



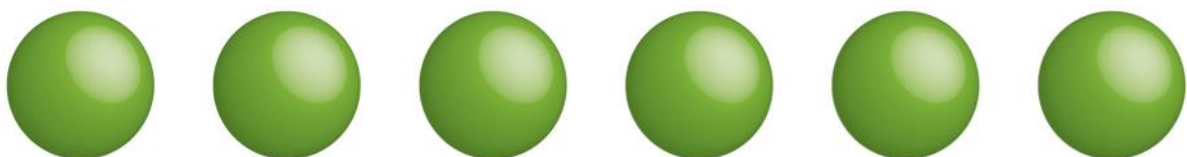
**National Development Team for inclusion**

## **What are we learning about Independent Support?**

**Emerging findings and lessons from the evaluation of the Independent Support Programme**

**NDTi Evaluation Team**

**September 2014-September 2015**





## Acknowledgements

The evaluation team at National Development Team for Inclusion (NDTi) would like to thank everyone involved in the 12 fieldwork sites (IS delivery agencies, families, young people and commissioning leads) who helped us to organise interviews, group discussions and shared their experiences of independent support.

We would also like to thank the Council For Disabled Children (CDC) team for ensuring we had access to monitoring data and reports, and in disseminating surveys and requests for help (e.g. in recruiting young people to work with our team as research advisors).

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## Executive Summary

This report shares the emerging findings and lessons from an analysis of information gathered during the first three stages of the national evaluation of the Independent Support (IS) Programme.

It gives a picture of the first 12 months of the IS Programme (September 2014-August 2015), and has been produced primarily for the Programme Board, delivery partners and participants from 12 fieldwork sites involved in the evaluation.

The main report is organised into 3 main sections, setting out the background to the Programme and the national evaluation (section 1); key findings and lessons relating to the 6 main outcome areas which form the basis of the evaluation (section 2); and conclusions drawn to date about what good looks like in terms of effective delivery of independent support.

This summary provides a distillation of the central, headline messages drawn from the evaluation to date and a summary of progress towards the 6 outcome areas. Finally it shares the critical success factors we have identified from the evaluation findings so far, of effective delivery of independent support – across different areas, contexts and delivery models.

### Central headline messages

The first overarching message from our analysis to date, is that it is too soon to be thinking about ending the IS Programme (ie in March 2016), as it is only just gathering momentum at a local level and is taking time to take effect both for individual families/young people and those delivering the service.

Independent Supporters can be and often are a catalyst for change, helping to embed the culture of the Reforms in organisations and with families so that they have a wider impact on systems as well as with individuals.

The added value of Independent Support is most often demonstrated through the experiences of parents who have experienced IS as a distinctly new resource, a focused capacity and access to enhanced support.

There are some major issues about the negative impact on families/young people when IS and the wider system is not proactive or responsive.



There remains a question of whether single or dual provision is “best”, with a range of pros and cons associated with both single and dual provision of IS. For example, the clarity and simplicity of having one IS provider versus the choice available for some people in being able to access Independent Support from more than one source.

The need to and value of embedding an ongoing culture of self-and independent evaluation and reflection into local support systems has become increasingly clear over the course of the evaluation.

Successful delivery of Independent Support is contingent on the adoption of person centred practices and decision making at all levels of the system and wider roll out of personalised options for support.

Some wider aspects of personalisation are not connected to independent support. For example, little mention is made of the take up and use of personal budgets and the potential role of IS in enabling these discussions in the assessment and planning process.

## **Progress towards outcomes**

Progress towards the six outcome areas identified for the IS programme is varied, reflecting both the varied picture of SEN/D support at the beginning of/prior to the Independent Support Programme (pre-September 2014), and specific areas where IS has been particularly targeted and developed in the last 12 months. As the evaluation is building a picture of what works (etc) over time, this should not be taken as a definitive statement of where IS is most effective, rather that this is the current state of affairs evidenced by the available data one year into the Programme. The 6 outcome areas and a quick summary of progress towards each area is provided below.

Families, children & young people feel more supported through the EHC plan process: parents and families value the support received from independent supporters greatly and particularly the sense that someone is truly on their side, independent from the system which is making decisions about their support. There is variation about the extent to which people feel proactively supported throughout the whole EHCP process e.g. once a plan is received and if there are disputes it can feel (to parents/young people) that your personalised support disappears.



1. Greater engagement / empowerment of children, young people & families: there is recognition from almost everyone that we have met that there remains a great deal more work to do to build the voice of young people and ensure a focus on outcomes and aspirations into EHCP's. This isn't just about the role and impact of independent support; our analysis is showing that the focus and attention on engagement and empowerment is largely contingent on the wider environment, context and culture of local agencies and of the Local Authority in particular. Where the prevailing culture and ethos is not as supportive and enabling this has a knock onto the experiences of families and young people for example at review meetings in schools. Happily, the reverse also appears to be true. Attention to person centred thinking practices and decision making in local authorities and teams, schools and local VCS partners has a positive impact on how parents and young people experience the local system of SEND support.
2. Education and Health Care Plans (EHCPs) that focus on CYP's aspirations: as the IS programme has progressed, we have found that progress towards this outcome area is variable, with mixed data/information from all fieldwork sites about the numbers of completed draft and approved plans, the numbers of refused plans or those in dispute, and in terms of content/quality and experiences of those directly involved in the planning process. We understand this to be the typical pattern across the country and is more a feature of the complexity of the reforms generally than it is about the quality and impact of independent support alone.
3. Improved co-ordination of/navigation through local services that support children, young people and families: this is an area that has continued to improve over the course of the Programme, reflecting a growth in profile, confidence and positive feedback about the role of independent support and supporters within local areas and the wider system of SEN support.
4. Greater equality of access to services: different approaches are being taken to deliver independent support around the country, including in relation to diverse delivery models and target populations. This is a key strength but can make the tracking and attribution of change difficult especially given the lack of data on access and equity of access to different elements of support prior to and at the start of IS. There are some rich and diverse case studies and resources being developed by different IS providers that will provide valuable learning for wider services and support in enabling greater equity of access to services in the future.



5. Increased skills, knowledge & responsiveness of those involved in providing Independent Support- the role of independent support / supporters has not always been clear to everyone involved in the delivery and commissioning of local SEN services/supports. However our analysis identifies that this new role has become a cornerstone of the reforms for many people in different areas, reflecting a focus on personalised and people led support at critical transition points in young people's lives. The training and development support available to independent supporters has been highly valued, not just by them but by their colleagues and partners. Some areas are taking an innovative approach to sharing this knowledge and training opportunities with post holders outside of the role to build capacity and ensure the knowledge and skills associated with the role are sustained and built upon locally.

### **Critical success factors for independent support**

Factors influencing the successful delivery of Independent Support are summarised below.

- Individuals, teams and organisations skilled in person centred practices that wrap around the families and young people they are supporting – e.g. ensuring that Independent Supporters keep connected with parents/young people during long waiting periods and at key trigger points (such as when a draft plan received/refused/signed off).
- A commitment to and effective practice of partnership working between different agencies, sectors, local commissioners and providers
- A mix of strategic, operational and individual commitments to local parental involvement and partnerships
- A recognition of and focus on promoting children and young people's views, voices and aspirations
- Pre-existing local presence/reputation of delivery organisations (i.e. known and trusted by parents and professionals across the board)
- A recognition of the importance of independence, impartiality and responsiveness of independent supporters and the organisation behind them; any one of these on their own is not enough



- Delivery organisation(s) that are known to, knowledgeable about and linked with the wider system of local support for children and young people with SEND
- Having a mix of paid staff with both accountability and professional expertise and volunteers with relevant experience and life skills
- The need for a single referral route into IS combined with multiple ways of reaching outwards to maximise coverage/take up and ensure equality of access for children and young people with very specific needs, and/or from marginalised or complicated backgrounds
- Having a positive and proactive approach to engaging children and young people with SEND and their families; and to working with the local mix of providers, agencies and organisations with whom they need to come into contact (mainstream and special schools, local authorities, children's services, adult services, NHS and social care services, looked after children's services, out of area providers, etc)
- Having access to different sources of expertise and specific, additional forms of support when required. For example either directly providing or facilitating access to peer support for children and young people with SEND, and for parents/families; having access to user led support/organisations if this is not a feature of the local provider of IS.





## 1. Introduction, background and context of Independent Support

This paper shares the headline findings and themes from an analysis of information gathered during the first three stages of the national evaluation of the Independent Support (IS) Programme. It gives a picture of the first 12 months of the Programme (September 2014-August 2015), and has been produced primarily for the Programme Board, delivery partners and participants from 12 fieldwork sites involved in the evaluation.

### 1.1 Background to the IS programme

Independent Support emerged as a model of independent, personalised support for children and young people with special educational needs and disabilities (SEND) and their families to enable them to access and navigate the newly reformed systems of support; and to ensure their Education, Health and Care Plan (EHCP) reflects their aspirations as well as meeting their identified and assessed needs. The need for an alternative form of *independent* support for children and families grew out of a growing body of evidence<sup>1</sup> that the then system of support was overly complex, procedurally driven, non-person centred, inaccessible and unfathomable, and largely ineffective in terms of delivering good outcomes for young people in cost effective ways.

