COOLTAN ARTS

DEVELOPING A BEST PRACTICE MODEL: A COOLTAN ARTS REPORT ON PERSONAL BUDGETS

February 2016
Developing a ‘Best Practice’ Model: A CoolTan Arts Report on Personal Budgets

Written by Alison Vine on behalf of:

CoolTan Arts
3rd Floor
Walworth Road
London SE17 1JE
Registered charity No. 1064231, and company limited by guarantee registered in England and Wales, reg. number 3244552

http://www.cooltanarts.org.uk/

Published in association with The Centre for Welfare Reform

http://www.centreforwelfarereform.org/
Summary

Recent changes to the Care Act 2014 now provide a ‘statutory requirement that all eligible people should hold a personal budget’\(^1\). However, there continues to be a highly bureaucratic, time consuming and stressful application process\(^2\). This report has been produced in response to these issues, against a backdrop of aggressive welfare cuts and the continuous chaos surrounding personal budgets. Although the majority of research focuses on awareness of personal budgets and eligibility criteria, this study emphasises the difficulties faced by frontline VCO staff who are trying to facilitate personal budget applications.

This is a qualitative study, based on a snapshot sample, between November 2015 to February 2016, from 26 participants who awaiting personal budget applications and processes. The sample includes eligible referrals from mixed demographic backgrounds who have registered with CoolTan Arts in order to access wellbeing/creative workshops. The main findings suggest that there continues to be issues of delays in processing applications that impact negatively upon both eligible individuals and those working in VCOs advocating on their behalf. In conclusion, it is hoped and recommended that this study may contribute toward encouraging all mental health and associated organisations to collaborate on a ‘best practice’ model.


\(^2\) In Control (2015)
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>The Care Act 2014</td>
<td>6</td>
</tr>
<tr>
<td>CoolTan Arts (CTA)</td>
<td>8</td>
</tr>
<tr>
<td>Personal Budgets: Related research</td>
<td>9</td>
</tr>
<tr>
<td>CoolTan Arts: Findings</td>
<td>12</td>
</tr>
<tr>
<td>Conclusion and Recommendations</td>
<td>14</td>
</tr>
<tr>
<td>References</td>
<td>15</td>
</tr>
<tr>
<td>Appendices</td>
<td></td>
</tr>
<tr>
<td>Appendix 1</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>24</td>
</tr>
</tbody>
</table>
Introduction

This report will first provide an overview of the key points in the Care Act 2014, centred on ‘choice and control’. Underpinned by the ‘Wellbeing Principle’, recent amendments have now firmly situated the commissioning of social care and wellbeing toward a collaborative arrangement among Voluntary and Charity Organisations (VCOs). At the same time, the Care Act has broadened the criteria within personalisation to include the statutory requirement that all eligible people should hold a personal budget. While it is clear that the changes in the Care Act intend to promote personalisation supported by the VCOs, in terms of funding, the reality for service providers is problematic, time consuming and frustrating.

CoolTan Arts (CTA) is a mental health charity with a twenty-five year history in creative art wellbeing services. Before the impact of personalisation provided within the Care Act 2014, CoolTan Arts had previously been in receipt of an excess of block funding to provide its services. Personal budgets have therefore become integral toward CTA continuing its level of service and contributing toward keeping people with mental health needs out of hospital. Given this context, the charity is well placed to contribute to existing research with the aim of collaborating toward a personal budget ‘best practice’ model. This report will therefore introduce CTA followed by a review of related research of the most recent experiences of VCOs surrounding personalisation and personal budgets to date. Although there is a consistent body of research suggesting that personal budgets have a positive impact on the lives of those who hold them,

---

personal budget delivery continues to be a major cause for concern\textsuperscript{5}. This concern is highlighted in this report and evidenced by a qualitative study of CTA’s own findings. Taken from a snap-shot sample of twenty-six current personal budget applications, this research looks at the processes involved and the issues that are experienced on an ‘every day’ level by frontline staff at CTA. Importantly, this study provides an overview of the issues faced by VCOs in delivering their services to the most vulnerable groups in the community.

In conclusion, against a backdrop of severe austerity measures in terms of cuts to social spending, there is a pressing need for VCOs to come together and set out an effective and efficient best practice model. This aim serves to ensure a fair delivery of funding that is person centred and facilitates choice and independence. Finally, this study will suggest recommendations for further research with a view to community action in forming a ‘best practice’ model between VCOs and mental health professionals.

