Department for Education

Innovation in social care assessments for disabled children

Research report

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Children's Social Care Innovation Programme research report 37

Contents

List of figures 4
List of tables 5
Acknowledgements 6
Executive summary 7
Overview 7
Evaluation questions and method 7
Main findings 8
The CDC Learning Model 8
Local authority test approaches and outcomes 8
Implications and recommendations for policy and practice 11
Limitations of the evaluation 11
Project overview 12
Project context 12
Evaluation overview 14
Method 14
Limitations and changes to the evaluation plan 15
Evaluation findings 19
Baseline findings from parent carers and professionals 19
Baseline surveys for parent carers and professionals 19
Baseline interviews with social workers 20
Issues observed at discover-and-define stages 21
Creating the test approaches: from discover to co-design 22
Coram observation of process 22
Co-design phase: the outcomes 23
The test approaches 28
Overview of approaches 28
Approach theme 1: Enquiry, referral and assessment processes 31
Approach theme 2: Volunteer support services for parent carers 42
Approach theme 3: Information for parent carers 44
Approach theme 4: Upskilling and resources for professionals 47
Approach theme 5: Information and tools for DCYP 49
Test approaches: outcomes for all local authorities 51

Parent carer and professional experience 51
Comparing the test outputs across local authorities 52
Potential benefits to other local authorities 54
The CDC Learning and Innovation Model 55
Experience of implementation 55
Sustaining the CDC Learning Model approach 56
Contribution to the wider Innovation Programme's objectives 57
Facilitators to the innovation 57
Embedding the innovation 58
Implications and recommendations for policy and practice 58
Reflections on the evaluation 63
Conclusion 64
Appendices 67
Appendix 1: Definitions of terms 67
Appendix 2: The CDC Learning Model 69
CDC's practical tools: Customer Journey and Ideas Generation maps 69
Appendix 3: Evaluation tools 71
Baseline questionnaire for parent carers 71
Baseline online survey for professionals 72
Discover, define and co-design questionnaire for DCYP 74
Test questionnaire for DCYP 75
Appendix 4: Baseline data 76
Appendix 5: Test experience responses (all local authorities) 77
Appendix 6: Test experience responses (comparison across local authorities by theme) 78
Appendix 7: Test approach timescales and cost data 80
Enfield assessment data 80
Bromley assessment cost data 81
York assessment cost data 82
Appendix 8: An example of disabled children and young people's needs 85
Appendix 9: DCYP views about involvement in co-design, by local authority 86
Appendix 10: Notes on the co-production costs versus potential savings 87

List of figures

Figure 1: The CDC Learning Model 69

Figure 2: Potential impact of co-design on parent carers, professionals and local authority 70

Figure 3: Professional and parent carer experience of new approaches 77

Figure 4: Professional and parent carer views on test approach impact, % in agreement 77

Figure 5: Professional view about theme 1, enquiry, referral and assessment processes, % in agreement 78

Figure 6: Parent carer view about theme 2, volunteer support services, % in agreement 78

Figure 7: Professional view on theme 4, upskilling and new resources for professionals, % in agreement 78

List of tables

Table 1: Descriptions of local authorities involved in the programme 13

Table 2: Current assessment processes, a comparison between parent carer and professional baseline survey responses 19

Table 3: Overview of tested approaches and the issues they aimed to address 29

Table 4: Overview of test approach theme 1, enquiry, referral and assessment processes 32

Table 5: Overview of test approach theme 2, volunteer support services 42

Table 6: Overview of test approach theme 3, information for parent carers 45

Table 7: Overview of test approach theme 4, upskilling and resources for professionals 47

Table 8: Overview of test approach theme 5, information and tools for DCYP 49

Table 9: Co-production cost versus savings from test outputs 61

Table 10: Strengths, weakness and improvements in the assessment process, professional views 76

Table 11: Summary of cases, timescales for Enfield 2016 and 2014 assessment data 80

Table 12: Average estimated cost of online assessment approach, Bromley (new approach) 81

Table 13: Average cost of social worker assessment approach in Bromley (previous approach) 82

Table 14: Summary of York cases and timescales, 2016 versus 2014/15 data 82

Table 15: Assessment outcomes for parent carers in York, 2014/15 versus 2016 data 82

Table 16: Average cost of online enquiry/referral approach in York (new approach) from referral to decision made 83

Table 17: Average cost of single assessment (previous approach) in York from referral to decision 84

Table 18: Low, medium and high support needs matrix (Enfield) 85

Table 19: DCYP views on involvement in co-design: responses from questionnaire 86

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Executive summary

Overview

This research report summarises the activity and findings of Coram's evaluation of the Innovation in Social Care Assessments for Disabled Children and Young People Programme led by the Council for Disabled Children (CDC) and funded by the Department for Education's (DfE) Social Care Innovation Programme. The report covers the period May 2015 to September 2016.

The CDC programme involved 5 local authorities developing and testing new approaches to assess disabled children and young people (DCYP) and their families for support. Each local authority utilised the CDC Learning and Innovation Model[1] to co-produce new assessment approaches to test. The CDC Learning Model was comprised of 4 distinct phases – discover, define, co-design and test. The 5 local authorities involved in the programme were Cornwall Council, London Borough of Bromley, London Borough of Enfield, West Sussex County Council and City of York Council.

Evaluation questions and method

Coram's original evaluation questions were:

- does co-production of new models of assessment lead to higher satisfaction with the assessment process?
- does involvement in co-production lead participants to engage better with social care processes involving them?
- are new models of assessment faster in helping DCYP and their families?
- are new models of assessment more cost effective in producing assessments than previous practice?

Coram's evaluation used a mixed methods approach to explore current assessment practice (the baseline), the CDC Learning Model process, and the testing of new assessment approaches.

Coram evaluation activities included observation of local authority run sessions, collection of baseline data; surveys; questionnaires and interviews; and post-test focus groups, questionnaires and interviews alongside the collection of data about new approaches.

[1] Referred to as 'the CDC Learning Model' or 'the CDC programme' throughout the report.

Main findings

The CDC Learning Model

CDC's programme successfully contributed to some of the Innovation Programme's objectives

In particular, the CDC programme provided space and a framework for local authority disabled children's teams to experiment with new and innovative assessment approaches. The programme resulted in new approaches that showed promising signs of reducing cost, while maintaining a good parent carer experience. This, however, would have benefitted from longer term monitoring and further investigation of the outcomes for DCYP and their families. Local authorities made incremental steps towards better involvement of DCYP in the assessment process, and in understanding their views about how they wanted to access support and activities. However, Coram could not, at the time of the report, be confident that the programme had led to better life chances for DCYP receiving help from social care.

The combination of the CDC Learning Model and a skilled facilitator created a framework that supported innovative approaches for testing

The model provided a framework in which local authorities could identify issues, create solutions, co-produce and test new approaches. Each stage was fundamental in creating test approaches that were grounded in the real issues faced by parent carers and DCYP. The discover-and-define phases methodically collected views from a range of parent carers and DCYP, and avoided any assumptions from the local authority. The co-design phase created an equal and respectful platform in which parent carers and professionals could work together to create solutions that would work for the majority. CDC's aim of creating equity in relationships between professionals and parent carers was achieved.

CDC coaches offered supportive accountability and helpful challenge throughout, which local authority teams valued

Local authorities reported that having the CDC coaches as a sounding board for ideas helped with project implementation and challenged local authorities to keep thinking innovatively and about the wider national context of the programme. This oversight ensured that the local authority projects met important milestones and were compliant with the CDC Learning Model.

Local authority test approaches and outcomes

Parent carers and professionals reported that the pre-existing assessment systems were lengthy and disproportionate

Coram discovered that the main issues which parent carers and professionals experienced with pre-existing assessment processes were that they took too long and were disproportionate for DCYP and families with lower level needs. Professionals

wanted better inter-agency working, and parent carers wanted a less intrusive process, with better advertising of services and support available.

Local authorities tested a range of approaches and most were effective

Each local authority tested more than 1 new approach which Coram grouped into 5 themes:

- enquiry, referral and assessment processes
- volunteer support services
- information for parent carers
- upskilling and resources for professionals
- information and tools for DCYP

The test approaches were mapped to the solutions produced in co-design and addressed the issues identified by stakeholders in the discover phase. Theme 1 yielded the most positive results in terms of efficiency (meaning reduced costs and quicker processes) and potential for take up in other local authorities. The other 4 themes scored well in the area of parent carer and/or professional experience but provided less evidence as to how they would contribute to a more efficient assessment process.

Test approaches were generally faster, more proportionate and cost effective than previous processes

On average, across the 3 local authorities that provided data on cost and staff time (Bromley, Enfield and York), the new approaches saved £98 per case. The new approaches could save an estimated £15,599 per year for all cases referred to the 3 local authorities. Data provided on cost and staff time was selected by the local authority and may have been subject to bias. Furthermore, sample sizes were small and some data was estimated, so findings are not conclusive.

In Bromley, the test approach was £138 cheaper per case than the cost of a full social worker assessment, a 68% decrease in cost. This is estimated to potentially save, on average, £7,439 per year. Bromley provided a decision about what support the DCYP would receive 4 days earlier in 2016; the average length of time that it took to make this decision decreased from 40 working days in 2014/15 to 36 working days for the new test approach (based on cases that only had social worker assessments).

Enfield's new referral to panel process approach resulted in a smaller estimated saving of £35 per case, which was a 27% decrease in cost compared with their previous process. This translated to an estimated saving of £2,387 per year. Overall, from referral date to service granted date, the new process was faster than the previous by 6 days. The new Early Services Resource Allocation Panel (for under 5 year olds) process was faster than the previous approach by 5 working days from referral date to service granted date. The process took about the same amount of time between panel and granting the service to a

parent carer, but was slower, by 5 working days, from referral to panel. Enfield's new process for their Specialist Services Panel (for over 5 year olds) was considerably faster (by 68 days, 101 in 2014 versus 33 days in 2016) from referral to service granted, but this was based on a small amount of data and is therefore not conclusive.

York's new referral and enquiry approach showed the biggest cost reduction saving an estimated £121 per case; a decrease of 81% translating into a saving of £5,773 per year. The time spent on cases also reduced significantly: the 2016 test online referral and enquiry process took 1 hour compared to the previous process of a social worker assessment, which took 15 hours.

The cost of co-production activities versus savings made from new approaches

The one-off cost of co-producing each of the 4 enquiry, referral and assessment systems in the 3 local authorities that contributed to savings (Bromley, Enfield and York) was compared with the estimated saving that the output could make. The cost of co-producing the 4 outputs outweighed the savings made (£30,288 cost versus £15,599 savings); however, it would be a relatively short time until these costs were recovered (an average of 2.3 years). Using a persistence approach, which assumed these new approaches would be in place for at least 3 years until they were reviewed, it was estimated that the new systems would, far outweigh the one-off cost of co-production by £16,507 (£46,796 savings versus £30,288 cost).

Improved efficiency did not worsen parent carer experience

Generally, parent carer experience of the test approaches was good, and professionals reported that the tests were an improvement on previous practice. Parent carers and professionals agreed that the new approaches would make the biggest improvement to working relationships between the 2 groups. For parent carers, the other 2 areas likely to be improved were accessibility of the process and use of resources, and, for professionals, it was the improved allocation of appropriate services and assessment experience.

Some test approaches had merit for wider take-up into other local authorities

The new enquiry, referral and assessment approaches (theme 1) tested in Bromley, Enfield and York were found to be the most easily transferable, because they were relatively straightforward to develop and yielded positive results in terms of efficiency. Other approaches had elements that were easily replicable but would require more resources, or would have a smaller impact on system improvements.

Local authorities were committed to sustaining the CDC Learning Model

Financial pressures, however, were a consideration. Managers viewed the project, and the time and space it afforded, as a luxury, and therefore were wary of suggesting that it

would continue after the CDC innovation programme had completed. Professionals reported that the Learning Model and co-production approach was easy to replicate in other local authority areas, due the model's clear, simple stages. However, they emphasised that time and resources were needed in order to operate it effectively.

Creative approaches were used to involve and capture the views of DCYP

Bromley used their young advisors group to conduct peer research. Enfield used a local inclusive theatre company to engage DCYP. West Sussex provided a number of high quality sessions for DCYP to hear their views about assessment. York used iPads and Talking Mats to engage with DCYP with more complex communication needs.

Implications and recommendations for policy and practice

The national CDC programme and local authority projects produced useful learning for national policy and practice including:

- an understanding of co-production, how it could create innovative solutions and support a change process. Professionals were directly confronted with views of parent carers who were able to offer suggested solutions to the challenges they identified when accessing support
- the use of non-social worker roles in the assessment of DCYP. Volunteers and early help workers proved effective in gaining the trust and engagement of parent carers to help them find the appropriate support needed
- alternative enquiry, referral and assessment routes for DCYP and families with lower level needs, and the use of different media in advertising local services, for example online enquiries and film clips. Families found these alternative systems relatively straight forward to use and generally more accessible than previous processes.

Limitations of the evaluation

The evaluation had limitations, and the impact of the test approaches would have benefitted from further scrutiny. Data about costs and staff time was self-selected from the local authority and therefore were open to potential bias. Findings about costs and timescales should be used cautiously and were not conclusive. Furthermore, the data provided information about outcomes for DCYP and their families, but a more in-depth and longer term evaluation was required to understand whether the new systems resulted in the right decision and appropriate services for families while also creating efficiencies and maintaining parent carer satisfaction with the process.

Project overview

The CDC Innovation in Social Care Assessments for Disabled Children and Young People programme involved 5 local authorities developing and testing new approaches to assess the needs of DCYP and their families. Each local authority utilised the CDC Learning Model, working closely with DCYP, parent carers and professionals to co-produce new assessment approaches to test. The CDC Learning Model comprised 4 distinct phases (also detailed in Appendix 1: Definition of terms and Appendix 2: The CDC Learning Model):

1. Discover: work with stakeholders to find out what the issues and opportunities are
2. Define: make sense of, discover, and identify priority areas for co-designing
3. Co-design: work with all stakeholders to develop new ideas for testing
4. Test: trial the ideas and capture learning.

Local authorities were expected to work through each phase sequentially, guided by the model and adapting to local differences where necessary. The 5 local authorities involved in the programme were London Borough of Bromley, Cornwall Council, London Borough of Enfield, West Sussex County Council and City of York Council.

By guiding local authorities through the Learning Model, CDC's aimed to:

- create new, more streamlined, assessment processes that were multi-disciplinary and proportionate; had a single point of access and embedded co-production
- improve DCYP and family experience by removing barriers that DCYP face in accessing aspects of universal services; helping more families via early intervention instead of statutory processes; providing a proportionate assessment process; ensuring DCYP's voices are meaningfully represented; and creating equity in relationships between professionals, parent carers and DCYP
- build a national learning network through CDC's development day events; develop a set of learning and principles about the co-production journey, and understand how the journey could be replicated in other local authorities.

Project context

CDC's rationale for their programme, which began in April 2015, was grounded in the belief that changes to social work assessment processes, coupled with the introduction of the Children and Families Act 2014, had left assessment processes for DCYP and their families in an unclear position. Furthermore, evidence showed that assessment approaches over-assessed DCYP by using expensive social work resources to regulate

practical family support resources, such as short breaks[2]. The 2003 Audit Commission report[3] found that 62% of budgets for disabled children's services were used to pay for assessment processes. This meant families could be subject to over-intrusive, resource-intensive approaches to access basic requirements. Conversely, research identified that a lack of child-focused assessments resulted in a tendency to under assess DCYP who needed safeguarding support[4].

As a result, CDC believed that more focus was needed on safeguarding DCYP and identification of risk of significant harm. Proportionate assessment was also required for those DCYP with lower level needs. CDC believed that innovation in this area was needed to make improvements.

The local authorities involved in the programme were selected, based on their enthusiasm and commitment to develop and test new assessment models, and participate in a learning community. CDC also considered regional spread, local authority demographics, population and size, and local authorities' existing relationships with families. Table 1 describes the population of each local authority along with the number of school children that had an Education, Health and Care Plan (EHCP) or Statement.

Table 1: Descriptions of local authorities involved in the programme

	Local authority	Population[5]	No. and (%) of pupils with EHCPs/ Statements (2013)[6]	No. and (%) of pupils with EHCPs/ Statements (2016)[7]
1	London Borough of Bromley (referred to as Bromley)	309,392	1,901 (3.6%)	1,621 (3.0%)
2	Cornwall Council (referred to as Cornwall)	537,400	2,051 (2.8%)	1,883 (2.6%)
3	London Borough of Enfield (referred to as Enfield)	324,500	1,181 (2.1%)	1,350 (2.3%)
4	West Sussex County Council, (referred to as West Sussex)	806,892	3,288 (2.8%)	3,633 (3%)
5	City of York Council (referred to as York)	198,051	526 (2.0%)	565 (2.1%)

[2] Brandon, M., Ellis, C., Koistinen, J., Powell, C., Sidebotham, P. and Solebo, C., (2010) Learning from Serious Case Reviews, DfE
[3] Audit Commission, (2003), Services for disabled children, a review of services for disabled children and their families, Audit Commission
[4] Brown, J. and Miller, D. (2014) We Have the Right to be Safe, NSPCC
[5] Office for National Statistics (2011), 2011 Census, Office for National Statistics
[6] DfE (July 2016, Special educational needs in England, DfE statistical release
[7] Ibid

Evaluation overview

Coram's evaluation assessed the CDC Learning Model to understand how it contributed to the design of new, innovative assessment approaches to test and the experience of those involved in the programme, namely parent carers, professionals[8] and DCYP. The performance of tested approaches for assessing DCYP and families was compared to previous assessment practice in that local authority, where possible, focusing on efficiencies including cost effectiveness and speed of the assessment process. The evaluation aimed to make an assessment of the efficacy of different tested approaches leading to recommendations about how these approaches could be developed and replicated by other local authorities. The original evaluation questions were:

- does the co-production of new models of assessment lead to higher satisfaction with the assessment process?
- does the involvement in co-production lead to better engagement by participants in social care processes involving them?
- are new models of assessment faster in helping DCYP and their families?
- are new models of assessment more cost effective in producing assessments than previous practice?

