



Barriers

Block contracts and impact of individualising funding	Risk of losing contracts	Resistant councils	Time & resource	Procurement red tape	Stress for frontline staff	Lack of confidence that it does work for people	Change fatigue
Lack of good information	Providers and commissioner's thinking differently	Families not being offered ISFs (not being on the table)	Changing attitudes of some workers to be more creative (away from task based roles)	Frontline staff feeling out of comfort zone	Impacts and benefits aren't immediate from a commissioning point of view	Integrated working and lack of understanding	Cost cutting excercise
Uplifts for ISFs and SDS in general	Minimal examples of it working well	Reluctance to use or sub contract micro providers	Understanding financial implications (worry about costs)	Capacity to deliver commissioning projects and to develop a new offer (and do it well)	Geographical spread of population (impacting on choice and flexibility)	Cost benefits and evidence base	



Enablers

Moving away from blocks to individual budgets means lower risk of losing tenders (and all of that funding). Should be the ethos of the organisation (to personalise).	Knowing that ISFs have worked for other councils - sharing success stories and resources.	Capturing the voices of people drawing upon support - sharing this with Local Authorities.	Social Work - we have seen a reduction in bureaucracy for Social Workers	Consider building ISFs into contracting cycles so that it isn't additional work	Peer support and co production	Evidence of ISFs - important to show an increase in choice for people (SDS)	Change fatigue - making sure people are only involved when they need to be and that they can see the benefits
Change fatigue - organisational culture and managing change sympathetically	Change fatigue - making sure people can really vision the benefits (video case studies).	Creating good information on Self Directed Support/self assessments - reduces workload for social workers	SDS Network England	Building an understanding that costs are set at what is the commissioned hourly rate anyway and so ISFs are not more expensive than what LAs would have set up for people.	Cost cutting - case studies that show how people's lives have changed for the better with ISFs (its not just about the money).	Engage parent carer forums and make sure families are made aware of ISFs in local offer/LA website	Engage ICBs in conversations about ISFs and explore how to make sure contracts are integrated so people can choose from same list of ISF providers
Gather and share more cost benefit data	Collate some model contracts and risk management processes for buying support from other orgs and micro providers	ISFs can be used creatively to cover areas where there are limited services - some case studies would help here					