

Darlington Association on Disability Centre for Independent Living

Key Working in Partnership

Independent evaluation 2015

This report is available in a text only version. Please contact DAD if you require this report in a different format.



Acknowledgements

This project evaluation report was researched and produced by Kevin Caulfield and Sandy Marshall of Equal Citizen Services (ECS).
www.equalcitizen.co.uk.

Darlington Association on Disability (DAD) must be acknowledged for their expertise, understanding and development of this Key-Working in Partnership (KIP) project. The inspiration and passion for this project came from Jacki Hiles, who died shortly after the project started. Her vision of a world where disabled children and young people are supported to live their lives and achieve their aspirations was central to the ethos of KIP.

DAD had already been involved in the SEN Pathfinder Pilots and recognised the importance of:

- Linking the experience and expertise acquired by parents, children and young people within the educational system with other parents and children and young people for Peer Support.
- Providing a designated key-worker for parents, children and young people allows support to be tailored to assist families on their journey in preparing EHC plans.
- Providing support to parents where potential problems or a crisis was looming which could be preventative through a framework of non-statutory intervention.
- The participation of parents, children and young people being at the heart of the project to ensure that those involved had a voice.

The Evaluators would like to thank the many people who have been interviewed and contributed to this evaluation. In particular project staff that provided their time to talk to the Evaluators about their experiences of

the project. Project staff provided the Evaluators with a considerable amount of documentation including steering group minutes, Department for Education quarterly progress reports, training resources, power point presentations, Participation Principles, Top Tips for Participation and related information. Importantly though, it has been the contribution of parents and children and young people themselves which must be acknowledged. Without their contribution and experience of their journeys throughout the course of the project the Evaluators would not be able to demonstrate the changes and benefits obtained from the project.

Several different professionals have also contributed to the Evaluation providing a picture of how the project has changed and enhanced their practice and understanding of the key working model and participation for parents and disabled children.

Darlington Association on Disability
20-22 Horsemarket
Darlington DL1 5PT
Telephone: 01325 489999
Fax: 01325 488188
Text: 0762 481 8780

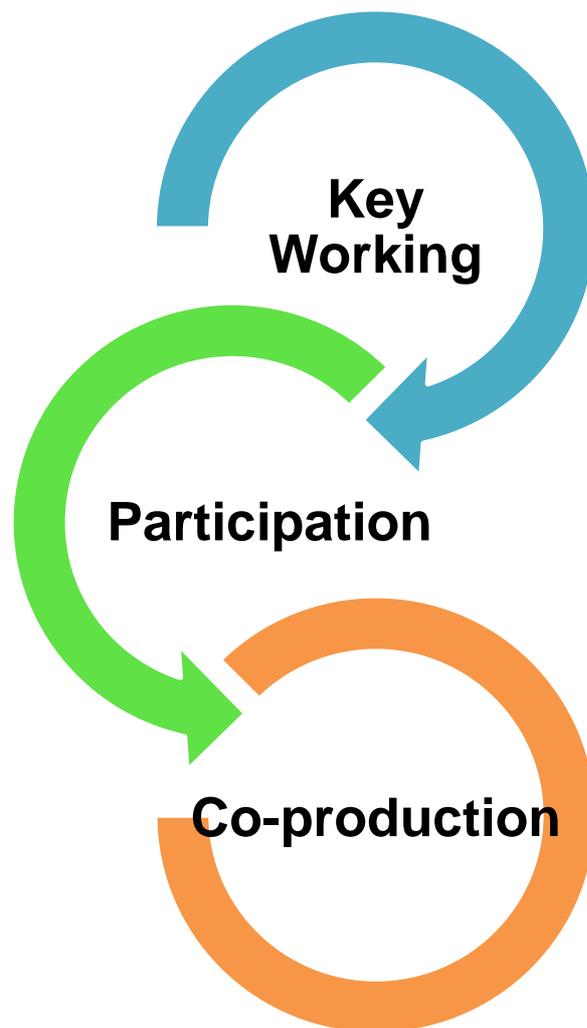


Email: mail@darlingtondisability.org

Equal Citizen Services
1 Lyric Square
Hammersmith
London W6 ONB
Telephone: 0207 084 6331
Mobile/ Text : 07899 752 877
Typetalk: 1 8001 02070846331



Email: info@equalcitizen.co.uk
Website: www.equalcitizen.co.uk



“The professionalism on which you stand is not a different road to the one on which we tread... It’s also the road that’s cushioned and softened by the laughter and the smiles of love and tears of our children. That road is the same road and, when we relate to each other, we have the partnership that dreams are made of. From the educational psychologist who sits with you and tries to translate the vision you have for your child in the way his or her report is written, to the occupational therapist who’ll make a separate attachment to your child’s wheelchair so the cat can curl up next to your child, to the midwife who finds a lovely position you can feed your child in even though it’s completely against her textbook knowledge ... These are professionals who are working in the spirit of the term ‘partnership’.”

(Participating parent)

Contents

Acknowledgements

Executive Summary

Introduction to Darlington Association on Disability

The Context of the project

Over-view of the KIP Project

Purpose and Methodology of the Evaluation

3 Key Outcomes

Children and Young People

Case examples

Conclusion

Next steps & recommendations

Executive Summary

At the heart of the project was that children, young people and families would have effective support to participate in two distinct planning processes, the Education Health & Care Plan and the One Plan. A planning framework was established and designed to support both children and young people eligible for EHC Plans and One Plans. In addition to this the KIP project also supported families, children and young people that were heading into a crisis situation and the project provided a preventative role. Families, children and young people were supported in a way which offered value for money and made most effective use of resources. It was anticipated that the model of good practice emerging could easily be shared and implemented within other local authorities.