Method

Coram's evaluation used a mixed method approach, in order to explore:

- current assessment practice (the baseline): quantitative assessment data was gathered from local authorities and qualitative research with stakeholders, to gain insight into their experience of existing processes
- CDC Learning Model process, through qualitative approaches; conducting interviews with participants, and observing local authority run sessions
- testing of new assessment approaches, through evaluation questionnaires, surveys and interviews with the cohort of families involved in testing, and assessment data from local authorities.

The following evaluation activities took place:

- observation of discover, define, co-design and test sessions held by local authorities with DCYP, parent carers and professionals (Jul 2015 - Sep 2016)
- baseline online professionals' survey to gather opinions on existing assessment processes, answered by 57 professionals who had either carried out assessments

[8] "Professionals" throughout the report may refer to local authority staff, social workers, health professionals, education staff for example SENCOs and voluntary and community sector workers.

or worked with families who had received assessments, and baseline semi-structured interviews with ten social workers who carried out assessments (Sep - Nov 2015)
- second online professionals' survey to capture views on the new approaches, answered by 34 professionals involved in assessment (Feb - Mar 2016)
- semi-structured interviews with 10 parent carers involved in the discover, define and co-design stages (Feb - Mar 2016)
- semi-structured interviews with 14 staff involved in running the projects (Feb - Mar 2016)
- dissemination of test evaluation questionnaires to capture parent carers' and professionals' experience of the test. Eighty-nine parent carers and 126 professionals completed the questionnaire (Jan - Sep 2016)
- semi-structured interviews and focus groups with 29 professionals (social care, education and health) not involved in the running of the projects, to gather views on test approaches (Feb - Sep 2016)
- semi-structured interviews and focus groups with 25 parent carers involved in testing (Feb - Sep 2016)
- questionnaires with participating DCYP, asking about their discover, define, co-design and test experience. Twenty-five DCYP completed evaluation questionnaires across 3 local authorities (Feb - Mar 2016).

In addition, to measure the impact of the test approaches on efficiency, Coram requested information from local authorities about:

- timescales: data on the number and type of cases, important dates and outcomes of the cases during the test period and baseline 2014/15 assessment data for comparison
- cost: data about staffing time and cost for a sample of cases from the 2014/15 baseline, and new test approaches
- any other data that provided further insight into the effect of the approach.

Limitations and changes to the evaluation plan

The nature of the CDC Learning Model and co-production meant that the approaches and outputs developed were, to a large extent, unknown at the start of the programme. The brief for local authorities was to work with professionals, parent carers and DCYP to co-produce something that improved the experience for those involved, but it was not specified what the end product or approach would look like. The challenge, therefore, for the evaluation team was to, as best as possible, apply a fixed set of evaluation questions to a number of approaches that could have looked very different and which aimed to tackle very different problems. In addition, the data collected from the local authorities about each of the test outputs they had developed varied from authority to authority and therefore it was difficult to draw overarching findings and themes across all 5 areas.

As the project progressed, it was evident that it was a learning process that had just as much of a focus on encouraging local authorities to use CDC's Learning Model approach, as producing new approaches of assessment for testing. This emphasis on process had not been fully articulated at the beginning of the project but was an important focus of the provider (CDC) from the early stages. Therefore, in November 2015, Coram refocused its evaluation questions to increase the consideration of the effect of the CDC Learning Model process, as well as the impact of the test approaches[9]. The revised evaluation questions were:

- do new approaches direct DCYP and their families more efficiently to appropriate support (referencing parent carer assessment experience, speed and cost effectiveness)?
- as a result of the CDC Learning Model, do local authorities appear better able to sustain these new approaches in the future?

Local test approach limitations

Cornwall adopted a different approach compared to the other 4 local authorities. Cornwall felt it already had a strong engagement with parent carers and had conducted informal discover, define and co-design activities prior to the CDC programme, and therefore chose not to complete these activities again. Coram, therefore, did not observe Cornwall conducting these phases, with the exception of some co-production with DCYP. References to these phases in the report largely refer to observations of the other 4 local authorities. In addition, Cornwall was not part of the extended phase (test phase 2) of the programme which took place from April to September 2016. Consequently, results in Cornwall are less attributable to the CDC Learning Programme than the other 4 authorities.

Approaches were tested in real-life settings in Cornwall, York, Bromley and Enfield, but West Sussex tested their test approaches in mock environments. The mock environment consisted of sharing their new outputs with parent carers and professionals in focus group sessions and via post. These families then provided feedback about the products. These families were not necessarily going through assessment, therefore it was not possible to find out about how these new products would have affected their assessment journey. Coram suggested that the local authority test their products on families who were going through an assessment in real time for more meaningful results. However, the local authority had concerns about time limitations and did not experience the same level of senior management buy-in that other local authorities had. This lack of senior management support, and the changes in management of the project, were detrimental

[9] This change of plan was discussed and agreed with the DfE, the Rees Centre, Spring Consortium and CDC.

to the West Sussex project and limited its scope. Fewer approaches and outcomes were produced than other areas, but the local authority did make enough use of the extended period of the project to test products further.

In West Sussex, one of their products, the parent carer information and video, was only developed in test phase 2 of the programme (1 April to 30 September) and, consequently, there was limited time to test and develop this product. In addition, the extended phase of the project intended to provide local authorities with additional time to test approaches and outputs rather than focus on the development of new approaches. Here, West Sussex would have benefitted from additional guidance to use the extended time for testing, rather than creating new products.

Local authority assessment data

Coram requested information from local authorities about enquiry, referral and assessment timescales (this included data about the number and type of cases, important dates and case outcomes) during the test period and for a period of time in 2014/15 for a baseline comparison. Additionally, Coram requested data about staffing time and cost for a sample of cases from the new test approaches and from 2014/15, to assess any changes.

Three local authorities returned assessment data about their test approaches. Overall, there was a challenge in obtaining baseline data. Local authorities did not always have available or easily accessible the kind of baseline data required for the evaluation. Local authority data varied in quality and detail and each local authority used different data systems. This is a consideration for future projects.

West Sussex did not submit test data because, although the local authority tested outputs, they tested them in a handful of focus groups classed as mock environments. The approaches were not tested on families who were going through an assessment, therefore it was not possible to assess how the new approach would affect efficiency through the data. Local project leads were asked to gather data, but often they lacked capacity to do this.

Cornwall did submit some limited baseline data but this has not been used in this final report, because Cornwall was not part of the extension phase (test phase 2) of the study. A small amount of test data (number of volunteers and number of cases that progressed to a social worker assessment, for example) was requested up to 31 March 2016 and has been referenced in the report.

Local practice in the 5 areas did not encourage quantitative evaluation. For future projects, it is important that evaluation teams have early and easy access to data and that evaluators are linked in with local authority project leads as soon as possible.

Local authorities selected which cases they provided cost data for. Inevitably this had an impact on the validity of the data, as teams may have been biased in their selection of cases. Conclusions about costs were therefore not conclusive and needed further evaluation to test validity.

Evaluation findings

Baseline findings from parent carers and professionals

Baseline surveys for parent carers and professionals

Coram received 46 responses from the baseline parent carer survey, and 57 from the professional version (see Appendix 4 for survey questions). Professionals gave more positive responses in relation to assessment speed, parent carer engagement, and the outcome of the assessment. The main findings were:

- only 22% of parent carers were satisfied with their assessment experience and 69% thought the length of time the assessment process took was not right
- most professionals, 74%, reported that the current assessment process was effective
- professionals reported that the issues with the current assessment process were that it could be overly intrusive and negative, and required parent carers to repeat information
- professionals were generally positive about levels of collaborative working in the assessment process; with 49% indicating collaboration was occurring "significantly" or "very much".

Table 2 compares the responses of professionals and parent carers in the main areas included in the survey: speed, parent carer participation and appropriateness of service received.

Table 2: Current assessment processes, a comparison between parent carer and professional baseline survey responses

	Response area	Professionals	Parent carers
1	Assessment length of time	89% reported that the time the current assessment took was right	31% reported that the time the current assessment took was right[10]
2	Involvement in assessment	79% said that parent carers could participate in the assessment process	45% said they were involved in the process
3	Appropriateness of service received	65% said assessment processes directed DCYP to appropriate services / support	39% said they were directed to appropriate services / support

[10] Whether parent carers thought the process took too long or was too short was explored during the discover-and-define sessions. Professionals were asked about their view on the assessment length of time in an online survey. Separate scales were used.

As part of the survey professionals were asked to identify the strengths, weaknesses and improvement areas in the current assessment process (see Appendix 4, Table 10 for raw data). In terms of strengths, professionals viewed the current system as robust, consistent and gathered detailed information on the child. The approach was viewed as child and parent carer focused and encouraged professionals to work to child priorities not services. Finally professionals thought the current model of assessment was effective in achieving collaborative working across multi-professional teams such as health and education. .

Professionals reported that the current process had the tendency to over-assess DCYP and their families when there were lower needs and/or no safeguarding concerns. Additionally, professionals commented on a lack of time and space to conduct assessments appropriately. Professionals suggested that the system could be improved by providing new resources; implementing systems for collaborative working and feeding back to parents, and speeding up the process when cases were not complex.

Baseline interviews with social workers

Coram conducted 10 semi-structured interviews with social workers who carried out assessments from the 5 local authorities. Coram sought opinions about the strengths and weaknesses of the current assessment process and opportunities for improvement. Themes that arose from interviews were:

- the current assessment approach was appropriate and worked well. However, some social workers felt there was a gap for families that did not have complex needs but needed more than universal support
- the current process considered the whole family situation and was thorough in capturing needs and signposting families to other forms of support. There was concern that this comprehensiveness would be lost in the new test approaches
- social workers emphasised the importance of professionals outside social care having a good knowledge of the assessment process, and hoped the innovation programme would support this
- the current approach aimed to have DCYP at the heart of the process: however, there were mixed responses about how involved DCYP were. Most social workers felt that DCYP involvement was dependent on the child's ability to comprehend the assessment process:

  "Children and young people's understanding of what an assessment is can vary – the concept can be completely alien to them." (Social worker, Enfield)

Another said that involvement with the assessment was:

"Overall poor. Assessment is often not accessible to a disabled child; it is all written, no incorporation of videos and pictures. It is not in format that is accessible

for children with communication difficulties. Effort is made but staff definitely struggle with this." (Social worker, Bromley)

- participants were positive about the CDC programme and the proposed co-production process. Staff hoped the project would allow space to step back to review current processes, identify improvements and provide a feedback mechanism for parent carers and DCYP. Concerns were expressed about the programme being part of a wider government agenda to implement funding cuts. There were also some anxieties about raising parent carer's expectations and not making the improvements promised. Finally, there were worries that the programme would only include certain parent carers who were confident in expressing views.

Issues observed at discover-and-define stages

In addition to interviews and surveys, Coram was able to understand the important issues parent carers faced during assessment from observations of local authority run discover-and-define sessions (summarised in Table 3). The emerging themes from all areas were:

- a feeling of anxiety and a sense of being judged. Parent carers felt the assessment process highlighted failings of their current situation and made them feel inadequate. Some were worried about being judged by social workers and the stigma attached to this. Some parent carers were happy to speak to other professionals to gain the same information and support, and some preferred to speak to other parent carers
- a lengthy and complex assessment process. The process took too long and often required pushing from parent carers to progress. This corroborates the findings from the baseline quantitative survey data, where only 31% of parent carers thought the assessment took the right amount of time. The process felt intrusive and parent carers felt they had to duplicate information
- service information should be easier to access. Parent carers felt that information about services was not easy to find, and most wanted one point of contact for information. Parent carers wanted the introduction to support to be clearer, with accessible information on what services were available and eligibility criteria for specialist services.

Creating the test approaches: from discover to co-design

Coram observation of process

Coram observed discover, define and co-design session at each local authority[11] in order to witness the process and session facilitation, and gain insight into the test approaches that were being developed (see Appendix 2 for more detail about the CDC Learning Model). The initial 2 phases encouraged local authorities to gather the views of hard to reach parent carers and DCYP with a range of needs and experiences. For example, in Bromley, parent carers were recruited that had been dissatisfied with the experience of assessment. Parent carer involvement in the process changed their view about the local authority:

> "I had no confidence in the local authority. I thought they were inept, budget focused not needs focused."

But after her involvement in the project this parent carer from Bromley was able "to see the frustrations and limitations [professionals] work within", and it gave her "more confidence in the local authority".

Local authorities embarked on the discover phase at different starting points, in terms of their parent carer and DCYP participation levels. All reported that they had a good history and culture of parent carer and DCYP involvement but, within this, there were varying levels of engagement. Equally, the process also varied in terms of how systematically local authorities worked with service users to develop services.

Coram observed co-design sessions at 4 local authorities (Bromley, Enfield, West Sussex and York). The co-design sessions were the first meetings where parent carers and professionals worked together. All participants involved in the groups were invested in making progress at this stage, and in producing practical solutions that could be tested. Parent carers and professionals were able to understand each other's position when differences were voiced. Neither side was inflexible or dogmatic, and this approach was really a requirement for developing a solution that was workable and practical.

Based on interviews and observations with parent carers and professionals, Coram found that the best approach for co-production was when the facilitator was knowledgeable about both family experience and the statutory restraints imposed on social care assessment. Having a parent carer run the groups was important in developing the trust needed for participating parent carers to feel that their involvement was valued. At the same time, it was important that the person be knowledgeable about statutory responsibilities. Having a respected parent carer perform the role was likely to be more

[11] Coram did not witness Cornwall's discover-and-define sessions.

effective than having a professional or a neutral outside facilitator. Some parent carers in co-design noted the benefits of a parent carer-led approach:

> "When parents actually facilitate a group themselves, the connection is there straight away, I think another parent carer, who may, or is, experiencing something, that has an appreciation of knowing what it is like to have a son or a daughter that has some form of a disability, that is what really works." (Co-design parent carer, Enfield)

Co-design phase: the outcomes

The co-design process resulted in a number of positive outcomes for parent carers and professionals. These included increased parent carer personal self-esteem, and confidence in navigating services and asking for help. Parent carers also benefitted from a clearer understanding of professional roles and a more realistic expectation of what support they were likely to receive from the local authority. Ultimately, and importantly, co-design led to an improved relationship between professionals and parent carers which should contribute to a smoother process of service access for this group of parent carers in the future:

> "Good communication with a family is only going to help that professional know what is needed for the future. The sooner you get involved and get working with the system then the less help you actually need in the end because you don't get to breaking point before you actually ask for it". (Co-design parent carer, York)

This improved relationship experienced could potentially have a wider impact on local authority resources and efficiencies, as parent carers involved in co-design would be more likely to turn to the local authority for support at an earlier stage, thus preventing issues escalating to a critical point and needing specialist services (see Appendix 2, Figure 2 for more detail).

Although sometimes an emotional experience for parent carers, they reported how the co-design phase had helped them to feel more in control of their personal situation as a consequence of improved knowledge of the role of professionals and services available to them. Groups were run in a respectful and sensitive way, which fostered an open and safe environment that allowed parent carers to freely share their ideas and personal experiences. Consequently, parent carers felt their ideas were valued and taken on board:

> "It was like we were all there on an equal footing. It was completely open and inclusive. There was no sense of being worried about what you were saying and no sense of hierarchy that I had found in other meetings." (Co-design parent carer, York)

The atmosphere created by the facilitators and members of the group was also noted by some professionals:

> “Felt like the meetings I attended were incredibly respectful and everyone was on an even level - the chair had managed to do that - she knows a lot about general disability. She spoke from authority, she knew her chosen topic, she knew the remit of this piece of work.” (Social worker, Enfield)

The process also left parent carers feeling more confident and resilient in relation to expressing what support they needed from the local authority:

> “I felt more confident coming away from sessions that I could put my voice across with professionals, that I could be a bit more proactive in raising issues and be more outspoken. Made me realise I was not on my own. There are other parents in same situation. I felt less isolated.” (Co-design parent carer, Bromley)

The co-design process resulted in some of the same outcomes that the test approaches aimed to achieve: improved communications between families and professionals, and better parental satisfaction with the local authority. The method of bringing parent carers and professionals together in a neutral space, with a shared aim of developing new and innovative ways of working, created a sense of parity and understanding that had not been present before. The project created trust between parent carers and professionals generally, which led to a breaking down of barriers. This created a space for empathy, and both parent carers and professionals became more considerate of each other’s values and viewpoints.

In the early stages of co-design, parent carers and professionals appeared wary of each other: however, as the project progressed they found that their views became more aligned. Parent carers were able to recognise some of the constraints professionals, particularly social workers, work within:

> “Going forward I will be more realistic in my expectations and a lot clearer in what my expectations are.” (Co-design parent carer, Bromley).

This improved understanding of issues motivated this particular parent carer to continue working in partnership with the children’s disability team to develop solutions.