Since September 1, 2014, local authorities have had a duty to replace statements of Special Educational Need (SEN) with a new Education, Health and Care (EHC) plan. They also have a duty to publicise a Local Offer of the services and activities that are available to parents and young people. To support this change, government funded an Independent Support service to assist parents through the new SEND assessment and planning process. This was intended to provide Independent Supporters in each local area as an additional resource for a time limited period to work directly with young people and the parents of children being assessed for an EHC plan. The Independent Support (IS) Programme signals a major investment in and commitment to supporting children, young people, families and others with special educational needs and disabilities to take full advantage of the SEND reforms set out in the Children and Families Act 2014.

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<sup>1</sup> Primarily collected through processes for passing the Children and Families Act 2014



Running from September 2014 to March 2016, this transformation support programme received significant additional resource from Government to enable voluntary, community sector and private organisations (Independent Support Providers) to recruit, train and deploy a pool of “independent supporters” across the country to fulfil this role. These Independent Support Providers were contracted by the Council for Disabled Children (CDC), who are managing the Programme on behalf of the Department for Education (DfE).

The underpinning approach adopted by CDC has been to test a range of approaches and delivery models, building evidence of “what works” and sharing learning in order to inform the spread and replication of the critical success factors into ongoing delivery arrangements for the successful implementation of the wider SEND reforms.

Unusually for national evaluations of this kind, the programme being evaluated is not a pilot or early adopters programme, but a time limited investment. The emphasis therefore is on ensuring the learning can feed into and inform mainstream support, and/or be applied to future relevant policy developments rather than informing the roll out or spread of what works from a pilot period.

Independent Supporters are individuals (who may be paid employees or volunteers) who are recruited and managed by the different organisations contracted by CDC to deliver the local IS service, i.e. by private, voluntary and community sectors and via local Information Advice and Support Services (IASS – previously known as Parent Partnership Support or PPS). Independent Support is provided by both an Independent Support agency and the local IASS in each local authority area. The Independent Support agencies for each local authority can be found [here](#), and IASSs can be found [here](#). Independent Support agencies are a mix of voluntary, community sector and private organisations – from small local organisations with a single contract for delivering Independent Support to large national organisations with up to 27 contracts. While most areas have this “dual” model of provision, in some local authorities where the IASS has been contracted out to a voluntary or community sector organisation which also has the Independent Support contract, Independent Support is provided by a single provider. Different providers have adopted different approaches to ensuring independent supporters are available and that Independent Support is a key part of the local offer in their area. For some this has meant a focus on paid staff whilst others have favoured a mix of paid staff and volunteers, depending on the local context (including labour market characteristics).



All providers and therefore Independent Supporters are independent of and from local statutory services normally associated with assessment and planning functions. They provide advice and support for parents of children with SEN/D, and young people with SEN/D, through the statutory assessment and EHC plan processes. Importantly, they do not take/make decisions and the extent to which they are influencing decisions taken (in respect of EHCPs) varies across the country. The role was designed to offer parents and/or young people going through the EHCP process a range of time-limited support such as liaison across different agencies and advice on personal budgets. The level and nature of that support is tailored to the particular needs of individual families/young people.

## 1.2 Background to the National Evaluation

The Department for Education (DfE) and the Council for Disabled Children (CDC) commissioned NDTi to evaluate the Programme over the summer of 2014, with evaluation activities designed to begin at the same time as contracts were confirmed and services were operationalised (i.e. September 2014).

NDTi designed a five stage, learning based evaluation programme covering the period from July/August 2014 until 31 March 2016. The design is based on realist methodologies<sup>2</sup> which seek to answer the fundamental question of “what works, for whom, in which circumstances, how and why?”

In particular, the evaluation is investigating:

- how different models of independent support are implemented locally (including how the evidence and build phase translates into implementation on the ground)
- if and how different groups of children, young people and families benefit (including whether the programme is successful in engaging hard to reach families and vulnerable children)
- the roles that partnership working and other delivery arrangements play in achieving outcomes for children and families
- the immediate and longer term impacts of the programme for service provision and local authorities

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<sup>2</sup> Pawson R. & Tilley N. (1997) *Realistic Evaluation*. London: Sage Publications



- the cost and value implications of these factors for different stakeholders, including local and central government
- emerging examples of good practice, highlighting how these have achieved outcomes and the transferable lessons that can be adopted for children, young people and families in very different circumstances and localities.

The evaluation is exploring these issues at three main levels, by:

- working with DfE, CDC and other strategic partners to identify and draw together evidence on outcomes and address the evaluation questions set at a national, Programme level (see below)
- working with a sample of local Delivery Partners to establish a breadth as well as depth of understanding of the full range of approaches taken to delivering IS
- understanding individual / family perspectives, experiences and outcomes through follow on work with this sample to analyse the journeys, experiences and outcomes of children, young people and families with SEN/disabilities in order to better understand and capture what works and doesn't work for them in relation to Independent Support.

The evaluation findings and evidence of outcomes and impacts will be used to inform future decisions and investments around independent support, in the context of wider SEND reforms, so that policy and service developments are designed and implemented in the most effective way. In other words, the evaluation will generate usable learning around outcomes and impacts, including:

1. Evaluating the training and support package offered to independent supporters, and others associated with independent support;
2. Evaluating the deployment and delivery of the independent support workforce;
3. Evaluating the quality of independent support being provided across England;
4. Evaluating the impact of independent support on children, young people and parents;



5. Creating a map of different IS models including arrangements for ensuring the voices of children, young people and families influence local delivery and commissioning arrangements.
6. Developing a core data set for Independent Support
7. Undertaking a Value for Money study of independent support.
8. Developing a shared understanding about which models of Independent Support are most likely to deliver better outcomes for children and young people and their families across a range of situations (demographic, geographic, economic, familial), support needs and disabilities/impairments.

More detail about the 5 stages and associated activities of the national evaluation are provided in Annex 1.

The themes and findings shared in the remainder of this paper reflect the position as at the end of stage 3, taking account of early insights from current evaluation activities in stage 4 (September – December 2015). Stage 4 involves the evaluation team carrying out follow up conversations with children and young people and their families to understand their experiences of independent support; and the analysis of financial and outcome data to better understand the costs and benefits of different approaches taken around the country. The 5<sup>th</sup> and final stage of the evaluation runs from January to March 2016, and is where we bring together our final analysis, with a final report due in April 2016.

### **1.3 Introducing the Independent Support Theory of Change and Six Programme Outcomes**

A theory of change is a systematic and dynamic approach to designing and evaluating change programmes. It is usually developed with a range of Programme partners and stakeholders, in order to produce a diagram that captures the important outcomes and longer term impact(s) to be achieved from a major initiative. Typically the process begins with a conversation about what changes are wanted (in response to an identified issue or problem that needs to be addressed) and then takes participants back through a logical process to agree how these changes will happen.



A theory of change is often used to test the hypothesis of a programme by making clear the underlying assumptions that underpin the programme and taking account of the different contexts that are receptive to supporting change. These underlying assumptions are based on a number of factors: they might come from research-based evidence, tacit knowledge, policy drivers, lived experience of services/support, informal conversations, organisational experience, ideologies, values and beliefs - and are most often a combination of these.

Programme Evaluations test these 'theories' to see what works for whom, in which particular circumstances. This allows attribution and contribution to be made clear, and gives the necessary information for programmes to be replicated and scaled up. It is a dynamic framework enabling evaluators to build evidence and understanding about what works and doesn't work, in this case in relation to independent support in order to inform ongoing developments and delivery of the SEND reforms

The IS Theory of Change will be revisited as part of the final evaluation stage in early 2016, to identify the key success factors of independent support, i.e. those features which are important to build into the post SEND reform system of support and local offers.

### **What is the Independent Support Programme hoping to achieve, for whom, how and why?**

A workshop was held with senior strategists of the IS Programme to develop an initial theory of change that would then be tested during the course of the national evaluation. This is provided in Annex 2.

This process identified that the critical issue being addressed by the IS Programme was that children, young people and families were experiencing a fragmented system of support. The vision is that the reformed SEND system is experienced by families and young people as being understandable, clear and responsive. As a result (and with minimal issues) children, young people and families will be having better lives than in the past, because it will be easier for them to access support which is personalised and to have their voices heard. Independent support is *one* of the mechanisms being introduced to enable that vision to happen.



## Six Programme Outcomes

There are 6 outcomes that the IS Programme wants to achieve, which lie at the heart of the IS Theory of Change in Annex 1. These are outlined in the shaded box.