This report reflects on the three outcomes and related objectives and how they were achieved, looking at what worked well, what could have worked better, the lessons learnt and the targets met.

Through the development of a non-designated and designated key-worker model, and a framework routing families, children and young people, KIP has been able to offer an accomplished service.

The KIP project has supported families, children and young people who were eligible for Education, Health and Care (EHC) and One Plans to develop those plans. Plans that were developed through KIP became more person centred and focussed, demonstrating a more in-depth view of the child's or young person's voice and aspirations. KIP has supported families, children and young people through attending meetings, representing their "voice", encouraging children's views and opinions, provided information and essentially supported them through their planning journeys.

To achieve these outcomes the project developed and delivered a range of training to professionals, families, children and young people, which was

co-produced with them. Key-working Training and peer support training, was delivered to families, children & young people which enabled them to become expert trainers, and importantly Participation Training to children & young people were core to the project.

These training programmes have begun to bring about significant changes, reflecting a more person centred approach in developing EHC Plans and One Plans and supporting families, children and young people, particular those heading for, or in crisis.

The service was complimented by key-workers providing individual and most importantly independent support to families, children and young people and the project offered a more tailored approach. This independent aspect of the project has worked particularly well for those who had become dis-engaged with statutory services. KIP project staff helped to build, maintain and restore those essential links between education, health and social care departments.

Training increased confidence and understanding and “skilled-up” families, children and young people about the processes and systems of EHC Plans and One Plans. Once that new understanding was achieved those empowered families, children and young people became more efficient and effective at supporting themselves and then went on to support others through peer support.

KIP workers built a range of excellent relationships with a range of schools, professionals, families, children and young people throughout the life of the project. Developing different tools to support the outcomes, including the key training identified, training resources, handouts, power-point presentations and information. They also developed tools to engage children such as masks, board games and play.

A web-based information portal which is managed and operational through DAD, will shortly be available. Currently it is still in its early days, but this will no doubt be of significant help to busy parents and professionals,

children and young people alike in storing relevant information in one easily accessible point that offers a solution to the volume of paperwork.

DAD has been exceptionally well placed to deliver and achieve so many successful outcomes within the project. KIP has improved the understanding and knowledge of the key-working role, increased the voice of children and young people through participation and with the development of peer support and expert trainers has used resources well. There is no doubt that KIP has established a crucial and independent service. Importantly a service that supports families, children and young people's understanding and knowledge, skilling them up to become more adept at supporting themselves and offering support to others.

Introduction

Darlington Association on Disability DAD was established in 1986 as a voluntary and charitable organisation led by disabled people. It exists to promote independence and choice, and supports disabled people and carers through the provision of services, support and information and by tackling issues locally and nationally. DAD promotes the social model of disability, and as part of that remit is actively involved in promoting disability equality and awareness of anti-discrimination legislation. DAD acts as a focal point for consultation with disabled people and carers.

DAD is an organisation run by and for disabled people and all of its services are developed and co-produced with disabled people. DAD presently employs 60 people across the range of services, along with 93 volunteers. DAD has become an established voice in Darlington. The majority of the staff and volunteers that are employed or support DAD are disabled people.

DAD's work supports government and public authority initiatives to promote the inclusion of all disabled people and their families.

DAD's key areas of work includes; providing information and advice, supporting disabled people and carers to make informed choices and increase independence through access to disability rights based information. They also offer advocacy supporting disabled people and carers to say what they want, campaigning on issues which affect the lives of disabled people, families with disabled children and carers.

DAD also brings disabled people together to improve access by addressing barriers created by both the physical environment and attitudinal behaviours. DAD is committed to disabled people, parents and carers having more choice and control in their lives.

DAD also offers information, advice and support to people to explore and use Personal Budgets, Direct Payments and Personal Health

Budgets. Further information can be found on their website at www.darlingtondisability.org

DAD currently delivers specific projects within Children and Young People's Service (ChYPS) including:

- DASH (Inclusive play scheme for children); the Inclusion project supports children to access mainstream activities and works with agencies so they become more inclusive;
- The nationally recognised Young leaders project supporting disabled young people to participate in decision making locally, regionally and nationally;
- The provision of support to young people and parents to participate and influence the direction of Darlington's SEN Pathfinder and now Independent Support.

DAD also encourages self-advocacy through developing disabled people's skills, expertise and knowledge supporting them to have their own voices heard. DAD brings disabled people together to improve access by addressing barriers created by both the physical and attitudinal environment. It does this by promoting good practice around access issues, and by working with planners and providers to improve access to services. DAD also advises public bodies on how to carry out the duties imposed on them by the Equality Act.

4. The Current Context

The Government's aim in introducing the new Children & Families Act (CFA) 2014 reform was to "transform the system for children and young people with special educational needs, including those who are disabled so that services consistently support the best for them".

On 1st September 2014, the Children and Families Act 2014 became law. This replaced the old form of statutory assessment under the Education Act 1996.

An Education Health and Care plan (EHC) is the document which replaces Statements of SEN and Learning Difficulties Assessments for children and young people with special educational needs. An EHC plan can only be issued after a child or young person has gone through the process of an EHC needs assessment. At the end of that process, the local authority has to make a decision, either to issue an EHC Plan or not. In Darlington the One Plan has been maintained in order for those children who do not meet the EHC Plan eligibility but nevertheless are using one or more statutory services.

