloads and effective IT support, and to have access to research and learning about how social work practice can have most impact. The BHLPS and their managers in the looked-after children pilots echoed the need for these building blocks for effective practice to be developed.

Our study has indicated that the time spent by BHLPS engaging with young people and their foster carers was highest in Gloucestershire, where the role was taken on by voluntary sector workers. They clearly had the time to give to the young people, and this was enormously important in helping them to make changes in their lives and address problems such as drug abuse. The challenge, it seems, is how to ensure that social workers who have statutory responsibility for looked-after children can also be enabled to develop those close and supportive relationships which are valued by the young people. For BHLPS to be effective such a relationship is essential if the children and young people themselves are to be empowered to take more control of the decision-making that has a crucial impact on their outcomes and if their social workers are to be able to relinquish some control and provide consistent support and appropriate care.

Implementing BHLPS in children's services requires shifts in culture, roles and responsibilities. These had begun to take place in the three local authorities which managed to begin to deliver BHLP practice to policy intent, but changes on this scale take time and effective practice has to be identified, fostered and taken forward. In the final chapter, we reflect on the findings from this evaluation, consider the implications for future policy and practice relating to looked-after children, and put forward some recommendations which flow from the evidence presented in this report.

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<sup>60</sup> DH and DCSF (2009) *Facing Up to the Task: The Interim Report of the Social Work Task Force*, <http://publications.dcsf.gov.uk>

## Chapter 8 Care Matters: Making Changes

In November 2009, the Secretary of State for Children, Schools and Families announced that he would be writing to every looked-after child in England to say:

*We want to make sure you have the same chances as other children to fulfil your dreams and be happy.*<sup>61</sup>

This move follows the publication of the Government's *Care Matters: Ministerial stocktake report*,<sup>62</sup> which outlines the changes and proposed reforms relating to policies for looked-after children and discusses the progress made since the publication of the *Care Matters* green paper in 2007. The *Care Matters* green and white papers<sup>63</sup> presented evidence of the need for urgent improvement in services for looked-after children. At any one time, around sixty thousand children in England are looked after by local authorities – about 0.5 per cent of all children.<sup>64</sup> Children come into the care system for many reasons. Sixty-two per cent of the current 'looked-after' population have experienced abuse or neglect; some have experienced family dysfunction, parental ill health and acute stress; others have been involved in socially unacceptable behaviour or have a disability which has resulted in them being in care; and a few are unaccompanied asylum seekers.<sup>65</sup> Whatever the reason for children and young people entering the care system, they constitute one of the most vulnerable groups in society. As many as 85,000 children will spend some time in care over the course of a year, and many children move in and out of the system while they are growing up.

The *Care Matters* agenda sets out an ambitious plan for improving the outcomes for this vulnerable group of children and for reversing the trends whereby looked-after children have been more likely than other children to be permanently excluded from school, leave school early, get involved in crime and antisocial behaviour, become drug users, and become teenage parents.<sup>66</sup> The *Care Matters Implementation Plan*<sup>67</sup> provides a framework for improving the life chances of looked-after children, and a range of new programmes have been introduced to tackle the shortfalls in service provision, including the BHLP pilots. In total, nine sets of pilots have been testing out new approaches between 2009 and 2011. The principles underlying the *Care Matters* programme are:

1. The aspirations for looked-after children should be not less than each parent has for their own children.
2. The voice of the child should be central to decision-making.
3. Good parenting should be demonstrated by everyone in the care system.
4. There should be stability in every aspect of the child's experience.

These uncompromisingly high ambitions seek to ensure that the challenging and disadvantaged circumstances children experience before they enter the care system should not be reinforced while they are looked after, and that being in care should make a positive

<sup>61</sup> *In Care*, <http://www.cypnow.co.uk/bulletins/InCare/news/967410/?DCMP=...>

<sup>62</sup> DCSF (2009) *Care Matters: Ministerial stocktake report 2009*, DCSF.

<sup>63</sup> DfES (2006) *Care Matters: Transforming the lives of children and young people in care*, Cm6932; DfES (2007) *Care Matters: Time for change*, Cm7137.

<sup>64</sup> DCSF (2008) *Statistical First Release*, DCSF.

<sup>65</sup> House of Commons Children, Schools and Families Committee (2009) *Looked-after Children: Third report of session 2008–09*, vol. 1, The Stationery Office.

<sup>66</sup> *ibid.*

<sup>67</sup> DCSF (2008) *Care Matters Implementation Plan: Time to deliver for children in care*, DCSF.

difference to a child's life. These ambitions are unlikely to be realised if any of the following conditions apply: placements are transitory and unstable; social workers come and go and their workloads leave them little time to develop and maintain a meaningful and supportive relationship with each child in their care; children are unable to access the services, such as CAMHS, which promote health and well-being; care planning is haphazard; there is little support available when young people leave care and move into independence.

The Children and Young Persons Act 2008 provides the legislative framework for dealing with these issues, and for implementing the sweeping reforms which are under way in respect of looked-after children. The four BHL P pilots have spearheaded some of the changes which are envisaged within this framework and the learning from them should inform other new programmes as they are rolled out. Pilots are a valuable tool for testing out new ideas, examining the barriers to implementation, determining the implications for the administration of children's services, and clarifying the changes that need to be made to promote effective practice. The BHL P pilots with looked-after children have enabled us to identify all these aspects and to build on the evidence from the previous BHL P pilots with children with additional needs. In this final chapter, we highlight the key themes from the evaluation and put forward some recommendations for the future development of BHL P practice, should that continue to form a critical part of the move towards personalisation in the delivery of children's services.

## **Implementing New Approaches**

Budget-holding clearly represents a new way of working for social workers and other practitioners. Important lessons can be learned from the pilots about the process of implementing radical change in social care practice.

### ***The Beginning of a Complex Journey***

The implementation of budget-holding with looked-after children needs to be viewed as part of a complex journey of change in social work practice. In order to assess just how far social workers have travelled on this particular journey it is necessary to go back to the start. The concept of giving budgets to lead professionals working with children and young people, along with the responsibility to purchase appropriate services, was introduced into social work practice in 2006. Sixteen pilots were established, and the new BHL P s were tasked with promoting the development and delivery of targeted support services for children with additional needs. The evaluation of these pilots was completed in 2008.<sup>68</sup> The findings indicate that the pilots had clearly embarked on a complex journey to promote radical change in the delivery of services to children with additional needs and their families, and that it had taken them more time than had been expected to implement the required changes. The original sixteen pilots had all struggled with implementing BHL P s to the policy intent and had tended to opt for an approach which regarded the DCSF pump-priming fund as an additional pot of money to which practitioners could apply in order to purchase relatively low-cost goods and services for children and families. It was not until the DCSF had undertaken a refocusing exercise a year after the pilots had begun that implementing BHL P s to policy intent started to become a reality in some of the pilot areas. Rather than dipping into an extra pot of money to top up existing provision for children and families, the BHL P s had begun to take responsibility for holding a budget themselves and for making decisions about how best to use it to meet assessed needs. Once they had made this transition, BHL P s could see the potential benefits of holding a budget, particularly in respect of their being able to tailor services for each child/family and commission interventions more quickly than before.