\textsuperscript{5} Ibid
The Care Act 2014

The Care Act 2014 provides a statutory duty on local authorities to promote wellbeing when carrying out an individual’s care and support. This must be underpinned by the need to ensure that this process focuses on the needs and goals of the person concerned. This is referred to as the “Wellbeing Principle,” because it is the guiding principle that puts wellbeing at the heart of care and support.

Central to this transformation is the premise that instead of local authorities commissioning care and support services, they should instead provide those eligible for support, a personal budget so they can choose services in line with their own needs and circumstances. The Act also makes sure that everyone who needs information and advice about social care must have this provided, regardless of their wealth or eligibility for services. In order to roll out individual choice and independence, social care is therefore increasingly seen as part of a collaborative care arrangement, involving various charitable and third sector providers.

The introduction of the Care Act in 2007, involved a three year pilot roll out of personal budgets, where the question was whether they had a part to play in public services. Since 2015, amendments to the Care Act have moved away from asking whether personal

---

budgets have a part to play to making it a **statutory requirement that all eligible people should hold a personal budget**.

“If you are eligible for long term care and support, you have a legal right to a personal budget even if you are in residential care. Your support should be arranged through a personal budget as a matter of course”

(Relevant care act requirements: 11.2, 11.7, 11.16, 10.7)\(^1\)

However, given current financial cutbacks, this has thrown up new, alongside existing challenges as to how this is achieved and how a best practice model can be created and implemented\(^2\).

---


CoolTan Arts (CTA)

“In the last year CoolTan Arts has worked face-to-face with 2288 people across London”

“Nearly 90% of CTA participants say that attending the service keeps them well and out of hospital”

CoolTan Arts is an award winning charity run by and for adults with mental distress. With a twenty-five year history in creative arts and mental health, the charity has always believed and continues to demonstrate that mental wellbeing is enhanced by the power of creativity. CTA provides a friendly, safe and supportive space, offering creative workshops, self-advocacy, art projects, stigma-busting cultural walks, a public art gallery, and an inclusive volunteering and training programme. CTA therefore exists to inspire positive mental health and wellbeing through the arts for a diverse range of people experiencing mental distress, empowering individuals to aspire to achieving their full potential and to become part of the wider community.

As a long-serving community organisation, CTA has a considerable history of providing care that is centred on the principle of ‘wellbeing and independence’. These two key principles underpin the provisions of the Care Act 2014, along with notions of care that embody and promote the principles of collaborative care, individual ‘choice and control’ and patient and public participation. Moreover, the ‘wellbeing principle’ lies at the very core of CTA’s operation, with the provision of a full and comprehensive service, from; referrals and registrations, care planning and assessments, advocacy for those who need it, through to the provision of creative workshops that facilitate and foster wellbeing. At the same time, CTA’s overall service operates with the underlying principles of ‘self-advocacy’ in order to fully empower and promote wellbeing through enabling choice and independence.

Personal budgets: Related Research and Literature

The Care Act statutory guidance states that a personal budget...

“...is the mechanism that, in conjunction with the care and support plan, or support plan, enables the person, and their advocate if they have one, to exercise greater choice and take control over how their care and support needs are met.”

The national POET (Personal Outcomes Evaluation Tool) conducted by Think Local Act Personal (TLAP) and In Control, continuously concludes that personal budgets have had a broadly positive impact on the lives of those who hold them. The POET surveys have also found that people using their personal budgets on non-traditional methods of satisfying their needs, such as community activities, reported better outcomes than when people used them to buy ‘traditional’ care services.

However, according to the most recent POET Survey involving 4000 people and their carer’s, there continues to be a wide variation across places and groups in the ways people take up and manage their budgets. These findings suggest that processes vary considerably from place to place. Personal Budget delivery therefore continues to be a major cause for concern.