From a parent carer point of view, the project was a welcome chance to address any perceived misconceptions held about them by professionals, and to demonstrate the professional skills, expertise and knowledge they could bring to the team:

> “Professionals can see that parents are professional too because not only are they professional in understanding they also realise that we are professionals outside of being a parent as well.” (Co-design parent carer, Enfield)

> “Great to have participation of social workers - good for them to understand that families approaching local authorities are not always at risk but need help. Good to establish trust between parents and professionals to create a new way of working.” (Co-design parent carer, Bromley)

This change in thinking was also observed by some staff running the projects:

> “We’ve both moved into each other’s worlds more and have a greater understanding of working together and breaking down this idea that we are in battle.” (Local authority manager, Enfield)

Bringing together professionals from outside the children’s disability team

Some professionals viewed co-design as a chance to look at things from everyone’s perspective. When multi-disciplinary teams were involved in co-design sessions, it made participants in the group more aware of each other’s role which helped with joined-up working and improved communications between teams:

> “The second meeting I went to there was a health visitor present who seemed to be experienced and her input was really valuable because it brought a different experience to the table, which was really important when creating something that will be provided to parents … this helped us consider all issues that might arise.” (Social worker, Enfield)

This, in turn, helped professionals to be better informed to advise parent carers about services available:

> “I think by co-producing something we were all learning a little bit about what goes on and everybody’s role so I think it is going to empower professionals to be more knowledgeable when they are actually speaking to parents … I think it will be more helpful in signposting and supporting parents.” (Health professional, Enfield)

Although beneficial when it did occur, the involvement of different teams, particularly health, was found to be practically challenging for the projects. One social worker in York felt that a wider range of representatives should have been included in the project:

> “A wider view [was needed] from those professionals who refer to us … SENCOs at the school, the teachers and health professionals.”

This worker did, however, appreciate that the project involved more frontline workers from social care than previous projects of the same nature, where typically only managers would be involved.

A new understanding of co-production

All local authorities believed they had a good culture of parent carer participation prior to the CDC programme. The participation activities described, however, resembled

consultation rather than co-production. Previous practice tended to engage parent carers after an idea had been developed, and did not involve them in the preliminary stages. Professionals viewed the CDC programme as a more robust and “comprehensive exercise” (Social worker, Bromley) that involved parent carers from the very beginning.

Parent carers who had been involved in previous local authority participation projects also noted a “big difference” and a “real feeling of affecting change, run professionally, working together to improve outcomes for children.” (Co-design parent carer, Bromley).

The involvement of DCYP

The programme, and its structured stages, afforded local authorities the opportunity to engage DCYP in a way that had not previously been possible. Throughout the programme, CDC advocated that local authorities utilise a range of approaches to ensure that DCYP were able to contribute to the programme and discuss their views about the assessment process.

Project leaders embraced this and considered how DCYP could meaningfully participate in the project. A number of creative ways to hear DCYP’s views were implemented in all stages of the programme. In Bromley, their young advisors group carried out peer research, including one to one interviews led by DCYP with 9 young people. Bromley ran sessions at the weekends and in the evenings to ensure their project was accessible for DCYP.

Enfield used a local inclusive theatre company to engage DCYP in the CDC Learning Model activities. One example that Coram observed was the facilitation of a fun half-day session at a local special school with ten children aged 13 to 15, all with learning disabilities. The session used drama to encourage the young people to share what they liked doing in their spare time, and consider how this was similar and different from other young people. These warm-up activities helped the young people to think about their choices and decisions, which led to role play activities about the assessment process. It was evident that this innovative approach gave young people the space to freely share their opinions on what they thought was good and bad about different assessments that were acted out.

West Sussex provided a number of high quality sessions for DCYP to hear their views about assessment. Coram observed an event attended by ten DCYP which hosted various activities situated within a youth centre, ranging from sports, video games, beauty treatments, and arts and crafts. DCYP could choose the activity in which they participated. The leader of each activity would gently ask about the experience of services received, working with social workers and the process of assessment. DCYP were then asked to contribute the thoughts, experiences and ideas for change they had mentioned, to an ideas wall where they could write and illustrate their ideas.

The staff hosting the event were experienced in working with DCYP and worked hard to elicit ideas from all attendees. They were sensitive to communication issues (some

DCYP had complex communication needs) and helped individual DCYP develop ideas in a way that was sensitive to their thoughts and feelings. This range of creative and accessible activities meant that the issues that DCYP raised with assessment could be collated and taken forward into co-design and test.

Across the local authority areas the common themes raised by DCYP at discover-and-define stages were:

- DCYP did not feel engaged and involved in the assessment process
- DCYP had little or no understanding of what assessment was
- the assessment process was not accessible. DCYP wanted to see simpler language, colour and pictures on assessment documentation. Some young people also said they would like to bring a friend to the meeting with a social worker, and hold the meeting in a different setting such as over a picnic
- iPads, and use of other media such as Skype, would be beneficial to support them in the assessment process
- despite a common notion that short breaks provide a break for parent carers, DCYP felt that they equally needed and valued this time for themselves
- teachers seemed to be the first point of contact for young people when they were interested in finding out about activities they could get involved with, emphasising the need for teachers to be well informed about the services available to DCYP.

Professionals recognised the impact of involving DCYP in each of the stages of the programme, and how it helped them have more of a voice in their assessment experience and the services they received:

> "[Co-producing with young people] can be highly empowering. You might perceive [discussing assessment] to be quite boring topics … but [DCYP] have wanted to be part of that and I think part of that is because they are making some changes and being listened to." (Social worker, Enfield)

Project staff experienced some challenges in meaningfully involving DCYP with complex needs in the programme:

> "I think it is a very tricky thing to do. That can sometimes be either overkill or paying lip service because it is very difficult to get true co-production with young people." (Co-design parent carer, Enfield)

Furthermore, it was difficult to involve DCYP consistently because of practical issues such as negotiating with school timetables:

> "One of the challenges was using different groups of young people in the different phases, then there was a bit of disconnect." (Project staff, West Sussex)

Coram developed a short evaluation questionnaire that local authorities could adapt to capture DCYP's views on their involvement in co-design (see Appendix 3). Coram received 25 responses. Sixteen were from Cornwall, 7 from Enfield and 2 from York. The overall findings (see Appendix 9 for breakdown of results by local authority) show that most (17 out of 24 responses) DCYP said that they liked being asked questions about assessments "sometimes". Five DCYP liked being asked questions and 2 did not. The majority of DCYP (20 out of 22 responses) felt that they got to say everything they wanted to say during the co-design sessions, and felt listened to and understood (19 out of 22 responses).

When asked why they were being asked questions DCYP's comments included:

> "To help other people so people can get short breaks. They wanted our advice." (Young person, Enfield)
> "To help them with the social care thingy." (Young person, Cornwall)
> "To give our own ideas" (Young person, York).

Overall, DCYP appeared to have a positive experience of being involved in the CDC programme. Professionals made a concerted effort and used creative ways to engage young people with a range of needs. The programme encouraged local authorities to involve DCYP in ways they had not done before. A project staff member in Cornwall commented that they not before been able to work with DCYP in this way before and found the process extremely valuable:

> "There has been some really really useful learning there. And we've been able to share it across health and education".

The test approaches

Overview of approaches

The co-design phase co-produced solutions that were developed into test approaches or outputs. The test approaches, how they were tested and how they addressed issues in the discover phase are outlined in Table 3. Each local authority tested more than 1 new approach, which included new or adapted resources, information and/or tools, online self-assessment, and/or support from early support workers or volunteers. Overall, the test approaches were mapped to the solutions produced in co-design and addressed the issues presented in the discover-and-define phases. Local authorities implemented their new approaches from January 2016 onwards, with Cornwall beginning testing a few months earlier. Test outputs and approaches are listed as taking place in test phase 1 and/or test phase 2. Phase 1 refers to the period of the project up to 31 March 2016 and phase 2 covers 1 April to 30 September 2016 (the extension period of the project).

Table 3: Overview of tested approaches and the issues they aimed to address

	Issues presented at discover-and- define phases	Co-produced product or approach	Local authority[12]				
			Br.	C.	En.	WS	Yo.
1	Parent carers felt anxious and judged during the assessment process	New enquiry/referral/ assessment process	✓		✓		✓
		Volunteer support and signposting to services for parent carers		✓			✓
		New, easily accessed information for parent carers	✓		✓	✓	✓
2	Parent carers found the assessment process lengthy and required pushing from parent carers to progress	New enquiry/referral/ assessment process	✓		✓		✓
3	Parent carers felt information about services should be easier to access	New information for parent carers	✓		✓	✓	✓
		Volunteer support and signposting to services for parent carers		✓			✓
		Upskilling professionals	✓		✓		
4	Parent carers did not want an overly intrusive assessment. Many felt happy to access short breaks without social worker visit	New enquiry/referral/ assessment process	✓		✓		✓
		Volunteer support and signposting to services for parent carers		✓			✓
5	DCYP felt a lack of involvement with the assessment process (lack of accessibility and understanding)	Information and tools to support DCYP in getting the support they want	✓		✓	✓	

[12] Br.=Bromley, C.=Cornwall, En.=Enfield, WS=West Sussex, Yo.=York

6	Professionals said it was essential the person completing assessment (in whatever form) had a good understanding of disability and the process of accessing services	Upskilling professionals Information and tools to support DCYP in getting the support they want	✓ ✓		✓ ✓	 ✓	
7	Professionals reported inter-agency working needed to improve	Upskilling professionals Information sharing through new enquiry/referral process	✓		✓		✓
8	Professionals said there could be faster completion of less complex cases and families could be over-assessed	New enquiry/referral/ assessment process Volunteer support and signposting to services for parent carers Upskilling professionals	✓ ✓	✓	✓ ✓		✓ ✓

Bromley was the most ambitious local authority and tested the widest range of new approaches and outputs with parent carers, DCYP and professionals. The main system change tested was a new set of questions and an online assessment of need. The testing process involved parent carers, who had not received an assessment in the past, completing the online assessment form, which was then processed and authorised. In parallel to this an independent social work assessment was carried out in order to compare the outcome from each approach. Bromley, however, did not test the online process in its truest form (see Table 4 for more detail). The online information was not verified by a third party, as was intended, and instead, information from the social work assessment was also used alongside the online information to verify the outcome of the assessment. In addition to the questions and online assessments, Bromley tested 5 outputs which provided information and tools for professionals, parent carers and DCYP.

Cornwall and West Sussex developed a small number of approaches. West Sussex developed a toolkit of outputs for parent carers and DCYP to better inform them about the assessment process, which included information leaflets and films.

Cornwall's approach used a volunteer and early help service, with the aim of reducing the need for some families to enter statutory social care.

One of Enfield's approaches, its new referral to panel process, also aimed to reduce the need for some families to enter statutory social care services when there were no safeguarding concerns. In addition, Enfield aimed to improve the knowledge of a range of professionals about accessing services for DCYP and their families through training.

York's new approaches aimed to enable quicker decisions about the best support and services available for parent carers. York introduced an online enquiry or referral form which may have led to a decision about parent carers accessing short breaks. In addition, York tested a volunteer support service. Their new system also utilised information available from the DCYP's existing support plans, to avoid parent carers having to retell their story to multiple professionals.

Approach theme 1: Enquiry, referral and assessment processes

Three local authorities - Bromley, Enfield and York - co-produced test approaches that were designed to improve the assessment and/or referral process. Table 4 sets out each approach and how it was tested. The test approaches that have been grouped under this theme all created system changes that made a potential contribution to cost savings. Therefore analysis of cost savings was completed of these new approaches and it presented in this section.

In total, the 3 local authorities - Bromley, Enfield and York - that implemented new enquiry, referral and assessment processes, saved an estimated £15,598.58 or £97.88 per case referred.

Table 4: Overview of test approach theme 1, enquiry, referral and assessment processes

	Test approach/ output	LA	For who?	What is it?	How it was tested[13]	Main outcome from new approach[14]
1	Online eligibility questions and assessment form	Br.	Parent carers	Online assessment form that may lead to a short break. Completed assessment checked by professional verifier. Once verified assessment reaches panel, who determine whether there is enough information to make decision about service provision, avoiding social worker visit	6 parent carers tested online questions and panel of 4 professionals reviewed completed submissions, using scoring matrix to make judgement on eligibility (phase 1) 10 parent carers completed online assessment. 6 of these also had social work assessment. Reviewed by panel of 3 professionals (phase 2)	Decision about service was provided 4 days earlier than cases in the previous system On average, £137.75 cheaper per case than a full social worker assessment
2	New referral form which goes directly to a decision making panel	En.	Professi on-als Parent carers	Professionals complete new referral form, replacing Early Help Form, aiming to cover more relevant information. This is directed to a panel, avoiding a social worker assessment. After panel, a specialist call is made to the family explaining decision, which could be an offer of short breaks	94 families referred through the new process (phase 2)	Generally faster than previous approaches, in particular cases that went through SSP were 68 days faster On average, less expensive than the previous process saving £35.10 per case

[13] Test approaches are described as taking place in phase 1 or phase 2. Phase 1 covers the period up to 31 March 2016 and phase 2 covers the extension phase of the project, 1 April to 30 September 2016.
[14] Full details of cost and timescales are explored later in the report.

3	Online-enquiry/ referral form which could lead to decision about parent carer accessing short breaks	Yo.	Parent carers	Using online assessment information and information from pre-existing My Support or EHC Plan	37 parent carers completed online form (phase 1 and 2)	On average 40 working days quicker at providing a decision about the service families are going to receive On average a saving of £120.78 per case

Impact of Bromley's online form and eligibility questions

Qualitative data

Overall, parent carers and professionals thought the online assessment was less intrusive and very suitable for those who had DCYP with lower level needs. Four parent carers preferred the online assessment approach and 2 preferred the social worker assessment. In both cases where the preference was for the social worker assessment this was rooted in the needs of their child being too complex to be assessed by the online approach.

Parent carers felt the online assessment approach was "very simple and straight forward" (Parent carer, Bromley) with "no anxiety" (Parent Carer, Bromley) associated with it. One of these parent carers suggested:

> "It worked well because you are on your own and you can put what you feel and you don't have anyone else. You have more time to think." (Parent carer, Bromley)

Professionals in a focus group were also very positive about the online assessment process:

> "I think it is really empowering people really. I wouldn't want social workers in my house digging up stuff just for a short break." (Social worker, Bromley)

The majority of professionals from the focus group commented that the online approach was a more efficient process for those with lower level needs. They also suggested that it yielded the right level of information for a decision about need to be made and thought it was important that the form focused on "what are the issues" rather than "what [support] do you want." (Social worker, Bromley).

The main challenges of the online system were, for professionals, related to safeguarding issues; verifying the information presented by parent carers, and a loss of the opportunity for support from a social worker. Some suggested that meeting a social worker offered parent carers the opportunity to reflect on the needs of the DCYP and their family. It also gave the opportunity to signpost to other relevant services for the family. Professionals in the group reflected on this and, although they recognised the value of the role of the social worker here, suggested this practice had to be viewed as added value, and not a necessity, in order to achieve a more efficient service:

> "[We've] got to get out of the molly-coddling, sometimes you just need to let parents make decisions for themselves." (Social worker, Bromley)

Quantitative data

The evaluation questionnaires, completed in March 2016, showed that 4 out of 6 professionals in Bromley thought the new process would be faster between referral and assessment completion stages. However, only 1 professional out of 6 thought the test would speed up the completion of assessment to service-received stage. Bromley's new approach focuses on the initial stages of the assessment process (meaning referral to decision) which may explain why professionals had a more negative view about the impact on speed in the latter phases of the process.

Bromley provided assessment data for May to September 2016 on ten cases that went through the test approach (6 went to panel to be allocated a service), and for 28 cases that went through standard practice to a social worker assessment (18 of these had a decision made during that time). When referrals came into the team during this time, parent carers were invited to either complete the new online assessment of need or follow the standard practice of referral to a social worker for assessment.

Of the 10 families that chose to progress through the online assessment route, 9 had children who were diagnosed with autism or developmental delay. Most of the 28 cases that progressed through the standard process of a social worker assessment had autism or developmental delay. However, this was a lower proportion than the cases that went through the online process (64% versus 90%). Six other types of disability were listed for those that chose to have a social worker assessment, including 2 with complex medical needs, suggesting that perhaps social worker assessments were able to deal with a wider range of needs. It also suggests that the online assessment and social work assessment cases were not directly comparable.

Bromley selected 3 of the 6 cases that completed the online assessment and went to panel in order to explore costs (see Appendix 7, Tables 12 and 13 for break down). On average, the online assessment approach was £137.75 cheaper than the cost of a social work assessment, a 68% decrease in cost. If we suppose that Bromley, on average,

received 54 cases per year,[15] then it can be estimated that the new approach could save £7,438.50 per year.

Coram did not expect to find any impact on timescales for those who were assessed using the standard social worker assessment practice, as this process had not changed. Despite this, small improvements were demonstrated in the timescales from referral to decision made for those cases needing a social worker assessment in 2014/15, in comparison to those in the 2016 test period. On average, Bromley provided a decision 4 days earlier in 2016. The average decreased from 40 working days (based on 28 cases) in 2014/15 to 36 working days (based on 18 cases) in 2016.

Impact of Enfield's new referral to panel process

Enfield's new approach resulted in some improvements in speed and positive responses from both professionals and parent carers. Most parent carers and professionals in Enfield, who reported on their experience, found it an effective and efficient process. Eighty per cent of professionals reported that the new referral process was "very good" or "good"[16].

The majority of professionals[17] also thought the process would speed up the assessment process between referral and assessment (80%, 16), lead to earlier identification of DCYP needs (70%, 14) and be a better use of resources (85%, 17).

Qualitative data

Findings from evaluation questionnaires were supported by the responses at focus group sessions with professionals. One professional told Coram:

> "[The new process] is a quicker way for us to get a positive outcome [the families] want. Rather than them feel a social worker has to assess and come to their home." (Health professional, Enfield)

Professionals also commented that the new guidance and processes around timescales would help manage their caseloads:

> "We are now written to with the outcome, that didn't happen before. The outcome letter will help make the process more efficient because there is reduced follow up time needed from us. It helps us know the child's needs met and they can be discharged from the service which means reduced caseloads." (Health professional, Enfield)

[15] Based on average from number of referrals received in 2014/15 (40) and predicted number of referrals in 2016 (67)
[16] Based on 10 responses.
[17] Based on 20 responses.