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<sup>68</sup> Walker *et al.* (2009), *op. cit.*

Having the ability and freedom to think creatively had helped BHLPS to look at the needs of children and their parents/carers in the round, which meant going beyond the provision of household and other goods, primarily purchased to relieve the effects of multiple deprivation, in the refocused pilots. We had observed a dramatic shift away from practitioners buying material goods towards the purchasing of targeted services and integrated packages of support. Although some expenditure on household goods and services, such as childcare and gardening had undoubtedly averted a crisis for some families, the top-up model of BHLPS practice had been used primarily to build capacity, build relationships and alleviate some of the manifestations of material deprivation, so that other standard packages of support could be put in place to address the more significant concerns such as children's behaviour problems and lack of educational attainment. By contrast, addressing the risks associated with poverty was less prevalent when the BHLPS felt personally responsible for managing individual budgets. Instead, they targeted interventions, funded from their budget, to address social, emotional and educational problems directly.

The BHLPS in the national evaluation who had made this shift in practice did so after having received specific training for the new role and having embraced a new way of thinking and working. The national evaluation had demonstrated the central importance of training and adequate support mechanisms for practitioners becoming BHLPS, and had shown that new initiatives require considerable lead-in time if practitioners are to be ready and able to try something different. The lack of specific training at the start had meant that few of the pilots could actually meet the specification laid down by the Department. Moreover, insufficient time had been factored into the pilot timetable to ensure that the financial and administrative systems needed to support BHLPS practice were in place.

### ***Moving On To Work with Looked-after Children***

Four of the original sixteen BHLPS pilots were then selected to take BHLPS practice forward into their work with looked-after children, and three of these (Gateshead, Gloucestershire and West Sussex) had just been through the refocusing exercise designed to move them closer to policy intent. Given the clear findings from the original evaluation relating to the central importance of adequate training and support mechanisms, the DCSF had expected the new pilots to build on their prior experience and learning. In other words, no break was expected in the journey towards implementation of budget-holding in respect of a broader population of children and young people requiring social work support. This expectation, however, was not realised and much of the old ground was covered again and earlier steps were retraced. It took all four pilots a considerable amount of time to introduce BHLPS practice to practitioners, mostly social workers, working with looked-after children. Once again, insufficient lead-in time had been built into their project plans to allow to develop the new approach, and the training undertaken by these practitioners, for whom holding a budget was an entirely new feature, was minimal. Although the DCSF offered its training package to the pilots, few practitioners were given the opportunity to take it up. Moreover, three of the four pilots immediately adopted/reverted to a top-up model of practice, contrary to the clear messages being given by the Department at every opportunity.

It would seem that there had been very little, if any, transfer of learning from those running the original BHLPS pilots to the managers implementing BHLPS practice with looked-after children. Only in Gloucestershire did the project manager remain the same for both sets of pilots. While this meant that the lessons learned could be taken forward, the client group and ways of working with this group were nevertheless different. The approach that Gloucestershire adopted with looked-after children was considerably different from that which it had implemented with children with additional needs, so that some of the administrative procedures that had been developed for the original implementation of BHLPS did not fit well with existing practice in Gloucestershire with this new group of children and young people. Rather unexpectedly, therefore, it took a year for the pilots in Gloucestershire, Leeds and

Gateshead to get up and running and to embrace policy intent in their work with looked-after children.

As we noted in Chapter 4, the West Sussex pilot was never able to implement BHL practice fully during the piloting period: the managers responsible for the new pilot were not able to build on the lessons learned previously and, without any transfer of learning, they repeated the mistakes of the past and implemented a model which was akin to budget-accessing rather than budget-holding. Moreover, since the pilot managers changed mid-stream in West Sussex, this model became entrenched and devolving budgets to social workers responsible for looked-after children was never fully implemented. It had obviously been simpler to regard the DCSF pump-priming money as a pot of additional funding which social workers could access to purchase goods, such as laptop computers, since this did not require any significant change in social work practice.

### ***Putting the Building Blocks in Place***

Progress on the journey to reform practice was slow, therefore. We identified a tendency to promote budget-accessing rather than budget-holding in both BHL evaluations, suggesting that local authorities need to consider carefully the potential barriers to facilitating BHL practice and find ways of removing them. Budget-holding requires a different approach and signifies a radical change in social work practice. Without making key changes it is difficult to encourage practitioners to embrace a new way of working with children in their care. Earlier work undertaken by the OPM<sup>69</sup> had highlighted a number of changes that would have been needed if practitioners were to become BHLs, and these included the need for local authorities to think innovatively about resource use, deal with a lack of capacity among practitioners, remove prohibitive organisational cultures, and reform bureaucratic administrative structures. We observed that these changes were indeed happening in Gateshead, Leeds and Gloucestershire towards the end of the looked-after children pilots, but there is clear evidence that change management takes time, effort, investment and perseverance, and the key changes were not in existence at the start of the journey.

The building blocks that provide the foundation for achieving the Government's vision for all children and young people are essential also for the implementation of effective BHL practice. These include: the adoption of the common assessment framework; the development of multi-agency TACs; the establishment of a joint planning and commissioning framework that will promote joined-up services; the pooling of budgets; the promotion of integrated working and the reform of the children's workforce; the nomination of one professional taking the role of lead practitioner; and the development of a personalised service that can respond to each child's and each family's needs. A considerable literature now exists in respect of implementing, embedding and integrating new practices in health care settings, which sheds light on the processes which inhibit or facilitate the kinds of changes heralded by BHL practice.<sup>70</sup> We observed practitioners going through these stages in the national evaluation of BHL practice and these stages were evident again in the evaluation of BHL work with looked-after children.

The use of sociological concepts and Normalisation Process Theory has aided understanding of how new practices are embedded and integrated into their social contexts. Effective implementation of a new way of working requires a commitment from the organisation/agency to adopt a new practice – we can see this commitment expressed in the

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<sup>69</sup> OPM (2006) *Implementation of the Lead Professional Role: Report for DfES*, OPM.

<sup>70</sup> See e.g. Finch, T. L., Mair, F. S. and May, C. R. (2007) 'Teledermatology in the UK: lessons in service innovation', *British Journal of Dermatology*, vol. 156, pp. 521–7; May, C., Finch, T., Mair, F. S., Ballini, L., Dowrick, C., Eccles, M., Gask, L., Macfarlane, A., Murray, E., Rapley, T., Rogers, A., Treweek, S. and Wallace, P. (2007) *Understanding the Implementation of Complex Interventions in Health Care: The normalisation process model*, BMC Health Services Research, 7.

project proposals submitted by the four looked-after children pilots. However, it also requires the new practice to become part of the organisational routine, and it is not uncommon to find that practitioners charged with making changes to their practice move along a continuum over time, from avoidance or non-use, through unenthusiastic or compliant use, to skilled and consistent use.<sup>71</sup> Implementation is about innovation, but there are several stages in the process of normalising innovative practice. As we have seen, not all practitioners fully understood or were wholly enthusiastic about budget-holding and only a few had moved to the position of embedding it into their practice, but rarely during the pilots did it emerge as a normal part of their everyday work with looked-after children. Indeed, rather than viewing BHLF practice as requiring a complete change of approach to their work with looked-after children, social workers tended to regard it as merely involving 'something extra', as constituting an extra dimension within their overall practice. Normalisation Process Theory suggests that practices become embedded as a result of people working, individually and collectively, to implement them.<sup>72</sup> As we have seen, this individual and collective endeavour did not really happen in any of the four pilots, and pilot managers often faced an uphill struggle to ensure that BHLF practice was understood and accepted not just in their own agency but in other agencies working in a multi-disciplinary context with looked-after children.