There has been much evidence previously to suggest that families, children and young people were not central to the statementing process and outcomes were simply not being met for disabled children and young people that required extra support. The Council for Disabled Children states that "Children, young people and their families often felt marginalised and frustrated by the current system of support that doesn't listen to them".(<http://www.councilfordisabledchildren.org.uk>)

The key changes to the CFA 2014 are to ensure families children, young people:

- **Get the support they need earlier, to help them learn and be healthy.**

- **Be more involved in making decisions about their lives and the support they need.**
- **Be able to find information more easily than before**
- **Get help to prepare for their future, including getting a job, choosing where to live and getting involved in their community.**

Through the CFA 2014, The Government has extended the SEN support legal framework from 0 to 25, and aims to give children, young people and their parents' greater control and choice in decision making, ensuring children and young people's needs are properly met.

With this in mind, DAD set out to develop a key-working model that would ensure EHC Plans and One plans were person-centred through engagement and participation of families, children and young people. Aiming to support decision making and ensuring information was available and accessible and would be embedded within Darlington's Local Authority Educational Services. Additionally that families, children and young people who did not meet the criteria for assessment and an EHC Plans but who were experiencing difficulties and using one statutory service would receive a similar key working approach and level of service in order to develop a One Plan.

The Government's legislative plans have set out that there should be

- Improvement and cooperation between all the services that support children and their families, and particularly requiring local authorities and health authorities to work together.
- Requiring local authorities to involve children, young people and parents in reviewing and developing provision for those with special educational needs and to publish a 'local offer' of support.

These two key elements fitted in with the Department for Education grant priority areas and in particular NP2 – Develop and reform services that support children with SEN disabilities and other health needs, and that:

- Local authorities should have regard to the principles in section 19 of the CFA 2014 including that children, young people and their parents should fully participate in decisions which affect them.

These being:

- a) Must have regard to the views, wishes, and feelings of the child and his or her parent, or the young person;
- b) Participating as fully as possible in decisions relating to the exercise of the function concerned, and
- c) Supporting and involving children and young people ‘to help her/him achieve the best possible educational and other outcomes.

Darlington Association on Disability was part of the initial SEN Pathfinder Pilots which involved the development and delivery of alternative approaches which could enhance or replace the existing SEN system.

This previous pilot project was a key factor in the design of the application to the Department of Education for the “Key-Working In Partnership” project.

DAD recognised the importance of children’s, young people and families’ participation in the development of plans evidenced by its work with Darlington as a SEN Pathfinder. This was supported by many years of experience of peer support working with disabled people and families in Darlington to bring about independence and increased choice and control in their lives. The KIP project complimented existing services through the provision of a key-worker model that offered families support which was both external and independent to the traditional mechanisms within the Local Authority’s Education Services.

As this evaluation report is currently being written, Local Authority Education Departments, Schools, Teachers, Parents, disabled children and young people, voluntary sector organisations and many more stakeholders up and down the country are rolling out and implementing, understanding and getting to grips with the changes and challenges that the new Children & Families Act 2014 (CFA 2014) has brought about.

The new programme of Independent Support, facilitated by The Council for Disabled Children is also currently being rolled out.

At the beginning of 2015, a request to provide early feedback about the new government reforms of the CFA 2014 was initiated by The Special Needs Jungle,(a registered not-for-profit company limited by guarantee) set up to provide information for the increasing number of families not knowing where to look or how to cut their way through the complicated systems. (www.specialneedsjungle.com).

Practitioners and families were asked to give their views about the roll out of SEND reforms in their areas. Amongst the several responses gathered, the survey alarmingly highlighted that:

“LA didn't appear to understand what was expected of them or that the front line staff hadn't received any (or very little) information. Some staff have yet to receive any training, or the training has only taken place this month”.

“An apparent lack of the "person-centred" approach that the new Children and Families Act is supposedly all about”. It was felt that most of the training offered to practitioners was regarding the paperwork changes rather than the cultural changes which are just as important. Person centred training wasn't being offered or was something being discussed for the future”

The key thread of engagement and participation of children, young people, parent carers and person centred approaches are supposedly central to the government's reforms in the CFA 2014.

The Evaluators therefore urge the readers of this report to reflect on some of the above early experiences of the new system from across the country and to take a closer look at the remainder of this evaluation report. As within it are embedded the values, mission and aims of a Disabled People's User led organisation. The values of participation, peer support and key-working, and empowerment are the foundations to support families, parents, children and young people to participate, collaborate, co-produce and have person centred EHC Plans and One Plans.

Overview of KIP project

DARLINGTON BOROUGH COUNCIL County Durham and Darlington **NHS**

Education, Health and Care Plan
Date:

My Name is

I like to be known as

Contents of This Plan

Part 1: My One-Page History
Part 2: My Family's History
Part 3: My Family's One-Page Profile
Part 4: My Current Needs
Part 5: How to Support Me
Part 6: My Support and Budget Plan
Part 7: Education Placement

Date of First Plan and/or Original Statement of SEN	
Date of Current Plan	

Darlington Association on Disability (DAD) received a grant of £349,182.00 from the Department of Education in 2013. The grant was made to fund the two year Key-working in Partnership (KIP) project under the departments National Prospectus Grants Programme 2013-15.

Priority 2

“Develop and Reform services that support children with Special Educational Needs (SEN) disabilities and other health needs”.

