



National Development Team **for inclusion**

# What works in the delivery of Independent Support?

**Final report from the national evaluation of  
the Independent Support Programme**

**2014 – 2016**

Helen Bown, Naomi Harflett, Philippa Chapman,  
Gillian Granville, Anita Eley, Rob Greig

NDTi Evaluation Team





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## National Development Team for Inclusion

First Floor  
30-32 Westgate Buildings  
Bath  
BA1 1EF  
T: 01225 789135  
F: 01225 338017

[www.ndti.org.uk](http://www.ndti.org.uk)

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## Executive Summary

This is the final report from the national evaluation of the Independent Support (IS) Programme undertaken by the National Development Team for Inclusion (NDTi). It shares the important lessons and messages drawn from the analysis of our findings across all stages of the evaluation, running alongside the delivery of the Programme from September 2014 until the end of March 2016.

This summary provides an overview of these findings and lessons from each of the chapters in the main report, described below:

- Chapter one outlines the key features and delivery arrangements of the IS Programme and explains the evaluation design and methods (including data sources and activities) used to analyse and reflect on progress towards Programme outcomes as a result of these arrangements.
- Chapter two presents the evaluation findings, looking at progress towards each of the Programme outcomes, before sharing our reflections on the range of factors influencing the successful delivery, costs and added value of IS.
- Chapter three provides the conclusions reached from looking across these findings and drawing out the lessons learned about ‘what works’ in IS, and what this means for future funding, delivery and ongoing learning about the impact of IS.
- Chapter four proposes five recommendations for action, largely responding to issues identified in our findings and conclusions.

### One Overarching Message

We would like to share a key message in opening this report, that has been reinforced to us by parents/carers, children and young people throughout this evaluation. This is that IS is highly valued by young people and parents, and also by the range of professionals involved in the care and support of disabled children and young people across the education, health and social care system.

It is particularly valued when it is responsive and proactive throughout the journey of education, health and care planning and decision-making regarding levels and type of funded support for children and young people with special educational needs and disabilities (SEND).

When IS is at its best, it is personalised to the individual circumstances and needs of each young person, child, parent/carer and family who have shared the positive impact for them of having “someone on my side” or “in my corner”. This impartial and trusted support is greatly valued by young people and parents alike. When it works well IS is a catalyst for

change and leads to transformation in people's lives and their experience of local services; when these things don't happen there doesn't appear to be much difference to the previous system of support (pre IS and the wider SEND reforms).

The remainder of this summary covers: a synopsis of progress towards each of the six Programme outcomes; a round-up of important lessons associated with the successful delivery of IS; critical aspects relating to the economic value of IS; key points from the main conclusions identified from reviewing the findings; and five recommended development priorities to support the ongoing development and delivery of IS.

## **Progress towards Programme Outcomes**

### **Outcome One: families, children and young people feel more supported through the Education, Health and Care (EHC) Plan process**

Significant numbers of people are accessing and benefiting from IS through a variety of means. Between April 2015 and March 2016 a total of 59,474 people received IS. More parents/carers are accessing 1:1 support than young people - just under 82% of referrals in Phase 2 for 1:1 support were for parents compared to just 9% for children and young people - although this varies around the country and by IS provider (a greater proportion of children and young people receive 1:1 support through IS agencies than IASS's). People's experiences of IS are largely positive, and satisfaction with support received is high. CDC's Quality Measures survey reveals that 90% found the IS service very or extremely useful and 76% were completely satisfied and 15% very satisfied with the support received through IS. Most parents and families value the support they receive from Independent Supporters, particularly the sense that someone is there for them who really listens and is truly on their side, is impartial and has integrity.

We have learned that the most important aspects in the delivery of effective IS are: whether it is proactive or not, responsive to individual circumstances or not, flexible or not, consistent or not, and crucially whether it continues over time or not - particularly during periods of perceived inaction by others such as when waiting for draft plans to be agreed and signed off. A high value is placed on IS being provided to people that is "arm's length" from local authority or other statutory services – both in terms of its design and delivery by IS agencies and how it is experienced by parents and young people. We found that within the range of delivery arrangements for IS there are different degrees of separation from statutory services – from full independence as a result of provision by a third sector organisation to provision by an IASS that sits within a local authority. See also Chapter Two, Section 2.1, under Outcome 1.

## **Outcome 2: Greater engagement and empowerment of children, young people and families**

Increasing the voice of young people and parents/carers has been a key focus of the IS programme, in response to the low levels of influence and engagement generally when the programme started. From the fieldwork we found that the voice of children and young people with SEND remains low, and that this impacts on their confidence and understanding of the planning process and their contribution to it. There is recognition from almost everyone we have met over the course of the evaluation that there remains significantly more work to do to build the voice of young people, and to ensure a focus on their goals and aspirations in EHC plans.

This is a broader contextual issue, i.e. it is not a reflection on IS or the IS Programme but the wider system of support. We found that the prevailing culture and approach of the local authority in particular, and other agencies and partners in the local system of SEND support, sets the tone and expectations (of professionals as well as families) regarding the involvement, influence and role of parents/carers, children and young people. Learning from and spreading best practice is key here. We found some great examples of agencies working together to address this issue (described in the main report), bringing in experts by experience and skilled workers to facilitate better mutual understanding and trust to increase both parent's and young people's voices, ensuring their views and priorities are more clearly reflected in their plans, and that support identified focuses on their aspirations and broader life outcomes.

Some parents/carers reported and shared examples of feeling more empowered over the course of the Programme, for example in relation to feeling/being prepared before and during meetings; being actively supported in meetings; knowing what to expect and how to find out or ask for this; and knowing what to do if things are not happening in the way you want or know is right for your child.

## **Outcome 3: Education, Health and Care (EHC) Plans that focus on children and young people's aspirations**

We have found that progress towards this outcome is highly variable with some areas making greater progress than others, and in some rather than all of the aspects involved in developing plans that reflect young people's aspirations and goals. Some of this variation relates to the ways in which the wider SEND system (agencies and professionals) approach EHC planning, and their confidence and competence in developing, agreeing and working to broader life outcomes rather than service based support. For example, both parents and independent supporters told us of the difficulties they experienced in getting the range of professionals involved together in the way EHC planning requires. This often impacted on the length of time involved, but also the content of those plans and time taken to get them approved and signed off.

Other variation relates to the skills, confidence and connectedness of Independent Supporters to other professionals involved in the planning process (i.e. their ability to hold onto young people's priorities in the planning process so that completed plans include them). Where good progress is being made we heard that this is often down to the role of IS and the particular skills and aptitude of the Independent Supporter(s) involved.

More needs to be done to better understand how to help young people articulate and express their aspirations and ambitions in ways that make sense to them, to ensure those closest to them are also supported to do this, and crucially what good looks like when these aspirations get translated into a dynamic living plan that goes forward and evolves with them rather than remaining static or is out of date as soon as it's written.

#### **Outcome 4: Improved co-ordination / navigation through local services that support children, young people and families**

As the main report describes, the broader context within which IS is being delivered, is one of flux and change. One of the key aims of the SEND reforms is to improve coordination between agencies, sectors, professionals and systems so that young people and their families find their way easily and don't get stuck, missed or lost among different services and elements of assessment and support planning. IS was originally conceived of as a time limited guide through this plethora of services, to enable families to find their way into and through a more streamlined process of assessment and access to personalised support. Clarifying the role and contribution of IS within this context has been key, as have the existing or new partnerships that have emerged to enable families to find their way to IS agencies and vice versa. Both of these elements (clarity of purpose/role of IS and the partnerships that IS agencies have in the local area) have improved over the course of the Programme, with benefits for those receiving IS and the agencies themselves.

The complex array of different delivery arrangements for IS is addressed in Section 2.2 of the main report. It is important to note here that the range of ways in which IS has been provided/delivered has been both a positive (responding to the local context) and an added complexity. IS can be transformative for people but it can also be a challenge to find it and hold onto it. Tracking and attributing impact to IS (as opposed to other elements of support) is equally complex due to these variables as well as changes in measurement, funding and monitoring that have occurred over the lifetime of the programme.

#### **Outcome 5: Greater equality of access to services**

Access to and take up of IS varies hugely across the country, influenced by a number of variables. The number of people receiving IS was compared to the number of pupils with a statement or EHC plan in each local authority. The average (mean) was 17% and the average (median) was 15%. However there was a huge range from 0% in one local authority to 55% in another. The interquartile range, which gives a better picture of the spread, is 10% to 22%. Different delivery methods, local partnership arrangements,



changes in measurement over time and by provider, and access to other types of support (including IS which is delivered outside the IS Programme contracts) have no doubt all contributed to this range. What the figures show is not only the variability of access/take up, but also the potential for IS to reach more people - given sufficient capacity and support to apply the learning about what works shared in this report.

All IS delivery agencies have attempted a mix of provision that achieves both wide coverage and targeted support to specific populations or groups. This was an ambitious aim for a new service offering time limited support delivered through a time limited Programme. There are some good examples from the fieldwork sites (and beyond) of different approaches that have been taken to reaching and supporting specific target populations – both what helps (e.g. recruiting Independent Supporters from specific communities and contracting IS provision for particular age groups) and hinders (offering time limited support when engaging people for the first time where no pre-existing relationship exists). Thinking of IS as a default support to those going through the EHC plan process (where people have to opt out, rather be referred in) seems to be one way of maximising reach, but can also create additional capacity issues unless other delivery arrangements are also factored in (e.g. organising provision according to specific ages or transition experiences).

#### **Outcome 6: Increased skills, knowledge and responsiveness of those involved in providing IS**

Developing and embedding the knowledge, skills and responsiveness of Independent Support/ers was another key aim of the Programme. Much has been learned about what helps, is valued and needed to enable effective delivery and a positive experience of IS.

Clarity of role and knowing the limits of IS clearly helps, whilst also ensuring flexibility and a completely personalised response to individuals and families. This balance requires skill, judgement and knowledge of the wider system, including effective working relationships with key people in each of the main agencies/sectors involved. The prior experience and confidence of Independent Supporters is as important as the knowledge and skills acquired (e.g. through training) or learnt 'on the job'. Most important of all however, are the personal attributes of Independent Supporters, particularly their ability to engender trust and build relationships with the young people and families they work with, as well as the network of professionals with whom they come into contact.

The training and development opportunities provided by CDC have been clearly valued and well attended. A training survey carried out by CDC found that 81% felt the training had prepared them for practical delivery of IS and 86% felt more confident about delivering IS after completing the training. We heard how volunteers and other roles/professionals have benefited from the training as well as Independent Supporters employed as paid staff. This is not currently reflected in the monitoring arrangements for training courses.

Ongoing course evaluation would help to determine which aspects are most valued and used, by whom, as well as gaps that could be addressed in the future (e.g. more work on outcomes and engaging /working with young people).

### **Factors associated with the successful delivery of IS**

Successful implementation and delivery of IS happens when it is tailored to the local context, taking account of local circumstances and building on pre-existing strong relationships, networks and partnerships. There remains a question of whether single or dual provision (i.e. through one or more contracted providers in an area) of IS is “best”, with a range of pros and cons associated with each of these approaches. For example, the clarity and simplicity of having one IS provider versus the choice available for some people in being able to access IS from more than one source.

We found that it is not possible to develop a clear typology of IS (one of the evaluation objectives) indicating the most effective “delivery model” across a wide range of different situations and circumstances. The range of different factors, including the local set up and delivery of IS, are so complex and numerous that it has not been possible to distil these into one discernible set of organisational or contractual characteristics that are more or less effective at ensuring IS achieves good outcomes whilst demonstrating cost effectiveness. We have concluded that it is not a particular model that leads to good IS, but the presence of certain key elements; for instance, whilst the organisational structure, size and contractual arrangements surrounding the delivery of IS are all important factors, the successful delivery of IS is more 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. We have identified the critical success factors associated with successful delivery and suggest how these could be used to inform local commissioning and provision of IS, so that children and young people with SEND and their families experience IS holistically as part of an integrated system of support. Six key elements to consider and focus on in the local commissioning and delivery of IS are proposed. These are outlined below and further explained in Chapter 3.

1. Enabling the voice of children and young people to be heard
2. Ensuring equal access and a wide reach
3. Cost effective organisational delivery arrangements
4. Independent Supporters’ skills and characteristics
5. IS that is embedded within and seen as part of the Local Offer
6. Support that is outcome and evidence based

### ***Key Elements in Commissioning and Delivering Independent Support***

## The Economic Value of IS

The intention for this element of the evaluation was to use the available financial data to produce information about the range of costs associated with the provision of IS, in order to consider the value for money of the programme. It was hoped that it would be possible, through the identification of unit costs of IS provided in different ways (i.e. by different providers, by IS agency or IASS, or by model of delivery) to be able to draw some tentative conclusions about how IS might most efficiently be provided. In Chapter 2 (section 2.3) we outline how the unit costs have been calculated (including a consideration of the limitations of this method and of the data), provide a descriptive account of the overall costs and unit costs of IS, and make some recommendations about what would be needed to conduct a more detailed and robust economic analysis. Due to limitations of the data available (described in detail in section 2.3) it is not possible to be confident in the accuracy or representativeness of the figures produced, but they do provide an indication of the economic value of IS.

In summary (for detailed calculations please see Section 2.3 in Chapter 2): the overall direct cost of the delivery of IS in Phase 2, which includes the total paid to all IS agencies and IASSs, was £12.3 million. The total number of IS cases was 38,681. The overall average unit cost of providing IS therefore was £318 per case. It is important to remember that IS is a new service with a very clearly defined role, not directly comparable to existing services or provision.

The total cost of providing IS through IS agencies was £8,561,465 and the total number of cases of IS provided through IS agencies was 24,627. The overall mean cost of providing IS through an IS Agency therefore was £348. The total cost of providing IS through the IASSs was £3,750,000. The total number of cases of IS provided through IASSs was 14,054. The overall mean cost of providing IS through an IASS therefore was £267.

When looking at overall average unit costs, it would appear to suggest that IS can be delivered at a lower cost through IASS agencies. However, beyond the overall average cost of providing IS, there is a huge amount of variability between IS agencies, IASS agencies and local authorities, which Section 2.3 of the main report explains at length.

Although the data limitations make it difficult to draw any confident conclusions about the most efficient way of delivering IS, the huge variations in the cost of providing IS highlight that there are cheaper and more expensive ways of delivering IS - and therefore suggests that efficiencies can be made. We would also comment that the data indicates that the provision of IS represents good value for money even taking into account this range.

To achieve these efficiencies and obtain greater confidence in conclusions drawn, there is a need for both accurate information about costs and numbers of cases and a measure of effectiveness.

## Conclusions

IS was a new concept and offer. The central management function of the IS Programme ensured IS was mobilised quickly and that local delivery was established quickly and efficiently, if not always smoothly – as previously outlined in the Emerging Lessons and Findings report published in January 2016. As the main report explains in detail, the focus on performance management (through KPI monitoring arrangements with IS delivery agencies) rather than developing outcome measures for IS at an individual level means that it has been difficult to establish the cost effectiveness of IS. There are also apparent efficiencies to be gained which we believe would best be achieved through closer local alignment and collaboration with existing partners and commissioners, i.e. by embedding IS within the local offer rather than continuing to contract it from a distance.

We have moved away from thinking about a typology of IS delivery models and evidencing which model is more effective than another; instead we describe how to translate the critical factors for successful delivery of IS into local commissioning plans. This strategic approach will ensure the effective delivery of IS for every child/young person and family in any local authority area. If IS is to be seen and experienced as part of the Local Offer, then the primary relationships and partnerships have to be with local communities, partnerships and commissioners. In other words, we need to ensure that the evidence from this evaluation is used to support a move away from central procurement of IS as a time limited initiative towards funding the delivery of ongoing, sustainable and cost effective local IS provision.

A major finding of the evaluation team is that, in spite of the commitment and efforts of Independent Supporters and IS agencies, a focus on personal goals, outcomes and aspirations is not yet well developed within EHC plans and the planning process. Where this is taking shape, people 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. We have also heard how positive experiences of the planning process and conversations about outcomes and aspirations do not always get translated into and appear in the content of draft or approved plans. We believe this is compounded by the absence of individual outcome measures for IS overall. In addition to individual outcome measures, the aggregate outcomes of IS at a local level also need to be measured, in order to demonstrate impact in the context of an increasingly tight financial climate. In other words, a stronger, clearer link is needed between individual experience and outcomes, service and organisational effectiveness, and programme or collective outcomes.