1. Families, children & young people feel more supported through the EHC plan process
2. Greater engagement / empowerment of children, young people & families
3. Education and Health Care Plans (EHCPs) that focus on CYP's aspirations
4. Improved co-ordination of/navigation through local services that support children, young people and families
5. Greater equality of access to services
6. Increased skills, knowledge & responsiveness of those involved in providing Independent Support

The evaluation is exploring these issues at three main levels, by:

1. working with DfE, CDC and other strategic partners to identify and draw together evidence on outcomes and address the evaluation questions set at a national, Programme level (see below)
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The evaluation findings and evidence of outcomes and impacts will be used to inform future decisions and investments around independent support, in the context of wider SEND reforms, so that policy and service developments are designed and implemented in the most effective way. In other words, the evaluation will generate learning around outcomes and impacts, including:



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6. Increased skills, knowledge & responsiveness of those involved in providing Independent Support

## 1.5 Outcome and Data / Evidence framework

These six outcome areas have been translated into a data and evidence grid which outlines the sources of information being gathered to provide evidence of progress towards these outcomes and test the logic of the theory of change. In other words, does the logic behind the Programme hold water? Have the mechanisms identified contributed to the outcomes achieved (or progress towards them)? And considering all of this evidence, what then are the implications for the post SEND reform system?

Sources of data/information used to inform this report include:

- Discussions and materials produced from two workshops held to develop the Programme theory of change and the evidence and data framework for the evaluation



- A review of existing available evidence of effective models of Independent Support
- An online survey to all IS delivery agencies (VCS&P providers and IASSs), which received a response rate of more than 60% of all IS providers and 84% of all authority areas
- An online survey to SEND leads, to which 44% of all authority areas responded
- Discussions and interviews with Programme stakeholders
- Quality survey data collected by CDC from parents/families who have received Independent Support
- KPI monitoring data and monitoring reports produced by CDC
- DfE/Mott Macdonald review of EHCPs and local planning processes
- SEND Pathfinder Interim Evaluation Report
- “A new approach to special educational needs and disability” Green paper consultation and progress documents<sup>3</sup>.

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<sup>3</sup> Please see references at end of paper for a list of all resources used to inform the baseline analysis of independent support and this one year analysis.



## 2. Emerging findings and lessons

This section provides a summary of emerging findings and lessons arising from our analysis of data outlined in the evidence & data grid as at the end of August 2015 – i.e. one year into the IS Programme.

Section 2.1 explains and provides a summary of our analysis of the baseline picture of Independent Support (i.e. prior to and during the early days of implementation from September 2014).

Section 2.2 is a summary of our overall findings and lessons to date, organised by Theory of Change outcome areas.

### 2.1 The baseline picture of Independent Support

A baseline analysis of Independent Support was carried out during the first two stages of the evaluation (from September 2014-March 2015) using the 6 outcome areas identified in the Theory of Change and supporting Data & Evidence Framework to ask:

- What was the situation *before* IS (including key features that contributed to Independent Support being implemented to aid people's transition through changes associated with the SEND reforms); and
- What were the early experiences and signs of progress towards these outcome areas within the first 6 months of implementation?

That baseline analysis took account of:

- SEND planning processes in place *prior* to the SEND reforms and IS Programme implementation (e.g. statements, Learning Disability Assessments etc.)
- How things began to change in the early days of the IS Programme, in relation to these processes
- The contribution of IS, as opposed to wider SEND reforms (e.g. clarity about local offers, simplified and streamlined planned processes), in that change
- Other mechanisms for navigating the system and providing person centred support e.g. key working, case working, etc., and how these compared to experiences of Independent Support at that point in time.



The themes and lessons shared in sections 2.2 and 2.3 take account of the detailed findings from this baseline analysis as well as data gathered during stages 2 and 3.

A few notable points from this baseline picture are summarised below.

### **A new and untested model of support**

Stage 1 of the national evaluation included a short, focused review of the literature on Independent Support and similar models/approaches that have emerged over recent years to support children, young people and families. As a result of this review, the following issues became apparent:

- Prior to the roll out of Independent Support a range of *potential* models were identified (e.g. in terms of type of delivery models, geographical reach, workforce, modes of service delivery, referral models, allocation of Independent Supporters), rather than there being one defined approach (Greene et al, 2014)
- There is not yet a single identifiable evidence base on the *effectiveness* of different models that could be adopted to deliver Independent Support
- There are recognised models of delivery for elements of comparable forms of support or service delivery (e.g. independent advocacy; independent brokerage; independent advice and guidance; support work; key work in adult services; case work; social work; mentoring). However, these do not necessarily reflect the specific form of support that is provided by Independent Support, i.e. independent from local authorities, support provided to assist people through a transformation programme, and support targeted on the specific needs and wishes/priorities of children, young people and families.

Whilst there seems to be a general consensus about the kind of support that was missing for children and young people with SEND and their families, there remains a lack of robust evidence about viable models for delivering Independent Support in the UK, i.e. which model(s) is most likely to deliver cost effective tailored support direct to CYP/families? The evidence and build phase of the IS programme, which culminated in the report from the research team at NCB (July 2014), provides evidence of the need for a diverse and flexible approach to be taken to IS during the course of the Programme, but it does not (and was not designed to) provide outcomes based evidence about which model delivers effective support or to whom.



This is important in terms of understanding the nature and status of the evaluation and the findings contained within this paper. This is the first (and only) independent evidence that exists relating to the provision of Independent Support in this country, pulling together monitoring information and outcome stories collected by delivery partners and CDC as well as primary research gathered through the evaluation.

What the evidence and build review does do is flag up certain characteristics for the evaluation to take account of and test over the course of the programme. These characteristics are summarised in the shaded box.

- Flexibility to adopt singular, multi-agency and consortium approaches with a variety of staffing options (i.e. involving paid and/or voluntary staff) in order to meet local area contexts and needs.
- Whichever model is adopted, this should usually involve at least one paid professional staff member to provide the expertise required to respond to the complex and diverse needs of parents/carers and young people.
- The Independent Support workforce should be local, skilled and readily accessible to parents and young people.
- IS providers should be able to draw on a broader range of specialist resources than is possible from just one organisation, and deploy them more flexibly to meet diverse needs.
- Management, recruitment, training and continued professional development costs and risks should ideally be shared across agencies involved in the delivery of information, advice and independent support.
- The delivery of Independent Support should be designed around key points when parents/carers feel it is most needed, particularly during the early years leading up to diagnosis, at key educational transition points, and the transition from youth to adult services, and also at times of crisis.
- Organisations need to be able to manage peaks in the Independent Support offer, for example, the end of the school year, where young people and families may require an increased level of support, alongside the more continuous flow of new referrals throughout the year.
- A strong emphasis is placed on the importance of the role of 'volunteers' with the suggestion that much can be learned from Parent Partnership Services and other key organisations with a history of deploying volunteers successfully in similar roles.



## **Independent support is valued when it is responsive and person centred**

The evidence gathered to date from the sources outlined in Section 2 suggests that children and young people with SEND and their families are generally positive about their experiences of accessing and receiving Independent Support, although this does appear to vary from area to area. This variation and the factors behind it has been a particular focus of the fieldwork in 12 different authority areas, and ongoing analysis of data provided by local delivery partners and CDC, with a particular focus on outcomes achieved in terms of EHCPs (what EHCPs contain and enable children and young people with SEND to do/receive differently through access to IS; who the experience has been positive for and in which circumstances etc.).

## **There is significant variation and variability in the delivery and experience of independent support**

Early experiences of IS are generally positive but highly variable, relating to:

- local partnerships and pre-existing good relationships between statutory children's services, third sector organisations and local networks/forums of parents and families;
- the local model of delivery adopted (including size/scale including numbers of IS, delivery through volunteers vs paid staff, lead delivery agency, target/priority groups/individuals, referral systems and allocation/matching of independent supporters to parents/young people).

A number of agencies and local statutory services are concerned that referrals and take up are lower than expected/anticipated at this stage. The reasons given for this include:

- the lack of profile, promotion and effective partnership working between the various agencies and organisations involved;
- concern that implementing IS has added another role and element to an already complex system (rather than streamlining access routes to support);
- duplication of support that already exists in some areas (e.g. through in-house support teams).



## **Rapid implementation**

Responses to the online survey to IS providers and a later one sent to SEND reform leads, revealed a high level of anxiety around both the perceived haste with which IS was implemented, and the prospects for future funding and sustainability of features of the programme identified as effective and positive by children, young people and their families. These two significant causes of concern may well have impacted on referrals/take up of the service in some areas, a key issue that was further explored in the fieldwork.

## **A quiet but growing voice.....**

The voice and influence of CYP/families is intended to grow through having access to independent and impartial support. In most cases, mechanisms for ensuring that the collective voice and influence of CYP and families is harnessed in local developments of IS and wider reforms are at an early planning stage. Individuals report being happy with their experience of IS and how their voices are heard within their own assessment and planning processes. Our analysis indicates that some progress towards this goal had already been evidenced in SEND pathfinder sites, highlighting the need for to probe further on what additional or specific value IS has brought, including for example filling gaps around CYP aspirations, and connectivity of support services. This was a key area of the fieldwork.

## **2.2 Summary of findings by Theory of Change outcome areas**

This section summarises the key findings and lessons to date associated with each of the 6 outcome areas set out in the IS Theory of Change.