Although many local authorities say they are committed to the principles of wellbeing that is underpinned by ‘choice and control’, many fail to do this by denying people access to information regarding their rights, entitlements and options. Reports also suggest that some local authorities are perceived as restricting people’s ability to exercise choice and control by employing arbitrary spending limits on particular care and support

---

14 Department of Health (2014) para 11.3
15 Waters, J & Hatton, C (2014)
16 Waters, J & Hatton, C (2014)
17 Waters, J & Hatton, C (2014)
options, placing undue restrictions on how money can be spent or by imposing burdensome monitoring to restrict choice and impede flexibility.\(^{18}\)

Despite the positive experiences of those people who have obtained a personal budget, research suggests that there has been a lack of progress around choice and control between 2008 and 2015. Improved outcomes, in terms of wellbeing, have only been met when personal budgets have been delivered well, that is both timely and fulfilling statutory guidance around choice and control.\(^{19}\) Moreover, although choice and control has diminished over the last five years, due to austerity cuts, the impact of these cuts is not uniform, suggesting there are many ways in which choice and control should and should not be carried out, regardless of cuts to welfare.

Overall, the majority of research concerning personal budgets has been focused on local authorities, there is very little evidence centred on the impact personalisation has had on community organisations and charities, who depend on these funds to provide their services. According to a recent survey conducted by Community Southwark, that surveyed 250 health and wellbeing charities,\(^{20}\) 84% of respondents representing VCOs reported having issues with personal budgets. The most recent problems reported are when individuals elect to have their budgets paid via direct payments. This represents a fundamental shift in terms of a previously defined ‘service user’ now becoming a ‘customer and commissioner’. Although this fulfils the ‘choice and control’ requirement of the Care Act, this represents a challenge with service delivery. VCOs claim there is now a need to deliver their services in a way that caters directly for service users. This may involve changing organisational arrangements, focusing on marketing services to a new audience, and adjusting processes to adapt to new payment arrangements.\(^{21}\) However, the most significant findings in the survey suggest that:

---

\(^{18}\) In-Control (2015)


\(^{21}\) Community Action Southwark (2015) p.3
• Organisations have expressed concerns that only a small number of service users seem to have personal budgets, and awareness of personal budgets is low.
• There is concern around eligibility for personal budgets and awareness of eligibility criteria.
• There is concern that personal budgets do not provide enough cash to cover prior levels of support.
• Organisations have issues with marketing and cash-flow, and there is high demand for support with implementing personalisation, particularly from small organisations.

Only 20% of VCO’s reported having just over half of their service users holding personal budgets. The majority of service users had no knowledge of personal budgets. VCOs expressed concern over the eligibility around personal budgets, stating there is a lack of clarity around personalisation in general. There has also been a general inconsistency over personal budget award criteria both in Southwark and between other local authorities. There is also concern that service users have unrealistic expectations about what can and cannot be purchased with a personal budget.

“Personalisation and personal budgets are not going away”

Given this backdrop, because VCOs generally work very hard to obtain funding, there are difficult decisions to be made on investing time in pursuing personal budgets. This has to be weighed against focusing on fundraising with its external criteria and terms and conditions, in the light of cost efficiency and providing the very best services. Further, as a consequence of these challenges, there is a general apathy toward personal budgets being relied upon to maintain reliable funding. However, the reality is that personal budgets are here to stay and the most recent changes to the Care Act, reflect this view.

---

22 Community Action Southwark (2015) p.4
24 ibid
Tim Gollins, Lead for Self-directed Support and Personal Budgets & Regional Co-ordinator for Yorkshire, suggests there are three reasons why personal budgets are set to stay:

1. There is an increase in financial pressure in health and social care.
2. Personal Budgets achieve better outcomes than traditional services.
3. People who have personal budgets and personal health budgets are getting excellent value from them as a result of increased flexibility, new choices, and a degree of control. This improved choice and control is helping people to achieve better health and social care outcomes.  

Despite this evidence, there continues to be a disparity of esteem between physical and mental health, with the latter being targeted most with financial cuts.

---

25 Gollins (2015)
CoolTan Arts: Findings

This study involves a sample of 26 participants who are assessed as eligible for a personal budget. Eligible in terms of their mental health needs plus their level of support from mental health services. This group show an increased awareness of personal budgets, 58%, compared to only 5% from a previous CTA sample in 2013. However, although participants may be aware, they do not generally understand the eligibility criteria or how applications are processed. Only a minority, 10% of CTA’s participants hold a personal budget, although the majority of participants present themselves as eligible in terms of their mental health, but ineligible due to being recently discharged from mental health services. There is also a minority of cases who are in receipt of services but have been told they are not eligible for a personal budget as they live in supported housing. One participant (a 19 year old with a complex diagnosis of psychosis) failed his application for a personal budget as his previous psychiatric admissions were voluntary as opposed to him being sectioned. The ruling did not take into account that the said person had a supportive parent who had persuaded him to voluntarily admit himself into hospital.