## Five recommendations to support the future development and delivery of IS

We propose five priority areas for action, to support the future development of IS, presented in this draft report in outline form. These have been identified as those areas

most likely to address the specific issues and concerns highlighted in our conclusions. They include:

1. The development of robust outcome measures and cost information for IS. To improve the potential for meaningful economic analysis to be conducted, the following is needed:
  - A clear and agreed understanding of what constitutes a case of IS and how this is recorded and measured
  - Ensure IS agencies and IASS's have the same essential reporting requirements
  - A record of time spent on each IS case for a sample of IS agencies, as a more sensitive indicator of the full, actual cost of providing IS
  - A quantitative outcome measure which is systematically collected and reported on as part of KPI monitoring arrangements. This would ideally include a measure of the impact of IS in supporting people through the EHC plan process such as a before and after scale measurement (which could be built into KPI monitoring requirements)
  - An outcome measure which captures the impact of IS in terms of the aspirations of each child/young person being reflected in EHC plans (such as a comparison of plans where people have received IS to those where people have not received IS in a sample of areas).
2. In addition to actions already being taken and ongoing developments led by CDC, a number of activities are proposed for sustaining the focus on increasing the voice and influence of children and young people with SEND, including: shifting the balance of IS provision so that more young people access IS in their own right; raising awareness about IS among young people with SEND; placing a greater emphasis on young people's aspirations and personal goals in EHC plans; learning from good practice in reaching out and engaging diverse children and young people with SEND taking account of all equality characteristics and their individual circumstances and preferences; involving young people in the development of the outcome measures referred to above; and exploring a continuing role for the young research advisors involved in the evaluation.
3. Ideas for ensuring that IS provision can be delivered as an ongoing and proactive support throughout the entire EHC plan process and beyond are shared, including: either moving away from thinking of IS as a time limited intervention, or having a form of IS that is time limited and other support that is ongoing; ensuring that Independent Supporters remain in touch with families they are supporting whilst

waiting to hear the outcome of their EHC plan and immediately afterwards to check that the plan remains relevant and focused on the young person's priorities; and ensuring seamless handovers and continuity of approach when IS staff/volunteers change.

4. The next generation of IS training and skills development is a key priority and is already underway. We recommend providing more opportunities for others to benefit from IS training and development opportunities, as well as building the follow on modules focusing on specific issues or themes including gaps identified from training feedback and course evaluations. More opportunities for reflection, peer support and cross-fertilisation could also be developed by establishing an IS community of practice combining virtual with face to face learning, for example by building this into existing regional networks for SEND support to local areas/partners.
5. A key recommendation focused on embedding IS within the local offer and strengthening connections between IS and the wider SEND system. As well as suggesting a framework that local commissioners and providers could use to better understand where IS fits into the local system of support, we also highlight the need to clarify and promote the purpose, role and contribution of IS across the range of statutory, non-statutory and community partners. We highlight the potential for IS provision to be more clearly connected to the Integrated Personalised Commissioning programme as a contemporary vehicle for authorities moving forwards with the SEND reforms.



# 1. Background to the Independent Support Programme and the National Evaluation

This chapter provides background information about the Independent Support (IS) Programme, and the independent evaluation of the programme between 2014 and 2016.

Section 1.1 gives an overview of the IS Programme, including how it came about and why, and what it was funded to deliver for the period 2014-16. This includes implementation and delivery arrangements, including Programme management and contractual arrangements to secure the provision of IS across the country.

Section 1.2 sets the scene for the delivery of IS in the context of the wider SEND reforms.

Section 1.3 introduces and explains the national evaluation of the IS Programme, summarising the key stages and activities used to build the picture of “what works” in IS; and the data collection and analysis methods designed to enable the evaluation to determine whether Programme outcomes were being achieved.

Section 1.4 outlines the IS Theory of Change (ToC) developed with programme partners as part of the set up activities for the evaluation, prior to IS delivery agencies “going live” in September 2014. This includes an overview of the six outcome areas at the heart of the ToC, and this evaluation report.

Section 1.5 describes the outcome evidence and data grid used to agree data collection methods for the evaluation including sources of data and information required to enable the evaluation to take place.

Section 1.6 gives a short account of the baseline picture of IS that is reported on in further detail in the evaluation team’s Emerging Findings and Lessons report published in January 2016.

## 1.1 Background to the IS programme

IS 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 (EHC) plan reflects their aspirations as well as meeting their identified and assessed needs.<sup>1</sup> The need for an alternative form of IS for children and families grew out of a growing body of evidence<sup>2</sup> that the then system of support was overly complex, procedurally driven, non-person centred, inaccessible and unfathomable,

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<sup>1</sup> [www.gov.uk/government/news/30-million-for-new-special-educational-needs-champions](http://www.gov.uk/government/news/30-million-for-new-special-educational-needs-champions)

<sup>2</sup> Primarily collected through processes for passing the Children and Families Act 2014

and largely ineffective in terms of delivering good outcomes for young people in cost effective ways.

In September 2014, the Children and Families Act 2014 came into force and a new SEND Code of Practice for young people aged 0-25 years took effect (SEND Code of Practice, 2014<sup>3</sup>). Under the revised legislation all local authorities are required to provide Information, Advice and Support Services (IAS Services) for parents, children and young people with special educational needs and disabilities. In addition, local authorities have a duty to replace statements of Special Educational Need (SEN) and Learning Difficulty Assessments 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 these changes, government funded an IS service to assist parents through the new SEND assessment and planning process, providing Independent Supporters in each local area as an additional resource (initially for a time limited period from 2014-16) to work directly with young people and the parents of children being assessed for an EHC plan.

The IS Programme signalled a major investment in and commitment to supporting children and young people with special educational needs and disabilities and their families to take full advantage of the SEND reforms set out in the Children and Families Act 2014. This overlaid and was designed to enhance other aspects of the reforms, such as the requirement to provide IAS services which provide a broader range of services across a wider range of issues associated with the reforms, as outlined above and described in further detail in the SEND Code of Practice, 2014.

The first two phases of the IS programme ran from September 2014 to March 2016, and was funded through a £30 million investment from Government to enable voluntary, community sector and private organisations to recruit, train and deploy a pool of Independent Supporters across the country to fulfil this role. These IS Agencies were contracted by the Council for Disabled Children (CDC), who managed the Programme on behalf of the Department for Education (DfE) – see [www.councilfordisabledchildren.org.uk/independentsupport](http://www.councilfordisabledchildren.org.uk/independentsupport).

In January 2016, the DfE Minister Edward Timpson announced a further investment of £15 million to fund the IS Programme over the financial year 2016/17, as part of a package of wider investment to support the development of opportunities and support for children and young people with SEND. This evaluation does not cover this funding period.

CDC explored a range of approaches and delivery models for IS, starting with an Evidence and Build phase to identify “what works” through wide stakeholder engagement (Greene et al, 2014). This resulted in a detailed procurement process, which led to 48 agencies being

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<sup>3</sup> [www.gov.uk/government/publications/send-code-of-practice-0-to-25](http://www.gov.uk/government/publications/send-code-of-practice-0-to-25)



contracted to deliver IS across the country through fixed term contracts monitored through a KPI framework, with a review process including moving to payment by results in Phase 2.

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). IS is usually provided by both an IS Agency and the local IASS in each local authority area. The IS Agencies for each local authority funded 2014-16, can be found here<sup>4</sup>, and IASSs can be found here<sup>5</sup>.

The contracted IS Agencies were a mix of voluntary, community sector and private organisations – from small local organisations with a single contract for delivering IS to large national organisations with up to 27 contracts. While most areas had this “dual” model of provision, in some local authorities where the IASS was contracted out to a voluntary or community sector organisation which also had the IS contract, IS was provided by a single provider. Different providers adopted different approaches to ensuring Independent Supporters were available and that IS was a key part of the Local Offer in their area. For some this meant a focus on paid staff whilst others favoured a mix of paid staff and volunteers, depending on the local context (including labour market characteristics).

All IS providers are independent from local statutory services normally associated with assessment and planning functions. As outlined earlier, whilst they provide advice and support to parents and young people with SEND, they do not make decisions and the extent to which they influence decisions taken (in respect of EHC plans) varies across the country. The role was designed to offer parents and/or young people going through the EHC plan 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 The wider context of SEND support and reforms

It is important to reflect and keep in mind that IS was rolled out in the context of a rapidly changing SEND landscape amongst a multitude of other changes, including many of the features referred to above; the Local Offer, EHC plans and IS specifically, as well as a number of SEND grants and an explicit focus on personalising support and the use of

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<sup>4</sup> [www.councilfordisabledchildren.org.uk/what-we-do/our-networks/independent-support/find-my-independent-support-provider](http://www.councilfordisabledchildren.org.uk/what-we-do/our-networks/independent-support/find-my-independent-support-provider)

<sup>5</sup> [www.iassnetwork.org.uk/find-your-iass/](http://www.iassnetwork.org.uk/find-your-iass/)

personal budgets to help make this happen. There was a reciprocal impact: these changes impacted on IS, and IS impacted on these changes.

Some of the more pertinent changes which are inter-twined with the effective delivery of IS are summarised below:

- The SEND code of practice now covers children and young people from birth to 25 years.
- The importance of involving children, young people, and families in decision making. The greater focus on enhancing the voice of young people was particularly new.
- Guidance on the joint planning and commissioning of services to ensure effective collaborative working between education, health and social care, and between statutory and non-statutory agencies and groups.
- Statements of special educational needs and Learning Difficulty Assessments (LDAs) replaced by a co-ordinated assessment process and the 0-25 Education, EHC plan.
- The Special Educational Needs (Personal Budgets) Regulations 2014 (Department for Education, 2014) came into force from September 2014, including the right to request a personal budget as well as the requirement of local authorities to provide information, advice and support relating to personal budgets for example whilst a draft EHC plan is being developed.
- A stronger focus on outcomes for children and young people, particularly those that are meaningful to the child or young person in the context of everyday living, including four key outcomes that are vital in preparing young people for adulthood (employment, independent living, community inclusion and health).

### **1.3 Introducing the National Evaluation of the IS Programme**

The Department for Education (DfE) and the Council for Disabled Children (CDC) commissioned NDTi to evaluate the Programme between September 2014 and March 2016. NDTi designed a five stage, learning based evaluation programme, including the initial set up time during July and August 2014. The design was based on realist methodologies (Pawson R. and Tilley N.1997) which seek to answer the fundamental question of “what works, for whom, in which circumstances, how and why?” through developing and then testing a programme ToC. Further information about the evaluation design, methodology and areas of focus are provided in Appendices 1 and 2.

Specific objectives for the evaluation included:

1. Evaluating the training and support package offered to Independent Supporters, and others associated with IS;
2. Evaluating the deployment and delivery of the IS workforce;
3. Evaluating the quality of IS being provided across England;
4. Evaluating the impact of IS 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 (see section 3.2 for discussion of the move away from developing a typology);
6. Undertaking a Value for Money study of IS;
7. Developing a shared understanding about which models of IS 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.

The evaluation explored 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 objectives;
- working with a sample of local Delivery Partners in 12 Local Authority areas (fieldwork sites) to establish a breadth as well as depth of understanding of the range of approaches taken to delivering IS;
- understanding individual and family perspectives, experiences and outcomes through follow up conversations with families and young people from nine of the fieldwork sites.

The five stages of the evaluation are summarised in Figure 1 below; further details are provided in Appendix 1.

### **Stage 1: Scoping and Design (June-September 2014)**

Agreeing detailed design and delivery arrangements for the evaluation with DfE/CDC

Development of a Programme ToC and outcome, data and evidence grid

### **Stage 2: Mapping the Contexts and Range of Delivery Mechanisms (September 2014-January 2015)**

Mapping delivery models/arrangements across England

Selection of 12 fieldwork sites (see stages 3 and 4)

Review of previous relevant studies, highlighting evidence about conditions for effective delivery in order to achieve the vision and aims of the Programme.

Disseminating a postal/online survey to local delivery partners and provider networks

Disseminating an online survey to SEND reform leads to better understand the local contexts within which IS was implemented across the country

Conversations with a small number of national stakeholders to understand the national context, rationale and history behind the IS Programme

### **Stage 3: What's Working, For Whom, Where and How? (February-September 2015)**

Qualitative research with 12 fieldwork sites to capture and analyse evidence relating to the 6 outcome areas and broader impacts set out in the ToC

### **Stage 4: Learning from Experience (October 2015-January 2016)**

Follow up activities and data collection in 9 of the 12 sites

Recruiting and working with 6 young research advisors to design and distribute a survey of young people about their experiences of IS

Producing the Emerging Findings and Lessons report (published in January 2016)

### **Stage 5: Analysis & reporting on findings and outcomes (February–April/May 2016).**

Analysis and synthesis of all data sources/stages

A final report to DfE/CDC for sign off by end June 2016

***Figure 1: Evaluation Stages and Activities***

## 1.4 The IS Programme Theory of Change and Six Outcome Areas

A Theory of Change (ToC) 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 co-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 ToC can be 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 and why. 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 IS, in order to inform ongoing developments and delivery of the SEND reforms.

A workshop was held with senior strategists of the IS Programme to develop an initial ToC (see Appendix 2) that was then tested during the course of the evaluation.

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 wider vision for the reformed SEND system was that, in future, services and support would be experienced by families and young people as being understandable, clear and responsive.

As a result 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. IS (at this time) was seen as *one* of the mechanisms being introduced to enable that vision to happen.

## Six Programme Outcomes

Figure 2 shows the six outcome areas at the heart of the IS Theory of Change.

1. Families, children & young people feel more supported through the EHC plan process
2. Greater engagement/empowerment of children, young people & families
3. EHC plans that focus on children and young people'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 IS

***Figure 2: IS Programme Outcomes***

### 1.5 An Outcome Evidence and Data Grid

These six outcome areas were translated into a data and evidence grid (see Appendix 3) setting out the different sources of information required to provide evidence of progress towards the outcomes and test the logic of the ToC. In other words, to find out whether the logic behind the Programme held water; whether the delivery arrangements/mechanisms happened as expected; and most importantly, if and how they resulted in or contributed to the outcomes achieved. Figure 3 shows how the outcomes map onto the evaluation objectives.

Summary of evaluation objectives	Programme Outcomes
Evaluating the quality of IS being provided across England	1. Families, children & young people feel more supported through the EHC plan process
Evaluating the impact of IS on children, young people and parents	2. Greater engagement/empowerment of children, young people & families
Evaluating the deployment and delivery of the IS workforce	3. EHC plans that focus on children and young people's aspirations
	4. Improved co-ordination of/navigation through local services that support children, young people and families
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	5. Greater equality of access to services
Evaluating the training and support package offered to Independent Supporters, and others associated with IS	6. Increased skills, knowledge & responsiveness of those involved in providing IS
Undertaking a Value for Money study of IS	Reported as Evaluation Findings in Section 2.3 and Conclusions shared in Chapter 3
Developing a shared understanding about which models of IS 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	

**Figure 3: How Programme Outcomes relate to Evaluation Objectives**

Chapter Two, Evaluation Findings, shares our final analysis relating to each of the six outcome areas. The above table indicates where to locate findings relating to other objectives that do not neatly map onto these areas.

Sources of data used to assess progress towards the six outcomes and test the ToC are summarised in Figure 4.

- Discussions and materials produced from two workshops held to develop the Programme ToC and the outcomes, evidence and data framework
- A review of available evidence of effective models of IS, supplemented by a small number of expert interviews held with senior figures leading and influencing SEND reforms<sup>6</sup>
- An online survey to 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 a total of 190 programme stakeholders in 12 fieldwork sites, carried out over two stages of the evaluation<sup>7</sup>
- Lessons from working with a group of 5 young people with SEND as research advisors, developing a survey of children and young people about their experiences of IS
- A survey of children and young people with special educational needs and disabilities, about their experiences of IS, to which 81 young people responded, of whom 62 (76%) had received IS.
- Quality survey data collected by CDC from parents/families who received IS
- Two surveys of Independent Supporters about the training they received carried out by CDC and IASSN at the end of Phase 1
- KPI monitoring data and monitoring reports produced by CDC
- Review of NNPCF survey on SEND reforms 2015
- Financial information relating to national and local contract values and actual costs of delivering IS, provided by CDC
- Various background documentation and papers including national reports, studies and strategies as well as local information relating to the 12 fieldwork sites<sup>8</sup>.

**Figure 4: Sources of Data for the National Evaluation**

### Working with young people as research advisors

Involving young people as peer researchers for an element of the evaluation was part of the initial evaluation plan and design. This element evolved in response to the findings in the first stage of fieldwork with 12 sites, which highlighted the difficulty of adequately capturing young people's voice. In response to this we recruited a small group of young

<sup>6</sup> This review is included in the [Emerging Findings and Lessons report](#) published January 2016

<sup>7</sup> Fieldwork participants included 136 providers (managers, staff and volunteers), local commissioners and SEND leads; and 54 families/carers of children and young people with SEND

<sup>8</sup> Please see references at end of paper which includes documentary sources of evidence.



people with SEND to work with us as research advisors, to identify the best way of reaching young people, agree what information to collect and how.