The Department for Education (DfE) sort applications from organisations that would provide innovative proposals that “could make a real difference on the ground as well as informing and guiding national policy in their priority areas” (The National Prospectus Grants Programme 2013-15)

The DfE wanted to work with organisations that supported children, young people, parents and wider families and those who shared the commitment to:

- Intervene early to support all children and young people, but particularly the most vulnerable and disadvantaged
- Drive reform and make a difference on the ground, delivering excellence and giving children and young people every opportunity to excel.
- Use evidence to offer support which is targeted, effective, and efficient and gives value-for-money.

A “high level” work plan was developed and agreed with the DfE before the work plan began. The work plan included three overarching key outcomes which set out to:

- Children and families will have effective support to participate in the EHC planning process (outcome 1).
- Children and families will be supported in a way which offers value for money and makes the most effective use of resources (outcome 2).
- Other Local Authorities will have skills, knowledge & systems in place to replicate successful elements of the key-working model (outcome 3).

The aims of the work plan across the two years were to ensure that:

Outcome 1 – Children and families will have effective support to participate in the EHC planning processes

- Key-working will be delivered by skilled knowledgeable, effective workforce who are outcome focussed and who are committed to co-production and working in effective partnerships.
- Key-working will be delivered in a timely, appropriate and cohesive way

Outcome 2 – Children and families will be supported in a way which offers value for money and makes the most effective use of resources

- Early intervention will avoid families falling into crises and will prevent the escalation of issues
- Information will be shared in a way which is accessible, transparent and cost effective.
- Peer support will provide families, young people and children with the confidence, skills and knowledge to participate fully in the key-working process.

- Families and children are effectively engaged in the key-working process

Outcome 3 – Other local authorities will have the skills, knowledge and systems in place to replicate successful elements of the key-working model.

- Non Pathfinder Authorities will each have trialled 2 elements of each of the key-worker model. These to include
 - Development of key-working using user led VCS organisation
 - Peer Support
 - Participation skills for children
 - Training delivered by families and children
 - Designated key-working for disengaged families
 - Non-statutory key-working
 - Web-based information system

It was anticipated that by the end of the project the targets would be:

- 30 Families receiving designated key-worker support
- 30 Families receiving non-statutory assessment key-worker support
- 40 Families benefitting in other ways from KIP
- 100 Families in total benefitting from KIP
- 8 Peer Supporters trained (including parents/carers)
- 8 Peer Supporters trained (young people)
- 20 Families receiving peer support
- 40 Children receiving participation training
- 4 Parents trained as trainers
- 6 Young People trained as trainers

- 40 Key-workers trained
- 15 Families self-key-working
- 50 Families using web-based information sharing tool

Much of the current project has been built on DAD's experience, the findings and the good practice from the SEN Pathfinder Pilot and much of the learning from this Key Working In Partnership project will be used, where possible to shape the new Independent Support roles in the current roll out of the reforms of the Children and Families Act 2014.

Evaluation Methodology

Purpose of the evaluation

The project required an independent evaluation of the work completed to identify effectiveness and efficiencies based on the project outcomes. Provide recommendations for future roll-out and improvements to national practice. The overall goals of the evaluation were;

1. To assess the degree to which the project met its objectives and to measure programme impact with examples of real change in people's lives.
2. To inform Trustees, implementing staff, partners, funders, government on the projects achievements, challenges, lessons learned and recommendations.
3. To inform the design and implementation of future projects that 'develops and reforms services that support children with SEN, disabilities and other health needs'.

Method of evaluation

The Evaluators considered the three high level outcomes outlined on the High Level project plan and has written into the Evaluation what worked well and what could have worked better, lessons learnt and the targets achieved. The Evaluation also aims to demonstrate the achievements and differences this model of support, delivered by a Disabled People's User Led Organisation can make to the lives of families, disabled children and young people.

The Evaluators have been able to capture the impact of the KIP project through interviewing, questioning and viewing progress reports, training programmes, feedback from people using the project and other documentation.

The 3 Key Outcomes

The Evaluators looked at the 3 over-arching key outcomes and associated aims, objectives, and target numbers identified on the “High Level Plan”. The plan was agreed by the Department for Education and the Evaluators have demonstrated from information gleaned what has worked well and what could have worked better throughout the life of the project, the lessons learnt and the targets achieved.

The “High Level Plan” set out to achieve the following targets.

Key Target	No
Families receiving designated key-worker support	30
Families receiving non statutory assessment keyworker support	30
Families benefitting in other ways from KIP	40
Total families benefitting from KIP	100
Peer supporters trained – parents/carers	8
Peer supporters trained – young people	8
Families receiving peer support	20
Children receiving Participation training	40
Parents trained as trainers	4
Young people trained as trainers	6
Keyworkers trained	40
Families self-key-working	15
Families using web-based information sharing tool	50
Local authorities demonstrate uptake of key-working model elements and effectiveness	3
Recruit parents children and young people as experts	14

Integral to the success of the project was a steering group comprising of people at a strategic level in Education, Health and Social Care, the Voluntary Sector and project staff, parents and young people. The steering group met regularly to over-see the project delivery and associated outcomes with project staff feeding in the progress of the

project. The steering group worked to a “terms of reference” which included endorsing key documents, work plans, monitoring activity, achievements and looking at solutions for any barriers and obstacles along the way, contributing to the co-production of the project.