### **OUTCOME 1 – Families, children and young people feel more supported**

The sources of evidence reviewed for our baseline analysis of IS highlighted difficulties experienced by families and young people in obtaining information about available support, and options for how that support was provided. This evidence also emphasised the extent to which children, young people and their families were unsure about how the system worked – with terms like “confusing”, “opaque”, “complicated” recurring in different sources. Once in the system, families reported finding it difficult to engage with anyone and how easy it was to become lost; and feeling that their voices were not heard, often repeating their story and being reassessed by different parts of the system and whenever their child/ren moved, e.g. from class to class or school to school.





A number of proposals within the Green Paper (later the Children and Families Act) were designed to address these concerns: the development of a transparent local offer, clarifying what people can expect from local services/support; being involved in developing the local offer and in assessments/plans; having your voice heard; having clear information in one, accessible place; and simplifying assessment and planning processes, i.e. one plan to replace statements and learning difficulties assessments. Other aspects of support that were developed e.g. early support, keyworking etc. helped to inform these plans and the concept of Independent Support.

The Pathfinder evaluation interim report (Craston et al, 2014) found varying levels of progress in relation to pathfinder families' experience of the new EHC assessment and planning processes relative to the comparator families' experience of the existing system. The pathfinder families reported statistically significant improvement in relation to having at least one key worker working with their family, and overall satisfaction with the assessment and planning processes. This analysis showed that pathfinder parents were statistically more likely to report an improvement in the quality of the support that they were now receiving, relative to comparison families. Pathfinder families also appeared to be more likely to report that they were now entitled to more support, whereas comparison group families were more likely to perceive that they were entitled to less support than before. However they found no significant improvement at the time of the interim Pathfinder report in relation to levels of understanding about the assessment and planning processes.

This suggests that the reforms themselves were partly achieving on this outcome before IS implementation, but that there was also room for improvement. A key question for the evaluation was therefore, what further value has IS added? Has it filled the remaining gap?

Responses to the evaluation's delivery agency survey highlighted the positive responses received from parents or children/young people in the early days of IS:

*"The responses of the parents/carers to the support available... They are so grateful for someone who can tell them what is happening in clear English. We have had 100% excellent feedback from parents so far."* [Survey respondent]



Delivery survey responses also highlighted variation in levels of take up of Independent Support across the country with a general indication that demand was lower than expected, particularly in the first six months of implementation, a situation which monitoring data collected by CDC shows has righted itself over time, as indicated in the table below.

Provider	Timescale	People being worked with / plans under development
VCS&P	Mid November 2014	1,215
	30th January 2015	4,565
	31st March 2015	4,852
	17th July 2015	5,917
	3rd October 2015	378
	18th November 2015	914
IASS	Mid November 2014	1,292
	30th January 2015	1,956
	31st March 2015	2,773
	17th July 2015	3,585

***No people worked with / plans being developed per reporting period***

Responses to the evaluations' survey to SEND leads were generally positive about the provision and experience of independent support, based on feedback from children, young people or parents/carers (although there were a range of views and some other responses were quite negative):

*The support provided has been well received by families. Parents in particular have spoken highly of the support they have received from Independent Support.*

[Survey respondent]

CDC's Quality Measures survey also reveals high levels of satisfaction from parents/families and young people about IS.

Of the first 720 survey responses received from parents and young people (as at June 2015):

- 96% said the support was available when they needed it
- Over 87% found the support they received from IS had a positive impact



- 90% found the Independent Support service very or extremely useful
- 91% of respondents to the question (83% of all respondents) were very or completely satisfied with the support received through IS
- 75% would recommend IS service
- 85% would like further support on EHC planning in the future.

Interviews with parents revealed that overall parents do feel more supported as a result of IS. In particular, they have appreciated having someone on their side, for them and their child/ren, to help them navigate the system, challenge it where necessary, to represent them and increasingly enable them to represent themselves.

*"They (ISs) are on my side ; they are like family members, I can say anything to them" (Parent)*

*"I find it invaluable. I can't imagine a parent getting through it without support... I'd hate for a parent not to have had the support I've had. I can't imagine going in there [review meeting] without that" (Mother of daughter, age 19 with cerebral palsy)*

*"People don't quite grasp the stress that parents live with every day – having support through processes and meetings – people underestimate the value of that support" (Parent Participation Co-ordinator and mother of 14 yr old son with autism, receiving IS)*

Parents have emphasised the importance of having someone to explain the newly reformed / reforming process to them in their terms and at their pace, and then continue with them through that process.

*"She was a godsend... Until [IS] came along we felt we'd had no help, no advice, we felt completely alone, like we were doing it blindly. Now I feel like someone else is in my corner" (Mother of 12 yr old son with Asperger's)*

*"They helped me get through, they kept me sane – I would have been hanging off a bridge if it wasn't for them. I couldn't fault the support" (Mother of 3 children with SEND who had IS for all children)*

*"I understand the process only because [IS] was there to explain language and stages" (Parent)*



Two specific concerns that need raising here, however, are around access to specialist knowledge and help/understanding; and the apparent lack of proactive support experienced by some families in different places - for example to check in when draft EHCP's have been issued, plans have been refused or where long waits for approval are being experienced.

The mother of a 14 year old with 'dual and multiple exceptionality' who had a statement at 6 years, told us of the ongoing challenges she and her child experience because of the low expectations everyone has *"of a child on statement but in practice he is very bright and extremely ambitious"*. She also described how she struggled with their independent supporter because *'[IS] seemed to think I was delusional that my child could have a statement like he did and still be gifted.'*

*"We need more information about the importance of the plan. The letter says if you need help you can go to the IS but if you don't know you need it...you don't know what you don't know."*

From the perspective of children and young people the picture is much less direct or clear (in response to this our current stage - stage 4 - includes a specific component working with peer research advisors on the best way of getting young people's views directly).

KPI data (as at end June/July) indicates that 82% of referrals for IS were for parents, rather than for young people. SENDIASS's in particular appear to be more comfortable in their role in supporting parents than delivering IS to young people directly

*"Our comfort zone is supporting parents, hence contracting [local ULO] to focus provision on young people"* (local SENDIASS providing IS to families)

This same area also highlighted their concerns about potential conflicts of interests in providing IS to both parents and young people, which in part informed their decision to separate out these two elements of support.



The user led organisation concerned also shared with us their experience that most young people they are involved in supporting can't or don't want to engage in conversations about their support and plans.

*"She had spoken to so many professionals she didn't want to talk much more" (ULO IS)*

Most places seem to be starting from a very low base in engaging with and involving children and young people, who they report are not used to being involved in discussions and decisions about their own support including meetings held to discuss their needs, aspirations and dreams. So to expect more progress on this issue at this stage is perhaps unrealistic. This reinforces the message about the need for a much longer lead in time for targeted support such as IS to take effect.

Some places have addressed this issue by recruiting Independent Supporters with a childcare or youth work background, designing their service on similar lines e.g. allowing for time to build relationships and trust, for the IS and young person to get to know each other:

*"As an IS you have time to spend with a young person and to build a relationship with them" (IS employed to work with young people with a youth worker background)*

*"We wanted someone female and young. [The IS] and [my daughter] have a lot in common, they're both into fitness and exercise and she's in her 20s... Because my daughter travels to school [IS] could only see her in half terms. The first time she came [daughter] didn't want to engage as she had a friend here. The second time she couldn't talk. The third time [IS] suggested meeting in a coffee shop – [daughter] was more receptive then. [IS] was good with her. She gave her written and pictorial information about the meeting, focused on what she wants, she communicated in a way [daughter] could understand." (Parent of daughter, 19, with high functioning autistic spectrum disorder and anxiety)*

*"The role with young people is new to us. We are rebranding our leaflet to reflect that, someone to show them their rights, push forward the young person's view"*  
(Manager from an IS/ SENDIASS agency)



From an IS providers' perspective, we have heard that it is crucial for IS to be seen and understood as part of a much bigger support system; and that it is often hard for IASSs particularly to distinguish the IS role from the wider support that they offer (e.g. people rarely ring up and say "I want help with an EHCP" but rather they need help with accessing support for their child within which IS may sit). VCS&P Independent Supporters find themselves referring people back to IASS for wider support (or as has been raised as an issue in some areas this is not happening and Independent Supporters are either not doing this or not recognising the limits of their role).

A compounding factor in all of this is that some other organisations are providing aspects of IS outside the main CDC contracts (e.g. National Autistic Society, Mencap), some of whom have had IS training and some of whom have not.

One large, rural county, because of its size and rurality has many different organisations providing advice and support: *'a plethora of different places'*. Lead officers know this is a complex dilemma with very local VCS organisations delivering a lot of IS because of their good local reputations, but who haven't been through the core IS training because they are not part of the formal IS contract. They therefore also have not received additional resource. A county wide working group has now been established to clarify who is doing what and how, to reach consistency around delivery standards including the provision of information, and achieve clarity for people around referral routes.