We recruited young people via existing groups who were working with young people on similar projects. We ran two workshops and six young people were involved. In the first workshop we worked with the research advisors to identify the key questions to ask young people about the IS they had received. These were identified as:

1. Have you had support from an Independent Supporter?
2. Were you able to choose your Independent Supporter?
3. Did you feel you could trust your Independent Supporter?
4. Did your Independent Supporter listen to you?
5. What has been good or bad about the help you have had from your Independent Supporter?

The research advisors also advised us on the best format for gaining the views of young people. Given the resources available it was decided that this was a short survey, ideally coming from someone they knew and trusted (i.e. someone they already had a relationship with) and available by paper as well as online.

In the second workshop we worked together to analyse the findings, reflecting on what they mean and identifying themes in the responses to question 5.

### Understanding the economic value of IS

One of the evaluation objectives was to conduct a value for money study of IS, exploring possible methods for achieving this with Programme partners (DfE and CDC).

There are many approaches to measuring economic value - cost-effectiveness analysis and cost-benefit analysis being two distinct forms of economic evaluation often used in social care (Sefton, 2000).

#### *Cost effectiveness analysis*

‘The Green Book’, which is HM Treasury’s guidance for public sector bodies on committing public funds, defines cost-effectiveness analysis as “Analysis that compares the costs of alternative ways of producing the same or similar outputs” (HM Treasury, 2003, p101). Importantly cost-effectiveness analysis attempts to relate costs to some measure of outcome. In order to achieve cost effectiveness, the outcomes of the service must justify the financial investment. In addition cost-effectiveness studies often measure how cost-effective the project or service is compared to ‘usual care’ or provision.

This posed two limitations to the evaluation team in thinking of the best way of conducting cost-effectiveness analysis relating to IS. Firstly, there has been no requirement for providers of IS to formally measure or report on outcomes of IS beyond numbers of people who have received IS (this is discussed in more detail in Section 2.3, and in Chapter 4, Recommendations). As a result it has not been possible to measure how the cost of IS relates to outcomes of IS. In addition, as a completely new provision there is no 'usual' care or alternative provision to which the cost-effectiveness of IS can be compared.

### *Cost-benefit analysis*

'The Green Book' defines cost-benefit analysis as "Analysis which quantifies in monetary terms as many of the costs and benefits of a proposal as feasible, including items for which the market does not provide a satisfactory measure of economic value" (HM Treasury, 2003, p101). Cost-benefit analysis includes identifying the wider, societal impacts of policies and quantifying these so that the value can be weighed against the costs. Cost-benefit analysis can be used to make comparisons to other services or provision, or can be adopted to demonstrate the potential savings of interventions designed to prevent further costs to public spending.

Again, there is no 'usual' care or service with which to compare IS. In addition IS was not designed as a preventative initiative. While there may ultimately be some reductions in spending - for example because of reduced tribunals as a result of the IS provided - equally, there is the potential that high quality IS which contributes to good EHC plans may result in higher costs due to enabling more/better support for the child or young person. The key point is that IS was initially provided as an additional provision to existing support and reducing public spending was not a key outcome of the programme. This may well be a key factor in ongoing provision from 2016.

This evaluation was commissioned as an evaluation of a time limited programme through a period of transition. At the time of the commissioning of the evaluation it was not intended that the programme would become a longer term or part of ongoing support to families and children/young people. Therefore this element of the evaluation was not designed to inform longer-term economic considerations.

Because of the lack of quantitative evidence on the effectiveness of IS, cost-benefit and cost-effectiveness analyses were not possible. It was therefore agreed that our approach to examining value for money and the added value of IS had to be primarily descriptive. It focuses on identifying the range of costs of the provision of IS and identifies what information would be needed to provide more detailed economic analysis. The findings of this analysis are presented in Chapter 2, Section 2.3.

## 1.6 Establishing a baseline picture for IS

A baseline analysis of IS was carried out over the first 3 stages of the evaluation, reported in our [Emerging Findings and Lessons report](#) published in January 2016. This baseline picture looked at the context of IS (relating to the six outcome areas) prior to the implementation of IS Programme; the early experiences and signs of progress towards the Programme Outcomes in the first 12 months; and the contribution of IS to that progress as opposed to other developments relating to wider SEND reforms. The baseline analysis drew attention to the following important messages about IS in this wider context of reform and ongoing policy development and practice improvement:

- That IS is a new and untested service in a terrain of many kinds of support aimed at different aspects of people's lives and needs – each of which has varying degrees of evidence behind them
- That there was significant variation and variability in the approaches taken to the set up and delivery of IS at a local level
- That understanding the key characteristics of effective support in the context of the local system of support was more important to consider in the set up and delivery of IS than following a particular service model or organisational configuration ; some of the above variation is therefore appropriate and reflects this consideration of context and “fit”
- Those areas that were making good progress on implementing the wider SEND reforms, in particular through strong local partnerships and a focus on young people's and parents' voices, appeared to be making steady progress with the early set up and implementation of IS. Where the implementation of the SEND reforms was slower, this impacted on referrals for IS
- That the IS programme, as with other elements of the SEND reforms, was established rapidly, which impacted on the take up of and referrals to delivery agencies in the first 8-9 months of delivery
- That whilst good progress generally was being made to increase the voice and influence of parents and families (starting before the IS programme was established), the voice of children and young people with special educational needs and disabilities (separate from that of their families) was much less apparent requiring further attention and active engagement.

## 2. Evaluation Findings

This chapter provides the findings and lessons identified from an analysis of all sources of data across the first four stages of the evaluation, as outlined in the Outcome, Evidence and Data grid (see Appendix 3). It reflects the situation of IS as at the end of March 2016, prior to its extension for the year 2016-17.

Section 2.1 examines the impact of the IS Programme through identifying progress towards each of the six outcome areas.

Section 2.2 describes the range and characteristics of different approaches to and arrangements for providing and delivering IS across the country (based on detailed analysis of the situation from the surveys of delivery agencies and SEND reform leads, and within and across the sample of 12 fieldwork sites).

Section 2.3 provides an analysis of the economic value of the IS Programme, incorporating the findings of the economic analysis focusing on the costs of providing IS nationally and by Local Authority alongside an analysis of the numbers and profile of people (parents/carers and children and young people) supported over the first two years of the Programme.

### 2.1 Outcomes and Impact of the IS Programme

This section evaluates the impact of IS by using the findings to test progress towards the six evaluation outcomes which were agreed as part of the ToC (Appendix 2).

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

For this outcome we look at the take up and provision of IS as measured through the Key Performance Indicator (KPI) measures established by CDC; the experiences of parents/carers and children and young people of the support they received, in terms of how it helped them and made them feel; and the perspectives of those providing IS at a local level.

Figure 5 shows the total figures for the provision of IS in Phase 2, based on referrals received by IS Agencies and IASS's (as reported as part of KPI quarterly monitoring<sup>9</sup>). This shows that a total of 59,474 people received IS support in the year April 2015 to March 2016.

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<sup>9</sup> Phase 2 figures only are shown here as KPI monitoring data collection and reporting arrangements changed between phases 1 and 2, from those supported to develop their EHC plan by an independent supporter to referrals received/accepted by IS Agencies and IASS's and are therefore not directly comparable

	IS Agency referrals received	IS Agency groups/ workshops	IASS referrals received	Total provision by quarter/year?
<b>July 2015</b>	5917	8165	3585	17,667
<b>November 2015</b>	4952	8262	4177	17,391
<b>January 2016</b>	4093	7395	3338	14,826
<b>March 2016</b>	3509	3054	3027	9,590
<b>TOTAL PHASE 2</b>	<b>18,471</b>	<b>26,876</b>	<b>14,127</b>	<b>59,474</b>

**Figure 5: Provision of IS in Phase 2**

KPI data for Phase 2 (April 2015-March 2016) indicates that just under 82% of referrals (26,717 / 32,661) for 1:1 support were for parents compared to just 9% (3,014/32,661) for children and young people (the balance reflects parents and young people receiving support together). The figure was slightly higher for young people accessing and being supported through groups (18% of young people compared to 82% parents/carers).

	IS Agency referral			IS Agency groups/workshops		IASS referrals		
	Parent /carer (P/C)	Young person (YP)	P/C accomp YP	Parent/ carer	Young person	Parent/ carer	Young person	P/C accomp YP
July 2015	4843	564	468	7116	1049	3238	121	268
Nov 2015	3843	587	522	6965	1297	3666	220	353
Jan 2016	3094	486	513	5365	2030	2784	277	278
March 2016	2684	510	315	2515	539	2565	249	213
<b>Total phase 2</b>	<b>14,464</b>	<b>2,147</b>	<b>1,818</b>	<b>21,961</b>	<b>4,915</b>	<b>12,253</b>	<b>867</b>	<b>1,112</b>
	<b>(78%)</b>	<b>(12%)</b>	<b>(10%)</b>	<b>(82%)</b>	<b>(18%)</b>	<b>(86%)</b>	<b>(6%)</b>	<b>(8%)</b>
<b>Total 18,429</b>			<b>Total 26,876</b>			<b>Total 14,232</b>		

**Figure 6: Breakdown of IS provided to parents/carers and children & young people**

These data also highlight a difference between IS Agencies and IASS's, with IS Agencies providing 12% of their 1:1 support to young people (and 78% to parents/carers) compared to 6% of IASS's providing 1:1 support to young

people (and 86% to parents/carers). Some SENDIASS's in particular appear to be more comfortable in their role in supporting parents than in 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.

*It feels really important to give young people more of a voice. It can be a shock getting to adulthood and having lots of decisions to make [ULO officer]*

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 Independent Supporter]*

And they commented on how it would have been more helpful to have had more time on this in the training.

*Would have been good to have had something on having a conversation with young people and how to make them feel it's worth their time [ULO officer]*

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. 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. building in time to develop for the IS and young person to get to know each other and develop trust:

*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 [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 19 year old daughter with high functioning autistic spectrum disorder and anxiety]*

In some areas, however, young people had more positive experiences:

*They really [ISs] encouraged my son to get the answers out, helping him to put the right answer for that question. [Parent of 17 year old boy with autism]*

*She [IS] treated (young person) like a young adult but listened to me as well, so she had both points of view. She [IS] really listened to what she wanted in the future. [Parent of 19 year old with IS from VCS organisation]*

*Definitely listened to him, every meeting he has been there and had his view listened to.' [Grandmother of a 16 year old talking about meetings with IS].*

Responses to the evaluation survey to SEND leads were generally positive about the provision and experience of IS, based on feedback from children, young people and parents/carers:

*The support provided has been well received by families. Parents in particular have spoken highly of the support they have received from IS. [Survey respondent]*

CDC's Quality Measures survey offered to parents/young people at the end of their IS provision, reveals high levels of satisfaction from parents/families and young people about IS. From a total of 1,404 satisfaction survey responses that CDC have received from parents and young people (as at March 2016):

- 96% said the support was available when they needed it
- Over 86% found the support they received from IS had a positive impact
- 90% found the IS service very or extremely useful (60% extremely useful, 30% very useful)
- Around 76% were completely satisfied and 15% very satisfied with the support received through IS



- Almost 75% would recommend IS service to someone else
- 85% would like further support on EHC planning in the future.

Evaluation interviews with parents revealed that overall parents do feel significantly 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 receiving IS]

*Really useful when you feel like everything is a battle, just want someone in your corner...you don't know what you are entitled to.'* [Parent of 4 year old boy with autism].

*When you receive news, can be quite devastating –he (IS) stops you feeling so defeated. There when feeling at lowest and exhausted, makes a massive difference.* [Mother of 7 year old boy with autism].

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]



*I'm well-educated, I've had a professional career, I'm used to lots of paperwork, reports, extracting information... and I would have struggled without it. I think I've got my head screwed on and I've needed it.... It's a complicated process for someone who's never been involved before, going through this process, it's just a bit of a minefield [Mother of 3yr old son with cerebral palsy]*

Responses from the young people's survey also showed that young people felt supported through the EHC plan process:

*I felt safe with her*

*Took a weight off my shoulders*

*Very supportive*

Our Stage 4 analysis, involving follow up calls with a sample of parents and young people interviewed during Stage 3, revealed that this is particularly the case for young people and parents who are new to the system.

One family had help from an independent supporter to re-write the EHC plan for their 6 year old son (initially drawn up without involvement from IS). The initial plan was 11 pages long and had nothing in it about speech and language therapy, him needing a safe area or what to do when stressed. The final plan was 30 pages long and covered *"silly things like how he needs his headphones when stressed, big to him but would never have thought about putting it in there"*.

*He has made a huge difference. The amount of information they know and can get their hands on-information you can't find anywhere else like googling. Years of experience, intelligent informed facts. [Follow up call with parent in Stage 3]*

*The support has been good, brought me peace of mind and know that I am not alone. He knows the procedures better than I do and can tell me about them. [Follow up call with parent in Stage 3]*

However, there remain variations in the extent to which people feel proactively supported throughout the whole EHC plan process. For example, once a plan is received and if there are disputes it can feel (to some parents/young people) that the personalised support disappears.

The baseline analysis of IS highlighted difficulties in obtaining information about available support, and options for how that support was provided. This emphasised the extent to which children, young people and their families were unsure about how the wider SEND system worked – with terms like “confusing”, “opaque”, “complicated” recurring in different

sources. Once in the system families found it difficult to engage with anyone and easy to become lost. They did not feel their voices were heard, often having to repeat their story, often being reassessed by different parts of the system, e.g. whenever their child/ren moved from class to class or school to school. Many parents spoke about years of having to “fight” the system and battle with professionals and services to get their voice heard and to get the support they needed for their child. This confirmed the very real need for additional support for families and young people. A number of new support (e.g. early support, key working) and systemic arrangements (e.g. the development of a transparent Local Offer, clarifying what people can expect from local services/support, and one plan to replace statements and learning difficulties assessments) were introduced to address these concerns.

Responses to our delivery agency survey (in Stage 2) highlighted the positive responses received from parents or children/young people in the early days of IS:

*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]*

Other survey responses highlighted the variation in levels of take up across the country, with a general indication that demand was lower than expected in the first six months of implementation.

Three specific concerns shared by parents/carers and some IS providers were around access to specialist knowledge and help/understanding; the apparent lack of proactive support experienced by some families in different places - for example to check in when draft EHC plans have been issued, plans have been refused or where long waits for approval are being experienced; and the degree of independence from statutory services involved in delivering IS, for example when IS is provided by an IASS that sits within a Local Authority infrastructure.

In a follow up interview, one family had found their Independent Supporter wasn't able to give them the information they needed about how to deal with the local authority who were not progressing the plan; they had instead sought advice from a specialist helpline and said that they would go back to the helpline for advice in the future.

In other follow up interviews there were several examples of parents not receiving any contact from the Independent Supporter while they were waiting for the draft EHC plan to be approved, and either not knowing how to contact them or not thinking to contact them:

*I haven't tried. I don't know how to get in contact with them – I suppose I'd find details on a letter or something. [Mother of 12 year old boy]*

One father talked about why he didn't go back to the Independent Supporter when he had the draft EHC plan through:

*I didn't think to at the time, I was pleased they had agreed his school- that was the main thing – I suppose I should have really.*

As he was happy with the school his son was going to he didn't challenge anything on the plan; however, now the plan is in place he has started to realise that he isn't happy with some of the detail in it. Had the Independent Supporter been involved at this stage, this may have been something they could have picked up with him to ensure these concerns were addressed before the plan was approved.

One parent who had contacted her local IS agency for the first time on receipt of the transfer review letter told us that it was vitally important to her that IS was provided by an *independent* organisation, and that she would not have called the number provided if it had been the Local Authority's number or email:

*Oh no, if I'd have seen a council phone number on the letter there's no way I'd have picked up the phone. I've had so many battles with the council* [Mother of 19 yr old daughter with cerebral palsy]

Other people we spoke with emphasised the impartiality, skills and qualities of the independent supporter over the independence of the IS provider from the Local Authority.

## In Summary

Significant numbers of people are accessing and benefiting from IS (59,474 people between April 2015 and March 2016) through a variety of means. More parents/carers are accessing 1:1 support than young people – though this varies around the country and by provider (a greater proportion of children and young people receive 1:1 support through IS Agencies than IASS's).