“We’ve had some valuable comments and input from parents, to some of the developments and some of the information that they felt that other parents would be needing, so we’ve been able to put on events, and print more newsletters, flyers and promotional stuff to make them aware, not just about the key-working being there as a service, but information around EHC plans and reforms and what it’s going to mean”

Key posts were created to deliver the planned activities and outputs in order to reach the milestones and project outcomes, these consisted of Project Co-ordinator, Designated Key-Working Officers, Participation Trainer, Participation Officers and Administration Worker. All roles had associated job descriptions and person specifications. Some minor delays in recruiting staff to the project were reported, but by June 2013, the KIP Progress Report stated all staff had been recruited.

A secondment position was organised and a member of the Adult Social Care department was seconded for the first six months of the project which supported the overall implementation.

The concept of the “key-worker” role has been a familiar term for several years across a range of health and social care settings, both in the statutory and voluntary sectors. The key-worker model provides support to individuals and families on an on-going basis and there are rafts of descriptions about the model from a range of perspectives. The “key-worker” title is relatively new one to Disabled People’s Organisations (DPLUOs), as is providing support to families, children and young people within an educational setting.

EHC Plans are also a new concept, and are still being embedded within the statutory systems. Bringing together the three elements of education, health and care in one single plan, co-producing the plan with all key

stakeholders including families, children and young people to participate and co-produce the EHC plans was a challenge.

From the outset of the project DAD wanted to increase the effective participation of families, disabled children and young people who required additional support in the learning environment evidenced through the new EHC plans and the One Plan. It was anticipated that effective participation in the planning process would lead to more positive outcomes.

The proposal also built on the understanding that some families, disabled children and young people who did not meet the criteria for EHC plans, and were experiencing difficulties or nearing a crisis, would also benefit from the same level of support provided by key-working and the KIP project workers through a “non-statutory key-working” framework. Where one or more statutory services were involved a “One Plan” would be developed.

Several key-worker roles were operational throughout the life of the project, these included:

- **Non-designated key-worker** – this was potentially a trusted professional from existing support networks identified by the family.
- **Designated key-worker** – voluntary sector from the KIP project
- **Self- key-working** – families skilled and confident to support themselves.

Both key-worker roles were responsible for non-statutory key-working and sat alongside a framework for service delivery as follows:

- **Who** – All new families who have the option of an EHC plan, or families approaching a review can opt for a “key-worker” or choose to “self” key-work, if however they can’t identify a trusted person to represent them, families can request support from a “designated key-worker”. (from the KIP project)

- **When** – At the “sign on” meeting where the EHC plan and processes are explained to each family, a “designated key worker” from the KIP project would have discussions about what support the family may need.
- **How** – KIP developed a database system to track “designated key-working, mapping which families who have opted for a designated key-worker, who that is and families who have a designated key-worker

Outcome 1

Children and families will have effective support to participate in the EHC planning process



Two aims were identified in order to meet this outcome including:

- i) Key-working will be delivered by a skilled, knowledgeable, effective workforce who are outcomes focussed and who are committed to co-production and working in effective partnerships.
- ii) Key-working will be delivered in a timely, appropriate and cohesive way

What worked well?

i) Effective workforce



The fact that DAD is a DPULO and exists to support disabled people and has a breadth and depth of understanding of the lived experience of disabled people, the barriers to inclusion and participation and the solutions to these.

Within DAD, disabled people are involved in managing the organisation, working in the organisation, are members of the organisation and use the services of the organisation. This lived experience, knowledge and understanding of disabled people when shared with other disabled people is empowering. Through sharing knowledge, providing solutions to barriers, offering peer support, options and opportunities, providing appropriate accessible information, enabling disabled people to make informed decisions, providing a wide range of services developed and delivered by disabled people have all contributed to DAD's expertise and the development of the KIP project.

The KIP project has been built on these foundations and was able to develop a range of activities to meet the challenges of ensuring families, children and young people would have effective support to participate in the planning process.

Effective support has been accomplished through a range of training delivered to professionals and families, children and young people. Specifically the "key-working" training which was a comprehensive two day programme and co-produced with families, children, young people and KIP project staff. The Key-worker training aimed to ensure participants could develop the knowledge, skills and confidence to

undertake key-working functions effectively with families children and young people and it included:

- Explaining the principles of Early Support and background to key working with disabled children
- Arrange the working agreement for the two sessions
- Explore expectations of participants
- Gaining an understanding of the key working role and functions
- Understanding the new system of co-ordinated assessment and One Plans leading to EHC Plans
- Exploring the concept of working in partnership across agencies.

Professionals have commented that the key-working training has enabled them to think more about how they can change some of their practices.

A professional shares their views of key-working –

“I think there’s something lovely about the role that we should try to keep in essence, and that is that central point of contacts – nothing’s too much trouble; because families, and people who use services anyway, they get batted, still, from pillar to post the whole time, and that’s the constant cry; and if we can give them a point of contact and a consistent person who they know for a good length of time, just their confidence and things can change, really, for families”

The Evaluators had sight of several feedback forms where there was overwhelming evidence of participants on the Key-working training courses that either “Agreed” or “Strongly Agreed” to a range of statements about the content, delivery, facilitators, general satisfaction and whether the training event was worthwhile. All participants replied “Yes” to the training event being worthwhile.

KIP has undoubtedly been a beneficial support to many families in empowering them through the “**designated key-worker roles**” with

greater knowledge and understanding, being a constant support through the process of developing EHC/One Plans, ensuring the voices of children and young people have been heard through participation activities.

Project staff reported that with support families have felt more confident to share their views and ask questions during the planning process and during multi-agency meetings. Children and young people have also been involved in the process and have had support to share their views and to attend meetings (explained in more detail in outcome 2). This has been well received by other professionals and the views of children and young people valued in the process.