In order to embed BHLF within children's services effectively, continuous investment by everyone involved is essential. There is evidence that this investment was being made in Gloucestershire in particular, and in Leeds and Gateshead to some extent. But without a shared understanding of BHLF practice within and beyond children's services, this collective effort is inevitably weakened. The top-up model of practice that was adopted initially in Gateshead and Leeds and which remained a permanent feature in the West Sussex pilot required far less collective effort to implement and operationalise than the shared effort necessary to implement BHLFs to policy intent. Moreover, the top-up model is familiar to practitioners – they are used to being able to tap into additional pots of money to make purchases for children and young people and the BHLF fund appeared to be much like many others. Making the radical shift to budget-holding as opposed to budget-accessing almost certainly implies a change in practice which strikes at the heart of social work and the care of looked-after children. It implies the need for workforce reform.

## Workforce Reform

A significant element in the *Care Matters* agenda is the reform of the social care workforce, which involves changing the roles of and expectations of social workers. In many ways this is probably the most challenging aspect of realising the Government's ambitions for looked-after children. The BHLFs were expected to learn new skills, change their approach to practice, and feel more empowered. As a result, they were expected to promote and model the kinds of shifts that the Government is attempting to achieve in all aspects of social care. In 2005, the Government launched a consultation on the future of the children's workforce, and published its response in 2006.<sup>73</sup> The responses to the consultation demonstrated overwhelming support for the changes proposed and noted that improving the quality of the workforce is not an end in itself but another of the essential building blocks for improving outcomes for children, young people and families. Towards the end of 2008, the DCSF published a new workforce strategy<sup>74</sup> as a result of work undertaken to review current

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<sup>71</sup> Linton, J. D. (2002) 'Implementation research: state of the art and future directions', *Technovation*, vol. 22, pp. 65–79.

<sup>72</sup> May, C. and Finch, T. (2009) 'Implementing, embedding, and integrating practices: an outline of normalisation process theory', *Sociology*, vol. 43, no. 3, pp. 535–54.

<sup>73</sup> HM Government (2006) *Children's Workforce Strategy: Building a world-class workforce for children, young people and families*, DfES.

<sup>74</sup> DCSF (2008) *2020 Children and Young People's Workforce Strategy*, DCSF.

workforce needs.<sup>75</sup> The focus in the new strategy is firmly on reforming the role of social workers as well as on making changes in respect of their recruitment, training, qualifications and required skills, and on retaining high-quality practitioners who are ambitious for children and young people and committed to partnership and integrated working. The characteristics of comprehensive workforce development outlined in the strategy include effective time and resource allocation, a clear vision, objectives that are well-communicated, accessible training, and clarity about expected outcomes. We identified a number of issues in respect of all these characteristics during our evaluation of the BHLF pilots, and these have implications for further developments in workforce reform.

The interim report of the Social Work Task Force,<sup>76</sup> which was established early in 2009 to undertake a comprehensive review of frontline social work practice, summarises the current barriers to the consistent delivery of high-quality, effective frontline social work across England. It refers to staff shortages, inconsistent and inadequate support, different interpretations of the role, and the lack of a single focus of responsibility for spreading best practice and driving up standards. It also points to the need for a clearer account of how social workers' effectiveness should be judged. The introduction of BHLFs had already prompted some practitioners to question the appropriate role of social workers and the extent to which they should be responsible for holding and managing budgets. The Social Work Task Force noted that social workers had expressed concern about what their role would be in the roll-out of the personalisation agenda of which budget-holding is an integral part. In its final report the Social Work Task Force set out a number of recommendations for reforming social work, including the provision of better training, improved working conditions, and stronger leadership.<sup>77</sup> The agenda for reforming the social work profession should meet many of the concerns social workers raised during the BHLF pilot in respect of their unpreparedness for the new role, the competing demands on their time and their uncertainty about their roles and responsibilities.

We noted in Chapter 7 the characteristics that children and young people look for in their social workers: it would seem that the importance of forming a consistent, individualised and supportive relationship with a looked-after child should not get in the way of a social worker being able to take tough decisions if needed. In many ways, having a constructive relationship may well make such decisions easier to reach. Some BHLFs in this evaluation commented on the potential tension they felt between developing closer relationships as budget-holders and, in their statutory role, having to enforce specific decisions in the best interests of a looked-after child which may well run contrary to the views and expectations of the child and of that child's carers. Some were uncomfortable, therefore, with the shift from a formal statutory remit towards the adoption of what appeared to them, at the time, to be a more informal role in which empowering children and young people was being encouraged. It may be that, if the recommendations of the Social Work Task Force are adopted, budget-holding will be regarded as a specialist role within a programme of continuing professional development and career progression. We noted in the previous national evaluation of BHLFs that not all practitioners wanted to take on the additional responsibilities associated with holding individual budgets. Others, however, had viewed it as an exciting opportunity to enhance their skills and their practice and work at a level which carried more responsibility and empowered them to take decisions without always having to seek approval from a line manager.

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<sup>75</sup> DCSF (2008) *Building Brighter Futures: Next Steps for the children's workforce*, DCSF.

<sup>76</sup> Department of Health/DCSF (2009) *Facing Up to the Task: The interim report of the Social Work Task Force, July 2009*, Crown Copyright.

<sup>77</sup> Social Work Task Force (2009) *Building a Safe, Confident Future: The final report of the Social Work Task Force*, Crown Copyright.

## ***Empowering Practitioners and Children/Young People***

Becoming a BHLF was supposed to empower the practitioner and empower the child/young person for whom they were responsible. Towards the end of the pilots, some practitioners were feeling more empowered when they had been entrusted with budgets and given the authority to spend them in consultation with the looked-after children/young people on their caseload. Some of them had begun to experiment with the commissioning of services and were finding this satisfying. They realised, nevertheless, that they had a lot to learn, particularly about the costs of different services and interventions and how to secure value for money. There was a continued tendency to view statutory and other existing services as free rather than recognising that they all carry a price tag and that the costs of such services need to be factored into decision-making about the use of the budget in any given case. There was a tendency, therefore, to look for services which were regarded as being free and to consider purchasing alternatives only if free services were unavailable. Most practitioners had not actually challenged existing services in respect of their quality, cost or availability, and they may need additional training to enable them to do so and, on occasion, to be assertive enough to threaten to move resources from one service to another.

It would appear that specific training about ways of challenging existing services and commissioning alternative intervention is needed if practitioners are to embrace the budget-holding role more fully. We suspect that further culture change is necessary before practitioners are likely to feel comfortable with taking responsibility for all aspects of holding and managing an individual budget for each child, and some may prefer to leave the management of budgets to others in their organisation. Nevertheless, effective commissioning can be an important lever for raising the quality of the workforce, and this in turn will give rise to high expectations in respect of the skills, knowledge and experience practitioners need. Young people who responded to the Department's consultation about the workforce strategy identified the importance of LPs having good communication skills, being trustworthy and having the ability to understand the needs of children and young people.<sup>78</sup> These qualities were always appreciated by the young people who talked to us about their BHLF where they were in evidence. The young people also appreciated being given real options by the BHLF and being enabled to have a voice.

Whereas social workers in Gateshead and Leeds especially had engendered close, productive relationships with the looked-after children/young people, they did not always find it easy to relinquish power and involve them in discussions about resource allocation. This is hardly surprising given their lack of training for a new role which requires a very different form of partnership-working with looked-after young people. The capacity to take responsibility for holding budgets and to make decisions about how to use them in consultation with the child/young person and their carers was just beginning to develop as the pilots came to a close. It represented a distinct shift in mindsets and required practitioners and their managers to be able to think creatively – to 'think outside the box', as some BHLFs described it at the end of the previous national evaluation of BHLF practice.