It is important to reflect here, on the monitoring data on referrals and numbers of people receiving independent support collected by delivery partners and reported on by CDC. IS provider monitoring data for the period September 2014 - 30th January 2015, indicated that 6,965 EHC plans were under development, with 665 EHC plans reported as being ready for sign off by a lead professional (9.5%). This report also indicated that, at that time, Independent Supporters were supporting 8,683 EHC plans, of which support had been provided to:

- 7,184 parent/carers to develop EHC plans
- 1,499 young people to develop EHC plans.



Updated figures taken from the same data source (KPI monitoring data collected, analysed and reported on by CDC<sup>4</sup>) show significant increases over time in the number of people being supported by an independent supporter. Note, the KPI monitoring data collection and reporting arrangements changed between Phase 1 and 2, so the following summary mirrors this change.

#### **For Phase 1 of the IS Programme (01/09/14- 31/03/15)**

- 16,431 EHC plans were supported by an Independent Supporter, of which:
- 13,617 parent/carers were supported to develop an EHC plan
- 2,814 young people were supported to develop an EHC plan.

#### **For Phase 2 Quarter 1 (01/04/15 – 1707/15)**

- 9,445 referrals were received and accepted by IS agencies, within which:
- 5,917 people were receiving Independent Support and help with their EHC plans
- 2,139 EHC plans were reported as completed<sup>5</sup>
- 8,165 people were participating in group work activity
- 66 case studies were published highlighting creative good practice.

### **OUTCOME 2 – Children, young people and families are more engaged and empowered**

As outlined earlier, evidence gathered to inform the Green Paper and the Children and Families Act (consultation with families and local forums) indicates that families and young people did not feel engaged, involved nor have a platform for their views and experiences to be known/heard prior to the implementation of IS.

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<sup>4</sup> From *Independent Support: a linear report*. (2015). Council for Disabled Children

<sup>5</sup> Note, we do not know from these figures how many plans then went onto be signed off and funded as that falls outside the remit of IS and therefore this evaluation. The evaluation team will establish if this is something that can be determined for the final report/analysis next Spring



This did vary hugely around the country, with a number of good examples readily identified by IS Programme stakeholders; these experiences have been important in informing and strengthening the role of parent carer forums and IASS's.

Responses to the delivery agency survey show that 94% of delivery agencies were planning to or had involved children/young people or parents/carers in the development of local IS arrangements. Responses to the SEND reform leads reinforces the message that parents in particular have found that IS is enabling them to feel more engaged and in greater control than previously:

*Initial responses from parents have been positive regarding the support that they have received. As a result parents are more prepared, engaged in the process and this is enabling them to look more careful at the outcomes they would like for their children and young people. [NDTi SEND reform lead survey respondent]*

66% of the 732 parents/young people responding to CDC's Quality Measures survey (up to 13<sup>th</sup> August 2015) said they felt fully able to express their views and felt listened to (when asked about their experience of EHC assessment or moving from Statements to an EHC plan). 5% answered "no" to this question, 14% said that they didn't know, and the remaining 15% of responders didn't answer the question.

As the evaluation and programme have progressed, it has become clear through our analysis that Independent Support is empowering families to engage with the EHCP process by:

- Preparing for meetings and parents' contributions e.g. the section about their child in the Plan
- Being present in meetings: *It's different when you're there, they listen to us more*
- Sharing best practice with and supporting schools, and SENCOS in particular.





We have heard of examples where children and young people have been encouraged and facilitated to participate, e.g. in outcomes meetings, directly through the insistence and input of their independent supporter:

*[I]was banging my head against a brick wall...now focus on the positive and what we can do now and school are stepping up. Made a big difference, feel like I've got courage to do something now, previously felt like ignoring me.*

*I will be getting an EHC plan I am happy with. The journey has opened my eyes, put down what needs to be done and happy to take control.*

Parents who typically did not go to statement reviews have been to EHC review meetings with the help they received from their Independent Supporter:

*We've had virtually 100% attendance at the review meetings. It's a significant improvement in engagement – it's definitely because of the Independent Supporters, that's the main factor (Head of special school)*

Our analysis is showing that the focus and attention on engagement and empowerment is largely contingent on the wider environment, context and culture of local agencies and of the Local Authority in particular. Where the prevailing culture and ethos is not as supportive and enabling this has a knock onto the experiences of families and young people for example at review meetings in schools. Happily, the reverse also appears to be true. Attention to person centred thinking practices and decision making in local authorities and teams, schools and local VCS partners has a positive impact on how parents and young people experience the local system of SEND support.

One area prides itself on its commitment to engaging families and young people in local services and the SEND reforms. So when they were criticised by parents for rushing through local implementation of the reforms and pushing for a rapid transition from statements to EHCPs, they listened and adjusted their timetable. The pace slowed to facilitate full engagement from parents and families, communication arrangements were changed and new mechanisms for explaining the reforms were introduced. For example, a video explaining what happens to determine



and agree support needs including where independent support fits in the process has received positive feedback from young people and families.

*She [the IS] was one of the only people I've come across who wanted to find out about [daughter's] views. [Daughter] said to me "she talked to me, she didn't see the wheelchair, she saw me" (Mother of 19 yr old daughter with cerebral palsy)*

### **OUTCOME 3 – More EHCPs that focus on Children and Young People's Aspirations**

The complexity of assessment and planning processes prior to the introduction of EHCP's was a key source of concern to families, young people and many professionals and organisations supporting children and families. The evidence we reviewed for the baseline assessment of IS in the first stage of the national evaluation indicated that previous planning and assessment arrangements focused primarily on needs and "problems" rather than goals and longer term outcomes and aspirations; in other words, reflecting a deficit model rather than an asset based approach. The Pathfinder evaluation interim report (Craston et al, 2014) found varying levels of progress in relation to pathfinder families' experience of the new EHC assessment and planning processes relative to the comparator families' experience of the existing system. They found no significant improvement at that interim stage in relation to children and/or young people having a say in the support planning process, or parents being encouraged to think about what they wanted to get out of the support their child would receive and the goals they should be aiming for.

In the early days of Independent Support this picture was beginning to change. 66% of the 732 parents/young people responding to CDC's Quality Measures survey (up to 13<sup>th</sup> August) said they felt fully able to express their views and felt listened to (when asked about their experience of EHC assessment or moving from Statements to an EHC plan). 5% answered "no" to this question, 14% said that they didn't know, and the remaining 15% of responders didn't answer the question.

Respondents to the national evaluation's SEND reform lead survey reinforced this message.

*I think families appreciate the personal support and it is ensuring parents contribute to aspirations and outcomes*

NDTi SEND reform lead survey respondent



As the IS programme has progressed, we have found that progress towards this outcome area has become more variable, with mixed data/information from sites about both the numbers of completed draft and approved plans, the numbers of refused plans or those in dispute, and in terms of content/quality and experiences of those directly involved in the planning process. This variation isn't just between sites we have visited, it is also within those sites. We understand this to be the typical pattern across the country and is more a feature of the complexity of the reforms generally than it is about the quality and impact of independent support alone.

A general observation of the evaluation team, backed up by comments received from fieldwork sites, is that the focus on outcomes and aspirations is not yet well developed. Where this is taking shape, the sites have pointed to the pivotal role of IS in promoting, supporting, challenging and enabling discussions in meetings that focus on specific areas of support as well as the outcomes and aspirations this support is designed to achieve; however this is not always translated to the content of draft or approved plans.

*(The LA) are really struggling with outcomes. We have amended the outcomes in plans and that has caused stress and tension between us but this can be resolved*

*Local SENDIASS IS*

*The draft plan showed the child needed speech and language support but was ambiguous about the amount of support for speech and language, which affects the provision/ costs. The IS spoke with the caseworker and changes are being made to be specific about his needs.*

*Local SENDIASS IS*

*Young people with complex special educational needs are emerging from their parents shadows –difficult to negotiate but really important being achieved*

*Assistant Director of Social Services*

Parents have also shared their concerns about focusing too far in the future when current/past needs have not or are not being addressed. This is a tension that does not seem to be attended to in the process of drawing up plans.



*Yes we talked about hopes, dreams, aspirations [sigh]. This is the bit I struggle with. I've had to fight for the dual placement, they've been failing to meet current needs, I've had day to day anxiety. I can't think about the future, they need to look at now.*  
(Mother of 9yr old daughter with rare genetic disorder)

Another area is tackling this area by making outcomes an explicit focus of development work between the Local Authority, Independent Support providers and parents as a result of recognising that all services struggle with defining good outcomes based around the expressed views and aspirations of young people and families. A workshop is being held involving all partners around developing good outcomes. IS seems to have been the trigger for this happening.

#### **OUTCOME 4 – Improved Coordination of / Navigation Through Local Services**

Earlier attempts to simplify and streamline processes and experiences associated with the SEND system included adding new components to an already complex and multi-faceted set of services and plans (e.g. keyworking, early support etc.). Feedback from families /young people and their organisations [in the consultation process for the Children and Families Bill] stressed the importance of having *independent* support ie independent from LA's, schools, professional associations, someone completely there for them and on their side to help navigate your way through the myriad process and systems AND the new reformed system (which is better but completely new).