Project staff reported that relationships with other services have strengthened throughout the project including with the local authority, local primary and secondary schools. This has enabled designated key-workers to collect information from all agencies effectively for the EHC/One Plans.

The KIP project staff collated feedback from families who had used the “**designated key-worker**” model by conducting telephone interviews. This has highlighted how effective and supportive KIP has been, and corroborated reports from project staff. Families reported that the KIP “**designated key-worker**” system was reliable, informative, supportive, excellent, brilliant, provided explanations, chased information, prompted at meetings.

- *Our key-worker was brilliant and supported us all the way”*
- *“The benefits of key-working support are that if I get stuck the key-worker is there and brings me up to speed”*
- *“I felt involved and informed and the school also involve me”*
- *“Our key-worker explained the process as we went along”*
- *“DAD provides me with better support – you can trust and rely on them to do what they say”*
- *“If the project wasn’t here I would be lost without it”*

- *“My son feels he has a voice – by going to Young Leaders he can now speak up for himself more”*
- *“A real step forward”*
- *“My son and I both had a key-worker, and this made a huge difference to our experiences, the key-worker for my son spent a lot of time gathering his views, therefore both my views and my son’s views were at the front”*
- *“The benefits of the key-working support was that if I got stuck the key-worker is there and bring me up to speed”*

Information from professionals was also collated throughout the evaluation about the role of “**designated key-workers**” from KIP and reported the value of the role in developing, renewing, maintaining and building relationships between families and the statutory services.

- *“Key- workers DAD have employed have had some real input and success with families, where the family has lost the trust of a range of professionals, the key worker was able to build a relationship with the family, break down the barriers achieving the outcomes the family wanted and a better a relationship all round”.*
- *“I believe that without the support of a keyworker from DAD, one family would have fallen apart, leaving the LA to take the son into care. This would have cost sums measurable in hundreds of thousands of pounds”.*
- *“One example of using the project was where a parent was trying to get the child out of a school, there was conflicting views of the child’s best interests at times, and the project has been able to provide a voice for the parent in exercising greater choice and control over the provision. The result of giving the parent a voice has enabled the child to change schools and the child is now flourishing”.*
- *With characters like D & C at DAD, key-working can achieve a huge amount.*

ii) Timely, appropriate and cohesive

The testimonials received from beneficiaries have certainly demonstrated that designated key-working support was delivered in a timely, appropriate and cohesive way over the life of the project. Project staff reported the systems put in place by KIP enabled the management of caseloads and were able to establish really positive one to one relationships with families, children and young people.

Some project staff reported that by increasing the use of emails and text messages to parents, it has enabled an efficient, effective and quicker method of contact. Referrals for designated key-working support came from a variety of sources including the local authority Special Educational Needs Team, Teachers and other school staff including

Special Educational Needs Co-ordinators, and self-referrals from parents. All referrals were allocated to a designated key-worker who would arrange directly with the family to carry out a home visit to further discuss the family's priorities, what support they required from a designated key-worker and to agree what actions would be carried out to make progress towards their desired outcomes. This process enabled a rapid response to requests for designated key-working support with the opportunity to explain to families in detail the role of the designated key-worker and to determine how best they wished to be supported.

There was generally a good level of awareness within the wider workforce of the key-workers and their role in supporting families through the development of the EHC/One plan which enabled the effective sharing of information.

b) What could have worked better?

The initial objectives were to ensure that non-designated key-workers across the area were supported by DAD to ensure the process of key-working support was "user-focussed" and "independent. This was primarily through the training planned and delivered, but through KIP providing information in the early days to other professionals.

It was also anticipated that the key-working role was going to be a feature within job descriptions across a range of agencies and there is evidence of senior managers and commissioners from education, health and social care having endorsed a new “early support key-working model” which included ensuring that key-working would be included in future job descriptions. However, the Evaluators have found little evidence that this has taken place.

Project staff reported that whilst there was an awareness of the support KIP could offer it was not always fully understood by professionals from other services. The impact of this was that not all agencies fully knew what KIP could offer and appeared reluctant to share information with parents and families who would benefit from the project.

Project staff reported that designated key-workers were often missed from distribution lists when draft and final EHC/One plans were sent to families and relevant professionals. Families would often assume that their designated key-worker had received a copy and so would not always seek support in the necessary timescales from the issuing of draft plans to make any amendments before final plans were issued.

Key-workers trialled different ways of working with families and professionals to maintain effective communication such as e-mail groups to connect parents and young people with their circle of support, however, the capacity and willingness of some professionals to contribute regularly to such groups limited the effectiveness of these methods.

The project staff found it difficult to engage with some schools and this was viewed as a barrier to increase effective support for families, children and young people receiving EHC/One plans. Whilst information was shared within the school environment about transfer reviews and meetings, when KIP project staff contacted to arrange visits or meetings there was difficulties in getting further than the initial contact. Information about the project was sent, project staff found it difficult to determine whether this information was disseminated amongst teachers, parents/carers and children and young people throughout the schools.

c) Lessons Learnt

- Engaging directly with the parents, children and young people has been the easiest way of supporting them.
- Engaging with some schools has been a barrier in supporting children and families
- In Darlington there has been a strong commitment from professionals to involve and include children and young people's views in the process.
- This has been valued by those involved with several commenting that it 'reminds us that there is a child at the centre' and that it not just about a report and attending a meeting.
- A more cohesive and even pattern of referral from professionals would have been great
- A more co-ordinated approach of keeping KIP staff in the loop would have been helpful.

d) Targets achieved – Outcome 1

100 Families including young people benefiting from the project

194 families in total have benefitted from project one way or another, there will be some over-lap but the Evaluators couldn't determine what this was.