More significantly, the most stressful and time-consuming problem is the delay resulting from the work undertaken in order to initiate a personal budget. Although there are a minority of cases where a Care Coordinator is contacted and a personal budget application requested is acted upon, the majority of cases are not straightforward. Over 90% of cases involve continuous communication attempts via phone and email in order to make first contact with the Care Coordinator involved, followed by routine ‘chasing up’ of unanswered emails and calls that are not always returned. Meanwhile, participants requesting a personal budget become more and more anxious as they wait for their funding to become available. In response to these delays and the anxiety this causes, CTA has published a Terms and Conditions (that is emailed to Care Coordinators) but this is only a guide and has not been in place long enough to record any improvements.

27 Appendix 1
28 Appendix 2
Another problem is the delay in initiating a personal budget application because a participant has joined one of CTA’s free sessions. Due to CTA’s fundraising success, they are able to offer some free services for individuals with mental health needs who do not qualify for funding. At the same time, people who are waiting for a personal budget often attend these courses while they wait to engage in the activity they have actually ‘chosen’ and drawn up in their care plan. This often results in Care Coordinators not initiating a personal budget application as their client is attending a ‘free’ activity. For example, a participant from this sample called John, registered in July 2015 expressing a wish to start Visual Art workshops. It was agreed between John and his Occupational Therapist that he would attend free cookery sessions while he waited for his budget to get processed. Despite John’s clear eligibility, his budget has still not been applied for after almost 7 months. However, unlike John, the majority of eligible prospective participants choose to wait at home, as they do not wish to attend the free courses on offer. As the process can often take longer than 12 weeks, this can be an anxious time for people who are waiting for their funding in order to start the sessions they have chosen in order to keep well.
Conclusion and recommendations

This study shows that there continues to be a significant problem in implementation and knowledge about personal budgets. While there has been an improvement in awareness of personal budgets, there continues to be systematic problems with initiating applications and processing them. Although recent changes to the Care Act have imposed a broader statutory duty on local authorities, cuts to social care have mitigated these changes. There still remains a highly bureaucratic process, with outcomes affected by severe financial restraints. At the same time, this research shows that the initiation and delivery of personal budgets continue to be an issue, with long delays, resulting in undue stress and anxiety for the very people it is intended to help.

CoolTan Arts therefore suggest that a community forum for VCOs should be promoted to enable organisations to share and suggest experiences and recommendations. This forum can be effective if accompanied by mental health professionals in order to develop a clear standardised guidance on collaborative care to ensure that service user’s choices are met.

Personal budgets are not going away

Although there are currently forums and events to engage VCOs, such as provided by Community Action Southwark, a new focus and a ‘community will’ to ensure that a model of best practice on cooperation at all stages of personal budget processes is recommended. In a time where VCOs are financially struggling to maintain their services, a collaborative approach towards a more effective practice of processing funds as envisioned by the Care Act, can still be achieved and maintained.
References


APPENDICES
Appendix 1

Spreadsheet showing part of an action plan for personal budget inquiries for eligible people with mental health needs.

SW = Support Worker  PB = Personal Budget  CC = Care Coordinator or Community Practice Nurse  VM = Vocation Matters (Maudesley Charity – min funds up to £500 p/a)

First initial of participants are sometimes indicated.