It was recognised that this is especially important for those families already in the system ie moving from previous arrangements and processes to the reformed system; at the same time, those new to the system post SEND reforms, whilst benefiting from simpler and personalised support will still benefit from this independent support from the start. The Pathfinder evaluation interim report (Craston et al, 2014) found varying levels of progress in relation to Pathfinder families' experience of the new EHC assessment and planning processes relative to the comparator families' experience of the existing system. The pathfinder families reported statistically significant improvement in relation to:

- The straightforwardness of the process to obtain support
- The effectiveness of information-sharing among professionals involved in their child's assessment



- [and in terms of service delivery] Having the right amount of choice of local provision – including pathfinder families being less likely than comparison group families to report that they did not have enough choice in relation to providers.

However they found no significant improvement at that interim stage in relation to parents needing to explain their child's needs on multiple occasions and the extent to which different professionals/services were working closely together. This suggests that the reforms themselves were partly achieving on this outcome before IS implementation, but that there was also room for improvement.

During the early days of IS implementation, we found that there was a lack of clarity about the role of IS itself and how it fitted with other services:

- 51% of respondents to NDTi's SEND Lead survey agree or strongly agree that IS fits well with other support in the local area; 23% disagree or strongly disagree. 55% agree or strongly agree that the role of IS is clear and distinct; 32% disagree or strongly disagree
- A number of respondents to the delivery agency survey commented about the lack of clarity about the role of IS, confusion between different IS agencies (e.g. SEND IASS and IS providers) and the confusion arising from having two providers. They also shared difficulties in getting the local Memorandum of Understandings (MOUs) agreed.

*The biggest challenge has been the confusion amongst some professionals and parents/young people in not knowing what Independent Support is and particularly how it fits in with IAS Services (especially with the rebranding and expanded remit of Parent Partnership services). [Survey respondent]*

- Several respondents to the SEND Reform Lead survey highlighted the confusion and lack of clarity over the role of IS, how it fits with IASS and the confusion of having two providers.

*The independent support complements the role of the Information, Advice and Support Service. [Survey respondent]*



*There is overlap with IAS, and confusion amongst families (2 different providers). Some families have said 'is IAS not independent then?' The term independent support may undermine in house IAS who are equally impartial. [Survey respondent]*

Over the course of the IS programme, we have found the level of coordination, degree of partnership working and ease of access around the reforming system of support in most places to be fluid and ever-changing. However, in the majority of the places we have visited over the summer (June-September 2015), participants have described better inter-agency working and in particular opportunities to meet and plan or review support than they have previously experienced.

*All professionals round the table, was brilliant to have everyone there*  
[Independent Supporter]

This is consistent with the most recent findings of CDC's Quality Measure's Survey (as at June 2015) which found that 535/636<sup>6</sup> respondents answering the question about ease of referral process reported that they found the referral process "easy" (84% of those replying to this question, and 73% of the total survey respondents).

Participants in one fieldwork site talked about the positive difference experienced from having more people coming to meetings because all the right people are now involved and contributing. They report that as a result, parents and young people feel and are being listened to much more, and that the majority of EHC plans "are reasonable".

A common challenge has been getting health colleagues around the table even when there is senior commitment from local NHS partners to make this happen.

One area commissioned time from three NHS Trusts to ensure dedicated medical officer time in the assessment and planning process. They reported ongoing frustration that health colleagues were not available and did not attend transfer meetings. As a result they find they often have to finalise the educational content of plans and then "*add therapeutic bits later*".

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<sup>6</sup> out of total of 732 respondents to the survey overall



Another area has developed a robust screening tool to ensure those going through the transfer process would have a holistic review of their needs/situation in a simple and straightforward way. The Social Care Screening team sits within the local Family Information service. They contact all parents on the transfer list, tell them about the local offer and find out if they have any further support needs. The results are fed into transfer review meetings and forwarded to SEN Case Workers to ensure they are included on people's plans.

## **OUTCOME 5 – Equality of access to services**

A number of different approaches have been taken within and across sites to increase access to local services and support with particular focus on specific communities or needs or groups of children/young people and families.

The delivery agency survey carried out in the first stage of the evaluation revealed that most (83%) delivery agencies were offering support to anyone going through the statutory assessment and Education, Health and Care plan processes (from NDTi's delivery agency survey). A few were prioritising or targeting promotion to specific target groups e.g. people living in deprived areas, people from black and minority ethnic communities, traveller and gypsy families.

One area is targeting four specific communities in their large and diverse county including BME communities, service personnel, looked after children and young people, and families with parents who have literacy problems. They told us that this work has increased their understanding of specific issues that each target group experiences with the support process. For example, the whole assessment / planning and transfer process is extremely wordy, so if you have literacy problems even information about where to access help can be hard to understand. Independent supporters in this area shared their concerns around the timescales and timing of the IS Programme:

*....feels very frustrating because so much work needs to go into establishing contact and trust with these hard to reach groups and if all coming to an end so soon is it worth it? (Independent Supporter)*

*Feeling as if people going to be out on a limb, as we don't know about those who are hidden, would have been good to have had another year (IS Co-ordinator)*





Another rural area that has intrinsic challenges of geographical/physical access and getting to isolated families is using Facebook to reach over 400 parents. They emphasised the need to use a number of methods to reach and engage people to ensure that the right method reaches those who may be exhausted, isolated, have no mobile phone signal and limited or no internet access.

Employing Independent Supporters from specific communities is a common approach for reaching some target groups. For example, an Independent supporter who could speak one family's language guided them through the process and particularly helped them to translate numerous forms and legal documents:

*The legal jargon is so complicated. I was quite desperate. I know what I want to say, it's just saying it in the correct language (Parent)*

Another area has had significantly more new assessments to deal with than anticipated since September 2014, and they are not quite sure why this is. In response, it was agreed by the SENDIASS and the Local Authority to integrate IS into the process from the start, from the point of initial visits and completing personal profiles (which feed in to EHC plans) that LA Assessment & Plan Co-ordinators (APC) were previously doing. Families are essentially told they will have an IS and if they don't want one the LA APC will do the visit and personal profile – i.e. they have to opt out rather than opt in. This has increased case numbers. This has also seem to have increased the numbers of cases coming through from families who have English as a second language.

## **OUTCOME 6 – Increased skills, knowledge & responsiveness of IS providers**

Prior to the introduction of Independent Support and the wider SEND reforms, there were many different roles operating in different parts of the system which were not coordinated or joined up. One of the implications of this complexity is that there was huge variation in experience, expectation and outcomes for children and young people depending on where and through whom people accessed support and local arrangements in place to facilitate access.

It is widely recognised that Independent Supporters have a new role and different contribution to make to people's experience of the assessment and planning process and ultimately to the quality and impact of the end result (ie the EHCP). The ways in which this is most typically described is having a clear focus on imbuing a person centred ethos, empowering parents and young people, and focusing on their voices, aspirations and outcomes.





They also need to have a clear and practical understanding of the wider SEND reforms and local system of support (ie the local offer) including roles and responsibilities of different agencies and providers and how key decisions get made.

This clarity of purpose and practical focus means that IS has the potential to act as a catalyst for change for individuals and to follow people throughout their support journey. The success of the role clearly also depends on factors much wider than the role: it is dependent on the subtle interplay of the specific delivery model employed, the fact that this is still a new and for some unfamiliar role, the availability of dedicated resources to support those in the role, and cultural as well as structural features of the local system of support.

There has been a strong emphasis on the training provided for Independent Supporters with a generally high take up of training opportunities made available in particular through CDC. This varies according to whether IS's are paid staff or volunteers, as the latter don't seem to have had the same mandatory requirement as paid staff. Some areas are taking a very localised, tailored approach to training and supporting those involved in the delivery of IS and the wider reforms.

One area trained 8 volunteers right at the beginning of there IS contract as they were worried about funded capacity of IS staff; and also because when they wanted to ensure that local people were trained and familiar with the essence of the role at the end of the contract. The training was also made available to local SENDIASS 'because when IS money goes it will come back to me.'

77% of respondents to NDTi's delivery agency survey reported that the IS training had prepared Independent Supporters with the knowledge needed to do the role; and 59% said it has prepared ISs with the skills needed to do the job.

*The training provided an awareness of skills required, however, these needed to be put into practice and reflected upon and discussed with/supported by the wider SENDIASS team. Development of these skills is an on-going and supported process.*

[Survey respondent]



There were high expectations of those holding IS roles in terms of what delivery agencies expected applicants to bring. For example, 87% of survey respondents required experience of working with families, parents/carers or children/young people and 84% required knowledge/understanding of the SEND reforms.