40 Key-workers trained

67 key-workers trained

4 Parents trained as Expert Trainers

3 parents trained

6 Young People trained as Expert Trainers

5 trained

30 Families receiving designated key-worker support

45 families received designated key worker support

Outcome 2

Children and families will be supported in a way which offers value for money and makes the most effective use of resources.



Four key aims were developed to meet Outcome 2 these were:

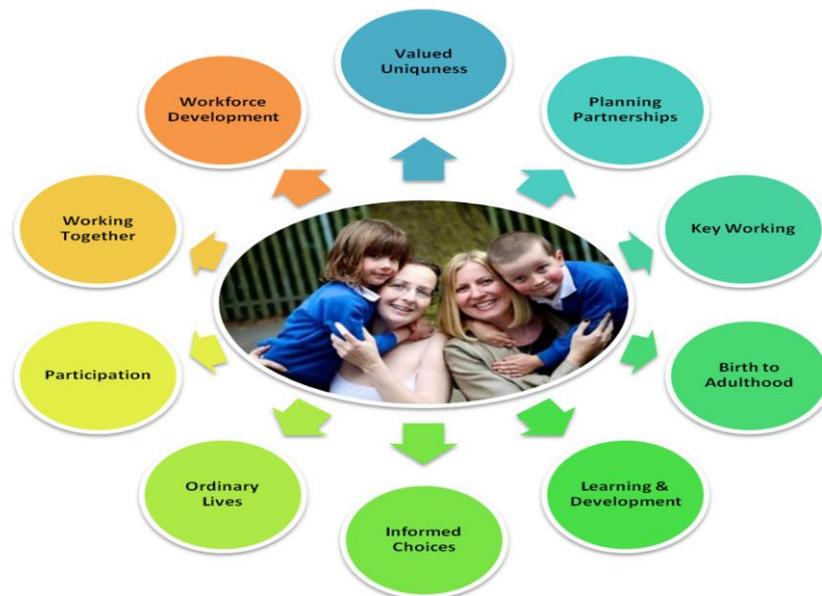
- i. Early intervention will avoid families falling into crisis & will prevent the escalation of issues
- ii. Information will be shared in a way which is accessible, transparent and cost-effective
- iii. Peer support will provide families & children with the confidence, skills & knowledge to participate fully in the key-working process.
- iv. Families and children are effectively engaged in the key-working process

Ensuring children and families were supported in a way which offers value for money and makes the most effective use of resources is not a simple equation of how much does something cost. Whilst there needs to be some recognition that there is a substantial cost in providing a project like KIP, the added value that a DPULO can offer is effective and often a cheaper solution to that of statutory support which is often tied into bureaucratic and restrictive practices.

Using the cost analysis in the original application based on an average of £40.00 per hour, the Evaluator randomly selected six families and calculated the average time for each family which came to 11.26 hours. Supporting 66 families based on the average has alone saved the local authority a minimum of £29,726 over a period of just under 22 weeks.

a) What worked well?

i) Early intervention



Early intervention was viewed as essential, and would avoid families falling into crisis, thus preventing an escalation of issues. This had been agreed in the “functional specification for key-workers” early on in the project. The focus of this intervention has become known as “non-statutory key-working” and was available to families who did not meet the threshold of an EHC or One plan.

When the project received a referral the families were contacted within one working day. However, ensuring families were referred early enough to the project could have been achieved sooner, preventing further escalation of problems. KIP could have been able to respond earlier and potentially been more effective. The support of designated key-workers expedited the processes of referrals to other appropriate agencies and the provision of services.

Some families have required on-going support perhaps beyond the remit of the project and some families have been able to access this support in order to stop them ‘falling between the cracks.’

Case Example:

Z is a young person with cerebral palsy. She moved to Darlington in the Summer with her father to be closer to paternal grandparents, one of whom was terminally ill. At the point of a designated key-worker being allocated there were no services in place. The designated key-worker supported the family to access support from the disabled children's and young person's team within children's social care who agreed to fund short breaks consisting of overnight breaks and breaks during school holidays which were accessed at D.A.D.'s DASH play scheme and the Independent Living Hub as well as financial support to the family due to ineligibility to welfare benefits because of 'ordinary residence' criteria. The designated key-worker supported the family to arrange an assessment place at the special school near to where the family were living whilst an EHC needs assessment was carried out. The designated key-worker supported the father with his options around the family's housing needs including the provision of information and advice such as a bond scheme for private lettings and supported him to access funding for fittings and furnishings. With the immediate needs of the family in terms met designated key-working support turned to support to be participate in the EHC needs assessment and support to request a personal budget around Z's social care provision.

ii) Sharing Information



Getting Information

As with any project getting information to those people who would benefit from the services and marketing the services relies on many factors and different marketing techniques. Information about the project was shared electronically via e-mail with documents protected by a

locally agreed password which enabled the quick and cost-effective sharing of information.

The ability to use staff experienced in a range of communication and accessible literature has worked exceptionally well and has provided easy read and pictorial documents, audio information and sometimes face to face explanations were used to compliment other accessible information. The openness with which the project has been delivered has meant that everyone from staff, users and professionals have been given the chance and been encouraged to take part in training.