<table>
<thead>
<tr>
<th>BOROUGH</th>
<th>INITIAL EMAIL SENT TO CC ABOUT PB REQUEST</th>
<th>DID CLIENT KNOW ABOUT PB</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southwark</td>
<td>27/11/2015</td>
<td>n/a</td>
<td>30/11 speak to participant to update contacts. Contacted Psychiatrist who responded that S has no CC and sees psychiatrist only.</td>
</tr>
<tr>
<td>Richmond</td>
<td>25/11/2015</td>
<td>n/a</td>
<td>30/11 follow up by phone and email again. Sent email to CC today (4/01/2016). Sent email today 19/01/2016, still no response. Called twice today, not available to speak to. 19/01 received email today, stating that PB assessment started and CC will contact to let me know the outcome. 15/02 emailed Jonathon for an update on progress of PB.</td>
</tr>
<tr>
<td>Lambeth</td>
<td>25/11/2015 (letter)</td>
<td>no</td>
<td>25/11 letter given to SW, followed by visit from SW and concluded I need to apply for a PHB instead! 19/01/2016 emailed LCHT re PHB application. 02/02/2016 put in application for VM. Contacted SW for support letter, also discussed one-one necessity for IT. 15/02 sent application for VM as SW has not responded with support letter.</td>
</tr>
<tr>
<td>Location</td>
<td>Date</td>
<td>Status</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>--------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>LAMBETH</td>
<td>04/01/2016</td>
<td>Yes</td>
<td>phoned SW (not available) will call back. Sent email 04/01/2016. 19/01/2016 emailed LCHT re PHB application. 03/02/2016 completed VM application, await SW supporting letter tomorrow. 15/02 sent VM application along with support letter from SW.</td>
</tr>
<tr>
<td>Southwark</td>
<td>04/01/2016</td>
<td>n/a</td>
<td>30/11 follow up. 04/01/2016 sent email inquiry. 30/11 follow up as number incorrect details given initially. 04/01/2015) Phoned (father) will phone back with correct details. 22/01 - emailed CC with budget inquiry. Responded 26/01 and I replied with referral forms.</td>
</tr>
<tr>
<td>Lambeth</td>
<td>23/10/2015</td>
<td>n/a</td>
<td>30/11 follow up. 10/11/2015 and 24/11/2015 emailed CC (no response). Email sent today 01/01/2016. 02/03 still no response – re-sent email 30/11 So far Support planner/broker is on the case and putting this to panel. 04/01/2016 added T to our cookery workshops waiting list but these are free. 27/01 took call from mother saying budget not happening. 27/01 left message with CC. 03/02 sent email with VM application to CC</td>
</tr>
<tr>
<td>Southwark</td>
<td>06/11/2015</td>
<td>yes</td>
<td>participant has been invoiced – not sure if he has funding. 23/11/2015 told by SW he hasn’t and does not qualify as he is in supported accommodation.</td>
</tr>
<tr>
<td>Lambeth</td>
<td>November</td>
<td>yes</td>
<td>participant has been invoiced – not sure if he has funding. 23/11/2015 told by SW he hasn’t and does not qualify as he is in supported accommodation.</td>
</tr>
<tr>
<td>Location</td>
<td>Date</td>
<td>Action</td>
<td>Notes</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td>Southwark</td>
<td>28/07/2015</td>
<td>no</td>
<td>30/11 spoke to CC who will follow up. PB has not been initiated. 04/01/2016 emailed CC re PB. 01/02/2016 sent email with breakdown of costs for Visual Arts sessions. CC said it should pass with the Team Manager ASAP.</td>
</tr>
<tr>
<td>Southwark</td>
<td>phoned 19/11/2015</td>
<td>no</td>
<td>04/01/2016 phone Dr followed by email. Said he would apply for PB with our help. Sent email with Referral form etc today.</td>
</tr>
<tr>
<td>Southwark</td>
<td>30/11/2015</td>
<td>no</td>
<td>30/11 left message asking for contact details of SS on Maudesley site</td>
</tr>
<tr>
<td>Lambeth</td>
<td>27/11/2015</td>
<td>no</td>
<td>27/11 sent email. 30/11 CC replied saying participant is being discharged from the service</td>
</tr>
<tr>
<td>Southwark</td>
<td></td>
<td>yes</td>
<td>Checked previous emails - indicate that participant was not eligible. However, sent email 05/01/2016 to see if situation has changed.</td>
</tr>
<tr>
<td>Southwark</td>
<td>01/08/2015</td>
<td>Support Worker Moses (07792718079) Care Coordinator, Soji (07891143641).</td>
<td>15/12/2015 email response from CC: funding has not been agreed due to the condition of his placement. participant is in a 24hr supported accommodation and not eligible for a PB. 19/01/2016 emailed CC inquiry into a PHB.05/02 participant completed application for VM funding.</td>
</tr>
<tr>
<td>Southwark</td>
<td>emailed on 04/01/2016</td>
<td>yes</td>
<td>05/01/2016 received response from CC then spoke on phone and confirmed that CC will start application. Told participant that he can attend a taster session.</td>
</tr>
<tr>
<td>Location</td>
<td>Date</td>
<td>Response</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
<td>----------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Southwark</td>
<td>15/12/2015</td>
<td>yes</td>
<td>phoned CMHT as Tony unsure of new CC name, made several attempts to contact CC. 04/01/16 CC still unavailable, have sent email. participant says budget is available. 01/02/2016 emailed CC with workshop breakdown attached. 02/03 sent email for update.</td>
</tr>
<tr>
<td>Southwark</td>
<td>05/01/2016</td>
<td>yes</td>
<td>called CC and followed by email sent referral forms etc. 01/02/2016 emailed CC with breakdown of funding costs. 15/02 sent reminder email</td>
</tr>
<tr>
<td>Camden</td>
<td>11/12/2015</td>
<td>yes</td>
<td>14/12 sent referral forms etc no response yet. 02/02 sent email inquiry again</td>
</tr>
<tr>
<td>Islington</td>
<td>13/12/2016</td>
<td>yes</td>
<td>Email sent to CC 15/01/2016 with referral forms etc.</td>
</tr>
<tr>
<td>Southwark</td>
<td>15/01/2016</td>
<td>yes</td>
<td>Email sent to CC 15/01/2016</td>
</tr>
<tr>
<td>Southwark</td>
<td>19/01/2016</td>
<td>yes</td>
<td>Called SW 19/01/2016 left message.</td>
</tr>
<tr>
<td>Southwark</td>
<td>27/01/2016</td>
<td>yes</td>
<td>D to attend Wed 11.30 session 03/01 Taster. 27/01 emailed CC. D now wishes to do photoshop 1-1. 15/02 - PB application has been sent off.</td>
</tr>
<tr>
<td>Southwark</td>
<td>27/11/2015</td>
<td></td>
<td>waiting to be assigned a CC</td>
</tr>
<tr>
<td>Croyden</td>
<td>20/01/2016</td>
<td>yes</td>
<td>20/1/2016 said he had a PB with us before but didn’t attend as was ill, left message with CC 15/02 left message and email.</td>
</tr>
<tr>
<td>Southwark</td>
<td>03/02/2016</td>
<td>no</td>
<td>15/02 left phone message and email.</td>
</tr>
<tr>
<td>Lambeth</td>
<td>16/02/2016</td>
<td>yes</td>
<td>16/02 email sent to OT email sent to CC 23/02 2016. CC response 01/02 saying client has been discharged.</td>
</tr>
</tbody>
</table>
Appendix 2