Professionals felt these new timescales would help speed up the process for parent carers:

> "Now there are clear guidelines about when parents will have a response. [I] think it will speed it up and parents feel they know more what more to expect." (Health professional, Enfield)

Parent carers also provided positive feedback at interview. Families that had gone to the decision-making panel were pleased with the speed from enquiry to being informed about whether they had been granted a service:

> "Quick, fast, helpful, not a nightmare to get through to them on the phone" and had received good customer service: "Happy and amazed with how quick it was. I was really lucky and received a great service ... nice to get a phone call as well as a letter, they made that bit of effort" (Parent carer, test, Enfield)

Parent carers at interview did feed back, however, that the new process may not be accessible for all parent carers. One parent carer from Enfield commented on how she needed support to complete the form and that it was "quite big", "a lot of questions" and could be made easier. This view was echoed by some parent carers in York about their new online process, discussed later in the report.

Quantitative data

Case outcomes

Enfield provided data on 87[18] cases that had been through their new approach which was implemented in mid-April 2016. The new approach replaced Enfield's old system, therefore all families that were referred to the local authority progressed through this new process. Enfield also provided data on 111 cases that went through an assessment for services between April and September 2014 to provide a baseline comparison.

Sixty-five of the 87 cases referred between April and the end of September 2016 went to Enfield's Early Services Resource Allocation Panel (ESRAP) for under-5 year olds and the remaining 22 went to the Specialist Service Panel (SSP) for children aged 5 and over. This compared with 65 cases referred to the ESRAP and 46 cases referred to the SSP between April and September 2014.

Data provided suggested that 62% (40 out of 65) of those families who went to ESRAP between April and September 2016 were granted pre-school support. Five cases were referred to specialist support, 4 were provided with early support, 4 were signposted to local services and 1 went on to a social worker assessment. Six of the cases were

[18] Data on 94 cases was provided but 7 were omitted from the data because their referral dates were recorded as February and March 2016. The new process was not implemented until April 2016.

ongoing; 1 was an inappropriate referral, and the data for 5 cases was not clear as to what the outcome of the referral was. There was no data provided about the outcomes of referrals in 2014/15, therefore a comparison cannot be made.

For the ESRAP, there was no difference between the number of referrals or the number that went to panel in the 2016 test period and the 2014 assessment data (both 6 month periods received 65 referrals). However, a larger proportion of cases were granted a service in the test period, compared with the 2014 (75% versus 65%, see Appendix 7 for detail). This suggests that the new approach did not affect referral numbers but meant that more families were being granted a service. The limited data collected and provided about 2014 cases, however, meant that a conclusion cannot be drawn about whether the cases are comparable in levels of need.

At the SSP 91% of families (20 out of 22) were granted short breaks, which compared to the 22% (10 out of 46) of families that were granted short breaks in April to September 2014. There were many gaps in the 2014 data, which accounts for the much lower level of short breaks being granted: however, it does suggest that the new approach increased the number of short breaks being offered.

Timescales

Timescales for the test approach data and 2014 assessment data were analysed and compared where possible (see Appendix 7, Table 11 for detail). The timescales of the 2 panels were analysed and compared separately.

Overall, from referral date to service being granted date, the new ESRAP process was faster than the previous approach by 5 days (30 versus 35 days)[19]. The new process took about the same amount of time between panel and granting a service (22 versus 23 days)[20] but was slower, by 3 working days, from referral to panel (10 versus 7 days)[21]. This slower speed was disappointing, considering that one of the aims of the new approach was to enable professionals to refer to panel in a more streamlined way. However, as the information provided by the local authority on the 2014 cases was limited, it cannot be deduced that these cases were directly comparable. Consequently, caution should be exercised when drawing conclusions about timescales.

The 2014 SSP data was limited because the date the parent carer received the service was seldom recorded in the data provided. The 10 cases, however, that did have a service-received date against them were 68 days slower than the new SSP approach.

[19] Based on 48 cases with a valid referral and service received date recorded in 2016 test data and 42 cases with a valid referral and service received date recorded in 2014/15 assessment data.
[20] Based on 48 cases with a valid panel and service received date recorded in 2016 test data and 42 cases with a valid panel and service received date in 2014/15 assessment data.
[21] Based on 65 cases with a valid referral and panel date recorded in 2016 test data and 65 cases with valid referral and panel date recorded in 2014/15 assessment data.

The 10 cases in 2014 took, on average, 101 working days from referral to service granted, compared to the 33 days that it took on average in the new system[22].

Costs

Enfield also provided data on the cost and staff time used for the 3 cases in the new approach and 3 cases from the old process. All 6 cases involved medium support needs and the provision of short breaks grants (all referred to the SSP, so cost is calculated on referrals to this panel and does not include referrals to ESRAP). Needs were classed as low, medium or high to assist in the decision about service provision. Enfield makes decisions about needs based on 3 domains: behaviour, communication and learning; physical disability and health and medical needs. This was not a consistent classification across local authorities. An example about how needs are classified is detailed in Appendix 8. The cases used for cost analysis were selected by Enfield, therefore it should be noted that the sample may be biased.

The new SSP approach, on average, was less expensive than the previous process. An average medium level case that went through the new assessment route (via the SSP) cost £94.07, compared to the previous approach, which on average cost £129.17, saving £35.10 per case which translates to an estimated saving of £2,386.80 per year (based on an average of 68 cases going to the SSP each year)[23]. The time spent on cases was also reduced: the new process took on average 1.8 hours of staff time from referral to service granted, in comparison with the old process, which took 2.7 hours of staff time. This is a smaller saving than in the other local authorities who provided cost data, (Bromley and York, discussed later in the report), but still a notable 27% decrease in cost per case.

Experience of York's online enquiry form

In York the new approaches aimed to enable quicker decisions about the best support and services available for parent carers, which may be short breaks. Feedback from parent carers revealed that these goals were largely met. Parent carers who had experienced the test approach reported that it was speedy, friendly and fairly straightforward. This was also supported by York's assessment data which showed that the new approach, on average, was 40 days quicker than the previous system at providing a decision about the service the parent was going to receive. The new approach also demonstrated positive results in relation to cost saving. The cost of a case that went through the new online enquiry route was estimated at £28.85 compared with an average of £149.63 for the previous approach, which used more social worker time. This was a saving of £120.78 per case. This translates into an estimated potential saving

[22] Based on 14 cases with a valid referral and service received date recorded in 2016 data.
[23] Estimated using the average number of cases that went to SSP in 2014/15 (92) and number of cases predicted to go to SSP in 2016 (44)

of £5,773.28 each year (see quantitative data section below for further detail). Furthermore, 96% of completed cases in the new process did not result in a social worker assessment. It must be noted that, although timescales were faster, the evaluation cannot conclude that the right service was provided to the family. This would require a further in-depth investigation into the cases.

Qualitative data

Participants in the York parent carer focus group welcomed the new form but wanted it to be better advertised in the community. This was also true of local offer and short breaks information more generally. These sentiments were echoed by parent carers who were interviewed:

> "I've not seen the new information about short breaks. It should be more widely available – information should be out there in children centres, hospital, places where you go for support, literally everything we have done has been through word of mouth." (Parent carer, test, York)

Focus group members did think that the new online form cut out a step in the process, which helped speed up accessing the services needed. To them, the process felt efficient and helped them feel in control of their situation because they were able to complete and submit the enquiry form themselves in their own time.

The group of parent carers was also positive about their experience of speaking with a social worker. Most agreed that the social worker visit was potentially more thorough in exploring the DCYP and families' needs, and that the visit should be an option for parent carers.

Some professionals at a focus group commented that the online enquiry form was complicated, but acknowledged that it did start conversations and had engaged parent carers who would have been deterred by a social worker assessment. This improved accessibility meant that social workers had seen an increase in enquiries from parent carers about short breaks services since the launch of the test approaches. Participants discussed how they were able to make a quicker decision about whether the family would be granted short breaks, helped by accessing EHC and My Support Plans information. However, there was a long waiting list for short breaks services, so the referrals were bottle-necked.

Professionals welcomed the updated online information about the local offer and short breaks, and believed that this helped parent carers understand the process and services available. They did comment that the online information should list the eligibility criteria for short breaks, to improve transparency and set realistic expectations.

Professionals, however, in their feedback via questionnaires distributed in March 2016, did not report as positively. Only 1 professional (out of 5) thought that the new process would result in a quicker assessment journey, and the same number thought it would

identify needs sooner. No professional thought that it would use resources in a better way. Similar to Bromley, this may be due to the test being in its early stages. Furthermore, it is worth noting, some of the professionals in York that responded to the questionnaires were subject to changes in their job roles as a result of the new approaches. This was evident in the focus group, where some professionals did not reflect on the positive aspects of the approach because of the perceived negative impact it had on their job roles.

Quantitative data

Case outcomes

York provided data on 59 cases that had been through their new approach between January and September 2016. Of these, 53 enquired about services from the local authority (7 cases were ongoing, therefore 46 were completed) and the remaining 6 only accessed volunteer support and did not approach the authority to enquire about services available or for an assessment. Seventy per cent of families (37 out of 53) who enquired about support made their enquiry through the new online form.

When the online form was used, the majority of enquiries (76%, 26) were made by parent carers compared to the traditional referral form where half (8 out of 16) were submitted by parent carers and half were submitted by professionals.

Overall, only 6 of the 46 cases that were complete proceeded to a statutory social worker assessment. None of the cases that came through the online enquiry process progressed to a social worker assessment, perhaps suggesting that cases with more complex needs were referred through the traditional referral route. Four of the 6 cases that progressed to a social worker assessment were referrals that came from professionals.

All cases in the previous approach would have progressed to a social worker assessment (40 cases in 2014/15). This means that the new approach has resulted in 43 families[24] avoiding a statutory social worker assessment while still accessing support. Coram received only a small number of responses to questionnaires (3) from parent carers about their experience of the new online enquiry process, therefore conclusions about whether the new approach created quality and an appropriate service cannot be made. However, for those parents who did respond, they all reported the new approach to be “very good” or “good”. Therefore, for these cases the introduction of the new process did not affect quality of service received.

York’s data also afforded the opportunity to explore any differences between the outcome of the new assessment process and old assessment process. The approaches showed some differences. As shown in the data in Appendix 7, similar numbers of families were

[24] Based on 45 completed cases. One case’s data was not clear enough to conclude an outcome.

granted short breaks during the test compared with the old system (74% in the test period and 75% in 2014/15). More families, however, in the old system were referred to long term support from a social worker (4% versus 18%).

In the new system, more referrals were recorded as inappropriate (no further details were provided about why these referrals were not appropriate) and a larger proportion did not meet the criteria for short breaks. This may suggest that, although the new approach directed fewer families to long term statutory support from a social worker, more referrals entered the system that were not suitable for statutory services. In the old system, however, a larger proportion of families declined the short break offer.

None of the families that enquired about support from the authority through the new online form progressed to a social worker assessment, which may suggest a number of things which would need to be further investigated. First, it could suggest that the new process is collecting the right information and therefore a decision about services can be made more easily in comparison to enquiries that come through the old style referral form. Second, it could mean that families that are using the online enquiry form have lower level needs. Alternatively, it could mean that the new system is providing a less robust assessment process and is failing to accurately identify families' needs.

Timescales

The new system, on average, was 40 working days faster at providing a decision about the service which families were going to receive. In 2014/15 it took, on average, 67 working days (based on 40 cases) from initial enquiry to completion of assessment (that is, a decision made about service). This compared with the 28 working days it took from enquiry to the decision being made (based on 37 cases). See Appendix 7, Tables 14 to 17, for further detail.

Cost

Unsurprisingly, the online enquiry approach, which avoids a full social worker assessment and only consists of phone calls and emails with a social worker, was cheaper than the previous system, where all families received a face to face social worker assessment. An average case that went through the new online enquiry route cost £28.85 compared to the previous approach which cost, on average, £149.63. This resulted in a saving of £120.78 per case, a decrease of 81% (see Appendix 7 for breakdown of costs). The time spent on cases was also reduced significantly; the online enquiry taking 1.3 hours in total and the old process of a social worker assessment taking 15.1 hours.

York received an estimated average of 60 referrals per year from families who wished to be considered for support or services[25]. In 2016 13% of cases progressed to a social worker assessment, therefore, based on this, even if 80% of cases (48) each year did not require a social worker assessment, this could potentially save £5,773.28 per year.

Approach theme 2: Volunteer support services for parent carers

Two local authorities co-produced test approaches that were designed to provide information and support to parent carers through volunteers and early help support workers, rather than social workers, in order to be more cost effective and parent carer friendly. Table 5 sets out each approach and how it was tested.

Table 5: Overview of test approach theme 2, volunteer support services

	Test approach/ output	Local authority	For whom?	What is it?	How it was tested
1	Let's Talk: access to trained volunteer or early help support worker	Cornwall	Professionals	Providing support to parent carers through the option of speaking to a trained parent volunteer or an early support worker	Tested on 26 families (Test phase 1)
2	Volunteer support and signposting to services	York	Parent carers	Parent carers given option of speaking with trained volunteer (sometimes a parent carer) to talk through local services available including short breaks online enquiry, safeguarding team or children's disability team. If short breaks is chosen option, then volunteers can support parent to complete online enquiry	15 parent carers accessed volunteer offer (Test phases 1 and 2)

Experience of Cornwall's Let's Talk

Twenty-six families took part in the test. Of these, only 2 were referred to a social worker, therefore 92% of cases avoided entering statutory social care processes.

Five parent carers completed questionnaires about their experience of the test and all found the experience "very good" or "good". Parent carers were "very happy with the

[25] This is based on the average number of cases referred in 2014/15 (40) and the predicted total number of cases referred in 2016 (80).

experience" and the expertise of the volunteers and early help workers was valued. One parent said their volunteer was "open, approachable, and a great resource of knowledge".

All parent carers noted that the approach would lead to resources being used in the best way, better working relationships between parent carers and professionals, earlier identification of needs for DCYP and more appropriate services being allocated. Of the 4 parent carers who had had an assessment before, 3 thought this approach gave them better support.

Twenty-one professionals completed questionnaires about their experience and were very positive about the new approach:

> "It is family focussed, working in partnership with parents, listening to what is important for them and supporting them to move forward in a positive way." (Professional, Cornwall)

All professionals believed that it could lead to improved relationships between parent carers and professionals, and provide a better assessment experience; and over 85% thought it would also make parent carers more informed about services available to them; use resources in a better way, and be a process that was more accessible and user-friendly.

As mentioned in the limitations section, Cornwall adopted a different approach compared to the other 4 local authorities, and was not part of the extended phase of the programme. Despite not rigorously following the CDC Learning Model, Cornwall was still able to implement a new system that reduced the demand for social worker assessments whilst maintaining a good level of parent carer satisfaction.

Experience of York's volunteer support service

Volunteer support was accessed in York mainly to provide information to parent carers about the services available. Data about the 15 parent carers who accessed the volunteer support service in York was provided and, in addition, 3 told Coram about their experience in a focus group, and 7 via a questionnaire.

Six of the 15 parent carers who were receiving volunteer support had not entered the process of enquiring with the local authority about support and services available. The remaining 9 had all enquired about services available, via the online system. Five of these parent carers received support from a volunteer after they had completed their online enquiry, and 2 before (2 had dates missing). Of the 9 parent carers who enquired about support, 6 had short breaks granted. One case did not meet the criteria and 2 were recorded as inappropriate referrals.

All those who completed the questionnaire thought the service was "very good" or "good". All parent carers in the focus group had a positive experience with their volunteer and

appreciated the chance to speak to another parent carer who was in a similar situation. One parent carer in York said how their volunteer, a parent carer of a disabled child themselves, was “full of information” and a “source of support”. This suggests that it is important to use volunteers with experience of being a parent carer themselves, to produce the most effective service.

Participants reported that the support from a volunteer felt different from traditional support from a professional for example a social worker. Participants felt a volunteer, who had experience of being a parent carer of a DCYP, was able to provide creative advice about how to access services. Parent carers wanted the volunteer offer to increase and volunteers to be available at different stages of the assessment process.

Those parent carers who completed a questionnaire were also positive about the impact of the approach. There were, however, 2 who did not agree that the approach would lead to a better assessment experience.

Most professionals agreed that the volunteer offer worked well when the DCYP and their family had lower level needs and benefitted from signposting to local services, or when a family had not been granted a statutory service and the volunteer could support with the step-down process. Practical changes to the volunteer process were ongoing to ensure that the social worker and volunteer support complemented one another.

Case study: A parent carer’s experience of the test approach in York

“[The parent volunteer approach is] more accessible, it’s less scary, particularly for people who are really isolated. [The parent volunteer] was lovely, really friendly, efficient … the way that it was done was really sensitive. I’ve got nothing but praise really for the whole thing!

… [The online form is] more transparent and more accessible ... less scary if you can read about it online and fill in a brief easy to fill in form … it would make me feel more in control and less anxious really about the process … I think as well also knowing that .. if I have a question.. I can ask [the parent volunteer] and I don’t need to ring the council or anything.

… if you had a social worker on the phone to me… and if she/he had been through years of training, and is also dealing with child protection issues, then … they don’t need that level of training to do the stuff that I need! …. they’re all managing big caseload and under a lot of pressure so anything like this that can help to ease that.”

Approach theme 3: Information for parent carers

Four local authorities co-produced test outputs that were designed to provide information to parent carers through easily accessible information. Across all the local authorities the

tests of these outputs was more limited than in other areas. See table below for an overview.