We have seen that people's experiences of IS are largely positive, and satisfaction with the support received is high. People talked about the responsiveness, warmth, skills and knowledge of their Independent Supporter, key ingredients for a two way relationship which lies at the heart of these positive experiences. Parents and families value the support they receive from Independent Supporters greatly, particularly the sense that someone who really listens and is truly on their side, who has integrity and is impartial. However, we heard that some parents and young people that they value IS that is independent from statutory services, and that this is not always the case – for example when IS is provided through an IASS that sits within a Local Authority.

We found that the voice of children and young people with SEND in many areas is still low and this impacts on their confidence and understanding of the planning process and their contribution to it (see also Outcome Two). We also found some great examples of agencies working together to address this issue, bringing in experts by experience and skilled workers to facilitate better mutual understanding and trust to increase young people's voice and ensure their views and priorities are more clearly reflected in their plans and that the support identified focuses on their aspirations and broader life outcomes.

And we have learned that the most important aspects in the delivery of effective IS are: whether it is proactive or not, responsive to individual circumstances or not, flexible or not, consistent or not, and crucially whether it continues over time or not - particularly during periods of perceived inaction by others such as when waiting for draft plans to be agreed and signed off.

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

This outcome area crucially is not just about the role and impact of IS. Our analysis shows that progress towards this outcome is contingent on the wider environment, context and culture of local agencies and of the Local Authority in particular. In our fieldwork sites in particular, we found a relationship between the prevailing culture and ethos of local statutory agencies/services (across the health, education and social care system) and the delivery and experience of IS (and other supports).

For example we found that where this prevailing culture is not personalised or enabling this has a knock-on to the experiences of families and young people, for example at review meetings in schools and in the level of awareness of and information provided about personal budgets.

*The IS did inform me about PBs, but it went way over my head, it sounded confusing [Mother of 3 children with SEND]*

*I researched personal budgets myself, the independent supporters didn't tell me about them. I asked the educational psychologist about a personal budget and they said they didn't know of anyone who had requested one [Father of 5 year old boy]*

Happily, the reverse situation also appears to be true. Attention to person centred thinking practices and decision making in local authorities and teams, schools and local VCS partners was clearly having a positive impact on how parents and young people experience the local system of SEND support.

One Local Authority has embedded person centred practices in all services across the County, and although not mandatory person centred planning/approaches is encouraged in performance management targets with contractors.

*Where there has been effective [One Planning] the EHC plan process then works smoothly, but where there is a standing start, it is more difficult to understand the person centred approach [IS Manager]*

Evidence gathered to inform the Green Paper and the Children and Families Act (through consultation with families and local forums) indicated that families and young people did not at that time feel engaged, involved or have a platform for their views and experiences to be known/heard prior to the implementation of IS. This varied around the country, with a number of good examples readily identified by IS Programme stakeholders. These experiences were important in informing and strengthening the role of parent carer forums and IASS's.

Responses to our delivery agency survey showed that 94% of delivery agencies were planning to or had involved children/young people or parents/carers in the early development of IS at a local level. However, our fieldwork indicated that despite these intentions, progress was varied and in some places recognised as being slow reflecting the time it takes to build relationships and trust.

Responses to the SEND reform leads survey reinforced the message that parents in particular (see under Outcome One) were finding that IS was 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. [SEND reform lead survey respondent]*

As the evaluation and programme have progressed it has become clear that IS is empowering parents/carers to effectively engage with and influence the EHC plan process by:

- Preparing for meetings and parents' contributions e.g. the section about their child in the plan

*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.*

*I now have confidence to deal with issues and have conversations. Access to knowledge you just can't find. If I phone he will give information or find it out.*

- Being present in meetings:

*It's different when you're there, they listen to us more*

In particular, parents who typically did not go to statement reviews have been participating in 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]

- Sharing best practice with and supporting schools, and SENCOS in particular:

*[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.*

One parent shared her frustration in having to chase the school and help to get the EHC planning process kicked off at school for her 15 year old. Their independent supporter took up this role, attending meetings with them and keeping on the case on the family's behalf. They felt that the school only began to take them seriously when they realised the local SENDIASS and IS were involved.

Responses to our survey of young people shared examples where children and young people have been encouraged and facilitated to participate, e.g. in what to include in their plan and in outcomes meetings, directly through the insistence and input of their independent supporter:

*Made me aware that my school hadn't done my EHC plan transfer well*

*Made sure I was listened to*

*Helped me understand what was happening in meetings so I could take part*

*Helped me put the right words together*

[Responses to survey of young people about IS]

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 EHC plans, 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 IS 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]*

## In Summary

There is recognition from almost everyone we have met over the course of the evaluation, that there remains significantly more work to do to build the voice of young people and ensure a focus on their goals and aspirations in EHC plans. There is significant potential to build on the positive examples described in this chapter.

It is also recognised that this is true of the wider system beyond IS. We found that the prevailing culture and approach of the local authority in particular but also other agencies and partners in the local system of SEND support sets the tone and expectations (of professionals as well as families) regarding the involvement, influence and role of parents/carers, children and young people.

Learning from and spreading best practice is key here; when people are battle weary and feeling low they learn best from images of possibility, not merely what to avoid or watch out for. That is more likely to make people more wary and less trusting of "the system", and therefore less likely to take up opportunities that do exist to participate and have their voice heard. The focus on increasing the voice and influence of young people with SEND is a relatively new one, and there are emerging examples from the IS Programme that could be used to demonstrate why this matters, how it can be achieved, and this feels like when it happens. We found that parents/carers have reported and shared examples of feeling more empowered over the course of the Programme, for example in relation to feeling/being prepared before and during meetings; being actively supported in meetings; knowing what to expect and how to find out or ask for this; and knowing what to do if things are not happening in the way you want or know is right for your child.

## OUTCOME 3 – More EHC plans that focus on children & young people's aspirations

As the IS programme has progressed, we have found that progress towards this outcome area has been highly 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. Anecdotally, we understand this to be the typical pattern across the country and is more a feature of the complexity of the reforms generally than the quality and impact of IS. Where progress is being made, different stakeholders have pointed to the role of IS in enabling this shift to happen.

The complexity of assessment and planning processes prior to the introduction of EHC plans 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<sup>10</sup> indicated that previous planning and assessment arrangements focused primarily on needs and “problems” rather than goals and longer term outcomes and aspirations.

One year into the IS Programme, this picture was beginning to change. When asked about their experience of EHC assessment or moving from Statements to an EHC plan, 66% of the 732 parents/young people responding to CDC’s Quality Measures survey (September 2015) said they felt fully able to express their views and felt listened to; 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

A general finding of the evaluation team is that a focus on personal goals, outcomes and aspirations is not yet well developed. However, where this is starting to happen, 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:

*I need the plan for my daughter as she is 15 and it will take her to 25. She wants to go to college so it will make all the difference* [Follow up call with parent from fieldwork site]

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.*’

*I think it’s a good plan. I just go on R’s attitude. He just seems to be liking everything and taking everything in his stride. Suits him ideally.....IS helped choose course and said tutors on the course were really good...he is loving college, just started working*

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<sup>10</sup> This evidence is outlined in the [Emerging Findings and Lessons report](#), and listed in the References section at the end of this report.



*in the kitchen, also helped with fund raising. He is enjoying the whole experience*  
[follow up call with grandparent from fieldwork site]

*The support of the Independent Supporters [in draft EHC plans] is tangible – the voice of the parent, the voice of the young person – it's really coming through* [Senior Commissioning Manager, CCG]

A number of the responses to the free text question in the young people's survey about what was good or bad about the IS they had received indicate that the IS has helped them to focus on their aspirations for the future:

*Helped me get what I want for the future*

*Got me into college*

In one Local Authority, where one specific service focused on young people aged 14 years and over, officers felt their expertise had begun to really help young people find their voice in the EHC plan process.

*Young people with complex needs are emerging from their parents shadows-difficult to negotiate but really important being achieved* [Assistant Director of Social Services]

Another LA were particularly keen to engage with young people and initiated specific approaches to try and address this. Firstly, they set up working arrangements with a User Led Organisation, the lead officer for whom then worked with the IS team to visit schools to help them understand '*you have a voice and you can be heard.*' Building in this understanding was felt to be critical from an early age because '*work with young people is too late once the clock starts ticking. They can feel pressurised by their parent's views and frightened of saying the wrong thing...it must be before the process starts.*'

We also heard from the fieldwork interviews how positive experiences of the planning process and conversations about outcomes and aspirations do not always get translated into 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]

*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]

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]

Some areas are tackling this issue by making outcomes an explicit focus of development work between the Local Authority, IS providers and parents, recognising that all services struggle with defining good outcomes based on the expressed views and aspirations of young people and families. One Local Authority had invested in training for different staff and agencies (including partners) on understanding outcomes i.e. 'If not child's voice – don't pretend it is.' [IS lead] IS seems to have been a catalyst for this development happening.

## In Summary

We have seen how progress towards this outcome is highly variable, in part due to external factors, with some areas making greater progress than others and in some, not all, of the aspects involved in developing plans that reflect young people's aspirations and goals. Some of this variation is about the ways in which the wider SEND system (agencies and professionals) approaches EHC planning, and their confidence and competence in developing, agreeing and working to broader life outcomes (rather than service based support). In other words, the ability to get the range of professionals involved together in the way EHC planning requires, and what is likely to get signed off, be held up and/or not agreed.

Where good progress is being made we heard that this is often regarded as being down to the role of IS and the particular skills and aptitude of the Independent Supporter(s) involved. Independent Supporters help parents and young people to be held centre stage ensuring a focus on their priorities and goals, certainly during planning meetings if not during decision making arrangements that take place elsewhere.

It is still the case that it is still early days in terms of bedding in the wider SEND reforms and the new planning arrangements in particular. At the same time, the focus on young people's goals and aspirations is very new, and more needs to be done to better understand how to help young people articulate and express these in ways that make sense to them, to ensure those closest to them are also supported to do this, and crucially what good looks like when these aspirations get translated into a dynamic living plan that goes forward and evolves with them rather than remaining static or is out of date as soon as its written.

## OUTCOME 4 – Improved Coordination of/Navigation through Local Services

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 IS and supporters within local areas and the wider system of SEND support.

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.)<sup>11</sup>. 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 i.e. 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 would still benefit from this IS from the start.

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 either 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.

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

There were varying views about how IS fits with existing IASS provision from SEND leads:

*The IS complements the role of the Information, Advice and Support Service [SEND reform lead survey respondent]*

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<sup>11</sup> See the [Emerging Findings and Lessons report](#), January 2016

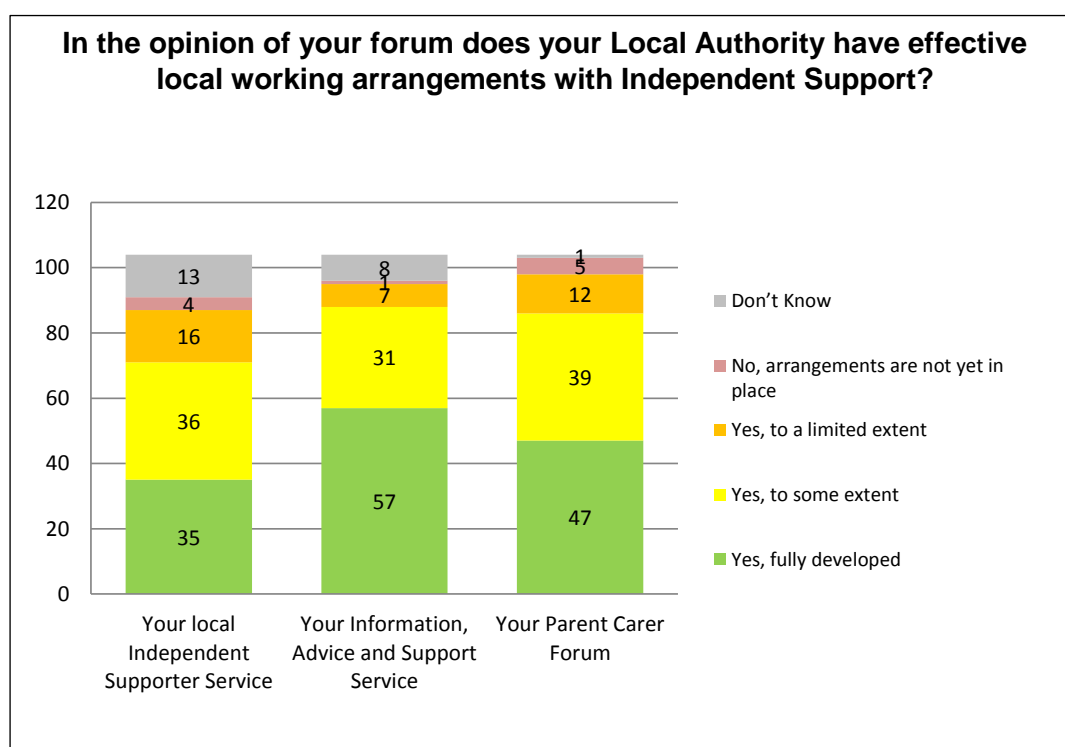
*There is overlap with IAS, and confusion amongst families (2 different providers). Some families have said 'is IAS not independent then?' The term IS may undermine in house IAS who are equally impartial. [Survey respondent]*

The degree of coordination, partnership working and ease of access around the reforming system of support in most places has improved over the two years, with some ongoing variation at a local level. In the majority of the places we visited in Stage 3, participants described better inter-agency working and 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]*

*Liaised with school and local authority [Young person]*

This is consistent with findings from the Contact A Family SEND survey carried out in late 2015<sup>12</sup>. The respondents were asked whether, in the opinion of their forum, their local authority is referring parents and young people to Independent Supporters – 74 out of 88 (84%) said yes. Figure 7 highlights responses to relevant questions about where IS fits in the local system of support, from the perspective of parent carer forums.



**Figure 7: Contact A Family Survey on SEND reforms – responses about IS**

<sup>12</sup> [www.cafamily.org.uk/what-we-do/parent-carer-participation/news-for-forums](http://www.cafamily.org.uk/what-we-do/parent-carer-participation/news-for-forums)

Participants from one of our fieldwork sites talked about the positive experience of 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 their 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*’.

The same area has developed a robust screening tool to ensure those going through the transfer process 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:

*Definitely picking up kids with social care needs* [IS manager]

## In Summary

As mentioned in earlier sections of this report, the broader context of IS is one of flux and change. One of the key aims of the SEND reforms is to improve coordination between agencies, sectors, professionals and systems so that young people and their families find their way easily and don’t get stuck, missed or lost among the different elements of a fragmented system of support. IS was originally conceived of as a time limited guide through this plethora of services, to enable families to find their way into and through a more streamlined process of assessment and access to personalised support.

Clarifying the role and contribution of IS within this context has been key, as has the existing or new partnerships that have emerged to enable families to find their way to IS Agencies and vice versa. Both of these elements (clarity of purpose/role of IS and the partnerships that IS Agencies have in the local area) have improved over the course of the Programme, with benefits for those receiving IS and the agencies themselves.

The complex array of different delivery arrangements for IS is addressed in Section 2.2, but it is important to note here that the range of ways in which IS has been provided/delivered has been both a positive (responding to the local context) and an

added complexity. IS can be transformative for people but it can also be a headache finding it and holding onto it. Tracking and attributing impact to IS (as opposed to other elements of support) is equally complex due to the changes in measurement, funding and monitoring that occurred over the lifetime of the programme.

This is also addressed below in Outcome Five, and in Sections 2.2 and 2.3 of this chapter.

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

In considering progress towards this outcome we have looked at three specific issues: general access and take up of IS (for children and young people with SEND); ensuring equitable access and reach through different delivery arrangements; and enabling access for specific target populations.

In terms of general access and take up, Department of Education figures show that in January 2015 (the most recent figures available at the time of writing) there were 236,165 pupils in England with a statement or EHC plan<sup>13</sup>. Using the figures calculated for the economic analysis of IS (see Section 2.3), this means there are an estimated 16% of pupils nationally with a statement or EHC plan who have received IS. However, there is a great deal of variation between local authorities. The number of people receiving IS was compared to the number of pupils with a statement or EHC plan in each local authority. The average (mean) was 17% and the average (median) was 15%. However there was a huge range from 0% in one local authority to 55% in another. The interquartile range, which gives a better picture of the spread, is 10% to 22%.

Different approaches have been taken to deliver IS around the country, including in relation to diverse delivery models and target populations. This is a key strength but has made the tracking and attribution of change difficult, especially given the lack of individual outcome information, inconsistent methods and categories for recording personal characteristics, and the lack of data on access and equity of access to different elements of support prior to and at the start of IS.

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. For example, 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

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<sup>13</sup> Department for Education (2015), National Statistics: Special educational needs in England: January 2015 <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2015>



deprived areas, people from black and minority ethnic communities, traveller and gypsy families.