This sheet is sent to Care Coordinators or Occupational Therapists to provide a best practice guidance to prevent unreasonable delays in processing applications

Personal Budget Agreement

TERMS AND CONDITIONS

1. The Basis of these Conditions

The conditions set out in this agreement between CoolTan Arts and Local Authorities, Community Mental Health Teams and Social Workers are in respect of a ‘reasonable timescale’ agreement for initiating and processing applications for a personal budget. Since April 2015 the provision for health and social care under the Care Act 2014 now focuses on an eligibility criteria based on what the person actually needs or wants to achieve regardless of their financial situation or where they live. The rationale of this agreement is therefore to prevent unreasonable delays, due to the distress this causes to participants who are waiting to start attending their chosen courses as soon as possible.

2. Obligations – CoolTan Arts and LA’s, CMHT’s and Social Workers.

2:1 LA’s, CMHT’s and Social Workers will initiate and/or process applications for personal budgets within a reasonable time period, this period being 12 weeks from the time of a request for an assessment to it’s determination and completion.

2:2 CoolTan Arts will Advocate (with the agreement of the participant) on the applicants behalf. CoolTan Arts will also help involved professionals throughout the personal budget process, should there be any delays.

2:3 CoolTan Arts will only allow participants to start their 12 week workshops upon receipt of their personal budget remittance from the appropriate LA or via direct payment.

2:4 CoolTan Arts reserve the right to offer a free trial session or access to available free courses at their discretion.

2:5 CoolTan Arts require 24 hrs advance notice to cancel a session or full session fees will be invoiced.

I agree to the conditions set out above:

signed: ...........................................  Dated: ...........................................