Table 6: Overview of test approach theme 3, information for parent carers

	Test approach/ output	Local authority	For whom?	What is it?	How it was tested
1	Information about social needs - Time for Me poster, online information and film	Bromley	Whole family	Information on local authority website encouraging families to consider own needs as well as the rest of their family's needs	13 DCYP at special school (Test phase 1) Focus group with parent carers and professionals (Test phase 1)
2	Information about accessing support, including letters and leaflets	Enfield	Parent carers	Helping families understand assessment process, services available to them and how to access services	Focus group of 15 parent carers and professionals (Test phase 1) Parent carers sent information packs before and after panel (Test phase 2)
	Information about assessment	West Sussex	Parent carers	Leaflet explaining purpose of, and what happens at, social worker visit Film to explain assessment and intention of social worker home visit	Sent to 32 parent carers who'd been through assessment in previous year Focus group with 9 parent carers (Test phase 1) Focus group of 11 parent carers, 4 DCYP, 5 professionals (Test phase 2)

	Online short breaks and local offer information, including film explaining short breaks	York	Parent carers	Information available on the local authority website to support families in understanding services, and how to access services	Parent carers: 25 face-to-face, 5 Facebook and 3 surveyed (Test phase 2) 6 DCYP at advisory group (Test phase 2) Focus group of parent carers and professionals (Test phase 2)

Experience of Bromley's information about social needs

Parent carers were very positive about Bromley's new information; 80%[26] thought it was "very good" or "good". Five of the 6 parent carers who provided feedback about the Time for Me online information thought it was "very good" or "good".

Experience of Enfield's new information about assessment and services

Eighty-eight per cent of parent carers[27] thought Enfield information about the assessment process and service available was "very good" or "good". Most respondents also agreed that the information contributed to Enfield being able to support families to receive a more appropriate service (95%[28]) and better inform parents about services available (92%[29]).

Experience of West Sussex's information about assessment

All professionals (4) who completed a questionnaire suggested the new information could help parent carers be more informed about the services available to them. One professional, at interview, thought the information could also impact on efficiency:

> "If the parents are clear and know what's going to happen and know what social workers will do… how long it is going to take, how they are going to speak. Because we are working towards the same goal." (Social worker, West Sussex)

Parent carers, however, were less positive about the information for parent carers, particularly the video. It is important to note here that this information and video had only been developed later in the project, and feedback here relates to the first test of the material.

Parent carers' concerns related to the incongruity between their experience and what was being presented as the typical experience of a social work assessment and their own experience:

[26] Based on 20 responses.
[27] Based on 26 responses.
[28] Based on 22 responses.
[29] Based on 24 responses.

"I felt that wasn't accurate… if that is what happened in the real world that would be ideal" (Parent carer, test, Bromley).

Furthermore, there was a concern among parent carers that the leaflet and film would not be viewed by parent carers, and therefore could not have a positive impact on efficiency and help them get the right support.

Overall, 56% of parent carers (5 out of 9) thought the information contributed to parent carers receiving a more appropriate service and 67% thought it improved the accessibility of the process.

Experience of York's online information

This area was a smaller strand of York's test approach. Parent carers and professionals in York welcomed the new online information about short breaks and local offer, particularly the film about short breaks that featured parent carers. The online information was tested on parent carers in various focus groups and via email who were able to feedback thoughts about how it could be improved. Parent carers felt the information needed to be simplified further and that the information needed to be advertised more widely than just the local authority website.

Approach theme 4: Upskilling and resources for professionals

Two local authorities co-produced test outputs that were designed to help professionals better support DCYP and their families. Table 7 sets out these tools.

Table 7: Overview of test approach theme 4, upskilling and resources for professionals

	Test approach/ output	Local authority	For whom?	What is it?	How it was tested
1	Outcomes pyramid for use in creating EHC plans	Bromley	Professionals Parent carers	Part of a toolkit for completing EHC Plans, emphasises importance of 'care' in the plan. Outcomes pyramid tool for professionals to use with parent carers to explore social needs and aspirations for DCYP	Focus group with professionals (phase 1) Focus group with 4 parent carers (outcomes pyramid only; phase 2) Focus group with 8 professionals (outcomes pyramid only; phase 2)

	Test approach/ output	Local authority	For whom?	What is it?	How it was tested
2	Parent carer led training session	Enfield	Parent carers Professionals	Explains the new process for parent carers to be assessed for services; ways of working with parent carers; services available and when social worker is needed	Provided to 17 parent carers and professionals (phase 1) Revised version provided to 59 professionals (phase 2)

Experience of Bromley's outcomes pyramids

Parent carers liked the structure and format of the new tool, but 1 suggested it might not be appropriate for all DYCP and it felt very professional led. Parent carers thought the outcomes pyramid would be helpful at EHC Plan reviews to "get your thoughts in line" (Parent carer, Bromley).

One hundred per cent of professionals reported that this approach was "very good" or "good" in evaluation questionnaires (13 responses). Seventy-nine per cent of professionals in Bromley agreed that the tools could provide a better assessment experience for families and 71% reported that the new approach should lead to DCYP receiving a more appropriate service.

Experience of Enfield's parent carer led training

Parent carers at a test training session viewed the concept as a good idea, but found the session was aimed at professionals:

> "I felt as a parent that it wasn't for me. I thought it was geared more towards professionals. Maybe they should have a session where they break it down for parents." (Parent carer, Enfield)

Professionals, on the other hand, found the training relevant and useful, and were very positive about the impact it would have. Of the 56 professionals who attended a session 88% rated it as "very good" or "good". This view was supported by a group of health professionals who were interviewed by Coram after attending a training session in September. The multi-disciplinary team enjoyed the training experience and it increased their knowledge of the local services available to DCYP and families:

"I have a better awareness of what is available. We often are signposting to services because we don't have the capacity and children don't need regular [support from our service]." (Health professional, Enfield)

Approach theme 5: Information and tools for DCYP

Three local authorities co-produced test outputs that were designed to support DCYP to access the support they wanted and needed. The table below sets out these tools and how they were tested.

Table 8: Overview of test approach theme 5, information and tools for DCYP

	Test approach/ output	Local authority	For whom?	What is it?	How it was tested
1	Outcomes questions and film to explore access to activities for use in EHC Plans	Bromley	DCYP	Accessible film by young people for young people to support them in making their own choices about how they can enjoy their free time	Focus group of parent carers and professionals (outcomes questions only; phase 1) 8 DCYPs at focus groups at school (phase 2) Focus group of 5 professionals (phase 2, film only)
2	Social worker ways of working resource and information pack	Bromley	Professionals	Resource pack for social workers to support consistent approach to working with DCYP, including introduction letter for parent carers, letter for DCYP and film about assessment	7 DCYPs in focus groups at school (phase 2, DYCP letter and film)
	Toolkit to enable parent carers and schools to communicate effectively with DCYP	Enfield	Parent carers Education professionals DCYP	Information and tools to explain short break activities and support DCYP to take part in activities they choose	Tested at 2 schools (phase 1)

	Test approach/ output	Local authority	For whom?	What is it?	How it was tested
	Information about assessment	West Sussex	DCYP	An accessible leaflet exploring what will happen for DCYP during an assessment An accessible film by young people for DCYP to explain what happens during a social worker visit	Sent to 32 parent carers who had been through an assessment in the previous year (leaflet only; phase 1) 9 DCYP of the product, to gather their feedback (phase 2) Focus group of 11 parent carers, 5 DCYP, 5 professionals (phase 2) 7 DCYPs in focus groups at school (phase 2, also tested by Bromley)

Coram observed tests with DCYP and asked relevant professionals for their feedback about these approaches, but the evaluation was very limited with DCYP themselves (see reflections on evaluation section).

In all 3 local authorities that developed approaches in this area, there was evidence of the efficacy of the approaches with DCYP. In 2 test groups in Bromley with DCYP, the feedback was extremely positive. The DCYP liked the films and leaflets and were able to practice using them. DCYP in West Sussex welcomed the idea of a film explaining the topic and thought it was better than just relying on a printed document, but they also valued the leaflet for its short and concise style. In one group observed in phase 2, all 4 DCYP who tested the information suggested that it would have made their previous assessment experience easier if they had had this information.

The parent carers and professionals were extremely positive about the information for DCYP in West Sussex. A professional who knew and observed the DCYP who tested the information suggested it had “broad appeal to different young people.” She observed that DCYP had a range of abilities and all found it “quite easy to understand.” She also suggested it was valuable to have the information available in different formats, tailored to individual’s abilities.

Test approaches: outcomes for all local authorities

Parent carer and professional experience

Parent carers and professionals who tested the new approaches were asked to complete a Coram evaluation questionnaire about their experience and views on the test's impact. The parent carers involved in this stage had not been part of any of the phases before testing. However, some of the professionals had been part of the pre-testing phases of the project. Eighty-eight parent carers and 126 professionals completed the questionnaires.

Parent carer experience

Responses highlighted parent carer satisfaction with the test experience and its outcomes. 80% (64 out of 80) found their test experience "very good" or "good". Parent carers recognised areas in which the test could positively make an impact, in particular, on accessibility (40 out of 44 agreed this would improve), working relationships between professionals and parent carers (57 out of 65 agreed it would improve), and using resources in a better way, for example social worker time used where it had the most effect (48 out of 56 agreed it would improve).

In addition, the majority of parent carers reported that the test approach did, or would, result in parent carers being more informed about services available (55 out of 66), and parent carers having a better assessment experience (43 out of 53). Fewer parent carers, in comparison, thought that the new approaches would result in a faster assessment process. Just over half of parents (27 out of 52) thought the test would result in less time between referral and assessment completion, and 62% (26 out of 42) thought that that the time between assessment completion and service received would reduce.

Of the 88 respondents 45 had experience of receiving an assessment. These parent carers were less positive about the new approach in comparison to those who had no experience. Seventy-seven per cent (30 out of 39) of those parent carers who had experience thought it was "very good" or "good" compared with 83% (34 out of 41) with no experience assessment.

Most, 64%, of the 45 parent carers who had received an assessment in the past thought that the new approach was better. A third of the respondents (15) thought the new process was "about the same".

Professional experience

Professionals were also positive about their experience and how the test could lead to better outcomes for families than parent carers. Ninety-one per cent (81 out of 89) of professionals thought the test approach was "very good" or "good", and the same proportion thought the new approach was better than previous processes (58 out of 64).

The areas where professionals thought the new approaches would have the most positive impact were on the working relationship between parent carers and professionals (80 out of 88 thought this would improve); assessment experience (75 out of 87 thought it would improve), and accessibility (76 out of 89 thought it would improve).

In a similar way to parent carer responses, a smaller proportion of professionals thought the test would positively impact on timescales. Seventy-one per cent (87 out of 123) thought the time between referral and assessment completion would be shortened, and 62% (83 out of 122) thought assessment to service received would be faster.

Appendix 6 provides more detailed data, and a comparison between parent carer and professional responses.

Comparing the test outputs across local authorities

It important to note that the approaches are grouped in themes for ease of reading and to identify similarities and differences, yet every approach was different and aimed to tackle different local issues raised at the discover phases. Therefore, general comparisons are made but local approaches within a theme are not completely comparable.

Approach theme 1: enquiry, referral and assessment processes

Professionals in the 3 local authorities - Bromley, Enfield and York - that tested new processes for enquiry and referral, varied in their attitudes toward the impact of the new approaches with respect to speed, earlier identification of need and the improved use of resources (see Appendix 6 for breakdown.) Enfield professionals were the most positive about the new approach; in particular, 85% of professionals[30] thought that the new approach would lead to a better use of resources, which compared to 33% of professionals[31] in Bromley and no professionals[32] in York.

Parent carer experience across all 3 areas was similar. Parent carers were generally pleased with the new process and thought that it was fairly straight forward and accessible[33].

Approach theme 2: volunteer support services for parent carers

Professionals in Cornwall were more optimistic about the impact the volunteer support service could have than their counterparts in York. Ninety per cent of professionals[34] in Cornwall thought the approach would use resources in a better way, and better inform

[30] Based on 20 responses.
[31] Based on 6 responses.
[32] Based on 5 responses.
[33] Based on responses from interviews and focus groups.
[34] Based on 20 and 21 responses respectively.

parent carers about services compared with no professionals in York[35]. All parents[36] in York and Cornwall thought the volunteer support service was “very good” or “good”, and parent carers held similar views about the positive impact the service could make: for example all parents in York and Cornwall thought the service helped local authority resources to be used in a better way (see Appendix 6 for more detail).

Approach theme 3: information for parent carers

Based on evaluation questionnaires, of the 3 relevant local authorities, parent carers in Enfield responded most positively to the new information products and how they could lead to an improved approach. In particular, 92% of parent carers in Enfield thought that the new products would help parent carers be more informed about services available compared with 71% in Bromley and 67% in West Sussex (see Appendix 6 for more detail). There was a very limited number of responses from professionals about the new information in the 3 areas, therefore a comparison cannot be made.

Approach theme 4: upskilling and resources for professionals

Professionals in Enfield were generally more positive than Bromley staff about the new resources for professionals. Enfield professionals, in particular, reported that the new resources would positively impact on working relationships between professionals and parent carers (93% agreed[37]), and helping families to be more informed about the services available to them (92% agreed[38]). This compared to 69% and 64% in Bromley[39] (see Appendix 6 for breakdown). The most notable difference in opinion between the 2 local authorities was in relation to identification of DCYP needs. Eighty-seven per cent of professionals in Enfield agreed that the new resources would help identify needs sooner, compared with 54% in Bromley[40].

Approach theme 5: information and tools for DCYP

Feedback on DCYP opinion about the new information and tools was collected via observations of testing sessions with DCYP. This feedback is discussed in the test overview section of the report.

In all 3 local authorities that developed approaches in this area, there was evidence, from observations, of the efficacy of the approaches with DCYP. Bromley DCYP gave very positive feedback. The DCYP liked the films and leaflets and were able to practice using them. DCYP in West Sussex welcomed the idea of a film explaining the topic and thought it was better than just relying on a printed document. In one group observed in phase 2, DCYP who tested the information suggested that it would have made their previous

[35] Based on 5 responses.
[36] Based on 3 responses and 5 responses respectively.
[37] Based on 54 responses.
[38] Based on 53 responses.
[39] Based on 13 and 14 responses respectively.
[40] Based on 55 and 13 responses respectively.

assessment experience easier. Enfield tested their new tools with DCYP at local special schools using an inclusive theatre company. Young people seemed to find the new tools easy to use and were able to express how they wanted to spend their spare time using the resources.

DCYP views about the new test products would benefit from further investigation. The findings from observations are generalised and not conclusive.

Data about parent carer and professional opinion about the new information and tools was limited, therefore, a comparison about these views has not been made.

Potential benefits to other local authorities

The various approaches showed promising signs of impact in different domains. Some were better at improving the efficiency of the process, such as speedier systems, while others were better at positively impacting parent experience. Some would also be more easily transportable into other local authorities than others.

Theme 1, enquiry, referral and assessment processes, in particular showed promising signs of improving timescales and producing cost efficiencies, such as York's estimated saving of £120.78 per case. These new approaches would be transportable into other local authority areas due to their relative low cost and ease of implementation.

On the other hand, theme 2, volunteer support services, would be more resource-intensive to transfer into other local authorities because of the training and supervision that is needed for volunteers. Nevertheless, the service received very positive parent carer feedback, as shown in both Cornwall and York, and seemed to improve parent carer experience.

Information for parent carers, theme 3, would be very simple and cheap to replicate in other local authorities. However, this approach did not provide any evidence about how it would impact on efficiency. Parent carers and professionals, however, welcomed the new products and found them useful.

Themes 4 and 5, resources for professionals and information and tools for DCYP, received positive feedback, as shown in Enfield, so could therefore benefit other local authorities. The approaches resulted in limited findings about how they could impact on efficiency. Both themes require a medium level of resources, and time to ensure that the new products are effective and meaningful for the local authority.

The CDC Learning and Innovation Model

Experience of implementation

Feedback about the CDC Learning Model from professionals was positive, and local authorities found that the structure guided them to develop services in a way they had not worked before. The stages ensured a full exploration of the issues and ensured that views of all stakeholder groups were carried through to the next stage:

> "Each stage of the project led into the next one... it was just really clear guidelines." (Project staff, Bromley)

The framework also helped the implementation of the programme:

> "I think it was a very good discipline and [CDC] were pushing us to engage with the numbers and different groups. I think if you didn't have those, kind of, stages you would have launched into stuff and not engaged parents and young people as much… it has pushed us to do things in the right order." (Project staff, York)

The Learning Model structure was complemented by the support and challenge that the CDC coaches offered throughout the programme, particularly in the early stages:

> "It was really helpful to have [the CDC coach] to bounce ideas off … and to get some guidance that we were doing it right and heading in the right direction." (Project staff, Bromley)

This structure was also reinforced by the practical tools that CDC introduced throughout the programme, such as the Customer Journey and Ideas Generation Map (see Appendix 2).

The ability to co-produce a new approach which could be tested alongside existing processes enabled local authorities to be more innovative and take risks:

> "… because we have had the opportunity to keep the existing model whilst trying out a new model and get a well-rounded view of the things we're proposing." (Local authority manager, Enfield)

Some reported that they found the structure of the Learning Model challenging to follow because it was difficult to engage parent carers throughout what was viewed as a long process. In a programme under tight timescales, many staff found it was advantageous to have existing relationships with parent carers, for example through parent carer forums:

> "For us it was do-able because we had the culture [of good relationships with parent carers] already... [parent carers] felt willing to talk and had existing routes already." (Project staff, York)

Another challenge a few representatives in one local authority found was that the learning model hindered innovation because it was viewed as too restrictive:

> "It goes back to that word innovate. And then being prescribed a way of doing it. That I really struggled with." (Project staff, Cornwall)

Local authorities valued the opportunity to learn from other teams in the programme: however, they wanted more chances to do this. When they had the chance to share, usually at development days, they found it extremely useful. Local authorities seemed to find the development day in January most useful due to the speed-dating exercise where they were able to hear more about what other local authorities were doing:

> "Really interesting to see that local authorities had come at it from a completely different angle and we were able to pull pieces out of their work to say well actually we could think about [that] … it's been shared learning really along the way." (Project manager, Bromley)

Sustaining the CDC Learning Model approach

All local authorities hoped that the CDC Learning Model approach would be sustained, but how they would continue to be financed was an issue. Local authorities were committed to the model of developing innovative ideas via discover, define, co-design and test activities, but did not feel able to do this without the time, staffing and resources that the innovation programme provided:

> "I think that having a year to [co-produce] is an absolutely luxury in times of austerity. I can see a huge amount of challenge for local authorities … This project has given us the luxury of time to really look at that process." (Project staff, Cornwall)

Most professionals felt the programme had left a legacy of learning and co-production in their team but were cautious to state whether this culture had infiltrated other parts of the local authority.