One area targeted 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)

Work to reach specific target groups was a particular casualty of IS being delivered as a time limited provision. In one area with a high proportion of people from BME communities, some work had started in partnership with a local BME organisation to explore ways of engaging people from different communities. However, by the time this group had done some information gathering and reported back to the IS provider there was (as they thought at the time), only a matter of months of the programme left.

Another rural area with intrinsic challenges of geographical/physical access and reaching isolated families uses Facebook to engage parents. They also emphasised the need to use a number of methods to engage people, ensuring 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 has been 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 where the family were grappling both the legal jargon and English being their second language:

*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 had significantly more new assessments to deal with than anticipated since September 2014. 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). Families are essentially given an IS – i.e. they have to opt out rather than opt in. This has increased IS numbers, and also seems to have increased the numbers of referrals received for families who have English as a second language.

### **In Summary**

Access to and take up of IS is dependent on a number of variables, reflected in the number of people receiving IS compared to the number of pupils with a statement or EHC plan in each local authority. Different delivery methods, local partnership arrangements, changes in measurement over time and by provider and access to other types of support including IS delivered outside the IS contracts have no doubt all contributed to this range. What the figures show is not only the variability of access/take up, but also the potential for IS to reach more people given sufficient capacity and learning about what works (e.g. the critical success factors of effective delivery of IS shared in Chapter 3).

All IS delivery agencies seemed to be attempting a mix of provision that achieved wide coverage with targeted support to specific populations or groups. This is an ambitious aim for a new service offering time limited support delivered through a time limited Programme. There are, however, some good examples from the fieldwork sites (and beyond) of different approaches that have been taken to reaching and supporting specific target populations – both what helps (e.g. recruiting Independent supporters from specific communities and contracting IS provision for particular age groups) and hinders (offering time limited support when engaging people for the first time where no pre-existing relationship exists). Thinking of IS as a given option (where people have to opt out, rather be referred in) seems to be one way of maximising reach but can create problems of bottlenecks and continuity if capacity to deliver IS over time is limited.

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

Progress on this outcome is examined from three perspectives: the general purpose, clarity and unique contributions of the Independent Supporter and IS Agency roles; knowledge and training of Independent Supporters; and the personal qualities and attributes of Independent Supporters (and wider roles influenced by the introduction of IS).

### **Purpose, role clarity and contribution of Independent Support(ers)**

As referred to under Outcome Four (on the coordination of and navigation through the system), prior to the introduction of IS 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 the wide variation in experience, expectations 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 the role of Independent Supporters was a new one, offering a different contribution to people's experience of the assessment and planning process and ultimately to the quality and impact of EHC plans. 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 SEND reforms and local system of support, including roles and responsibilities of different agencies and providers and how key decisions get made.

*She knows what she is talking about, understands the system and the college. If I didn't understand anything I could phone her anytime* [Follow up discussion with parent in stage 3]

The role of IS/supporters has not always been this clear to everyone involved in the delivery and commissioning of local SEND services/supports. However, our analysis identifies that the IS role has become a cornerstone of the reforms for many people in different areas, reflecting a focus on personalised support at critical transition points in young people's lives:

*Big support – alone I would have been a bit lost. For the past few years the school were saying all was fine but I could see she wasn't* [Follow up discussion with parent in stage 3]

The young people who responded to our survey on their experiences of IS reinforced this message:

[Independent Supporter] *Helped me get what I want for the future*

*They knew what they were doing.*

This increasing 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.

*So helpful – in meetings things just go over your head and you don't understand the whys and wherefores – he explains things*

One parent shared the complicated situation of looking for a new school after their existing school said they couldn't cope with their son. Their independent supporter suggested using the educational psychologist's report for her son as the basis for questions when visiting new schools, e.g. how would you support my son with this? His mother found this practical advice extremely useful.

*It was useful when I had to go and see the schools. I had ideas of what to look for but didn't think to break down the Educational Psychologists report and ask for their recommendations of what they would do if they were looking after [son].*

## **Knowledge and training of Independent Supporters**

The training and development opportunities available to Independent Supporters have 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. In addition, many members of staff who are not directly providing IS have attended the IS training – for example, managers, co-ordinators and referral line staff.

Finally, some areas have taken a localised, tailored approach to training and supporting those involved in the delivery of IS and the wider reforms, an approach that is suited to supporting the move towards local commissioning of IS in the future.

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

CDC provide a training programme aimed at Independent Supporters recruited by IS Agencies and IASS's, to ensure that all Independent Supporters are providing a consistent approach. Independent Supporters, both paid staff and volunteers, are required to attend, complete and pass the training before they start to provide parents/carers and young people with time limited, IS. Others working in the wider SEND system may also attend this training but it is only mandatory for Independent Supporters. It consists of four days, two of which are online and two are face to face, covering legal requirements that an Independent Supporter needs to know and the role of an Independent Supporter, including

understanding the limits of their knowledge and where to go for additional advice and support. From Phase 3 (2016 onwards) CDC will also be providing refresher training to those who have already been through this course.

There has been a strong emphasis from everyone involved in the IS Programme (centrally and locally) on the importance of this training and follow up development modules, with a generally high take up of training opportunities made available.

As at the end of March 2016, a total of 2,477 people had registered for the online elements of this training; 1,133 had passed the elements on the role of Independent Supporters and 1,142 on legal requirements during Phase 1, and 292 passed these elements in Phase 2<sup>14</sup>. The take up and experience of the training does vary, according to whether Independent Supporters are paid staff or volunteers; for example the latter don't seem to have had the same mandatory requirement as paid staff although we heard in the fieldwork sites that many volunteers have attended and benefited from the training.

A training survey carried out by the Information Advice and Support Service Network (IASSN) for the year 2014-2015 showed that overall the training has prepared people to deliver IS and provided them with good knowledge of the SEND reforms; 89% of the 107 returns from IASS's confirmed that at least one person per agency had been trained by the end of Phase 1, and some responses indicated that all staff had been trained.

In addition, 204 people responded to a one-off training survey carried out by CDC at the end of Phase 1, which concluded that the training was effective in delivering its aims and equipping Independent Supporters to fulfil their role:

- Over 87% of respondents responded that the training provided the right level of practical knowledge to deliver IS
- 84% of respondents felt the face to face legal training provided the right level of practical knowledge to deliver IS
- 81% felt the training had prepared them for practical delivery
- 86% felt more confident about delivering IS after completing the training,
- 89% felt more confident in their knowledge of the SEND reforms after completing the IS training
- When asked if they needed further training, 51.5% replied yes and 48.5% no.

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<sup>14</sup> *Independent Support Phase 2: a summary report*. Council for Disabled Children. April 2016

It is clear from discussions with a range of programme stakeholders that the training has been comprehensive, welcomed and valued by those who have been through the programme. Furthermore it is clear that the knowledge around the SEND reforms gained through the training is rippling out to others involved in SEND reforms and delivery.

*I think the legacy of IS will probably be the training* [Head of Special Needs and Early Years]

In one of our fieldwork sites, a SENCO commented that they had been envious of the training that the Independent Supporters had received and that they wished they had been provided with similar training; they felt that they were learning about the SEND reforms through the Independent Supporters.

In both our surveys and in the fieldwork, we found that the face to face elements of the training have been more warmly received than the online and legal elements, which many participants felt had been “overwhelming”. We also heard that the content has been easier to engage with for Independent Supporters already familiar with or experienced in relevant services/support i.e. from the children and young people field and SEND services/support in particular. Our delivery agency survey found that 77% of respondents felt 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. Participants in one of the fieldwork sites commented that additional elements on engaging and talking with young people about their goals and ambitions would be a valuable addition for the future.

*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]

## **Personal qualities and attributes of Independent Supporters**

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 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.

There was clear evidence of the personal skills and attributes of the Independent Supporters in the young people's survey. Of those who responded to the question, 90% felt their Independent Supporter listened to them and 95% felt they could trust their independent Supporter:

*A great listener* [respondent to survey of young people]

## In Summary

The knowledge, skills and responsiveness of IS/ers was a key aim of the programme and the evaluation. Much has been learned about what helps, is valued and needed to enable effective delivery and a positive experience of IS.

Clarity of role and knowing the limits of IS clearly helps, whilst also ensuring flexibility and a completely personalised response to individuals and families. This balance requires skill, judgement and knowledge of the wider system, including effective working relationships with key people in each of the main agencies/sectors involved. The prior experience and confidence of Independent Supporters was as important as the knowledge and skills acquired (e.g. through training) or learnt ‘on the job’. Most important of all however, were the personal attributes and style of Independent Supporters, in building trust and relationships with the young people and families they work with, as well as the network of professionals with whom they come into contact.

The training and development opportunities provided by CDC have been clearly valued and well attended, and it is clear that this is an evolving element of the programme with new modules and refresher elements being added this year. We heard how volunteers and other roles/professionals have benefited from the training as well as Independent Supporters employed as paid staff. This is not currently reflected in the numbers and evaluations of the training course. Ongoing evaluation would help to determine which aspects are most valued and used, and gaps that could be addressed in the future (e.g. more work on outcomes and engaging/working with young people).

## 2.2 Understanding “what works” in the delivery of IS

We have previously referred to the many different approaches taken to establishing and delivering IS around the country, covering both the range of delivery models and approaches adopted to engage and support target populations. How this is experienced and viewed also varies, depending on the perspectives of those involved and affected by the provision of IS.



Before we share these experiences and examples, it is important to draw attention to one particular feature of IS delivery which is both a response to the local context (in terms of pre-existing arrangements and relationships) and an additional complexity in an already complex system. IS sounds, and was introduced, as if it is a discrete entity - which it is not. It is often delivered by a contracted IS Agency *and* the local IASS. In other places, the IS Agency has also been contracted to deliver IASS; and in some of these, as well as other areas, there are *other* agencies who are doing what is essentially IS but outside the IS contract. So, identifying what is and is not IS is not always clear – either to those accessing the service, those seeking to work in partnership with it, or those (such as our team) seeking to establish and examine its impacts.

From an IS providers' perspective, we heard that it is crucial for IS to be seen and understood as part of the local support system, whilst offering an impartial (if not always independent) source of support to children, young people and their families (IASSs are usually in-house within Local Authorities whereas IS Agencies are independent, third sector organisations). We also found that it is often hard for IASSs particularly to distinguish the IS role from the wider support that they offer: people rarely ring up and say "*I want help with an EHC plan*" but instead want help with accessing support for their child. Indeed, in several instances where the parents had had support from the organisation before - either when IS had been provided through the IASS, or through an IS Agency that also had the IASS contract – the parents were unaware that the support they were receiving was called IS. They didn't see it any differently to any other support they had received from the organisation. VCS&P Independent Supporters in some areas told us that they find themselves referring people to IASS for wider support when the limits of IS are reached. In other areas we heard that this does not happen and Independent Supporters are either not doing this or not recognising the limits of their role.

We also heard how this dual role can be advantageous; for example, in one county where the former Connexions service was contracted to provide IS for young people aged 14 years and over, the Professional Advisors felt that IS fitted very well into their existing role, and parents and schools found it very helpful because these contacts already existed and the advisors were often well known - certainly to teachers if not to the parents.

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.



*'Who is who and what is what – who are the volunteers and IS workers out there?'*  
SEND IASS officer

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.

In addition, the role of an Independent Supporter differs between organisations and providers. Some people were employed (or recruited as volunteers) as an Independent Supporter with the delivery of IS being their primary function. Others deliver IS as part of a broader role providing advice around SEND or support to families or young people. In particular, IS provided by IASSs was often delivered as part of a broader SENDIASS Officer role. Some paid employees are fully funded by IS, whereas others are partially funded through other sources.

From the perspective of parents/carers and young people, their experience of the role and particular contribution of IS, including how it was delivered, differs depending on whether they are “new” to the SEND system (having an EHC plan was their first experience of the process of exploring and planning to meet their/their child’s goals, aspirations and need for support) or already in it (going through the transfer process from statements/other assessments to EHC plans).

*It has always been such a battle and fight to get anything for her* [Parent of 19 year old]

*I wouldn't have known what to do. I have never had anyone do anything practical for us before and I would have struggled to do it (draft a letter) myself.* [Parent of 19 year old daughter]

*If IS wasn't there I don't think my three kids would even have a plan* [Mother of 3 children with SEND]

One mother of a 5 year old child with autism was sent a draft EHC plan and happened to mention it at a local family forum, where she was told it didn't sound good enough. She was advised to contact the local SENDIASS (who were responsible for delivering IS to children under 14 years) who then told her *'it wasn't up to scratch'*, as it was all about education and there was nothing about health and social care support. Together they worked on a new plan which increased in size from 11 to 36 pages, and her child now receives speech and language therapy that was not included in the original plan. *'We need more information about the importance of the plan. The letter says if you need help you can go to IS but if you don't know you need it.....you don't know what you don't know.'*

*Locally they are doing it and trying to interpret but (professionals at school meeting) didn't have a complete understanding...she (IS) was invaluable explaining not just to me but also the professionals at the school.*

Another parent of a 7 year old boy with signs of autism and developmental delay has battled with the school to address her son's needs - 'had several meetings with school and always getting brushed off, not exaggerating to say I was in a low low place.' She heard about IS via another parent and when she phoned them 'woman was so fabulous on the phone I burst into tears.' The Independent Supporter then came to meetings at the school which revealed a lack of attention to needs and minimal paperwork.

*It was heart breaking really - felt like they had let my child down...such a relief, can't ever explain, to have someone on my side'*

From the perspective of those responsible for leading and facilitating the wider SEND reforms affecting the shape of local services, the introduction of additional, new and unfamiliar support services at the same time as the wider reforms brought an added complexity. This varied hugely across the country, including within each of the 12 fieldwork sites, depending on personal relationships and formal partnership arrangements between statutory agencies, local IASS's and those delivering the majority of IS in any given area.

In three of our fieldwork sites we heard that, despite pre-existing good relationships and satisfaction with the local SEND IASS, the IS contract was awarded to a large provider working with numerous other Local Authorities but who had no local contacts. As a result, a lot of time was spent agreeing the Memorandum of Understanding (MOU) and in the meantime SEND IASS continued to deliver the IS. By the time MOU was agreed, the main IS provider faced considerable challenges in making contacts and generating referrals and the LA continued to work with the SEND IASS provider.

*Don't personally believe that IS offers anything that (the local SENDIASS) don't have capacity (in terms of expertise) to deliver. [SEND lead]*

In another area, IS contracts were divided by age group, with young people aged under 14 years being supported by the SEND IASS services and those aged over 14 years supported by the former Connexions organisation. This arrangement appeared to be working well, with the former more focused on supporting parents and the latter with a greater awareness of the needs of young people, and the potential discrepancy between their wishes and those of their parents.

## In Summary

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

The successful implementation of IS happens when it is tailored to the local context, taking account of local circumstances and building on pre-existing strong relationships, networks and partnerships.

This means that it is not possible to develop a clear typology of IS (one of the evaluation objectives) indicating the most effective “delivery models” for different situations or circumstances. The range and complexity of different factors, including the local set up and delivery of IS, are so complex and numerous that it is not possible to distil these into one discernible set of organisational or contractual characteristics that are more or less effective at ensuring IS achieves good outcomes whilst demonstrating cost effectiveness (see also Section 2.3 on the findings relating to the economic analysis of IS).

We have concluded that it is not a particular model that leads to good IS, but the presence of certain key elements. More important than the organisational structure, size and contractual arrangements, we found that the successful delivery of IS 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. As a result, we have identified a set of critical success factors, shared in Chapter 3, Conclusions, illustrating these features. We also suggest how these could be used to inform local commissioning and provision of IS in the future, by focusing on six key elements (drawn from these critical success factors) so that children and young people with SEND and their families experience IS holistically, and in a timely and person centred way. These six elements are outlined in Figure 8, and further explained in Chapter 3.

1. Enabling the voice of children and young people to be heard
2. Ensuring equal access and a wide reach
3. Cost effective organisational delivery arrangements
4. Independent Supporters’ skills and characteristics
5. IS that is embedded in the Local Offer
6. Support that is outcome and evidence based

**Figure 8: Key Elements in Commissioning and Delivering IS**

## 2.3. Understanding the Economic Value of IS

As described in the introduction, the intention for this element of the evaluation was to use financial information available to produce information about the range of costs of the provision of IS in order to consider the value for money of the programme. It was hoped that it would be possible, through the identification of unit costs of IS provided in different ways (i.e. by different providers, by IS Agency or IASS, or by model of delivery) to be able to draw some tentative conclusions about how IS might most efficiently be provided. However, due to the limitations of the data available it is not possible to be confident in the accuracy or representativeness of the figures produced.