*The people we have recruited have tended to come with skills - communication, interviewing etc rather than learning them through the training*

[Survey respondent]

The CDC training survey showed that overall the training prepared people to deliver Independent Support and provided them with good knowledge of the SEND reforms. 204 people responded to the CDC training survey, which concluded:

- 86% of respondents were working as independent supporters in the field
- 62.7% started to deliver independent support immediately after training ; 26.5% within 1-4 months; 0.5% 4+ months; and 10.3% were not delivering at the time of the survey
- When asked whether the training provided the right level of practical knowledge to deliver IS, 19.3% strongly agreed; 68.3% agreed; 6.4% disagreed, 0.5% strongly disagreed; and 5.4% were not sure
- When asked if the face to face legal training provided the right level of practical knowledge to deliver IS, 18.5% strongly agreed; 65.5% agreed; 9% disagreed, 0.5% strongly disagreed; 6.5% rest were not sure
- When asked whether the training had prepared them for practical delivery, 11.4% strongly agreed; 70.1% agreed; 9% disagreed; 0.5% strongly disagreed; 9% were not sure
- When asked if they felt more confident about delivering after completing the training, 26.5% strongly agreed, 59.8% agreed; 7.4% disagreed, 0.5% strongly disagreed, and 5.9% were not sure
- When asked if they felt more confident in their knowledge of the SEND reforms after completing the IS training, 26.5% strongly agreed; 62.7% agreed; 5.4% disagreed, 1% strongly disagreed, and 4.4% were not sure
- When asked if they needed further training, 51.5% replied yes and 48.5% said no



There is much more to say about the training, but to summarise for the purposes of this report it is clear that it has been comprehensive, welcomed and valued by those who have been through the programme.

*I think the legacy of Independent Support will probably be the training*  
(Head of Special Needs and Early Years)

The face to face elements have been more warmly received than the online and legal elements, which many participants feel have been “overwhelming”. The content has been easier to engage with for those post-holders already familiar with or experienced in relevant services/support i.e. from the children and young people field and SEND services/support in particular.

The Assistant Director of Social Services in one area feels the training has increased skills and experience ‘in the SEND field’ but shared his concerns about the way in which IS is offered. In other words, new skills and knowledge will not ensure that the system has the right capacity to deliver person centred SEND reforms in and of itself. The plan in this area post 2016 is to bring all relevant training and development resources together in order to ‘*get big impact for relatively small investment*’; he sees the potential of trained volunteer support as a key part of this plan.



### 3. Conclusions to date: What Does “Good” Look Like?

As well as providing further information about progress towards the 6 outcome areas outlined in the IS Theory of Change, the fieldwork in stage 3, and now in stage 4, is enabling us to build a picture of what’s working and not working in relation to IS, and to distil the critical success factors of IS delivery across different models, approaches and contexts.

Section 3.1 provides a round-up of the overarching themes and messages drawn from our analysis of data gathered from different sources during stages 1-3 (reflecting the first full year of independent support).

Section 3.2 summarises the critical success factors associated with effective delivery of IS (what good looks like) identified from this analysis.

#### 3.1 Overarching themes and messages

A central headline message from all sites is that it is too soon to be thinking about ending the IS Programme, as it is **only just gathering momentum** at a local level and is taking time to take effect both for individual families/young people and those delivering the service. Related to this, there is a strong message that decisions about extended funding (and therefore the continuation of IS) needing to come before the end of the calendar year so that local services and their teams can either plan their “exit strategy” with individuals they support as well as more generally from the local system of support or how they will continue to support people and over what timeframe.

The current uncertainty over an extension of IS funding/delivery is impacting on staff/volunteer retention *now* with many agencies experiencing a trickle of leavers from staff and volunteers. This uncertainty is mixed with deep concern about the need for ongoing support to young people and families post March, who in some cases have either only just received their EHCP and are making sense of what it entails, or are still waiting for approval/decision. Coming forward from the end of March, local agencies/providers are making decisions and starting discussions about when to stop referrals for IS. The main concern is that in many places the profile and understanding of the role of IS is only just starting to take effect, especially among families and schools. There is a reported need for the IS programme to continue until the end of the extended transfers period in particular.

*The majority of my time within the service is promoting the service to families and young people. It will be finished before it even has a chance to start (Independent Supporter)*



*If the code of practice places parents at heart of decision making, government needs to provide the funding to help that play out (SEND lead)*

*It's not the young person's fault that they are not being transferred over by 2016 (Independent Supporter)*

We have heard examples of where Independent Supporters can be and often are a **catalyst for change**, helping to embed the culture of the Reforms in organisations and with families so that they have a wider impact on systems as well as with individuals.

The **added value** of Independent Support is most often demonstrated through the experiences of parents who have experienced IS as a distinctly new resource, a focused capacity and access to enhanced support:

*[Our role is] to make sure the parent and young person fully understand what the EHCP is about and [that] their participation is really included; [we] work in partnership with SEND case workers, because sometime their plans are not as they should be (Independent Supporter)*

*Had had several meetings with school but was always getting brushed off...not exaggerating to say I was in a low low place...woman (at SEND IASS) was so fabulous on the phone I burst into tears...it was heart breaking- really felt they (the school) had let my child down...such a relief can't ever explain to have someone on my side (Parent)*

The mother of a 5 year old was sent their draft EHC plan and did not really understand what was involved; she attended a family meeting and as a result of not feeling happy with that conversation contacted the local SENDIASS, who looked at the plan and said '*it wasn't up to scratch. It was all education and nothing re health & social care*'. She and the IS officer worked on a new plan, which went from 11 pages to 36 pages and child now gets speech & language therapy that wasn't included in the original version.

Our current (stage 4) follow up discussions with some parents and young people, some 3 or 4 months since we first spoke to them, has highlighted **some major issues** about the negative impact on families/young people when IS and the wider system is *not* proactive or responsive.



For example:

- Not staying in touch with families when they have been waiting for months (in some cases nearly a year) to hear the outcome of assessment and planning decisions. This isn't just about the lack of contact from the IS service but from anyone including the statutory elements of the system ie decision makers. Families are telling us about having to chase and follow up to hear the outcome of these decisions and the impact when they hear negative news is overwhelming. They feel very alone.
- Specific examples of this is around Independent Supporters not proactively engaging with families include when families receive a draft plan (e.g. to help check or advise on best course of action if they are not happy with what it contains); checking in with families when a plan is received or refused; and letting people know when staff /volunteers change roles or leave.

A recurring issue, that will no doubt be familiar with everyone involved in the Independent Support Programme, is the **question of whether single or dual provision is “best”**. At this point of the evaluation we have been struck by the range of pros and cons associated with both single and dual provision of IS. For example, the clarity and simplicity of having one IS provider versus the choice available for some people in being able to access Independent Support from more than one source (e.g. via the SENDIASS in some areas). Some areas have different IS providers for different age groups enabling providers to target specialist support, including peer support, to the specific needs and aspirations of (for example) young people leaving school or college. Whilst the benefits of single provision are clear (clear referral and access routes), we have found that dual provision can also work well when coordinated and managed well with clear roles and mutual trust among different partners to ensure IS is accessible and experienced positively.

This question over the cost effectiveness (i.e. the personal and social outcomes as well as economic benefits) of different models of IS delivery is the focus of the current stage of the evaluation (due to end in December).



The need to and value of embedding an ongoing **culture of self-and independent evaluation and reflection into local support systems** has become increasingly clear over the course of the evaluation. At its most basic, this refers to the general absence of outcome data and information that can inform a thorough cost effectiveness study; although some areas have developed excellent monitoring systems enabling them to track individuals and link this to specific support received. All IS/IASS participants have commented how much they have enjoyed the opportunity to talk, think and reflect on their work which is something they rarely have the opportunity to do. They would value further opportunities to benchmark themselves and learn directly from each other (both in relation to IS and wider reforms/support). Whilst some networks exist (e.g. SENDIASS, ex-connexions organisations) other participants have identified this as a key gap for their local learning and development.

We believe that successful delivery of Independent Support is **contingent on the adoption of person centred practices and decision making at all levels of the system and wider roll out of personalised options** for support. For example, some areas are implementing the ONE Plan process (person centred planning/ tools) across all areas of their work, ensuring a solid foundation to take forward the SEND reforms; these areas repeatedly mention their focus on person centred thinking and planning rather than just the mechanics and structures introduced through the reforms, and they are able to demonstrate and provide examples of effective independent support.

A common experience across all fieldwork sites is that **some wider aspects of personalisation are not connected to independent support**. For example, little mention is made of the take up and use of personal budgets and the potential role of IS in enabling these discussions in the assessment and planning process.

In one area personal budgets are used by a number of families but the LA is reportedly concerned about the financial implications, so in each of these cases the final budgetary arrangements not yet signed off (i.e. causing delays with EHCP sign off).

### 3.2 What does good look like?

The following summary shares our initial analysis of the critical success factors for effective delivery of independent support, across different models and approaches, the full range of which are reflected within the 12 fieldwork sites.