The UN Convention on the Rights of the Child is clear about the importance of children having a say in things that matter to them. The *2008 Children's Care Monitor* reported that 55 per cent of the children and young people surveyed said that they were asked about the things that mattered to them; just 14 per cent said that they were usually not asked.<sup>79</sup> More of the children and young people living in foster placements were asked to give their opinions than of those living in children's homes and residential schools. Overall, just under half of the children and young people said that they had been able to influence the decisions about their

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<sup>78</sup> WCL (2008) *2020 Children and Young People's Workforce Strategy: Workforce: The young voice*, report summary, DCSF.

<sup>79</sup> Ofsted (2008) *Children's Care Monitor 2008: Children's views on how care is doing*, report by the Children's Rights Director, Crown Copyright.

lives, with those living in children's homes taking the view that their opinions made little difference. A number of children and young people commented to the effect that social workers did not always explain options clearly, so that they were less able to express an opinion that would make a difference to what happened to them. The lack of clarity about the BHLF budget, how it could be accessed and what it was to be used for had meant that a number of children and young people and their carers in our study had little real idea about what was available for them, and what they could ask for. Some were simply pleased to know that some funding was available for them, but others would have liked to have more information on which to base decisions. There were some BHLFs, however, who had been anxious about telling the families how much money had been available, fearing that it would result in young people making unrealistic demands. Helping practitioners to be able to empower young people to have their say and understand what things cost and how to prioritise expenditure is an element which should form part of the BHLF training. The BHLFs who had been confident about giving young people choices were in no doubt that this had been empowering for the young people. Of course, in order to promote this level of empowerment in future, social workers will need sufficient time to build a constructive relationship with each looked-after child/young person and to be able to sustain the relationship over time. A lack of continuity in the allocation of social workers to looked-after children has been noted as a particular problem which the reforms will have to tackle.<sup>80</sup>

A key element in the personalisation of social work support is the transferring of some if not all responsibility to families/carers and young people themselves. The skills and confidence practitioners require to promote this model of practice are substantial. The idea of choice and voice is evident in a range of reforms in health and social care services.<sup>81</sup> It links with the In Control model which the Gloucestershire pilot was introducing in some of its services. The In Control approach reiterates the importance of making decisions as close to the service user as possible – one of the goals of BHLF practice – and moving away from a 'gift model of care'.<sup>82</sup> The BHLFs have some considerable way to go before the In Control model is embedded in practice, however. We found numerous examples of BHLFs presenting purchases from the BHLF fund as gifts to the children and young people. The presentation of laptops frequently epitomised a 'gift relationship', rather than the laptops being provided as part of a mutual exploration of needs that would enable the young person concerned to have a voice and make a choice about resource allocation. A recent evaluation of the Individual Budgets Pilots<sup>83</sup> in adult social care services reinforces the view that the implications of individual budgets are profound and that they imply major changes in organisational arrangements, professional cultures, and the expectations and responsibilities of those receiving social care services. The study noted a number of challenges, which are integral also to the development of BHLF practice with looked-after children. These are:

1. The difficulties associated with integrating or aligning funding streams across agencies.
2. Unresolved issues of equity in resource allocation and the lack of consensus as to how to allocate resources.
3. The lack of any clear determination of the legitimate boundaries of social care provision relating to the kinds of goods and services that can be purchased.

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<sup>80</sup> Le Grand, *op. cit.*

<sup>81</sup> Leadbetter, C. and Lounsbrough, H. (2005) 'Personalisation and participation: the future of social care in Scotland', DEMOS (unpub.); Department of Health (2006) *Our Health, Our Care, Our Say*, DoH; Department of Health (2005) *Independence, Wellbeing and Choice: Our vision for the future of social care for adults in England*, DoH.

<sup>82</sup> In Control (2005) *Individual Budgets: An exploration of individual budgets for disabled people and some of the challenges of implementation issues*, In Control.

<sup>83</sup> *ibid.*

4. Concerns about financial accountability, and about the potential for resources to be misused if managers/practitioners relinquish control of budgets.
5. The need to develop the skills which both managers and practitioners require to take advantage of the new opportunities afforded by a more personalised budgetary approach to the delivery of services.
6. How to develop and manage local markets to provide individualised services and stimulate new and creative programmes of support.

Evaluations have shown that individualised budgets encourage creativity and extend the boundary in terms of the goods and services that can be purchased, including leisure activities, which are important to children and young people. The increasingly strong policy focus on independent living and social inclusion suggests that everyone should have the same choices and rights to enjoy a range of amenities and opportunities. There seems little doubt that devolving budgets to front-line practitioners and enabling looked-after children and young people to have a greater say in the design and delivery of support services, placements, and care planning are aspirations which will escalate as the personalisation and *Care Matters* agendas are progressed. They are particularly important in clarifying the roles played by social workers with statutory responsibility for the care of looked-after children.

### ***Developing the Role of the Corporate Parent***

The concept of the corporate parent was introduced in the Quality Protects programme in 1998, and refers to the legal and moral duty to provide the kind of support that good parents would provide for their own children, including enhancing the quality of life of children as well as keeping them safe.<sup>84</sup> The House of Commons Children, Schools and Families Committee<sup>85</sup> has expressed concern that the role of corporate parent should not simply reside with social workers, and that corporate parenting requires multi-agency commitment, including from health, housing, education and the police. Since the physical and mental health of looked-after children is known to be poorer than that of the general child population,<sup>86</sup> health services are critical in promoting better outcomes. It is significant that BHLPs in both sets of pilots found that they could access mental health services more quickly when they held a budget and could purchase services directly, and that this was regarded as an important step forward. The child health strategy published in 2009 reinforces the message that it is local authorities which are primarily accountable for analysing the needs of and commissioning health services for looked-after children.<sup>87</sup> However, the House of Commons Committee<sup>88</sup> has recommended that looked-after children should have a higher profile within health services and that corporate parenting training should be mandatory for relevant senior NHS staff and board members with relevant responsibilities. The Committee found variations around the country in the structure, conduct and availability of health services for looked-after children. Delivery of services, it found, can be patchy, although designated doctors and nurses for children in care are described as consistent champions for these children.

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<sup>84</sup> Jackson, S. (2006) 'Looking after children away from home, past and present', in S. Chase and S. Jackson (eds) *In Care and After: A positive perspective*, Abingdon.

<sup>85</sup> House of Commons Children, Schools and Families Committee, *op. cit.*

<sup>86</sup> Meltzer, R., Gatward, J., Corbin, R., Goodman, T. and Ford, T. (2003) *The Mental Health of Young People Looked After by Local Authorities in England*, DoH, Crown Copyright.

<sup>87</sup> DCSF/DoH (2009) *Healthy Lives, Brighter Futures: The Strategy for children and young people's health*, Crown Copyright.

<sup>88</sup> House of Commons Children, Schools and Families Committee, *op. cit.*

The *Care Matters* white paper makes a commitment to provide targeted and dedicated mental health services that prioritise children in care,<sup>89</sup> but a mismatch of services and needs has continued. As we have noted, several children in this study had (differing) mental health support needs and, if these needs were not met, it was very difficult for carers to cope with the children/young people in their care. High thresholds for referral to CAMHS can mean that some children wait for an appointment for a very long time. If social workers were enabled to hold budgets, the Government's ambition to give guaranteed access for looked-after children to CAMHS services would possibly be a realistic one. We have seen the potential in these pilots for this to change the landscape.