In this section we outline how the unit costs have been calculated (including a consideration of the limitations of this method and of the data), provide a descriptive account of the overall costs and unit costs of IS and make some recommendations about what would be needed to conduct a more detailed and robust economic analysis.

### **Calculating unit costs – description and limitations**

Unit costs of IS have been calculated for the IS Agency in each local authority, for the IASS in each local authority and an overall unit cost across the local authority (i.e. combining the IS Agency and IASS figures in each local authority). A unit cost is the average total cost of providing IS to one parent/carer or one young person.

Although this was done in order to offer a means of comparison, it should be emphasised that this vastly oversimplifies a very complex and varied form of support. As explored elsewhere in this report, IS is provided very differently by different organisations. Some organisations were already providing some form of SEND support or support to families or young people before they were awarded the IS contracts. In these cases IS can be provided by an existing worker, trained in IS, who also provides other support funded through different streams. This is particularly the case for IASSs where IS funding is often used to increase capacity of existing IASS officers. In these instances it is very difficult to identify what element of the support provided is funded by IS and what element of support is funded by other funding sources. While some providers could identify distinct IS cases only provided by staff members funded through IS, in many organisations this was not the case. In the fieldwork sites where we conducted a second stage of fieldwork, none of the organisations were recording any more detailed breakdown of costs than overall spending on staff and overheads – i.e. none of them were recording the number of hours spent on each case which could have given a more accurate reflection of the cost of a case of IS. It is possible therefore, that the support that has been recorded by providers as one case of IS may be partially subsidised by other forms of funding, or indeed that IS could be subsidising other support.

The data in Figure 9 is based on Phase 2 (i.e. April 2015 to March 2016) only. This is for a number of reasons. Firstly, a significant part of Phase 1 was taken up with a set up period. Different organisations started providing IS at different points in time and will have incurred different set up costs. Looking at Phase 2 data provides a more fair and accurate picture, where all providers were fully up and running and it represents a full year of provision. Secondly, there was a change between Phase 1 and Phase 2 in how the funding was managed. In Phase 2 there was a move to payment by results for most of the IS Agencies. For these a unit cost was negotiated between the IS Agency and CDC, based on the cost of the provision provided in Phase 2 and an estimate of the number of IS cases that would be provided over the year. Based on this a maximum contract amount for Phase 2 was agreed.

In April and July 2015, fixed payments totalling 30% of the agreed maximum contract were paid. In November 2015, January 2016 and March 2016, payments were made under the payment by results system in response to the numbers of cases of IS provided up to a maximum of 30%, 25% and 15% of the agreed contract amount respectively. Under payment by results IS Agencies received the agreed unit cost amount for one to one support and 25% of the agreed unit cost amount for group work or attendance at workshops. Therefore four people attending a workshop or group have been counted as one unit of IS. A small minority of IS Agencies negotiated exemptions from the payment by results system with CDC (primarily due to the size of the agency and the financial pressure an uncertain funding mechanism would place upon them). These organisations were paid in fixed amounts as a proportion of the agreed contract amount. IASS agencies received a fixed payment of £25,000 for Phase 2. One IASS agency did not receive this because of performance and reporting in Phase 1.

Regarding the number of cases of IS provided, there are some limitations with the data, and our approach has been to use the best available data. Where possible the number of cases claimed under payment by results has been used, as this is the best reflection of one to one IS. There may be some limitations to this because – as we understand it – some IS Agencies only report what they are able to claim up to their maximum, others report the true number even if they can't claim for them. This may mean that in some cases the number of units of IS provided may be under-reported. Where payment by results data is not available (for July reporting before payment by results had started and for the IS Agencies exempt from payment by results) the KPI referral figure has been used. IASS agencies do not have to report under the payment by results system; therefore for IASSs, the KPI referrals figure has been used. It should be noted that IASSs do not report whether IS cases are individual or workshop/group so this may result in an overestimate of the number of IS cases as compared to IS Agencies. In addition a number of IASS services do not directly deliver support (as agreed in advance with CDC); those that did not report any IS cases have not been included in the cost per unit calculations.

As noted, for the number of IS cases for IASS (for those IS Agencies who are exempt from payment by results and for the July figures as payment by results numbers are not reported) the 'number of IS referrals' figures have been used from quarterly KPI monitoring. Our understanding is that while most IS Agencies and IASSs use this to report the number of cases of IS they have provided, some organisations may report number of referrals even where some of these do not then result in providing support. This is the best available information for IASSs, those exempt from payment by results and the July figures for IS Agencies, and these are the figures that CDC report to reflect the number of people receiving IS in Phase 2.

## The cost of providing IS

The overall direct<sup>15</sup> cost of the delivery of IS in Phase 2, which includes the total paid to all IS Agencies and IASSs, was £12.3 million. The total number of IS cases was 38,681. This provides an overall average unit cost of providing IS was £318 per individual<sup>16</sup>. As highlighted above, IS is a new service with a very clearly defined role, not directly comparable to existing services or provision. However, to give a very broad comparison, the average annual cost per family of a key worker<sup>17</sup> is £1,845 (Curtis et. al, 2015, p87). The cost per review of in independent reviewing officer<sup>18</sup> is £432 (Curtis et. al, 2015, p101).

The total cost of providing IS through IS Agencies was £8,561,465 and the total number of cases of IS provided through IS Agencies was 24,627. The overall average (mean) cost of providing IS through an IS Agency therefore was £348.

The total cost of providing IS through the IASSs was £3,750,000. The total number of cases of IS provided through IASSs was 14,054. The overall average (mean) cost of providing IS through an IASS therefore was £267.

	IS Agency	IASS	National
Cost of IS	£8,561,465	£3,750,000	£12,311,465
Number of IS cases	24,627	14,054	38,681
Overall unit cost of IS	£348	£267	£318

**Figure 9: The Cost of Providing IS**

<sup>15</sup> This does not include the costs of overseeing and administering by CDC

<sup>16</sup> Note that as IS is provided to support an individual through a specific process this is for the support provided rather than per year

<sup>17</sup> A key worker provides a single point of contact for disabled children and their families, supporting them and facilitating access to other services

<sup>18</sup> An independent reviewing officer ensures that the care plan for a looked-after child clearly sets out the help, care and support that they need and takes full account of their wishes and feelings



Looking at these overall average unit costs, it would appear to suggest that IS can be delivered at a lower cost through IASS agencies. However, beyond the overall average cost of providing IS, there is a huge amount of variability between IS Agencies, IASS agencies and local authorities. Figures 10-12 provide the median as well as the mean, the minimum, maximum and interquartile range (a measure of variability which shows the lower quartile and the upper quartile) for the cost of IS, the number of IS cases and the unit costs.

### *Cost by IS Agencies*

The costs for IS Agencies have been analysed by local authority (rather than by IS Agency organisation/provider). The average (mean) cost of providing IS through an IS Agency per local authority was £56,698 and the average (median) cost was £41,877. The interquartile range was £26,032 to £68,130. The average (mean) number of IS cases was 163 cases per local authority and the average (median) was 122 cases. The interquartile range was 58 to 180. The average (mean) unit cost was £464 and the average (median) unit cost was £377<sup>19</sup>. The interquartile range was £290 to £494.

### *Cost by IASS*

The average (mean) number of IS cases was 93 cases per local authority and the average (median) was 74. The interquartile range was 30 to 111. The average (mean) unit cost was £760 and the average (median) unit cost was £313<sup>20</sup>. The interquartile range was £219 to £625.

### *Cost by Local authority*

The cost of IS and the number of cases of IS was also analysed by local authority (i.e. combining the cost of IS provided by the IS Agency and the IASS, and totalling the number of IS cases provided by IS Agency and IASS). The average (mean) cost of IS by local authority was £81,533, and the average (median) cost was £66,877. The interquartile range was £51,032 to £91,798. The average (mean) numbers of IS cases by local authority was 256 and the average (median) was 208. The interquartile range was 108 to 293. The average (mean) unit cost of IS by local authority was £424 and the average (median) was £375. The interquartile range was £275 to £519.

The data described in this section and summarised in Figures 10-12 highlight the huge variation in the costs of providing IS. For costs of IS, numbers of IS cases and unit costs

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<sup>19</sup> Note that the overall national mean for IS Agencies is lower than these two figures – this is because the figures here are look at the average for each local authority and will be affected by some high cost IS Agencies providing low number of IS cases

<sup>20</sup> Note that the overall national mean for IS Agencies is lower than these two figures – this is because the figures here are look at the average for each local authority and will be affected by some high cost IASSs providing low number of IS cases



the variability (as shown by the large interquartile ranges) is considerable. In particular these Figures highlight that while the median unit cost of IS is lower through IASS agencies than IS Agencies, the mean unit cost is higher. Given this, plus the limitations outlined above (including that IASS agencies do not report numbers who have attended workshops/groups and that IASS agencies have used the funding in different ways) we cannot be confident enough in the figures to draw conclusions about the most efficient way of providing IS.

	IS Agency	IASS	Local authority
<b>Mean</b>	£56,698	£24,834	£81,533
<b>Median</b>	£41,877	£25,000	£66,877
<b>Interquartile range</b>	£26,032, £68,130	£25,000, £25,000	£51,032, £91,798
<b>Minimum</b>	£136	£0	£25,136
<b>Maximum</b>	£269,645	£25,000	£294,645

**Figure 10: Cost of IS service (by local authority)**

	IS Agency	IASS	Local authority
<b>Mean</b>	163	93	256
<b>Median</b>	122	74	208
<b>Interquartile range</b>	58, 180	30, 111	108, 293
<b>Minimum</b>	0	0	0
<b>Maximum</b>	2,150	1,434	3,584

**Figure 11: Number of IS cases (by local authority)**

	IS Agency	IASS	Local authority
<b>Mean</b>	£464	£760	£424
<b>Median</b>	£377	£313	£375
<b>Interquartile range</b>	£290, £494	£219, £625	£275, £519
<b>Minimum</b>	£118	£17	£78
<b>Maximum</b>	£4,697	£25,000	£1,251

**Figure 12: Unit cost of IS (by local authority)**

## In Summary

Although the data limitations make it difficult to draw any confident conclusions about the most efficient way of delivering IS, the huge variations in the cost of providing IS that this section describes, highlight that there are cheaper and more expensive ways of delivering IS - and therefore suggests that efficiencies can be made. In addition, from the positive outcomes we have observed through fieldwork for what is a relatively low unit cost, we would also comment that the provision of IS *appears* to represent good value for money.

To achieve the efficiencies that the data alludes to, and to obtain greater confidence in conclusions drawn, there is a need for both accurate information about costs and numbers

of cases and a measure of effectiveness. To improve the potential for meaningful economic analysis to be conducted, the following is needed:

- A clear and agreed definition of what constitutes a case of IS (i.e. clarify the meaning of 'referral', ensure this is understood by all providers of IS, and apply this measure consistently over time)
- Ensure IS Agencies and IASSs have the same reporting requirements
- A record of the time spent on each IS case (or for a sample of cases)
- A quantitative outcome measure which is systematically collected and reported on as part of the monitoring KPIs (see recommendations in Chapter Four).

Good quality data would enable comparisons to be made between different providers, by IS Agency or IASS, or by model of delivery.

### 3. Conclusions

This Chapter sets out the key themes and messages identified from our analysis of findings shared in Chapter two.

It highlights, in section 3.1, the overarching, positive lessons about ‘what works’ in the delivery and experience of independent support, reflecting on its ongoing role and funding with plans to build it into the picture of support for children and young people with special educational needs and disabilities, and their families.

Section 3.2 draws attention to the specific features that help to make independent support work well for different people in different circumstances, and equally what is most likely to be happening when it doesn’t work so well.

Section 3.3 shares our thoughts about future provision of independent support, and how this could be achieved by considering a commissioning framework that supports delivery as part of the local system of SEND support, rather than continuing to be funded and managed centrally. Within this we consider the potential for developing independent support arrangements to ensure that those young people with complex needs have ongoing access to IS without the need for uncertainty or interruption to their experience of support as they grow up, leave school, find work and/or attend further education, leave home etc.

Section 3.4 returns to the Programme Theory of Change and 6 outcome areas, reflecting on the need for greater clarity about outcomes at an individual and local level both during Phase 3 of the Programme and beyond.

#### 3.1 Learning from What Works in Independent Support

The figures outlined in Chapter 2 in relation to the numbers of people benefiting from independent support and the unit costs associated with different forms of delivery (bearing in mind the limitations of the data) indicate that the IS Programme has been successful in rapidly becoming a key feature of the support landscape for children and young people with SEND. The added value of Independent Support is most often demonstrated through the experiences of families who have experienced IS as a distinctly new resource, a focused capacity and access to enhanced support. They describe the positive impact on and for children in having a plan that accurately portrays not only your support needs but also your priorities and ambitions for the future – with the potential this has for unlocking access to opportunities and supports that will enable broader life outcomes to be achieved. We have heard in particular how independent support has often been a key enabler in ensuring these plans are developed in the right way, supporting young people and their families through an often still tortuous planning process.

We have shared the positive feedback and examples of impact from parents/carers and young people, as well as those providing IS and their local partners.

We have found that Independent Supporters can be and often are a catalyst for change, not only in moving forward with EHC plans to enable people to get the support they need, but also in helping to embed the culture of the SEND reforms in organisations and with families so that they have a wider impact on systems as well as with individuals. IS therefore has the potential to be one of the key delivery mechanisms for achieving the kind of system change envisaged by the SEND reforms.

We have also learned about the importance of IS being both personalised and proactive; when it works this is indeed transformational and is regarded as vital by young people and parents/carers. However, we have also learned what it feels like and what can happen when this isn't the case; we have shared a number of examples of the negative impacts when IS *isn't* continuous or proactive, especially during long periods of waiting (e.g. between submission of a draft plan, sign off and implementation) and/or when there are appeals/disputes about the content of plans. The key message here is the importance of ongoing support and advice throughout the entire EHC plan process and out the other end, which is different to what was originally envisaged for IS being a time limited intervention to enable plans to be developed. Young people and families feel the need for this support well into the implementation era, when people begin to experience their plan as a dynamic tool rather than an essential piece of paper to get funded support.

We have pointed to the need for greater and continued focus on increasing the voice and influence of children and young people with SEND, in relation to IS and the EHC planning process, and wider decision making and support. There are some powerful examples of the provision of IS as an empowering experience with evidence of people feeling heard, being more assertive and making better decisions themselves. Key factors for these positive experiences include the personal qualities of the independent supporter and the relationship between them and the young person/family they are supporting. People we met and spoke with also repeatedly referred to the impartiality of their independent supporter and the agency they belonged to and that this was an unusual if not unique experience for them. They spoke of being battle weary and fatigued from struggling to get their voices heard and their child's situation understood; and how energising and emotional it has been to get help from someone "*truly on my side*".

Independent Supporters are clearly a source of accessible knowledge, expertise and skills to different people and have added to system capacity locally and nationally, although this has also felt precarious at times. This was particularly noticeable at key transition points for the Programme – during the first 6 months, around the end of Phase 1 and in the last 3-4 months of Phase 2 when there were high levels of uncertainty about contract extensions and ongoing funding for delivery agencies and local partnerships.

Finally and linked to this point, we think the time is now right to be thinking of and making plans for IS to become embedded within local services and systems of support; for example, as part of early help and support arrangements linked to other support provided by SENDIASS's . There is a key concern about the remaining low levels of awareness of personal budgets and the apparent lack of change in these awareness levels over the two years of the programme. As a result we also think that IS needs to be more closely linked to developments around Integrated Personalised Commissioning (for example through the demonstrator sites focusing on young people).

### 3.2 Critical Success Factors for Effective Delivery of IS

In Chapter 2 we referred to the need to focus on critical success factors of delivery that pay attention to and take account of the local context and personal circumstances of target populations/communities, rather than structural delivery models that might be implemented anywhere. These factors, summarised in Figure 13, have been identified and added to over the course of the evaluation as a result of ongoing findings and lessons reinforcing preceding evidence of “what works”.

- 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 is 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 the impartiality and responsiveness of Independent Supporters and the organisation behind them
- 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.

**Figure 13: Critical Success Factors influencing the effective delivery of IS**

Following on from the above and as a result of the evaluation findings we have moved away from thinking about a typology of IS delivery models and evidencing which model is more effective than another. Instead we describe how to translate these critical success factors into local commissioning plans. This strategic approach will ensure the effective delivery of IS for every child/young person and family in any local authority area.