### ***Factors influencing the successful delivery of Independent Support***

- Individuals, teams and organisations skilled in person centred practices that wraps around the families and young people they are supporting – e.g. ensuring that Independent Supporters keep connected with parents/young people during long waiting periods and at key trigger points (such as when a draft plan received/refused/signed off)
- A commitment to and effective practice of partnership working between different agencies, sectors, local commissioners and providers
- A mix of strategic, operational and individual commitments to local parental involvement and partnerships
- A recognition of and focus on promoting children and young people's views, voices and aspirations
- Pre-existing local presence/reputation of delivery organisations (i.e. known and trusted by parents and professionals across the board)
- A recognition of the importance of independence, impartiality and responsiveness of independent supporters and the organisation behind them; any one of these on their own is not enough
- Delivery organisation(s) that are known to, knowledgeable about and linked with the wider system of local support for children and young people with SEND
- Having a mix of paid staff with both accountability and professional expertise and volunteers with relevant experience and life skills
- The need for a single referral route into IS combined with multiple ways of reaching outwards to maximise coverage/take up and ensure equality of access for children and young people with very specific needs, and/or from marginalised or complicated backgrounds
- Having a positive and proactive approach to engaging children and young people with SEND and their families; and to working with the local mix of providers, agencies and organisations with whom they need to come into contact (mainstream and special schools, local authorities, children's services, adult services, NHS and social care services, looked after children's services, out of area providers, etc)





- Having access to different sources of expertise and specific, additional forms of support when required. For example either directly providing or facilitating access to peer support for children and young people with SEND, and for parents/families; having access to user led support/organisations if this is not a feature of the local provider of IS.

## Next Steps

Stage 4 of the evaluation, which runs from September 2015 until the end of December, focuses on examining the available evidence on the cost effectiveness of different models and approaches to delivering IS, as well as providing an opportunity to follow up the experiences and journeys of children and young people with SEND and their families in accessing IS and developing an EHCP. Eleven of the original 12 fieldwork sites continue to be involved, providing further data about their services and facilitating follow up contact with parents/families and young people that we met during stage 3.

During this time we are also working with a small group of experts by experience to better understand the experiences, views and aspirations of children and young people with SEND about Independent Support and how they ensure EHCP's are working for them.

Stage 5, running from January to the end of April 2016, is our analysis and reporting stage, where we will be pulling together the analyses of all preceding stages in order to answer the main evaluation questions shared in Section 1 and specifically to revisit the IS Theory of Change. A final report and associated summary papers will be published in late Spring, 2016.

Further information about the evaluation can be obtained from the evaluation team at NDTi, by contacting Helen Bown, Project Lead on 01225 789135, or [Helen.Bown@ndti.org.uk](mailto:Helen.Bown@ndti.org.uk)



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- Progression post-16 for learners with learning difficulties and/or disabilities (Ofsted, 2011)
- The Lamb Inquiry – special educational needs and parental confidence (Brian Lamb, 2009)



- Better Communication: a review of services for children and young people 0-19 with speech, language and communication needs (John Bercow, 2008)
- Identifying and Teaching Children and Young People with Dyslexia and Literacy Difficulties (Sir Jim Rose, 2009)
- The Salt Review – independent review of teacher supply for pupils with severe, profound and multiple learning difficulties (Toby Salt, 2010)
- Adult Social Care (Law Commission 2011)

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## **Annex 1: Summary of Evaluation Stages and Activities**

The five stages and associated activities of the national evaluation are summarised below. The evaluation is currently in the early stages of Stage 4.

### **Stage 1: Scoping and Design. July –October 2014**

Detailed design and delivery arrangements agreed with DfE/CDC including:

- Development of a Programme Logic Model setting out the rationale and different contexts in which IS operates, the various delivery models and mechanisms adopted, resources available and how they have been used, and the desired outcomes that the Programme is seeking to achieve. This “Programme logic” is being tested as the evaluation progresses so that conclusions can be drawn about why things have or haven’t worked.
- A comprehensive data and evidence framework including key outcome areas and associated indicators/measures was developed based on the 6 outcome areas that underpin the Theory of Change. It also sets out data that is generating information that will be used by the evaluation team to assess progress towards these outcomes; resources involved; and how they have been deployed via different delivery models and mechanisms. This framework acts as the core data set for the evaluation.

### **Stage 2: Mapping the Contexts, Delivery Mechanisms and Desired Outcomes (CMOs) of the IS Programme. October 2014 - March 2015**

This stage was designed to enable us to undertake initial ‘CMO mapping’ through 3 main activities:

- Mapping the range of delivery models adopted across England including: who is providing them, for whom, how they have been resourced and their desired outcomes. This informed the selection of 12 fieldwork sites with whom we worked to carry out different fieldwork activities (see below)
- Mapping and extracting key learning from previous relevant studies, highlighting evidence about the right conditions for effective delivery and change in order to achieve the outcomes and objectives of the Programme.



Disseminating a postal/online survey to local delivery partners and provider networks, covering the following key issues:

- How local arrangements for delivering IS were developed and implemented in order to address local needs, gaps and enhance the local offer
- The nature and design of the delivery model for IS that was adopted and why
- Where IS fits into the overall picture of local support including thoughts for ongoing funding and sustainability after the IS programme ends
- Eligibility criteria/frameworks in use for IS and rationale for these
- Local outcome measures adopted/considered including studies of outcomes, experience, cost effectiveness/value for money undertaken
- Arrangements for involving children, young people and families
- Wider partnership arrangements

Two further activities were added following the first two activities:

- designing and disseminating an online survey to SEND reform leads to better understand the local contexts within which IS was implemented across the country; and to obtain their perspectives of implementation was progressing and meeting local needs of parents/families and young people with SEN/D
- engaging a small number of national stakeholders to better understand the national context, rationale and history behind the development and funding of the IS Programme.

Results from these first 2 stages provided a solid understanding of the “baseline” situation (before Independent Support was implemented), how and why different approaches were developed, and where these fit into local offers.

### **Stage 3: What’s Working, For Whom, Where and How? March-September 2015**

During this stage we worked with 12 fieldwork sites to capture and analyse evidence relating to the 6 outcome areas and broader impacts set out in the Theory of Change through interviews with IS providers, children/young people and families receiving IS services, local commissioners, IAS providers and other key stakeholders involved in relevant local developments.



#### **Stage 4: Learning from Experience. October - December 2015**

This stage consists of ongoing fieldwork activities and data collection in the 12 sites comprising four key components including: financial data collection and analysis; anonymous outcome data collection and analysis (at case load level); case-specific outcome data (follow up conversations/calls with families and young people seen/met during the first round of fieldwork, and analysis in the form of case study narratives (which will also aid economic analysis at individual outcome level); gathering /obtaining young people's voice, views and experiences through the help of a small group of young people working with our team as research advisors. During this stage, at the end of the first year of active data collection and fieldwork activities, we are also taking stock to identify key findings, messages and lessons to share with a wide range of people both directly and indirectly involved with the Programme (this paper).

#### **Stage 5: Analysis & reporting on findings and outcomes. January - April 2016.**

This final stage will focus on analysis and synthesis of different data from the previous 4 stages to address the evaluation objectives and broader aims. A final report to DfE/CDC will be produced, including summaries that will be widely circulated to all those who have participated and contributed to the evaluation. Easy read, plain English and accessible summaries will be produced for children, young people and families; and targeted, topic based briefings for independent supporters, delivery partners, local authorities, education and health care organisations.

## Annex 2 Independent Support Theory of Change

### Independent Support Programme Initial Theory of Change - November 2014 (V2)

#### The issue:

Children, young people and families experience a fragmented system of support

#### Assumptions and project rationale

*Do things differently because:*  
Current system is not working  
Services are uncoordinated  
There is an appetite in local authorities to do things differently  
Mentoring models similar to IS have 'worked'

*What IS will do; why a VCS&P model:*  
Role of IS is to turn statements into plans  
IS will reduce the number of tribunals  
A multiagency approach will save money  
VCS&P organisations and PPSs will be better at delivering service support than local authorities  
Needs independence from local authority  
Money would disappear if it went to LAs

*Why this contractual approach:*  
CDC is capable/ best placed to deliver the programme  
Consortium approach to programme delivery rejected because some consortium members would want to deliver services  
A centrally commissioned approach is better because of a lack of local intelligence/knowledge about how to do it  
Nationally commissioned process will create incentive for LAs to deliver change  
National coverage whilst achieving best value

Independent Support Programme 2014-2016

#### Driving the change

*Mechanisms/processes of:*  
CDC project management and co-ordination  
Additional Government funding  
IASS & PPSs  
Effective national communication  
Training for IS suppliers including additional training re 16-25 yr olds  
Contracts (incl. delivery targets) with IS providers (measurement as an incentive for services)  
Wider SEND reforms

*Resulting in:*  
Skilled IS workforce that up-skills wider workforce  
EHC plans that are better than statements

*Underpinned by:*  
Mobilisation of children/ young people and families creating demand for change  
Aspirations/ expectations of young people  
Sector 'appetite' for change in the system

#### Outcomes

1. Increased skills, knowledge & responsiveness of those involved in providing support to disabled children and young people
2. Families, children & young people feel more supported through the EHC plan process
3. Greater engagement / empowerment of children, young people & families (voice, choice & control)
4. EHCPs that focus on CYP's aspirations
5. Improved co-ordination of/navigation through local services that support children, young people and families
6. Greater equality of access to services

**Vision:** That the post SEND reforms system, which is/could be fragmented, is experienced by families and young people as being understandable and clear. As a result, with minimal issues, children, young people and families having better lives than in the past