The expectation is that social workers, foster carers and residential workers should be the 'hands and heart' of the corporate parent and should receive training and support in this important responsibility.<sup>90</sup> The House of Commons Committee has also suggested that guidelines specifying optimum caseloads for social workers should be drawn up.<sup>91</sup> This would enable them to ensure that other relevant services are commissioned to deliver support when it is needed, and the recommendation is in line with the recommendations made by the Social Work Task Force.

### **Care Planning**

An essential requirement in the establishment of BHLPS in the four pilots was that BHLPS activity should be closely linked to care planning and recorded and reviewed in Care Plans. In fact, there was little evidence that BHLPS activities were closely linked to each young person's Care Plan, primarily because of the top-up model of BHLPS practice, which was predominant at the start. Social workers and others designated as BHLPS in all the pilots except Gloucestershire had regarded the BHLPS fund as just another source of additional money. It did not signify the radical change in practice that had been envisaged. We have noted that the allocation of extra money to purchase goods such as laptops had caused jealousy in some foster families. Had the purchases been more closely linked to individual Care Plans and to a clearer set of objectives for each child/young person, such tensions might have been averted. The *Children's Care Monitor*<sup>92</sup> underlines the vital importance of each child's Care Plan, which sets out how the child/young person is to be cared for and the future plans for their care. Moreover, each child should be involved in making the plan, and social workers should ensure that it is honoured.

The survey undertaken by the *Children's Care Monitor* found that fewer than three-quarters of children in care said that they had a Care Plan and 10 per cent did not know what a Care Plan was. Perhaps not surprisingly, older children were more likely to know about their Care Plan than younger children. Children in foster care – as most of those allocated to a BHLPS in the pilot areas had been at the time – were less likely to say they had a Care Plan they knew about than those resident in children's homes. Moreover, just under three-quarters of the children and young people in the survey who knew about there being a Care Plan actually knew what was in it. Twenty-five per cent of the children and young people in care said they had no say in their Care Plan. About two-thirds agreed with their Care Plan and over 90 per cent said that some or all of their plan was being kept to.

In future, if social workers hold budgets in respect of looked-after children and personalisation is central to decision-making, the Care Plan will be even more important as a strategic document, both for the BHLPS and for the child/young person him- or herself. The implementation of BHLPS practice that accords more closely with the policy intent should facilitate the integration of BHLPS activity with the care-planning process. Expenditure needs

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<sup>89</sup> *Op. cit.*

<sup>90</sup> House of Commons Children, Schools and Families Committee, *op. cit.*

<sup>91</sup> *ibid.*

<sup>92</sup> Ofsted, *op. cit.*

to be prioritised within the context of the Care Plan and the future goals set for each child. The desired outcomes may then be sharper and more objective measures might be employed to measure change.

## Learning from the Pilots

Pilots offer a very important opportunity to test new approaches. Although both sets of BHLF pilots experienced difficulty in implementing BHLF practice, and the transfer of learning from the national evaluation to the looked-after children pilots was minimal, much can be learned from the attempts to adopt a new way of working. Perhaps the greatest learning lies in the realisation that tasking social workers to become budget-holders and to shift the way they work with looked-after children means asking them to do something which is both challenging and ambitious. Without adequate preparation and training for the new role they are unlikely to be able to make the shifts required. Indeed, it is now evident that whole systems change is necessary. A range of new skills is required to devolve commissioning processes, manage local markets, and implement budget-holding and individualised budgets at the client–practitioners interface. Managing the change process effectively requires clear, comprehensive, consistent and sustained information, training, and support for and ‘buy-in’ by staff at all levels in local authorities and across a range of health, education and social care services working with looked-after children.

In its final project report in respect of the pilots, the OPM noted a number of highs and lows in the journey undertaken by the looked-after children pilots.<sup>93</sup> It pointed out that the original project plans had been based on the assumption that social work practice in the four local authorities already encompassed the essential building blocks of BHLF practice. In practice, social work with looked-after children fell well short of this assumption. It proved very difficult to explain the BHLF role to staff at all levels and confusion was experienced at all levels. Although the DCSF gave consistent and clear messages about the aims and objectives of budget-holding and was at pains to point to the fact that the top-up model was not acceptable, it took a long time for most managers and practitioners to grasp the policy intent fully. Getting off on the wrong track meant that it had been time-consuming and frustrating for pilots to have to go back to the beginning and start again.

The OPM<sup>94</sup> listed a number of ‘top tips’ for others developing BHLF practice which are supported by the evidence from the evaluation. These tips can be extended to include the key messages from the findings presented in previous chapters:

- recognise the scale of the changes involved and the time, effort and resources required
- resource the changes, ensuring that infrastructures, processes and administrative systems are in place from the start
- get ‘buy-in’ and active support at all levels and include young people in sharing and developing the vision
- put outcomes first so that any changes can be attributed to interventions through objective measurement and evaluation
- stay focused on the task in hand, the target group and the outcomes desired, and delay roll-out until new approaches are embedded and fully evaluated

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<sup>93</sup> OPM (2009) *Budget Holding Professionals for Children in Care: Report for DCSF*, OPM.

<sup>94</sup> *ibid.*

- understand, use and reshape existing services to conform to the radically new approach to practice

Along with these tips, a number of recommendations flow from the findings presented in this report. Many of them mirror those we put forward at the end of the national evaluation of BHLF practice with children with additional needs, indicating that they should be considered carefully if BHLF practice is to be able to move forward with greater confidence and greater clarity of purpose on the complex journey on which children's services have embarked. Our recommendations are as follows:

1. *The policy intent underlying BHLF practice must be clearly articulated; the aims and objectives need to be understood; roles need to be clearly defined; and the messages given to staff across a range of agencies, and to the looked-after children and their carers, need to be consistent and unambiguous.*

A good deal of the policy intent was lost in translation. A written briefing circulated to all staff might avoid the confusion which existed among staff in the pilots. Providing information to children, young people and their carers that is clear and consistent is also important.

2. *The building blocks for effective implementation of BHLF practice need to be firmly in place before a new approach is initiated, systems and processes should be established and fit for purpose, the target groups should be determined, and support mechanisms must be developed.*

The practitioners who were best able to embrace a new way of working were those who had experience of working as lead practitioners, had been trained to use and were using CAFs, were committed to a needs-led approach, were familiar with multi-agency working, and had the focused support of their managers.

3. *Training for the role of BHLF is essential and needs to be undertaken prior to the implementation of BHLF practice. It should be mandatory and never an option, and it should cover skills development and the knowledge needed to execute the role, and provide a clear exposition of the aims and objectives of budget-holding.*

Very few BHLFs in the pilots received adequate training for the role they were expected to undertake. The majority were not equipped for the task, and this served to confirm an understanding that BHLF practice involved accessing a pot of money to spend on additional goods and services. Those who had received training in the previous pilots were able to challenge their traditional way of working and to think creatively and freely about a new approach. While they still lacked commissioning skills, and most did not have adequate knowledge of the services they could purchase, they had begun to fill the knowledge gaps and had been making good progress when the previous pilots had ended. The reforms envisaged for the social care workforce should help to encourage practitioners to seek new skills and to secure adequate training for roles which are demanding, such as that of being a BHLF.

4. *Social workers and others working as the lead professionals with looked-after children need sufficient time to execute a budget-holding role effectively; processes need to be streamlined; caseloads need to be realistic and manageable; and processes for sharing information and accessing/purchasing services need to be efficient.*

The BHLF role involves time and effort, and the close collaboration with looked-after children and their carers requires social workers to develop and sustain trusting relationships. Practitioners frequently complained during the pilots about the amount of

paperwork and the bureaucratic procedures they had to complete. Concerns about accountability for expenditure often added to the bureaucratic requirements. It is important that agencies delineate clear lines of accountability and establish robust monitoring and review processes which help rather than hinder practitioners and which enable them to spend the time they need with the looked-after children on their caseload. Social workers not having enough time to spend with them was a situation young people really deplored. By contrast, when their BHLIP was able to devote time to them it was much appreciated.