### 3.3 A Framework to Support Local Delivery

If IS is to be seen and experienced as part of the Local Offer, then the primary relationships for IS delivery agencies have to be with local communities, partnerships and commissioners. In Chapter 2, we shared the six key areas, identified from our findings, that we believe need to be considered in order for IS to be integrated into local services and supports for children and young people with SEND and their families. These are:

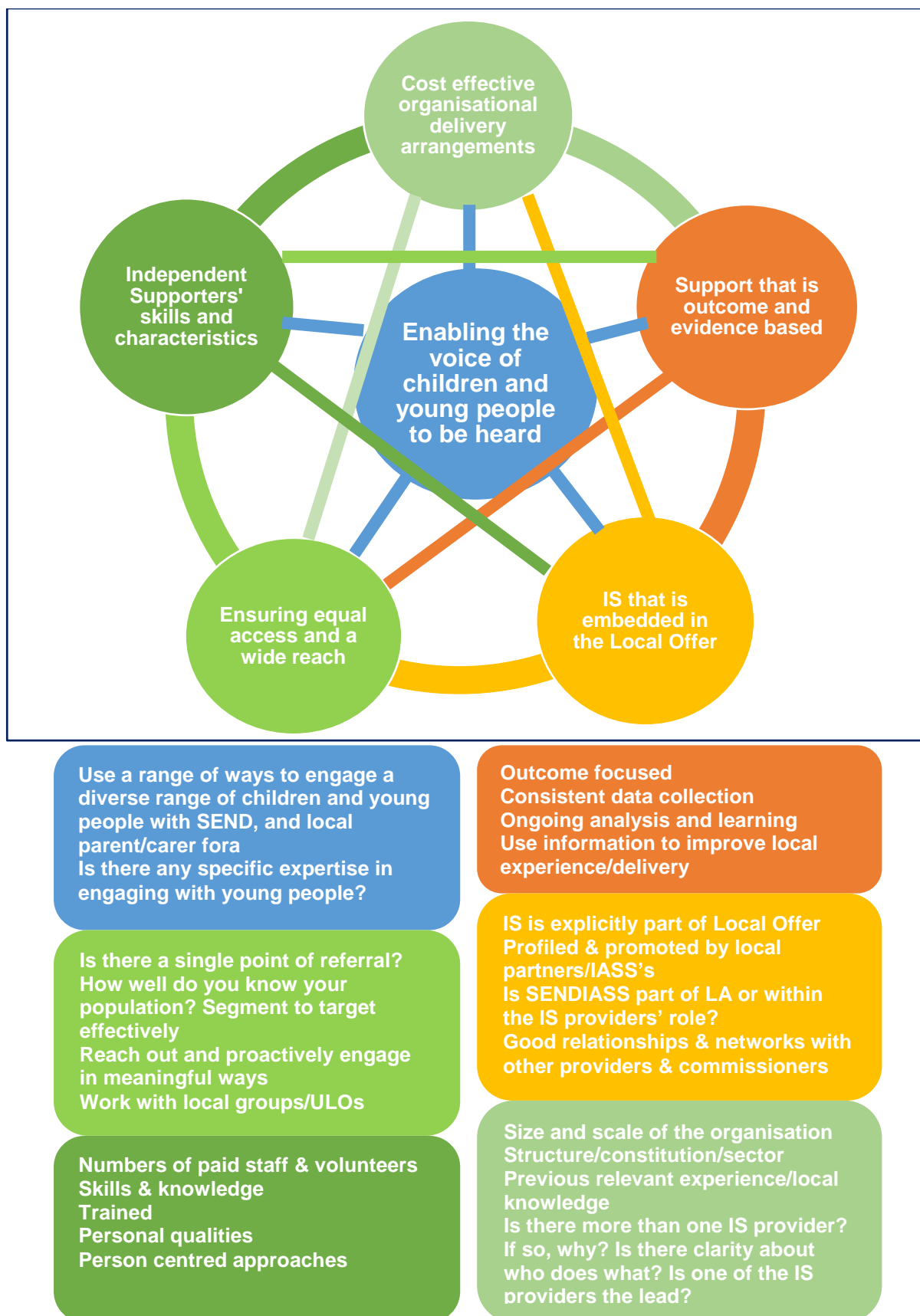
1. Enabling the voice of children and young people to be heard
2. Ensuring equal access and a wide reach
3. Cost effective organisational delivery arrangements
4. Independent Supporters' skills and characteristics
5. IS that is embedded in the Local Offer
6. Support that is outcome and evidence based

These six elements are presented in diagrammatic form in Figure 14 on the following page, illustrating the key components of a local commissioning framework for IS. The

colour coded boxes under the diagram map onto the elements, summarising important considerations for each one.

In this diagram, the yellow and orange elements are primarily concerned with the planning and commissioning of IS at a local level; and the green elements with provision / delivery. The blue element concerned with enabling the voice of children and young people (and their families) is at the centre of this framework, underpinning and informing each of the other five elements.





**Figure 14: Towards a Local Commissioning and Delivery Model for IS**

### 3.4 Revisiting the Programme Outcomes and ToC

Throughout the evaluation, we have focused on reporting and sharing findings relating to the progress towards and achievement of the six programme outcomes, capturing learning about what brought about those changes.

Here we turn our attention to the broader IS Programme Theory of Change, revisiting the underpinning assumptions and theories about IS and the programme, the drivers for change and longer term aims. We also consider whether the six outcome areas remain relevant for the current era of delivery and possible future local commissioning and accountability arrangements.

#### **Assumptions and project rationale**

It is interesting to reflect that a number of the ToC assumptions and programme rationale were about not just the need for change (in the wider SEND system) but the appetite for change and how that might come about. For example, that there is an appetite in local authorities to do things differently, whilst also stating that a centrally commissioned approach is better because of a lack of local intelligence/knowledge about how to do it (deliver IS) and because it would achieve better value for money.

We have heard of the commitment to achieving better outcomes for young people and their families, and also of the variation in understanding about how best to do this. There is a recognition that more needs to be done to increase the voice and influence of young people and their families and at the same time focus on their life outcomes and the things that really matter to them in getting there. This needs to be the focus of planning discussions, decisions and support arrangements. Independent Supporters and IS Agencies are clear about their role in enabling and keeping a focus on young people/parents – although there is mixed progress/experience in supporting young people compared to support provided to parents/carers. A key finding has been the role and ongoing potential for IS to be a catalyst for change for individuals/families and the nature of support/opportunities they experience, but the planning process needs to change and step up to this challenge. Local authorities and the planning system therefore need to respond to the issues set out in this report to ensure that EHC plans are more dynamic, timely and person centred.

IS was a new concept and offer. The central programme mobilised quickly and ensured delivery was set up quickly and efficiently, if not always clearly or smoothly as the delivery partners survey carried out in stage one of the evaluation showed. In the initial Phases of the Programme, there was a particular focus on contract and performance management (through KPI monitoring arrangements), rather than on the development of standard outcome measures to determine impact at an individual and local level. This has meant that it has been difficult, for all the reasons previously outlined, to establish cost

effectiveness, although the value for money study carried out indicates that there does appear to be significant added value and value for money achieved through the programme. There are also apparent efficiencies to be gained which we believe would best be achieved by embedding IS within the Local Offer with leadership from local partnerships and commissioning arrangements, in line with best practice which has been published elsewhere<sup>21</sup>. This move towards local commissioning as well as delivery is something that needs further discussion and testing with a range of stakeholders, for example during the current Phase of IS development.

## **Drivers for change and longer term aims**

We have reflected and shared findings and lessons about delivery mechanisms elsewhere in this report, including earlier sections of this chapter. We focus here on the underpinning forces for change that were identified, including the demand for change by young people and families and the potential for young people's aspirations to mobilise change within the wider system.. In reality we found that in the majority of areas young people and families have been starting from a low level of awareness and understanding about the new arrangements, what to expect and about IS – although the latter has changed over the course of the programme. There are important lessons and some good examples of Independent Supporters enabling young people's priorities and ambitions to inform what gets taken forward in their plan; and of local partners/agencies reflecting on what would help to increase their own capacity to do more work in this area. This element has therefore been less of a driver for change during the course of the programme, due to the shift in gears still required at all levels and by all agencies, but needs to be regarded as such now in taking the programme forward from 2016.

One key thing we believe is missing from the current ToC is a clear, compelling vision for IS – particularly now that it has moved from a time limited initiative to an ongoing offer to parents/carers and young people. The Vision set out in the ToC relates to the wider SEND system, rather than the role/contribution of IS in achieving this vision.

## **What next?**

Revisiting and testing an overarching ToC is typically achieved with Programme partners towards the end of a funded programme. This brief recap therefore warrants a fuller assessment than time currently allows; we recommend that this is something that could usefully be incorporated into Phase three of the IS Programme and future evaluation of IS, depending on its remit and focus. This would help to ensure that the future purpose and vision of IS is clarified, broad aims and longer term impacts refined, and contemporary

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<sup>21</sup> See [preparingforadulthood.org.uk/media/389260/final\\_-\\_joint\\_commissioning\\_in\\_action.pdf](http://preparingforadulthood.org.uk/media/389260/final_-_joint_commissioning_in_action.pdf)

outcomes agreed (including standard, local outcome measures that can be used to determine impact and cost effectiveness - see section 3.5 below, and Chapter 4).

The local commissioning framework and critical success factors outlined earlier would also need to be brought into any future ToC (and evaluation) framework e.g. as part of the delivery mechanisms, enablers and drivers for change.

### **3.5 Need for clear outcome measure(s) at an individual and local level**

A major finding of the evaluation team is that a focus on personal goals, outcomes and aspirations is not yet well developed – both in relation to IS and EHC plans generally. Where this is taking shape, people 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.

We have also heard how positive experiences of the planning process and conversations about outcomes and aspirations do not always get translated into and appear in the content of draft or approved plans.

We believe this is compounded by the absence of individual outcome measures for IS, for example in the form of “I” statements, similar to the Making It Real statements adopted for person centred support developed by TLAP<sup>22</sup>. A small number of “I” statements could be used to capture and track change at an individual level – for example, initially at point of referral and/or as part of EHC planning, with follow up as part of reviews and at end of IS support/input. If IS is ongoing then this could be extended as part of regular follow ups (e.g. on a 6 monthly basis).

In addition to individual outcome measures, the aggregate outcomes of IS at a local level also need to be measured in order to determine the cost effectiveness of support in the context of an increasingly tight financial climate.

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<sup>22</sup> [www.thinklocalactpersonal.org.uk/\\_library/Resources/Personalisation/TLAP/MakingItReal.pdf](http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf)

## 4. Recommendations

This Chapter proposes five priorities presented as recommendations for development and/or action to address specific issues highlighted in our findings and conclusions (Chapters 2 and 3 respectively).

### 4.1 An outcome measure for IS

We suggest that there are at least two elements of outcomes of IS that need to be measured systematically:

- A measure of the impact of IS in supporting people through the EHC plan process. A simple one or two question scale/rating measure could be asked of people before and after they have received IS and reporting could be required as part of monthly KPI requirements. This would assist in being able to conduct a cost-effectiveness analysis as referred to in section 2.3.
- A measure of the impact of IS on EHC plans in terms of the aspirations of each child/young person. Now that IS is established and the number of EHC plans that have been signed off is more significant, comparison of plans where people have received IS could be compared to those where people have not received IS in a sample of areas.

These suggested outcome measures would benefit from further development before being trialled, tested and reviewed in a sample of areas, before then being rolled out nationally.

In addition, there is a need for both accurate information about costs and numbers of cases and a measure of effectiveness. As we have stated earlier, good quality data would enable comparisons to be made between different providers, by IS Agency or IASS, or by model of delivery. To improve the potential for meaningful economic analysis to be conducted, the following is needed:

- A clear, shared understanding of what constitutes a case of IS (e.g. clarify the meaning of 'referral' to ensure this is understood by all providers of IS, and apply this measure consistently over time)
- Ensure IS Agencies and IASSs have the same essential or minimum reporting requirements
- A record of the time spent on each IS case (or for a sample of cases)
- A quantitative outcome measure which is systematically collected and reported on as part of the monitoring KPI's.

## 4.2 An increased focus on young people's voice (linked to increased focus on aspirations within EHC plans)

This is an area that has already been recognised and is being taken forward in this next phase of IS development and delivery. These proposals reflect the importance of this element in the conclusions drawn from our analysis of findings throughout the course of the evaluation. We draw attention here to specific elements which the evaluation has identified which could help to support the developments that are already underway.

The numbers and balance of children and young people accessing IS in their own right needs to increase in proportion to the total number of people receiving IS. This could involve:

- Specific actions to raise awareness of IS among young people with SEND, and their right to request access to and refer themselves to IS Agencies
- As part of this action, ensuring local and national fora (parent/carer fora and young people's groups) are aware of and actively talking about IS
- Placing a much greater emphasis on young people's aspirations and goals in EHC plans, ensuring all those involved in the planning process (from start to end) are equipped to facilitate this happening and to know when it is not happening (ie being confident in the knowledge about what is an outcome and having a shared understanding of this, including being honest about whose outcome it is)
- Apply the lessons from different examples and case studies (from the fieldwork sites and beyond) about the most effective ways of reaching out and engaging diverse children and young people with SEND, taking account of individual situations and circumstances, their age and gender, disability, ethnicity and cultural heritage, sexual orientation. This includes ensuring that this rich detail is recorded and monitored consistently and systematically (ie in the same way) by all IS Agencies/providers.
- Considering ways of involving young people in developing the outcome measure(s) referred to above in Section 4.1
- Exploring ongoing role for research advisers who worked with NDTi in this evaluation, and opening up this opportunity to other young people who may be interested. Further support, training and mentoring would need to be made available in order for this to work well from the perspective of interested young people and those already in this group.
- Designing ongoing activities to reach out and engage young people directly in local and national evaluation activities to ensure their views, experiences and perspectives are a clear part of the growing evidence base of what works in IS.

### **4.3 Ongoing and proactive support for people**

There is a recurring theme in our findings and conclusions about the importance of and need for proactive and responsive IS that is ongoing – less of a time limited intervention and more tailored to suit the individual circumstances of the young person/parent/carer/family being supported.

Consideration therefore needs to be given to how this might be achieved, bearing in mind the focus on IS as a time limited intervention (recognising that the extent to which this happens currently varies).

Those receiving IS clearly value and benefit from it during all stages and in all activities associated with the planning process: whilst waiting for an outcome/decision regarding submitted, draft plans; and after hearing this outcome, including both the finer details of implementing the plan and in appeals or disputes if the signed off plan does not adequately address identified goals and support needs.

In addition, this consideration needs to take account of IS as a transformational intervention, rather than a transactional service. This includes the need to ensure smooth, seamless handovers and continuity of approach when IS staff/volunteers change

We have also identified the need to consider the scope and feasibility of introducing different kinds of IS, which may be one way of building in these elements to what are often small scale services with limited capacity (although we have also seen that there is room for efficiencies to be achieved which may offer leverage here). We talk earlier about the possible mix of ‘simple’ and ‘complex’ IS which could allow for some time limited interventions as well as ongoing support where this is needed. If discussion of these aspects of provision progresses, they would also need to be built into the outcome measures for IS referred to in 4.1.

### **4.4 The next generation of IS training and skills development**

The skills and knowledge of Independent Supporters and IS providers are clearly valued and have a positive impact on people they support, and their partners in the wider system of support. Those attending the training have equally benefited from this input and opportunities for ongoing development provided.

There is scope for not just ongoing and refresher training that is currently planned, but more modules similar to those developed by CDC as follow up sessions on specific themes/issues. One specific example has been additional training and support in engaging and working with young people with SEND (linked to recommendation 4.2 above).



There is also potential for enhancing IS training and development opportunities by exploring and sharing the range of approaches adopted in different areas for widening access to knowledge and skills/practice development. This would help build capacity in the local SEND system as well as sustaining and nurturing existing knowledge and skills.

Linked to the above points, we think more opportunities could be extended to volunteers (or this could be a matter of improved training records), and exploration of the potential for thinking about how the volunteer model of delivery could be increased or extended (e.g. linked to recommendation 4.3).

We think there would be value in establishing clearer opportunities for virtual and face to face peer support through a community of practice for Independent Supporters (perhaps connected to or on the back of the mandatory training course) - to facilitate the exchange of experiences, lessons, best practice and ideas for future development. This could also be mapped onto existing regional networks facilitating cross fertilisation and shared learning between different areas. This aspect is also linked to recommendation 4.5 below.

## **4.5 Embedding IS within the Local Offer**

In line with our finding that local delivery is less dependent on a specific model or organisational configuration and more on specific success factors (including the importance of integration with existing services/supports in the Local Offer), we believe that it is timely to be thinking about how to embed the delivery of IS within local commissioning arrangements and investment plans. This would help to connect IS to other local priorities and strategies for children and young people beyond the SEND system, for example as part of early help and support arrangements. As part of this move, the narrative around clarity of purpose, role and contribution of IS needs to be strengthened and shared widely. More also needs to be done to strengthen relationships with local partners/practitioners/teams, for example in promoting IS with schools, SENCO's, colleges, the looked after system, and NHS organisations and teams.