Professionals viewed the CDC Learning Model as easy to replicate and that following the 4 stages was straightforward leading "nicely into each other" (Project staff, Bromley). When referring to the co-production culture, a member of the project team in West Sussex said: "most professionals get it and want to work in that way".

Some professionals discussed the value of senior leadership buy-in to enable a sustained co-production culture and, more generally, in implementing new approaches:

> "I've got a very supportive head of service and director and it gives us that level of security to go and try something… and that energises the team … you've got a problem, and you come together, and come up with a solution and try it out. It becomes embedded, that learning culture." (Local authority manager, Cornwall)

Contribution to the wider Innovation Programme's objectives

The innovation fund was initially launched in October 2013 by the Children's Minister with the aim of rethinking children's social work and rethinking support for adolescents in, or on the edge of, care. The programme had 3 main objectives:

1. Better life chances for children receiving help from social care
2. Stronger incentives and mechanisms for innovation, experimentation and replication of successful approaches
3. Better value for money across children's social care.

Indeed, CDC has contributed towards some of these objectives through their Learning Model. In particular, CDC has implemented a way of working that provided a framework for the experimentation of new and innovative approaches. However, there was not enough time or resources to test the replication of these approaches in other local authority areas, and this was not part of CDC's project plan. The model also resulted in new local authority approaches that showed promising signs of reducing cost while maintaining a good parent carer experience. This is an area that would benefit from longer term monitoring and evaluation. Coram cannot yet be confident that the programme has led to better life chances for children receiving help from social care, but local authorities have made incremental steps towards more closely involving DCYP in the assessment process and better understanding their views about how they want to access support and activities.

Facilitators to the innovation

The most significant facilitator to this innovation was time. Innovation projects were most successful when time was carved out of roles to dedicate to the programme, or new staff were appointed. Projects flourished when project staff were able to commit to the 4 different stages of the project and were supported by a senior management team.

Facilitation by a project manager who was also a parent carer was valuable in a project that sought the views of a range of stakeholders. Parent carers who ran sessions encouraged other parent carers to be more honest and creative about solutions to problems, and it reminded professionals of the importance of being client-focused. This structure created an openness for talking about sensitive issues, such as the distribution of finances or staff roles. The facilitators were able to bring independence to the project, which meant they could ask the obvious questions which helped other parent carers and professionals think through the process afresh.

The CDC Learning Model framework achieved the balance of being structured enough to ensure project compliance (for instance, to make sure that local authorities developed test approaches based on real issues), but was also flexible enough to adapt to local need and nurture innovation. The model was seen as an enabler to innovation rather than a restrictor.

Local authorities needed to be willing to change, and have buy-in from senior leadership. It was vital to have local authorities on board with the project that were receptive to improvement and willing to think differently about how to provide services. Accommodation from both professionals and parent carers was required to arrive at solutions that were realistic and effective. This flexibility was more likely to occur if senior staff embraced the idea of making change at the beginning of the project and gave the project full support. Bromley, Cornwall, Enfield and York benefitted from this senior management buy-in throughout the programme however West Sussex experienced inconsistency in this area which was detrimental to the development of their test approach in phase 2 (1 April to 30 September 2016).

Local authority projects aimed to engage a wider range of professionals from outside social care (particularly in health and education) and this proved valuable in helping working relationships and creating an integrated approach. It also helped professionals to see the perspective of other colleagues, and upskill staff in promoting services available.

Embedding the innovation

The national learning network that CDC created, and nurtured throughout the programme, should be continued and developed to ensure that the approach to innovation is embedded. Professionals involved in the running of the project welcomed the opportunity to learn from other local authorities and wanted more opportunities to do this. The 4 stage process was worthwhile, yet it was viewed as a luxury that would not have been possible without the CDC model. It is unlikely that the learning approach will be sustained without additional resources.

Test approaches were likely to be sustained after the programme had completed. Sustaining and embedding the test approaches sometimes appeared likely to be primarily dependent on the local authority's resources, rather than based on evidence of whether the test approach led to better outcomes for the local authority, parent carers and DCYP.

Furthermore, test approaches were introduced as permanent system changes that were subject to development, instead of approaches that were tested alongside existing practice. This meant that new processes were rolled out with limited of evidence about their effectiveness, which blurred the line between their statuses as a trial, as opposed to a long-term change. There may be lessons for the DfE in how it ensures that services introduced as part of the innovation programme have explicit permission to fail.

Implications and recommendations for policy and practice

The programme produced useful learning for national policy and practice. The use of co-production to create innovative solutions worked well, because issues were grounded in what parent carers and professionals believed needed to change and improve. Furthermore, it created a client-focused approach and improved working relationships

between stakeholder groups, namely parent carers and professionals, so that these groups understood and had bought into the end test product.

The co-design phase, and use of co-production activities, resulted in very positive outcomes for parent carers, in particular in their satisfaction with the local authority, understanding of local services available and the system of accessing support. The plethora of positive results from the activities implies that this is an approach that all local authorities should consider when innovating and developing services.

The outcomes produced, however, may not have been possible without the structure and oversight of CDC and its Learning Model framework. Local authorities reported that CDC's national status, and their supportive challenge along the way, helped keep projects focused and on track, and consider the wider policy context of the Innovation Programme. Similar learning programmes in the future should consider using an umbrella organisation to guide the process, encourage shared learning and compliance with project aims and ethos.

In one local authority, the CDC Learning Model was operated against a backdrop of restructuring. The Learning Model supported the change process, and involving parent carers helped professionals understand the reasons for restructuring. The Learning Model helped reinforce a client-focused basis for change.

The programme also demonstrated the use of non-social worker roles in supporting DCYP and their families accessing services. The use of volunteers, early support workers and other staff was welcomed by parent carers and those that used these alternative routes generally had a good experience. In addition, the programme highlighted that social worker assessments were not necessary for DCYP and families when they were accessing lower level support and there were no safeguarding concerns.

Finally, findings from the programme suggested that a broader range of media through which families could access information, advice, enquire and self-refer for consideration of support and services, such as online forms, should be considered by local authorities. This could result in more families understanding how to access support and achieve a faster process.

Cost of co-production approach versus potential savings

This section estimates the cost of using a co-production approach and compares this with the potential savings made from the new approaches created. Calculations are based on data submitted by CDC about project costs and are approximate, therefore findings should be treated with caution.

In the 1 year programme, an estimated £118,995.56 was spent on co-production activities between 1 April 2015 and 31 March 2016, approximately 21% of the total Innovation Programme grant provided to CDC[41].

It was estimated that £15,598.58 could be saved each year by the new enquiry, referral and assessment approaches introduced in Bromley, Enfield and York. For the purpose of comparing cost and savings these approaches have been distinguished as 4 outputs:

1. Bromley's online eligibility questions
2. Bromley's online assessment
3. Enfield referral process
4. York's online enquiry/referral process.

The one-off cost of co-producing each of the 4 outputs was calculated and is detailed in Table 9 below (see Appendix 10 for more detail). This cost was compared with the estimated saving that the output could make. It was found that the cost of co-producing the 4 outputs outweighed the savings made (£30,565.83 versus £15,598.58). However, it would be a relatively short time until these costs were recovered. Using a persistence approach, which assumes these new approaches will be in place for at least 3 years, it was estimated that new systems would outweigh the cost of co-production by £16,229.92 (£46,795.75 versus £30,565.83).

The 3 year assumption is a judgement on the persistence of the new models, therefore the data about whether savings can be created can be interpreted in different ways. In addition, the data does not take into account the number of review assessments that each local authority undertake. These reviews may also be faster and cheaper, and therefore save the local authority additional money.

[41] Based on 4 local authorities - Bromley, Enfield, West Sussex and York

Table 9: Co-production cost versus savings from test outputs

	LA	No. of outputs contributing to saving (and description)	Saving for output (£) for 1 yr. and 3 yrs.	Total co-production cost to produce all outputs contributing to savings (£)[42]	Saving/ cost difference (£) for 1 yr. and 3 yrs.	No. yrs. to break even
1	**Br.**	2 (1. Eligibility questions 2. Online assessment)	£7,438.50 (1 yr.) £22,315.50 (3 yrs.)	£10,416.17[43]	-£2,977.67 (1 yr.) £11,899.33 (3 yrs.)	1.4
2	**En.**	1 (1. New referral process)	£2,386.80 (1 yr.) £7,160.40 (3 yrs.)	£7,944.34	-£5,557.54 (1 yr.) -£783.94 (3 yrs.)	3.4
3	**Yo.**	1 (1. Online enquiry / referral process)	£5,773.28 (1 yr.) £17,319.85 (3 yrs.)	£11,927.67	-£6,154.39 (1 yr.) £5,392.18 (3 yrs.)	2.1
4	**Total**	**4**	**£15,598.58 (1 yr.)** **£46,795.75 (3 yrs.)**	**£30,288.18**	**£-14,689.60 (1 yr.)** **£16,507.57 (3 yrs.)**	**2.3 (avg.)**

Replicability of test approaches

Some test approaches had merit for wider take-up by other local authorities. The enquiry, referral and assessment approach (theme 1) was found to be the most replicable, because it was online and a fairly low-cost and simple change that yielded positive results in terms of efficiency. Information packs for parent carers (theme 3) were also easily replicable but revealed a limited level of impact on efficiency improvements.

[42] This includes £520.59 per output of CDC costs to oversee the projects.
[43] Costs doubled for Bromley as 2 outputs led to the savings made.

Volunteer support services (theme 2) would be replicable in other areas, and showed a high level of satisfaction from parent carers, but required a dedicated role to support and train volunteers. Similarly, the resources for professionals (theme 4) required a role carved out to train other professionals. Finally, the information and tools for DCYP (theme 5) needed time and resources to ensure that the products were developed with young people, and that staff were trained on how to use these tools effectively.

All test approaches should be replicated with the caveat that they were co-produced with professionals, parent carers and DCYP from that local area. Other local authorities should be cautious about implementing these processes without embarking on the journey of discovering what the issues in their local area are, to ensure that the new approaches address these.

Most professionals thought their new approaches were replicable in other areas:

> "Any local authority could do [the test approach]. You could run this with one person coordinating, it's the enthusiasm and the generation that you need from it, somebody who is really really good and committed around disabled children… and you need, dependent on your area, between 2 and 3 people could make a real difference. It's a very simple model, but it's quite cost effective." (Local authority manager, Cornwall)

Reflections on the evaluation

The evaluation approach was appropriate to capture the learning and outcomes of this innovation project. The evaluation focus shifted in November 2015 to capture more of the process of the CDC Learning Model (discussed in the limitations section) - something that was essential to understand how the test approaches were created and how they addressed the presenting issues. Coram used a mixed method evaluation approach, which worked well to understand experience, as well as to measure some effects on efficiency.

Obtaining good quality data from the local authorities was an issue when attempting to analyse and compare assessment speed and cost. Cost and time reduction findings presented in this report should be used as estimated averages. Local authorities experienced challenges providing data about the test approach and previous assessment systems. Data collection proved time consuming, due to a lack of data monitoring systems, and often staff, who were supporting the evaluation on top of their daily role, lacked the capacity and access to obtain local authority data about assessment.. In addition, no 1 case was the same. Creating an average cost and time-saving figure across cases was challenging, and results should be used with caution; every family that is referred to the local authority for assessment has different needs, and different levels of information are required to make a judgement on service provision.

The parent carers involved in the test were typically parent carers that had no experience with the local authority. This provided a fresh perspective on their experience but it meant that the parent carers did not have a baseline experience to compare with. In interviews and questionnaires, parent carers were able to discuss their own experience but were not able to comment on whether it was an improvement on previous systems.

Collecting meaningful evaluation information from DCYP was a challenge. Coram witnessed the time and skill that professionals demonstrated in engaging DCYP in discover through to test activities. There was not enough time factored into the evaluation to capture the views of DCYP. If similar evaluations take place in the future, Coram recommends that the evaluators work with practitioners who are trained and skilled to work with DCYP to collect evaluation information. Perhaps an embedded researcher in this role would be beneficial.

Although no formal evaluation will be in place after 30 September 2016, local authorities were encouraged to continue to monitor and gather feedback on their test approaches. Coram created a test tracker which some local authorities were continuing to use. Local authorities were also encouraged to continue using Coram’s evaluation questionnaires, where appropriate, to gain feedback about experience. The test approaches would benefit with longer term evaluation to capture more evidence about the impact on efficiency, integrated working and parent experience.

Conclusion

CDC contributed to some of the DfE Innovation Programme's national objectives. In particular, CDC implemented a model of working that provided a space and framework for experimenting with new and innovative approaches. The programme also resulted in new local authority approaches that showed promising signs of reducing cost while maintaining a good parent carer experience. This was an area that would have benefitted from longer term monitoring and evaluation. Coram, at the time of this report, could not be confident that the programme had led to better life chances for DCYP receiving help from social care, but local authorities had made incremental steps towards better involving DCYP in the assessment process, and understanding their views about how they wanted to access support and activities.

The projects produced some useful learning for national policy and practice including:

- an understanding of co-production, how it can create innovative solutions and support a change process: professionals were directly confronted with views of parent carers who were able to offer suggested solutions to the challenges they identified when accessing support
- the use of non-social worker roles in the assessment of DCYP: volunteers and early help workers were effective in gaining the trust and engagement of parent carers to help them find the appropriate support needed
- alternative enquiry, referral and assessment routes for families with lower level needs, and the use of different media in advertising local services (for example online enquiries and film clips): families found these alternative systems relatively straight forward to use and generally more accessible than previous processes.

In terms of CDC's project aims, the programme met, or progressed towards, some of these. The new approaches appeared to have created a more streamlined approach and proportionate assessment. Family experience of the test was good, and relationships between parent carers and professionals were improved. CDC established a learning network between local authorities involved in the programme, but authorities wanted even more opportunity to share ideas and support one another.

The combination of the CDC Learning Model and a local skilled facilitator created a model that supported innovation. CDC's Learning Model provided a framework in which local authorities could identify issues, create solutions, design new approaches and test these approaches. Each stage was fundamental in creating a test approach that was grounded in the real issues faced by parent carers and DCYP. The co-design phase created an equal and respectful platform in which parent carers and professionals could work together to create a solution that would work for the majority. Parent carers felt more in control and valued as a result of the phase. Indeed, CDC's aim of creating equity in relationships between professionals and parent carers was clearly met here. The

programme gave space and time for local authorities to engage parent carers and a range of professionals from different disciplines in a more thorough and systematic way.

It was beneficial to have a national organisation, independent of the local authorities, overseeing the local projects. CDC coaches offered supportive accountability and helpful challenge throughout the programme, which local authority teams valued. Local authorities reported that having CDC coaches as a sounding board for ideas helped with project implementation and also challenged local authorities to keep thinking both innovatively and about the wider national context of the programme.

Local authorities wished to sustain the learning model approach, but financial pressures were a worry. Managers viewed the project, and the time and space it afforded, as a luxury, and were wary to suggest that co-production and learning programme approach would continue after the CDC Learning Model had ended.

The test approaches created were generally effective and addressed the issues identified by stakeholders in the discover phase. Theme 1, the new enquiry, referral and assessment processes, was found to yield the most positive results in terms of efficiency and benefits to other local authorities. The other 4 themes scored well in the area of parent carer, professional and DCYP experience but provided less evidence as to how they could contribute to a more efficient assessment process.

Where efficiency could be measured, the test approaches were generally faster, more proportionate and cost effective than previous processes. On average, across the 3 local authorities who provided data on cost and staff time, the new approaches saved £97.88 per case. This improvement in efficiency did not worsen parental experience: parent carers were satisfied with the new approaches and parent carers and professionals agreed that the new approaches would make the biggest improvement on working relationships between the 2 groups.

It is important to remember that the data about cost and staff time had limitations, and should be used cautiously. Data was from small samples and self-selected by local authorities meaning they could be open to potential bias. Findings are therefore not conclusive. A more in-depth and longer term evaluation would be required to understand whether the new systems resulted in the right decision and appropriate services for families, while also creating efficiencies and maintaining parent carer satisfaction with the process.

Some test approaches appeared to have merit for wider take-up in other local authorities. The enquiry, referral, assessment approach (theme 1) would be a fairly straight-forward change for local authorities to implement and appeared to yield positive results in terms of efficiency. Information packs for parent carers (theme 3) would also be easily replicable but showed a limited level of impact on efficiency improvements. Volunteer support services (theme 2) showed a high level of satisfaction from parent carers but required a dedicated worker to support and train volunteers. Similarly, the resources for

professionals (theme 4) needed a role carved out to train other professionals. Finally, the information and tools for DCYP (theme 5) required time and resources to ensure that these products were developed with young people, and that staff were trained in how to effectively use these tools.

Appendices

Appendix 1: Definitions of terms

The CDC Learning and Innovation Model: refers to the bespoke model CDC designed to provide local authorities with a framework, within which to implement their innovation projects (referred to as 'the CDC Learning Model' or 'the programme' in the report). The model consisted of 4 distinct phases:

1. discover: work with stakeholders to find out what the issues and opportunities are
2. define: make sense of what is discovered and identify priority areas for co-design
3. co-design: work with stakeholders to develop and co-produce new ideas for testing
4. test: trial the ideas and capture the learning.