5. *There needs to be clarity about the size of the budget available, the range of services the budget allocated to a single account holder is intended to cover, and the time span over which it is to be used.*

We noted that the BHLIPs had varying ideas about how much money was available and about how they could spend it. Some budgets had been allocated to a team acting as the budget-holder, with little guidance about how the funds might be allocated and for what purposes. We witnessed a variety of practices: some BHLIPs had been allotted a specific amount to spend on their caseload as a whole; others had been allocated a specific amount per child; and others again had no specific allocation of which they were aware. Unsurprisingly, the young people themselves had received a variety of messages about the funding available. Some practitioners thought they should restrict their purchases to items of relatively low value; others, notably in Gloucestershire, felt able to commit higher expenditure to the purchase of specific services. When in doubt about expenditure, pilots exhibited a distinct tendency to stockpile laptop computers in order to allocate these to children and young people in foster care who did not already have one. In this sense, the purchasing of goods could rarely be described as personalised and needs-led.

In both sets of pilots there was a tendency, as we have noted already, for BHLIPs to look around to see what could be provided free, thereby failing to appreciate that all services have a cost and that part of the budget-holding role is to be able to secure value for money in the delivery of more tailored services. With greater clarity about the services and the kinds of items that can be purchased, BHLIPs might be encouraged to be more creative, to challenge existing service provision, and to be less anxious about having to justify expenditure. In addition, more progress needs to be made in respect of commissioning services and pooling core budgets so that BHLIPs can take overall responsibility for expenditure and not be restricted to purchasing extras. Management anxieties about frontline practitioners being responsible for substantial budgets also need to be addressed. Challis<sup>95</sup> noted that budget decentralisation needs to provide funding for 'a substantial amount of resource costs in order to prevent it simply providing a top-up fund for social care'. This suggests that the amount of any devolved budget needs to be sufficiently large for it to provide a real opportunity to reshape service delivery,<sup>96</sup> and that budget-holders need to feel comfortable sharing the responsibility for its use with family members.

6. *Budget-holding activities need to be closely linked to care-planning activities so that there is a clear accountability trail, and a record of decision-making and of the expenditure being committed to achieve clearly specified outcomes and future goals.*

While the ECM framework provides the broad parameters in respect of the higher-level outcomes desired in children's services, there is a need for these to be made specific for each child. Very few BHLIPs were able to articulate outcomes desired or achieved except

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<sup>95</sup> Challis, D. (1993) 'Case management in social and health care: lessons from a UK program', *Journal of Case Management*, vol. 2, pp. 79–90.

<sup>96</sup> OPM (2006), *op. cit.*

at a broad level, for example encouraging children to enjoy and achieve. Moreover, some practitioners had confused outputs with outcomes and had assumed that the goods and services purchased would inevitably result in positive outcomes, evidenced primarily by the recipient's satisfaction and immediate observable impacts.

7. *Considerable culture change is needed within and across agencies if personalisation and the empowering of looked-after children, via the transfer of some of the control traditionally held by social workers, are to be achieved.*

The BHLP pilots were operating at a time of extensive change in most and considerable upheaval in some children's services. There had been extensive restructuring in some areas, making it extremely difficult for pilot managers to implement the pilot in the way they would have wished. The introduction of BHLPs ran in parallel with many other initiatives, pilots and pathfinders, often with overlapping agendas and all working towards the changes envisaged within the *Children's Plan*. Pilots did well to make the progress they did within this context. The agenda for workforce reform and development is far-reaching. It received further impetus as a result of the Baby P inquiry in Haringey and Lord Laming's follow-up report.<sup>97</sup> The implications of this agenda are considerable for practitioners across the social care, education, health and welfare sectors, and there is little doubt that children's services will continue to change in the coming years. We believe that the BHLP pilots highlighted some of the issues connected with wholesale change, and we have already noted in this chapter the critical importance of clarity of vision, consistent messages, appropriate training and support, and willingness to think outside the box.

During the pilots, little effort was made to match practitioner skills to the new programme, except in Gloucestershire. It may or may not be appropriate for all front-line staff in different sectors to take on the BHLP role, and it may constitute a specialist practice, for which highly experienced practitioners are selected and their workloads protected. These practitioners also need to be well supported by administrative systems in order to minimise the risk that budget-holding will ultimately reduce the BHLPs' direct contact time with young people and their families because of increased caseloads and administrative procedures. Glendinning *et al.* found that some practitioners regarded the focus on individual budgets as eroding their social work skills and fragmenting their core work.<sup>98</sup>

Nevertheless, the more children, young people and their carers are to be empowered, the more the traditional mode of engagement between social workers and looked-after children needs to give way to more innovative professional relationships which put budget-holding and decision-making at the heart of the personalised approach. Balancing the power between families and practitioners is frequently a challenging task, and relinquishing some control to the young person or family implies that they need to be capable of understanding the budget-holding role and be supported by the BHLP in taking responsibility for shaping their package of support. The OPM literature review indicated that service users need to be involved right from the beginning of interventions to be offered through devolved budget mechanisms, and practitioners need to avoid making pre-emptive judgements about the types of services which are required.<sup>99</sup>

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<sup>97</sup> Laming, The Lord (2009) *The Protection of Children in England: A progress report*, TSO.

<sup>98</sup> Glendinning *et al.*, *op. cit.*

<sup>99</sup> OPM (2006), *op. cit.*

8. *Radical reforms in social care services for looked-after children may need to be implemented incrementally.*

The evaluations of BHLPS with different target groups within children's services have demonstrated that the expectations associated with budget-holding and workforce reform are highly ambitious, and may be met more effectively if incremental steps are taken. Changes are being made across the entire system of social care, and children's services are at the centre of sweeping reorganisation and successive new programmes. Capacity in the system needs to be increased before all the potential benefits of BHLPS practice can be realised. There is an inherent danger that, if sufficient levels of change are not levered across all aspects of the agencies involved, only minor changes will be forthcoming that merely equate to the tweaking of existing practice.<sup>100</sup> In such situations the policy intent of ambitious reforms is diluted, particularly if new initiatives such as BHLPS practice are grafted on to pre-existing programmes. To some extent, this was the case in respect of the BHLPS pilots, where BHLPS practice was simply absorbed into existing programmes and practices. It is not unusual for existing programmes to be migrated into new initiatives as more funding becomes available. A rather more comprehensive approach to reform in services for looked-after children is needed if this initiative drift is to be halted.

## Looking Ahead

The BHLPS pilots have enabled managers and practitioners to develop their understanding of the steps that are necessary in order for them to make radical shifts towards needs-led provision and to match the Government's ambitions for improving the life chances of looked-after children. They had made a significant start in finding effective solutions to the challenges that come with far-reaching reforms.