In our conclusions chapter we highlight the potential for IS provision to be more clearly connected to the Integrated Personalised Commissioning programme led by NHS England – in part recognising that more needs to be done to promote and facilitate access to personal budgets for children and young people with SEND and their families (and that IS has a key role to play in achieving this aim).

We have suggested a simple framework to aid these conversations based on the critical success factors identified through our analysis of findings. It is in outline form only at this stage and needs to be further developed, for example to incorporate outcome measures.

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## Appendix 1 Summary of National Evaluation Stages and Activities

NDTi designed a five phase, learning based evaluation covering the period from July 2014 until 31 March 2016. The design was based on realist methodologies (Pawson and Tilley 1997) which seek to answer the fundamental question of “what works, for whom, in which circumstances, how and why?” In applying this approach to the Independent Support programme, Logic Modelling and Theories of Change techniques (Weiss, 1995) were used to organise and analyse qualitative and quantitative data from a mix of sources (including existing monitoring data, evaluation and research studies and primary data from fieldwork) to make sense of the independent support programme in all its complexity, mapping the roles and inter-relationships of its many inherent variables. This included investigating how the ‘evidence and build’ phase of the wider IS Programme was translated into implementation on the ground; if and how different groups of children, young people and families benefited from IS; the roles that partnership working and other delivery models played in achieving outcomes for children and families; the immediate and longer term impacts of the programme for service provision and local authorities; and the cost and value implications of these factors for different stakeholders, particularly local and central government.

Importantly, the evaluation was not designed to reflect on or analyse the performance of the IS programme, ie how the programme was managed and specific delivery arrangements achieved. The detailed aspects of the realist methodology are explained in Appendix 2, including the IS Theory of Change and six programme outcomes which formed the focus of evaluation activities and analysis shared in this report.

The five phases of the evaluation are summarised below.

### Stage 1: Scoping and Design. June -September 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 ToC. 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. September 2014 - January 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:
  1. How local arrangements for delivering IS were developed and implemented in order to address local needs, gaps and enhance the local offer
  2. The nature and design of the delivery model for IS that was adopted and why
  3. Where IS fits into the overall picture of local support including thoughts for ongoing funding and sustainability after the IS programme ends
  4. Eligibility criteria/frameworks in use for IS and rationale for these
  5. Local outcome measures adopted/considered including studies of outcomes, experience, cost effectiveness/value for money undertaken
  6. Arrangements for involving children, young people and families
  7. 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 SEND.

- 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 phases 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? February-September 2015**

During this phase 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.

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

This phase consists of ongoing fieldwork activities and data collection in the 12 sites. At this point, at the end of the first year of active data collection and fieldwork activities, we will also take stock and 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 - March 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.

## Appendix 2 The IS Theory of Change

### What is a theory of change approach to evaluation?

A Theory of Change (ToC) approach to evaluation is an on-going process of ‘evidence gathering’ and reflection to explore change and how it happens - and what that means for the part we play in a particular context, sector and/or communities. It is a way of evaluating and understanding impact that is particularly associated with longer term, and/or complex change programmes, and seeks to answer the question: what works, for whom, in which circumstances, how and why? It is also a way of providing and sharing evidence that helps make the case for local investment; and for other places so they can learn from these change programmes. In particular it:

- Helps create a shared understanding of how change comes about
- Articulates this understanding of change - whilst challenging us to explore it further (not just what happened but *how* it happened, and how it was experienced by different people)
- Acknowledges the complexity of change: the wider systems and people that influence change at different levels and for different groups.

The main elements of a programme Theory of Change are usually captured, at an overarching level, in diagrammatic form. This quite simply begins with what changes are wanted (in response to an identified issue or problem that needs to be addressed) and maps backwards to agree how these changes will happen. It is a useful framework for designing complex social programmes, organisational strategy and evaluation frameworks.

A theory of change also tests 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. 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 then 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.

### “The Issue” for the Independent Support Programme 2014-2016

A workshop was held with senior strategists of the IS Programme to develop a draft theory of change to be tested by the evaluation (see last page). The issue to be addressed was that currently children, young people and families experience a fragmented system of



support. The Vision is that the post SEND reforms system is experienced by families and young people as being understandable and clear. As a result, with minimal issues, children, young people and families are having better lives than in the past because it is easier to access support which is personalised and to have their voices heard.

### Intended Outcomes of the IS Programme

There are 6 changes that the IS Programme wants to achieve. These include changes for different groups, as follows:

1. Families, children & young people feel more supported through the EHC plan process
2. Greater engagement/empowerment of children, young people & families
3. EHC plans 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

### Assumptions and project rationale

These fall into three categories:

1. *Doing things differently because:* the current system is not working and services are uncoordinated; there is an appetite in local authorities to do things differently, and mentoring models similar to IS have 'worked'.
2. *What IS will do and why a VCS&P model?* the role of IS is to support children, young people and families in navigating local services to access the help they need, and to ensure EHC plans reflect their aspirations as well as meet their needs; IS will reduce the number of tribunals, and a multiagency approach will save money; VCS&P organisations and PPSs will be better at delivering service support than local authorities, they are also independent and the money would be outside local authorities.
3. *Why this contractual approach?* CDC is capable and best placed to deliver the Programme; a consortium approach to programme delivery was rejected because some consortium members would want to deliver services; a centrally delivered approach is better because it will achieve national coverage whilst also achieving best value.

### **What will drive these changes?**

These changes are underpinned by the wider SEND reforms, and a drive to mobilise children, young people and families to create a demand for a better system and to raise the aspirations and expectations of young people. The IS workforce will up-skill the wider workforce and it is expected that EHC plans will be better than statements. The mechanisms to achieve identified impacts include: the project management and co-ordination of the Programme by a national organisation (CDC) including an effective means of national communication with local providers; additional government funding to IASS and PPSs, including contracts with IS providers to achieve certain targets; a training programme for IS suppliers which includes additional training for working with 16-25 year olds.

### **How will the initial theory of change be used?**

The IS Programme theory of change is a dynamic framework enabling a shared view and understanding across different stakeholder groups. It will be regularly reviewed by partners and stakeholders, and used to measure progress towards outcomes through the development of change indicators (the supporting evidence and data framework). A second workshop will be held late autumn, to revise the theory of change in the light of emerging evidence. A final theory of change will be produced in the final phase of the evaluation, to inform the ongoing development and delivery of independent support.

# Initial Theory of Change

## 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

*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

## 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)

*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

## Outcomes

1. Families, children and young people feel more supported through the EHC plan process
2. EHC plans that focus on CYP's aspirations
3. Greater engagement/ empowerment of children, young people and families
4. Improved co-ordination of and 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 IS

**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

## Appendix 3 The IS Outcome Data & Evidence Grid – a working document used to conduct the evaluation

### Measuring outcomes and indicators – Version 3 (18<sup>th</sup> November 2014)

**Project:** Independent Support Programme      **Completed by:** Programme Partners      **Date:** 15<sup>th</sup> October 2015

#### Summary of outcomes

1. Families, children and young people feel more supported through the EHC plan process
2. There is greater *[more & better]* engagement / empowerment of children, young people & families (voice, choice & control)
3. Increase in EHC plans that focus on CYP's aspirations *[Long Term outcome is that these aspirations are then achieved / realised]*
4. There is improved co-ordination of and navigation through local services that support children, young people and families
5. There is greater equality of access to services
6. Increased skills, knowledge & responsiveness of those involved in providing Independent Support

#### Cross cutting data issues identified:

- Need to understand and identify the role that IS and Independent Supporters play in all of the outcomes – what difference did they make/ added value? What would have happened without them?
- What are we comparing to? Baseline needs to include all current assessment and planning alternatives (statements, Learning Disability Assessments (LDAs)).
- Need to be aware of potential conflicts between different indicators (e.g. potential increase in rejected plans and delay in plans being signed off if C&YP are involved in writing them *more often* but not *better*...and if Q control is not in place due e.g. to lack of professional time)

- Evidence gathered in relation to all the outcomes ideally need to be specific / disaggregated for different family situations and support needs / client groups (Contexts), and linked to the different IS models (Mechanisms), in order to generate understanding about which models of IS are most likely to deliver better outcomes for different children and young people and their families.

**Indicators in Blue** were suggested by young people as part of consultation about Independent Support and its evaluation (most of these were added after the workshop).

<p><b>Programme Outcomes (that feed into the wider / longer term outcome of Happier Families):</b></p> <p><i>What change will result from IS activities? (&amp; for Whom?) What will success look like?</i></p>	<p><b>Indicators:</b> <i>What are the indications that you are being successful? What are the signs that things are changing? How will you gauge success?</i></p>	<p><b>Data collection:</b> <i>What needs to be collected and when to measure these indicators? What data/info will tell us if these things are happening or not?</i></p> <p><i>[nb Check spread of data types (qualitative, quantitative etc)]</i></p>
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1. Families, children and young people feel more supported through the EHC plan process	<i>Indicators:</i>	<i>Data sources</i>	<i>Who collecting</i>	<i>When</i>	<i>Data type</i>
	<ul style="list-style-type: none"> <li>• CYP &amp; families report this feeling, and are saying “Yes, this is working, someone is fighting my corner, holding my hand”.</li> <li>• Less demand from other support services.</li> <li>• Impartial advice has been received by young people at the key life milestones</li> <li>• Young people have had someone to talk to in the event of a crisis in their lives</li> <li>• Young people report a good rapport with their Independent Supporter</li> <li>• The Independent Supporter has been consistent (the same person) from the beginning to the end</li> </ul>	Case studies & quality measures survey	CDC		Subjective & individual stories
		Fieldwork interviews, especially those with C&YP & families – their experience of support	NDTi Eval team	Ph 3 & 4	Subjective, feedback & individual stories
		NNPCF feedback	NDTi Eval team	Capture baseline & change	Subjective

2. There is greater <i>[more &amp; better]</i> engagement / empowerment of children, young people and families (voice, choice and control)	<b>Indicators:</b>	<b>Data sources</b>	<b>Who collecting</b>	<b>When</b>	<b>Data type</b>
	<ul style="list-style-type: none"> <li>Numbers of CYP &amp; families engaged in writing and reviewing plans increase (in comparison to statements /previous arr. /plans without IS).</li> <li>CYP know a) that they have a plan and b) what's in their plan when asked.</li> <li>The number of returned plans and Tribunals may increase if CYP &amp; F are involved <i>more</i>, but will hopefully also decrease as they are engaged <i>better</i></li> <li>Young people end their time with their Independent Supporter 'ready to change the world!'</li> </ul>	Interviews w CYP & families – “ <i>Do you know that you have a plan / what is in it?</i> ”, explore feelings at end of Independent Support etc	NDTi Eval team fieldwork	Ph 3-4	Subjective & Objective (Nos saying yes/no)
		Quality Measures survey	CDC		Subjective
		<i>KPI 3.4 – info about returned or rejected EHC plans</i>	CDC	Bimonthly till March 15 (and beyond?)	Numbers / process info
		SEN mediation services may also be a source of evidence for some age groups	NDTi Eval team if possible	Explore ASAP; later agreed not possible to make firm link to IS delivery/support so not pursued	Numbers



<b>3. Increase in EHCPs that focus on CYP's aspirations</b>  <b><i>[Long Term outcome is that these aspirations are then achieved / realised]</i></b>	<b>Indicators:</b> <ul style="list-style-type: none"> <li>Principles contained in Section 19 of the Children and Families Act 2014, re Duty to Consult, are being enacted and are evident within EHC plans.</li> <li>Young people feel that their life choices and dreams have been respected</li> </ul>	<b>Data sources</b>	<b>Who collecting</b>	<b>When</b>	<b>Data type</b>
		<i>KPI 3.4 – info about returned or rejected EHC plans?</i>	CDC	Bimonthly till March 15 (and beyond?)	Numbers / process info
		Review anonymised plans/draft plans, if possible (availability of plans is a 'touchy subject')	Nb are Mott MacDonald planning a repeat review of plans?	Outwith scope/remit of this evaluation	Objective
		Interviews w CYP & families	NDTi Eval team fieldwork	Ph 3-4	Subjective feedback

<b>4. There is improved co-ordination of and navigation through local services that support children, young people and families</b>  [This outcome is closely linked to 2. above, but looking from a service point of view)	<b>Indicators:</b>  Increased availability, access to and take up of information, and what this has led to. <ul style="list-style-type: none"> <li>• Memorandums of Understanding (MOUs) set out routes for better coordination.</li> <li>• Referral protocols are sound and being used, referrals are quick and are right (e.g. onwards referrals from IS are not 'coming back').</li> <li>• Young people are better able to use all the community resources that are available</li> </ul> NB Need to take account of different models and organisational capacity, e.g. f:f vs online	<b>Data sources</b>	<b>Who collecting</b>	<b>When</b>	<b>Data type</b>
		Track people's journeys through referrals, how they received & used information, range of community resources accessed etc.	NDTi Eval team	Ph3-4	Objective analysis of reported experience
		Review Memorandums of Understanding (MOUs) for referral protocols etc	NDTi Eval team	Once available, end 2014?	Objective
		Interviews with professionals, ISers and other parts of the referral pathways e.g. schools – "Are referral pathways working as expected?"	NDTi Eval team (fieldwork / case studies)	Ph3-4	Subjective
		Also could build evaluation measures into provider development – " <i>how will you know [when people are navigating more easily through the system]?</i> "	CDC?	(TBC)	(TBC)

5. There is greater equality of access to services	<i>Indicators:</i>	<i>Data sources</i>	<i>Who collecting</i>	<i>When</i>	<i>Data type</i>
	<ul style="list-style-type: none"> <li>• More consistency in CYP&amp;F access to information (e.g. across different Social Work people and teams), due to a more skilled and knowledgeable workforce</li> <li>• Locally identified equality issues are being addressed [e.g. through IS eligibility criteria?] and more disadvantaged families are being identified and engaged.</li> <li>• (Young people are better able to use all the community resources that are available)</li> </ul> <p>NB This outcome may not only be effected by the IS programme – is IS specifically targeting hard to reach families?</p>	We currently know about 'lottery' of access from subjective stories – build on this through interviews with families & CYP and feedback from NNPCF – compare reported experiences re range of info & opportunities accessed (geographically, at local & national levels).	NDTi fieldwork	Ph 3-4	Subjective
		Interviews with local stakeholders – how are local equality issues being addressed?	NDTi fieldwork	Ph 3-4	Subjective
		MoU and eligibility criteria info from survey.	NDTi survey & review of MoUs	Ph 2	Objective
		Service activity data regarding who is accessing services - Compare to local assessment of engagement issues- e.g. religious groups, class, BME groups, age (e.g. 16+)	? NDTi ? (if possible - could we identify a 1 or 2 key indicator services to monitor?)	? baseline & change over programme?	Objective

6. Increased skills, knowledge & responsiveness of those involved in providing Independent Support	<b>Indicators:</b> <ul style="list-style-type: none"> <li>• Positive change in outcomes 1-5 above</li> <li>• Independent Supporters are well supported, achievable workload, status.</li> <li>• Independent Supporters report high job satisfaction</li> <li>• Good geographical spread of ISers.</li> <li>• Decrease in time from referral to 1<sup>st</sup> mtg (over the course of the programme?)</li> <li>• High quality of support provided by ISers</li> <li>• Investment in training &amp; support for ISers leaves an observable legacy beyond the programme, e.g. once IS programme ends, skills &amp; quality of support remain / spread.</li> </ul>	<b>Data sources</b>	<b>Who collecting</b>	<b>When</b>	<b>Data type</b>
		Training evaluation & quotes.	CDC	?Check	?Subjective
		KPIs & contract reports (for geographical spread & support, referral–mtg times etc)	CDC collect, NDTi to map	ASAP	KPIs & numbers
		Survey? e.g. How has the training helped you/ colleagues/ organisation? Feedback on job experience and satisfaction.	NDTi Eval team? (If not survey, include in fieldwork)	?6 months in? Or Ph3-4	Subjective
		Track when ISers become live and are being actually accessed on the ground (in relation to reforms).	NDTi Eval team? Using KPI and CDC info	ASAP	Objective
		Quality measures survey	CDC	? check	?Subjective
		<i>Legacy – explore with local stakeholders as part of fieldwork? Also CDC KPI 2.7 may help with this.</i>	NDTi Eval team	Ph 3-4	(likely to be subjective feedback, unless we can identify an objective measure)