CDC's Learning Model was underpinned by 4 principles: meaningful co-production; creative, person-centred approaches; seamless service experience; and prevention is best. The programme also aimed to build a national learning network through CDC's national development days.

Short breaks: are a way of giving parent carers a break from their caring responsibilities. Short breaks can also benefit the DCYP. Short break activities include spending time with relatives, accessing youth clubs or activities such as swimming and rock climbing. Short breaks can be universal, targeted or specialist services.

Local offer: presents a choice of short break opportunities to families in the local area. It can enable local authorities to direct resources to services, rather than funding unnecessary assessments. Families accessing a local offer are not subject to any additional assessment by the local authority and instead provide existing evidence of a disability. In some local authorities, all disabled children are registered, and all those registered can access the local offer. In others, families already registered with health or other local authority services relating to their disability are able to access a local offer.

Statutory assessment: refers to the assessment social workers carry out of children if they are considered to be in need or suffering significant harm. Assessments gather information about a child and their family which will help the practitioner to understand the child's needs, and assess whether those needs are being met by the family and/or any services already provided; analyse the nature and level of any risks facing the child as well as identify protective factors; decide how to support the family to build on strengths and address problems to ensure the child's safety and improve his or her outcomes. In this report, 'assessment' refers to statutory assessment unless stated otherwise.

Co-design: was the third phase in the CDC Learning Model, which used co-production activities to develop and create new approaches to test. The co-design phase was

designed to share the thinking from the initial two-phase, discover-and-define, with a bigger group of stakeholders.

Co-production: this programme, was a collaboration between parent carers, DCYP and professionals from social care, education, health and the voluntary sector, to think of, and design, creative ways to shape services for DCYP by using the skills and ideas of all parties. It involved all stakeholders discussing outcomes, plans and actions and deciding on solutions together.

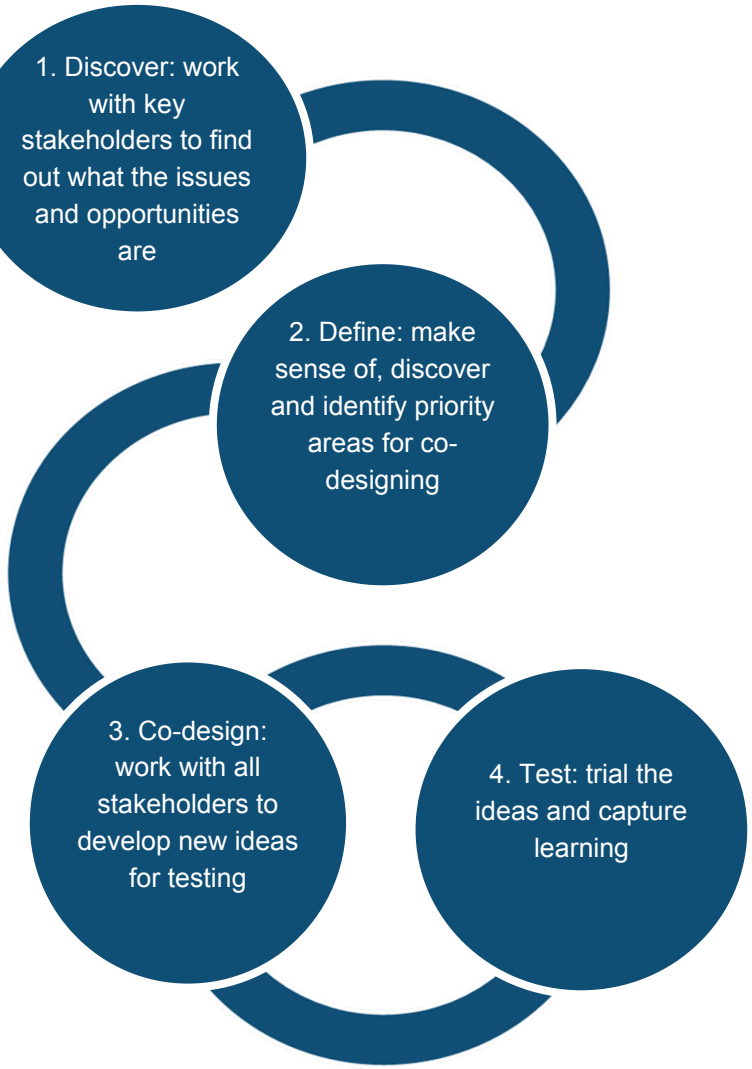
Parent carer: those who are a parent or a carer of a DCYP.

Appendix 2: The CDC Learning Model

The discover-and-define phases aimed to work with stakeholders - namely parent carers, professionals and DCYP - to identify the issues with the current assessment systems, and to brainstorm solutions that could be taken forward to be developed in the co-design stage.

The co-design phase was an opportunity to share the thinking from the initial discover-and-define phases with a bigger group of stakeholders. The aim of the phase was to work with parent carers, DCYP and professionals to develop many ideas for how things could work differently in relation to accessing services and assessment. The phase would then lead to identifying promising ideas and co-producing new approaches together.

Figure 1: The CDC Learning Model



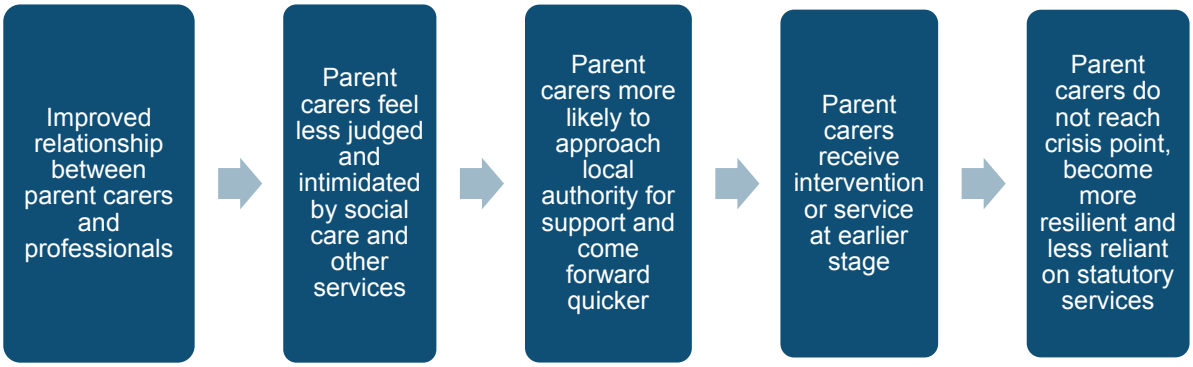
CDC's practical tools: Customer Journey and Ideas Generation maps

To assist with the discover-and-design phases, CDC introduced a Customer Journey and Ideas Generation map to participating local authorities. The practical tool provided a consistent, clear and simple framework whereby participants could identify the 3 most important issues, 'Priority

Touchpoints', that should be addressed. One project lead in Bromley, where they were able to complete the mapping exercise with 50 parent carers and professionals from the voluntary sector and schools, recalled how they used the tool to develop their co-design concepts:

> "We had an emotive score, which was something we worked with CDC on, to rate the level of importance that [stakeholders] gave to a particular key point in the assessment process. From that we took out the most important …they then took that into the define phase and had specific focus groups around those areas". (Project staff, Bromley)

Figure 2: Potential impact of co-design on parent carers, professionals and local authority



Appendix 3: Evaluation tools

Baseline questionnaire for parent carers

1. How satisfied were you with the assessment you received (please circle)?

1 - very unsatisfied 2 - unsatisfied 3 - neither unsatisfied nor satisfied 4 - satisfied 5 - very satisfied n/a Comments:
……

2. How many days did it take from your initial assessment to completion of your assessment, approximately?

..... days/months

3. What did you think of the length of time the assessment took to complete, from initial assessment to completion (please circle)?

1- much too slow 2 - a bit slow 3 - about right 4 - a bit too fast 5 - much too fast N/A

Comments:
……

4. How involved in the assessment process did you feel (please circle)?

1 - not involved at all* 2 - not very involved 3 - neither involved nor not involved 4 - quite involved 5 - very involved**

n/a

*not involved at all could mean you were not able to express your opinion, you were not listened to and you felt your ideas were not taken on board.

**very involved could mean you were able to express your opinion, you felt listened to and you felt your ideas were taken on board.

Comments:
……

5. What did you think about the level of involvement you had in the assessment process (please circle)?

1 - much too little 2 - a bit too little 3 - about right 4 - a bit too much 5 - far too much N/A

Comments:
……

6. How appropriate was the service you were signposted to for the needs of your child? Please circle response

1 - very appropriate 2 - appropriate 3 - OK 4 - inappropriate 5 - very inappropriate N/A

Comments:

……

Thank you for taking the time to complete this questionnaire.

Baseline online survey for professionals

1. Please select your local authority:

- ☐ Bromley
- ☐ Cornwall
- ☐ Enfield
- ☐ West Sussex
- ☐ York

2. Please describe the area or type of assessment your local authority is focussing on for the innovation project:

_____

3. How effective do you think the current assessment process is in identifying the needs of referred children and young people?

very ineffective	ineffective	OK	effective	very effective
☐	☐	☐	☐	☐

4. Please explain further:

_____

5. How timely do you think the current assessment process is in completing an assessment?

very untimely	untimely	OK	timely	very timely
☐	☐	☐	☐	☐

6. Please explain further

_____

7. Please rate on the 1-5 scale how much you think the current assessment process allows young people and children to participate in the process for example have an opportunity to express themselves and help inform decision making.

1. not at all 2. 3. 4. 5. very much

☐ ☐ ☐ ☐ ☐

8. Please explain further

---

9. Please rate on the 1-5 scale how much you think the current assessment process allows parents/carers to participate in the process for example have an opportunity to express themselves and help inform decision making.

1. not at all 2. 3. 4. 5. very much

☐ ☐ ☐ ☐ ☐

10. Please explain further

---

11. To what extent do you think the current assessment process is leading to children being signposted to appropriate support?

1. not at all 2. 3. 4. 5. very much

☐ ☐ ☐ ☐ ☐

12. Please explain further

---

13. To what extent do you think collaborative working between staff or teams takes place in the current assessment process?

not at all not much somewhat significantly very much

☐ ☐ ☐ ☐ ☐

14. Please explain further

---

15. From your experience, how do you think children and young people generally perceive the current assessment process?

16. From your experience, how do you think parents/carers generally perceive the current assessment process?

17. What do you think are the strengths of the current assessment process?

18. What do you think are the weaknesses of the current assessment process?

19. How do you think the current assessment process could be improved?

Thank you for completing the survey.

Discover, define and co-design questionnaire for DCYP

These questions are intended as a guide for each local authority to assess the children and young people's views on being involved in the discover through to co-design phase. Please use symbols or emoticons or other formats to support the young people in answering the questions. Some questions you may wish to not use because they are not appropriate to the age or needs of the children and young people involved. If needed please replace the word "assessment" with something more meaningful to the approach being tested with children and young people.

***** *Please either leave these questions open, or if you think it is more appropriate add in emoticons/a selection of statements or words to support the young person to identify how they felt.*

Did you like being asked questions about your assessment? (Please circle)

Yes I liked it Sometimes I liked it No I didn't like it

Why did you choose this answer?*

Why do you think you were asked questions about your assessment?

Did you say everything you wanted to say? (Please circle)

I said everything I wanted to say

I said some things I wanted to say

I said nothing I wanted to say

When you gave your answers did [insert name of facilitator] understand what you said? (Please circle)

[Insert name of facilitator] understood everything I said

[Insert name of facilitator] understood some things I said

[Insert name of facilitator] understood nothing I said

Thank you for taking the time to complete this questionnaire!

Test questionnaire for DCYP

These questions are intended as a guide for each local authority to assess children and young people's views on the new approaches tested. Please use symbols/emoticons or other formats to support the young people in answering the questions. If needed please replace the word 'assessment' with something more meaningful to the approach being tested with children and young people.

What do you think about the [insert name/description of test approach]?

Either leave the questions open or if you think more appropriate add in emoticons/a selection of statements or words to support the young person identify how they felt.

What do you like about it?

What don't you like about it?

What could make it better?

Thank you for taking the time to complete this questionnaire!

Appendix 4: Baseline data

Table 10: Strengths, weakness and improvements in the assessment process, professional views

	Strengths	Weaknesses	Improvements
1	Holistic approach gathers detailed information on child	Weak on non-verbal communication with children	Child-centred using pictures not just text
2	Single assessment creates consistency	Unrealistic timescales	More time to be reflective and analytical
3	Assessment encourages child-centred focus	Tendency to over-assess when changes occur	Accessible online self-referrals
4	Important role played by parent carers	Disproportionate in assessments for short breaks	More streamlined method to make a referral
5	Multi-agency working and information sharing	Focus on safeguarding often not relevant	Better inter-agency communications especially with health
6	Includes all relevant agencies for example health and schools	Lack of information on progress for parent carers	Specialist disability assessment form
7	Encourages professionals to work to child priorities not service's	Needs to allow more time with child	Timely feedback to parent carers during process

Appendix 5: Test experience responses (all local authorities)

Figure 3: Professional and parent carer experience of new approaches

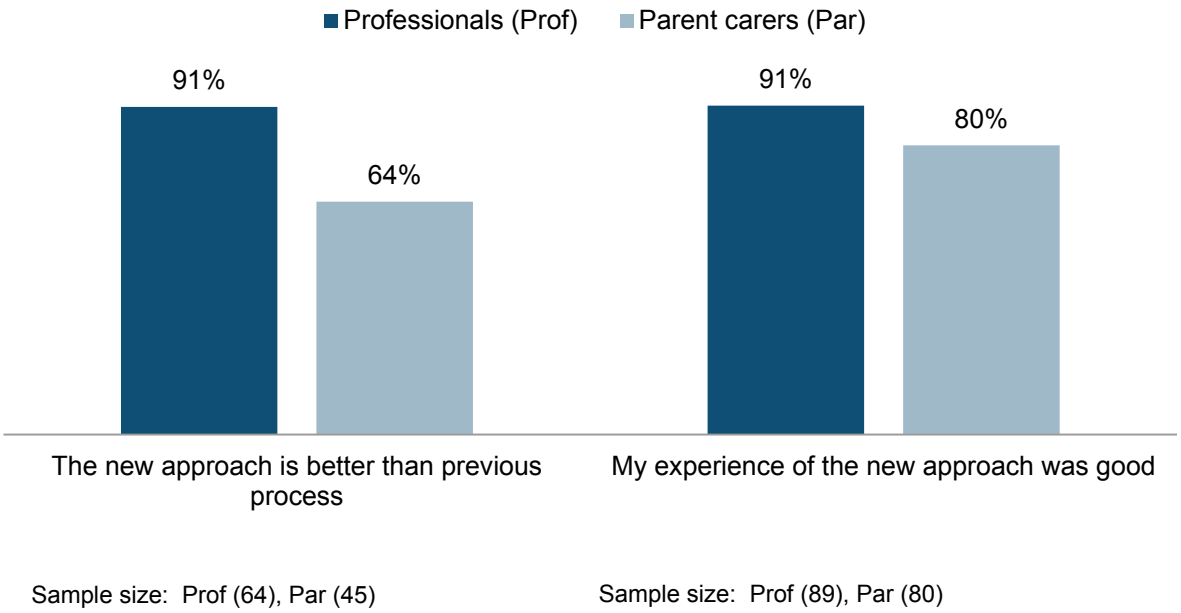
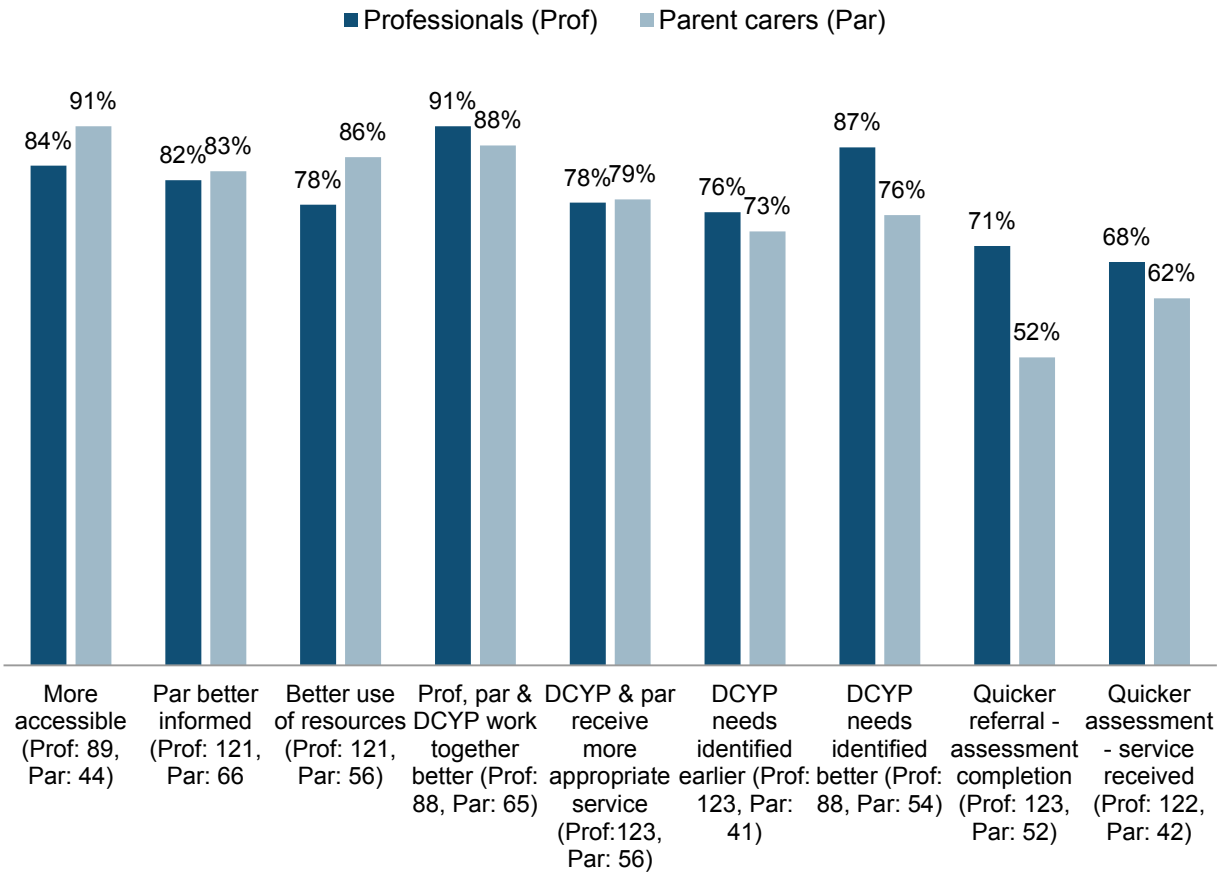
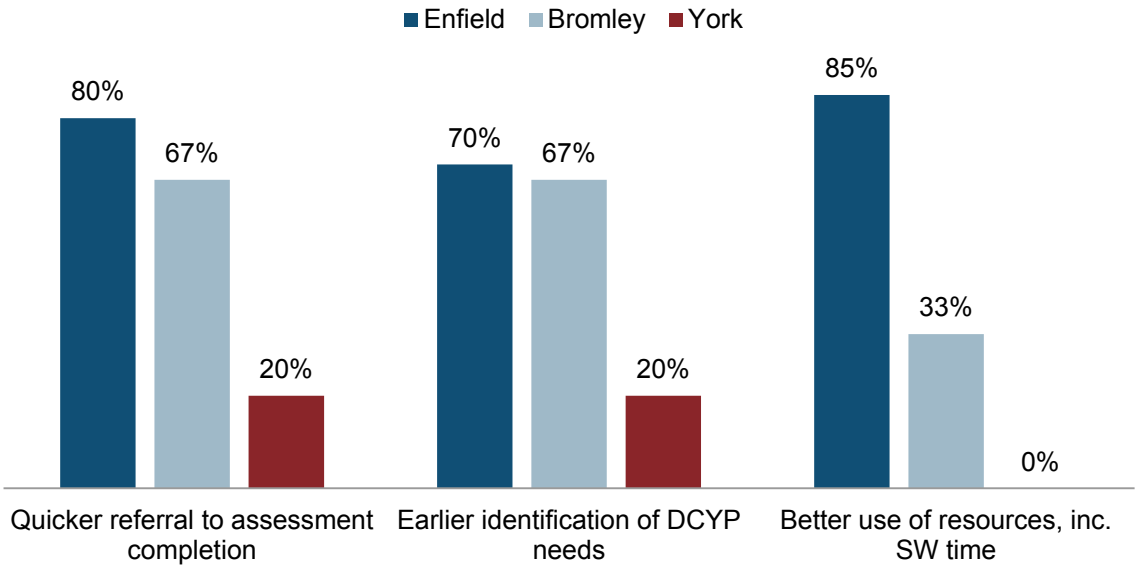