The BHLPS pilots constituted just one element in a comprehensive programme of piloting and implementing a range of new initiatives. They contribute one part of the jigsaw, and more pieces will be put in place as other pilots with looked-after children complete their work in the next year. A number of important themes underpin all the programmes: the meaningful involvement of young people and their carers; the changing nature of social work activity; and the centrality of hearing the voices, and taking note of the views, expectations and aspirations, of looked-after children themselves. In so many ways, the conventional wisdom and conventional ways of doing things are being challenged, and the changes envisaged will undoubtedly take some time to achieve. Le Grand noted that child welfare services are in a state of transition not just in England but across the globe.<sup>101</sup> Common to the changes being pursued internationally is a focus on diversity, devolution of responsibility, flexibility, a needs-led, outcomes-focused approach to service provision, and the spreading of best practice based on research evidence. The four BHLPS pilots with looked-after children have contributed to this evidence base. They were not as successful as might have been hoped, and relatively few children and young people experienced the kind of shift in practice that was expected. It is necessary to be cautious, therefore, about making generalisations from an evaluation which was limited in terms of the data it could collect and the range of practice it could observe in a relatively short time frame. There is evidence, nevertheless, that some young people gained considerably as a result of the efforts of their BHLPS and that the commitment to making radical changes in social work activity with looked-after children was considerably strengthened.

The *Care Matters* agenda is set to ensure that in the future, looked-after children have the same opportunities in life as their peers. The practitioners who took part in the BHLPS pilots

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<sup>100</sup> Challis, *op. cit.*

<sup>101</sup> Le Grand, *op. cit.*

shared this vision, and their enthusiasm and their learning need to be harnessed as the programme of reform is progressed.

## **Annexe 1            Research Methods**

Our research approach shifted during the pilots when it became clear that they were experiencing serious delays in implementing BHL P practice and that they were adopting a top-up model which did not meet the policy intent. Nevertheless, we attempted to address a number of research questions which we had developed early in the study.

### **Research Questions**

In consultation with the DCSF we identified a number of research questions within several categories, as follows:

#### **IMPLEMENTATION AND THE BHL P MODEL ADOPTED**

1. How is each pilot implemented, and which groups of looked-after children are being targeted and why?
2. Who are the BHL Ps and what are the implications of extending their practice for the professionals involved?
3. Do BHL Ps acknowledge a new role and set of responsibilities, and what training and management support do they receive/need?
4. How are budgets allocated to individual looked-after children, and do they move with the child?
5. Who effectively holds the budget for each child and how are decisions about spend negotiated? Are decisions taken 'nearer' to the child? How are they integrated into Care Plans?
6. How do BHL Ps have to account for the decisions they take relating to spend? What procedures must they follow and do these present barriers?

#### **BHL P INTERVENTIONS AND OUTCOMES**

1. How are budgets spent? How are services prioritised and by whom? How much is spent on each child?
2. Are services taken up?
3. What influence do the child/young person/carers have in decision-making about budget allocation/budget spend? Is the initiative child-led?
4. How are families and carers involved/supported?
5. How are Care Plans and patterns of care effected/influenced by the introduction of BHL Ps working with looked-after children? Are they more child-centred?

6. What menus of local services currently exist? Does the initiative encourage innovation?
7. What patterns of spend can be identified? Is expenditure related to identified outcomes?
8. What outcomes are anticipated and achieved and how are these measured?
9. Are placements more stable?
10. Which looked-after children benefit from the BHL P pilots and how do they experience a new approach? What and how much expenditure is needed to make a difference?
11. Does the initiative enhance front-line practice and improve the quality of service for looked-after children and their families?
12. How does budget-holding enhance multi-agency co-operation (e.g. through TACs), and does it transcend the social care/education/health divides?
13. Do social workers who are BHL P s spend more time with each child, and what are the implications for workforce reform?

#### WIDER IMPACTS

1. Are significant budgets pooled, and what are the barriers to achieving this integration?
2. How do LAs integrate budget-holding into their organisational structure, the reorientation of their children's' services, and their care-planning process?
3. Does the project promote innovative responses and a creative use of resources for meeting the needs of looked-after children?
4. Are there significant gaps in service provision for looked-after children? Are these local/national?
5. What evidence is there that BHL P s can work effectively with children on the edge of care?
6. How does the move towards budget-holding fit within the *Care Matters* agenda and the provisions in the CYP Act 2008? Does the initiative support the Government's overall agenda for looked-after children?
7. What are the lessons for extending BHL P practice with looked-after children?

We recognised that, while we hoped to answer these questions, we had set an ambitious remit. It became clear during the evaluation that it would be very difficult to determine the impacts of BHL P s on placement stability, on the experiences of children and young people in the care system and on care planning.

## The Scoping Study

The scoping study, which took place between October and December 2007, indicated that the pilots were some way from implementing BHLF practice to policy intent. We recognised in the scoping report that some pilots might be able to move closer to policy intent once they have begun their work. Some were significantly behind in the implementation of BHLFs with looked-after children. We suggested that the DCSF should re-emphasise its expectations of the pilots, and this was the focus of a meeting with all the pilots in Manchester in January 2008. After that meeting we undertook an update survey in each pilot and received the final responses relating to implementation plans at the beginning of March. The survey revealed that two of the four pilots appeared to be implementing a model of practice which was close to policy intent. In addition to the implementation in Gloucestershire, Gateshead was making a significant shift in its thinking and was adopting a more structured approach. Both pilots appeared to be using objective outcome measures which would enable us actually to examine outcomes.

Leeds, by contrast, seemed to be continuing with a broad top-up funding model of BHLF practice, whereby any LP social worker in the LA area could access the fund via two Family Resource Centre Managers. The target group of children included all 11- to 17-year-olds either in care or in danger of entering the care system. The LPs did not have control over a budget and the DCSF project grant was referred to as 'petty cash'. The Leeds pilot had not identified any specific desired outcomes, hoping that these would emerge through the piloting process. There had been no significant change to the Leeds model, despite the request to embrace the policy intent. The pilot in West Sussex had experienced a series of setbacks there was still very little indication that West Sussex was benefiting from the learning from the previous BHLF evaluation, however. Up to 50 social workers were to be designated as BHLFs across the county and the target groups for the pilot included 11- to 14-year-olds in foster or residential placements (both in- and out-of- county placements), asylum-seeking young people and children with a disability. The BHLFs were not expected to hold a budget but would be given access to a card which would enable them to buy goods directly. Outcomes had been identified but no hard objective measures of change were being used.

## Data Collection

We established a range of data collection methods, although we realised that we would be unlikely to establish these in all of the pilots:

1. Each BHLF was asked to complete an Activity and Service Log for every looked after child with whom they were working as a BHLF. This log was to be supplemented by information derived from as many of the following as existed for each child: a CAF; ICS; health data; review data; NEET data (16- to 19-year-olds); educational attainment data; school attendance data/teacher assessments; and the child's Care Plan and care history. We devised a *pro forma* and asked the BHLF to complete this, using the available documentation. In addition we asked for copies of SDQs and any other objective outcome measures.
2. We asked BHLFs to invite each child/young person and their parent/carer to participate in the study (via an explanatory leaflet and personalised letter), and to provide written

consent to talk to one of our researchers and to allow us to talk to their BHL P about them, their family, their case history and the BHL P intervention. We planned to select a sample of up to 12 children in each pilot (24 in total) aged 8 or over and conduct interviews and conversations with them in order to understand processes and outcomes associated with BHL P intervention. We expected to get to know these children via their respective BHL P. We wanted to take a biographical history approach, talking directly to the children face to face and via telephone calls or emails (whichever mode they felt most comfortable with). We also planned to talk to their parents/carers, if they had agreed to this, and to the BHL Ps, so as to ascertain how involvement with the BHL P had impacted on the child and family concerned.

3. We planned to hold up to two focus groups in each pilot area towards the end of the study, to which some of the children and young people who had a BHL P would be invited. This would enable us to explore, in a participatory way, the key themes which emerged from the Activity Logs and in the in-depth interviews. We expected to include children and young people who had consented to participate in the study but who were not selected for the in-depth interview sample.
4. We indicated that we would conduct surveys of all the BHL Ps participating in the pilots and of the pilot managers and other key staff at the end of the study, so as to capture their views about BHL P working with looked-after children and their suggestions for future practice in the light of the policy context and new legislation.

In the event, the case-level data available was very limited. We received case-level data from Leeds relating to its first year of the pilot when the DCSF grant could be accessed by all the social workers and used as a top-up fund but we decided that they could not be used to address the research questions. The reality, in both Leeds and Gateshead, was that the refocusing of the pilot to meet the policy intent happened relatively late in the day and involved just a handful of social workers in each area. Because social workers in Gloucestershire did not take on the role of BHL Ps, it proved to be very difficult to ascertain who the BHL Ps were.

### **Analysis of the Data Recorded in the Activity and Service Logs**

Interventions and purchases recorded on the logs were grouped in line with the categories we used in the national evaluation of BHL Ps, enabling us to determine the size of overall provision in each category. Each record of service provision for a child was assigned to one of nineteen categories. The sum of the number of interventions in each category was then divided by the number of children for whom data were available to calculate the frequency of service provision. The frequency of provision in each category was then plotted for existing services and services co-ordinated by the BHL P. It was possible for children/young people to have more than one intervention falling into the same category: hence frequencies in some pilots exceed 100 per cent. Existing services were those recorded by the BHL P as being in place and continuing at the commencement of BHL P work with the child. By far the largest single category was 'Social Worker/Family Support', which might be expected. This category included networking with relatives, portage and respite care. Interventions to target drug abuse were included with health services; interventions aimed primarily at behaviour modification in schools were categorised as 'Education Welfare/Behaviour Support'; and those aimed primarily at educational attainment were assigned to the category of 'Learning Support'.

In addition, we calculated the expenditure per child and the distribution of expenditure on existing and new services. We also analyse the time input of BHL Ps, and we present mean and median durations by category and overall for the pilots combined. Data were available

on costs for nearly all the purchases made from the BHLF budget (i.e. the start-up funding provided to each pilot by the DCSF). Where costs were missing, we made estimates from the costs of similar items. The largest single category of expenditure was on holidays and leisure activities, and this includes residential courses (some of which were expensive). For the most part, however, this category consists of holidays and outings for children/young people. Household goods were also provided by some BHLFs, but to a much lesser extent than in the national evaluation of BHLFs – in the previous pilots, BHLFs around the country tended to buy household goods from the BHLF budget, primarily to address what appeared to be low standards of living and children living in relative poverty in deprived neighbourhoods. In this study, household goods includes the provision of food and televisions. A relatively small group of young people benefited from significant spending in this category, primarily to set them up and support independent living arrangements as they exited the care system. Very little BHLF expenditure was related to interventions such as counselling or courses such as anger management.

Data on the costs of the services co-ordinated by BHLFs were rarely available. The Activity and Service Logs recorded an estimate of the intensity of the intervention in terms of hours per week, but in most cases the implementation date and likely duration of the interventions were unknown; hence we estimated the cost per month. This estimate was based on unit cost estimates of £80 per hour for one-to-one intervention (professionals)<sup>102</sup> and £10 per hour for group work. A unit cost of £40 per hour was applied to non-professional input such as teaching assistance, and £120 per hour to doctors/clinical psychologists. Direct payments were estimated at £9.56 per hour on the basis of figures from Unit Costs of Health and Social Care 2006 (inflated to 2008 £ values).<sup>103</sup> An additional cost of £8,726 per annum was applied to children in specialist education on the basis of the difference between mainstream and specialist education costs (inflated to 2008 £ values).<sup>104</sup> The cost of residential care was estimated at £2,662 per week in 2008 percentage values. The calculation of cost estimates for existing and new services allows a comparison between expenditure from the BHLF fund and the costs of other interventions provided. However, it should be noted that the cost estimates for services are estimates of costs accrued over one month whereas the costs recorded for expenditure from the BHLF fund generally represent the entire cost of that purchase. Data are presented on the mean, median and range of costs for existing services, new services and expenditure from the BHLF fund, across all three pilots for which data was available. The distribution of this expenditure is presented for existing services, new services, and expenditure from the BHLF fund. It is notable that no new services were put in place by BHLFs for the majority of children in Gateshead and Leeds.

Data on the time input of BHLFs were recorded on the Activity and Service Logs in six categories. These data were available for 110 children. The mean and median durations were calculated by category. 'Time arranging goods' captures time spent by BHLFs arranging purchases from the BHLF fund. 'Time arranging other' captures time spent co-ordinating interventions not purchased from the BHLF fund. Administrative work is captured in 'Other'. We particularly wanted to capture the time spent by BHLFs on various activities in order to examine how much time they spent in administrative activities in their new role as budget-holders and whether they were able to spend significant proportions of their time actually engaging with the children/young people and their carers. Social workers have often lamented the lack of time available for each child because of high caseloads, competing demands and the administrative burdens placed on them. Although we did not have a comparison sample in order to compare BHLFs with other social workers

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<sup>102</sup> This was based on an integral paper by OPM setting out the costs of professional time, Costing Budget Holding Lead Professional Services, Staged Methodology and Costed Case Studies, rev. Dec. 2007.

<sup>103</sup> Personal Social Services Research Unit, University of Kent. <http://www.pssru.ac.uk>.

<sup>104</sup> Polnay, L, Glasser, A. W. and Dewhurst, T. (1997) 'Children in residential care: what cost?', *Archives of Disease in Childhood*, vol. 77, no. 5, pp. 394.

responsible for looked-after children, we did find different patterns of time allocation between the three pilots.

## **Annexe 2 Goods and Services Purchased from the BHLP Budget – Gateshead, Gloucestershire and Leeds**

This annexe lists the goods and services BHLPs purchased from the pump-priming fund provided by DCSF, indicating the frequency of purchases of each item. Where no number is given, the item was purchased for just one child/young person in the sample.

Accommodation	Horse riding (8)
Activities (5)	House cleaned
Athletic clubs	Ice hockey equipment
Art equipment (3)	Independent travel arrangements
Bed/bedding (2)	Kit for trip to Himalayas
Bedroom furniture (2)	Learning support
Bicycle	Leisure membership (2)
Camera	Loft conversion
Carpets/flooring (2)	Marines training items
Car seat and safety gate	Martial arts club
CBT test	Mobile phone (2)
Christmas gifts	Money for Christmas presents (2)
Cinema, meal	Mountain bike
Classroom assistant	Music lessons (5)
Clothes (9)	Nursery (2)
College course	Paint
Computer/laptop (23)	Pamper sessions
Contact between siblings	Passports
Counselling	Photo album
CV and stationary for college	Photo session
Dancing lessons/equipment	Photos
Day out to football match	Play scheme (2)
Driver theory test	Playstation
Driving lessons (4)	Prom dress
Drumming lessons	Provisional license (2)
Equipment for horse riding	Rent
Family games	Residential (11)
Family Portrait	School trip (5)
Fishing trips	Shed
Food (5)	Specialist neurology therapy
Football	Spending money for holidays
Fridge freezer	Sports activities
Garden equipment	Sports Camp
Garden makeover	Stationery
General living support, (food clothes, travel, phone)	Swimming lessons
Gym membership (3)	Taxis to education
Holiday (4)	Television (3)
Hair cut	Television license
Home tuition	Therapy and counselling
	Toys (4)

Trampoline (2)  
Travel  
Unspecified household goods (4)  
Uniform, college tools  
Weightwatchers  
Wii

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