Figure 4: Professional and parent carer views on test approach impact, % in agreement



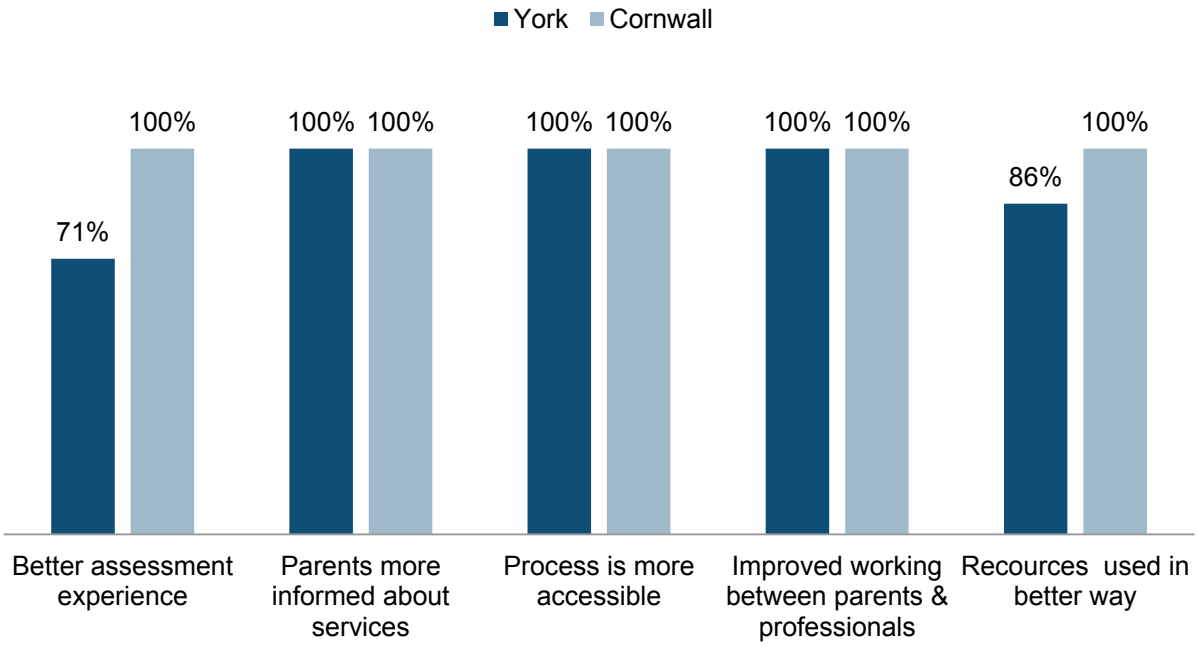
Appendix 6: Test experience responses (comparison across local authorities by theme)

Figure 5: Professional view about theme 1, enquiry, referral and assessment processes, % in agreement



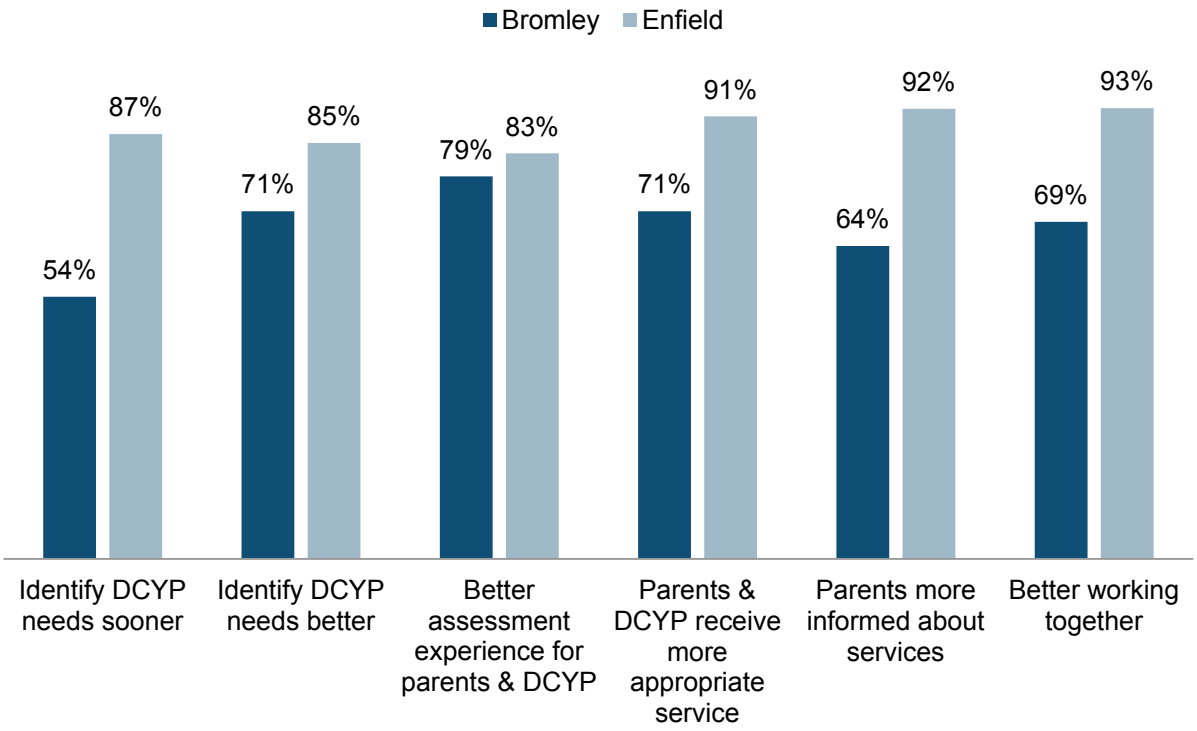
Sample size: Enfield (20), Bromley (6), York (5)

Figure 6: Parent carer view about theme 2, volunteer support services, % in agreement



Sample size: York (7), Cornwall (5)

Figure 7: Professional view on theme 4, upskilling and new resources for professionals, % in agreement



Sample size: Bromley (13-14), Enfield, (53-55)

Appendix 7: Test approach timescales and cost data

Enfield assessment data

Table 11: Summary of cases, timescales for Enfield 2016 and 2014 assessment data

			Apr - Sep 2016	Apr – Sep 2014
All referrals (ESRAP and SSP)				
1	Referral to panel (average working days)		11	Not recorded
2	Panel to service received (average working days)		22	Not recorded
3	Referral to service received (average working days)		30	Not recorded
ESRAP (under 5s)				
1	**Cases**	No. of referrals	65	65
2		No. that went to panel	65	65
3		No. and % that had service granted	49[44], 75%	42, 65%
4	**Timescales**	Referral to panel (average working days)	10[45]	7[46]
5		Panel to service granted (average working days)	22[47]	23[48]
6		Referral to service granted (average working days)	30[49]	35[50]
SSP (over 5s)				
1	**Cases**	No. of referrals	22	46
2		No. that went to panel	22	Not recorded
3		No. and % that had a service granted	14, 64%	10, 22%[51]

[44] This excludes cases that were ongoing, referred for a SW assessment, signposted to local services, declined or where it was not clear from data what referral outcome was.
[45] Based on 64 cases. One case was missing a referral date.
[46] Based on 65 cases.
[47] Based on 48 cases with a valid service received date recorded.
[48] Based on 42 cases.
[49] Based on 47 cases with a valid referral and service received date recorded.
[50] Based on 42 cases that have a valid referral and service received date recorded.
[51] Only 10 cases had a valid service granted date recorded.

4	**Timescales**	Referral to panel (average working days)	13[52]	Not recorded
5		Panel to service (average working days)	21[53]	Not recorded
6		Referral to service granted (average working days)	33[54]	101[55]

Bromley assessment cost data

Table 12: Average estimated cost of online assessment approach, Bromley (new approach)

	Activity	Job role	Minutes	Cost (£)
1	Online assessment received	Social worker	30	6.06
2	Verification with school/ Voluntary Community Sector org.	Social worker	20	6.84
3	Authorise referral	Manager	25	11.93
4	Paperwork	Social worker	30	10.27
5	Panel	Manager, deputy manager and social worker	50	20.29
6	Contact parent	Social worker	32	£10.84
		Total:	**187 (3.1 hours)**	**£66.22**

[52] Based on 22 cases.
[53] Based on 14 cases.
[54] Based on 14 cases.
[55] Based on 10 cases with dates recorded.

Table 13: Average cost of social worker assessment approach in Bromley (previous approach)

	Activity	Job role	Minutes	Cost (£)
1	Authorise referral	Manager	25	11.93
2	Contact parent	Social worker/ admin	48	16.30
3	Home visit	Social worker	128	43.91
4	Contact with school	Social worker	17	5.70
5	School visit	Social worker	95	32.51
6	Write up assessment	Social worker	167	57.03
7	Detailed assessment	Social worker	22	8.31
8	Paperwork	Social worker	23	7.98
9	Panel	Manager, deputy manager and social worker	50	20.29
		Total:	**575 (9.6 hours)**	**£203.97**

York assessment cost data

Table 14: Summary of York cases and timescales, 2016 versus 2014/15 data

			Jan - Sep 2016	Apr – Mar 2014/15
1	**Cases**	No. of referrals	53	40
4	**Timescales**	Enquiry to decision about service (average working days)	28[56]	67[57]

Table 15: Assessment outcomes for parent carers in York, 2014/15 versus 2016 data

[56] Based on 37 cases with a valid enquiry and decision date recorded.
[57] Based on 40 cases with a valid enquiry and decision date recorded.

	Outcome	% granted outcome Jan – Sep 2016 (based on 46 cases)	% granted outcome Apr 2014 – Mar 2015 (based on 40 cases)
1	100 hours (short break)	74%	75%
2	Signposted to lower level support	2%	0%
3	Longer term social work support required	4%	18%
4	Inappropriate)	11%	0%
5	Did not meet criteria for short break	4%	0%
6	Family declined service	0%	8%
7	Family did not engage	2%	0%
8	Data not clear	2%	0%

Table 16: Average cost of online enquiry/referral approach in York (new approach) from referral to decision made

	Activity	Job role	Minutes	Cost (£)
1	Phone calls	Social Worker	20	7.21
2	Supervision	Social Worker	10	3.61
3	Email	Social Worker	10	3.61
4	Case recording	Social Worker	15	5.41
5	Referral for short breaks	Social Worker	15	5.41
6	Letter	Social Worker	10	3.61
		Total:	**80 (1.3 hours)**	**£28.85**

Table 17: Average cost of single assessment (previous approach) in York from referral to decision

	Activity	Job role	Minutes	Cost (£)
1	**P**hone calls	Social Worker	57	20.44
2	Home Visit	Social Worker	60	21.64
3	Supervision	Social Worker	30	10.82
4	Supervision	Team Manager	30	15.16
5	Email	Social Worker	15	5.41
6	Email	SEN Coordinator	7	1.29
7	Single Assessment	Social Worker	60	21.64
8	Letter	Social Worker	17	6.13
9	Case recording	Social Worker	110	39.67
10	Admin for example invoices	Business Support	38	7.43
		Total:	**424 (7.1 hours)**	**£149.63**

Appendix 8: An example of disabled children and young people's needs

Table 18: Low, medium and high support needs matrix (Enfield)

Behaviour, communication and learning				
Please tick one box in each row that best describes your child's needs in terms of behaviour, communication and learning, to explain why they need more support than a child of the same age who doesn't have a disability.				
	Low Support Needs	**Medium Support Needs**	**High Support Needs**	
1	Because of their behaviour, needs **some** adult support with their self-care needs, i.e. eating, drinking, dressing, toileting and positioning, for these needs to be safely met.	Because of their behaviour, needs **more regular** adult support with their self-care needs, i.e. eating, drinking, dressing, toileting and positioning, for these needs to be safely met.	Because of their behaviour, needs 1:1 adult support **at all times** with their self-care needs, i.e. eating, drinking, dressing, toileting and positioning, for these needs to be safely met.	Not applicable to my child.
2	Has a learning disability and may display distressed behaviour arising from a lack of understanding and/or anxiety.	Has a **severe** learning disability and may display highly distressed behaviour arising from a lack of understanding and/or anxiety.	Has a **severe** learning disability and challenging behaviour **that presents significant risk of harm to self or others.**	Not applicable to my child.
3	Has challenging behaviour which requires some involvement and interaction with multi-disciplinary communication and learning services.	Has challenging behaviour which requires **regular** involvement and interaction with multi-disciplinary communication and learning services.	Has challenging behaviour which requires **intensive** involvement and interaction with multi-disciplinary communication and learning services.	Not applicable to my child.
4	Has a learning disability which impacts on some aspects of communication and social interaction.	Has a severe learning disability which impacts on all aspects of communication, i.e. restricted and rigid behaviours, social communication and social interaction.	Has a severe learning disability and a severe communication impairment diagnosed by a Speech and Language Therapist and they need augmented communication support.	Not applicable to my child.
5	Has communication/learning needs that can be met within universal services with **some** support in relation to self-care, mobility and engagement with peers.	Has **severe** communication/ learning needs that cannot be met within universal services without significantly more adult support in relation to self-care, mobility and engagement, than other children of a similar age.	Has **severe and complex** communication/learning needs that cannot be met by universal services without 1:1 support.	Not applicable to my child.

Source: Enfield Joint Service for Disabled Children referral form

Appendix 9: DCYP views about involvement in co-design, by local authority

Table 19: DCYP views on involvement in co-design: responses from questionnaire

	Local authority	No. DCYP that responded "yes, I like being asked questions"	No. DCYP that responded "yes, I said everything I wanted to say"	No. DCYP that responded "yes, I was understood"
1	Cornwall (N=15-14)	1 (out of 15 , 13 DCYP responded "not sure")	13 (out of 14)	14 (out of 14)
2	Enfield (N=6-7)	2 out of 7 (4 responded "not sure")	5 out of 6	5 out of 6
3	York (N=2)	2	2	2

Appendix 10: Notes on the co-production costs versus potential savings

The costs of co-production activities have been calculated from project costs submitted by CDC. These are estimated, as co-production activities were not identified separately in the project budget.

Co-production activities took place in all 4 quarters of the programme: quarter 1 - engagement activities, quarter 2 – discover-and-define activities and quarter 3 and 4 - co-design and test.

Calculations for local authority costs were based on reported event costs that involved co-production in each of the quarters: 25% staffing to cover facilitation of external stakeholder (including family, DCYP, VCS and wider professionals, outside the local authority) meetings, and planning (not including 75% staffing for project management, internal planning and analysis). In quarter 3 it was estimated that 50% of staff cost was used on co-production activity and in quarter 4 25% of staff cost was spent on co-production.

CDC costs for co-production included training for LAs at development days per output (£1,050 development day costs for quarter 2); £3,800 (Participation Officer quarter 3); £4,000 (50% workshop facilitation CDC quarter 3) = total £8,850.

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