Even though there have been some set-backs in creating the web-based information systems, families have been very much involved in developing and providing feedback about the system, suggesting that the portal incorporates a section on “what’s working” and “what’s not working”. This would help to collate information ahead of review meetings as many parents said meetings took up a great deal of time just collating information. The Evaluators have seen sight of the Guidance produced for the web-based information system and the format of the on-line information web portal.

The on-line will be managed and operational through DAD and the information web portal is set out with icons which include

- The Young Person
- Circles of Support
- What’s working – What’s not working
- Plans (current and historic)
- Assessments (current and historic)
- Reviews (up-coming reviews and historic)
- Notifications
- Re-allocate

The idea of an on-line portal for busy parents will be an asset and parents generally thought that it would be a good improvement in that everyone would be able to access it and update it.

As yet the system hasn't been tested, the Evaluators have nevertheless asked the question about the benefits of such an on-line system and parent's responses were included:

- The concept was great,
 - A good improvement where everyone can access it and keep it updated,
 - Keeping paperwork to a minimum,
 - Physically managing all the paper-work can be "*hard work*".
- Confidentiality and transparency was seen as key issues for the portal to address, more transparency between Education, Health & Social Care, but confidentiality maintained by families/young people and children.

The on-line system is shortly going to be piloted and therefore the launch of the on-line portal has been delayed. It is likely that this will now not take place until after the official end of the KIP project.

iii) Peer Support

The Peer Support role worked alongside the paid employees of the KIP project. It was envisaged that increasing the skills of families and young people would not only increase self-confidence but offer additional capacity and support more families, children and young people and would add value.

DAD is familiar with the concept of Peer Support and provides peer support in several other services across the organisation and was seen as an essential element of the KIP project. By providing peer support and utilising the skills, knowledge and resources through existing families, children and young people was undoubtedly an excellent way of utilising valuable resources. It provided the lived experience of families navigating systems and finding solutions to barriers, gaining skills and increasing confidence.

The Key Working in Partnership information leaflet clearly explained the offer of Peer Support and extended the offer to those who may be

interested in peer support and those who may be interested in training to become Peer Supporters.

The Peer Support training provided an induction to the KIP project, DAD's aims and objectives, policies procedures including lone working and safeguarding, the role of peer support. A Peer diary was handed out to record the experiences of the peer supporter as they progress in their role.

Additional training in "Listening Skills" and "Telephone Skills" covered developed listening skills, active listening skills, self-esteem and provided a basic guide to good communication. Further training about EHC plans and One Plans to build on knowledge and development of Peer Supporters was implemented after the induction training. Accredited training units have also been developed and it is intended that Peer Support volunteers will be able to undertake the "One Award North East" levels 1, 2 or 3 in the near future.

DAD'S Young Leaders group who support each other by sharing experiences and developing confidence in knowing the EHC/One Plan planning processes and contributed to the development of the training. One young leader has peer supported a younger person who has had similar experiences in respect to being a victim of bullying, he shared his knowledge how he had overcome these barriers and provided useful tactics to his peer.

I have supported a couple of families this year, so this year I have been busy, I have supported one family where Mum was looking at changing educational provision for her child, needed moral support in terms of dealing with professionals, knowing who to ask and what to ask. So I helped her set up meetings, lifts to meetings, met for coffee, had a chat; I think this built her confidence.

*I introduced her to the parents support group at the Dolphin Centre – this is a DAD group, they get everywhere, (the life blood of Darlington).
Peer Support Parent*

The training delivered was flexible and very straightforward, the training included, confidentiality, record keeping, listening skills. This was over 3-4 weeks – an hour and half at time, short session, one to one training session. Any peer support – all round benefits – person giving the support can give something back to another person receiving the support.

Peer Support Parent

The process of becoming a Peer Support Parent has been really good – I've learnt a lot about how to navigate through the systems – it has given me an opportunity to do something. I am really more relaxed in regards to my son's education, for me I think it has taken up such a big part of my life and I am not so worried now, using our experiences in our journey to support other parents. Been great for me and my son, it has worked for us – great idea for the project.

Peer Support Parent

Following the completion of Peer Support training one parent decided that she would like to return to paid employment in schools as a SENCO following a career break.

iv) Families, children & young people engaged

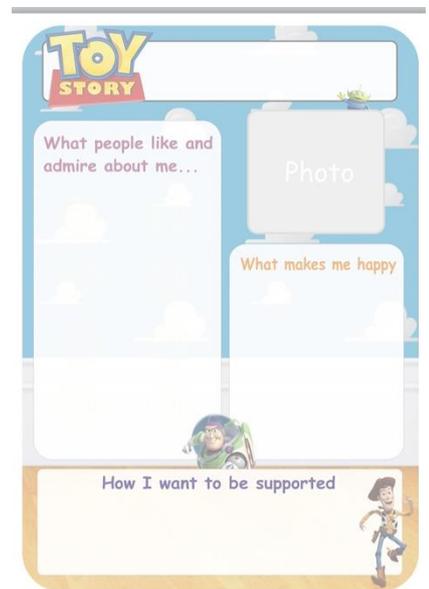
There was a two pronged approach that ensured families; children and young people were engaged in the planning processes. Firstly by providing designated key-workers to support those families, children and young people on their journey to access an EHC plan or a One plan or by providing preventative intervention. Secondly the roles of the participation officers that worked individually or in groups with children and young people and by providing Participation Training, empowering & enabling children and young people to have a voice. The Evaluation has already looked at the different key-worker roles and the success of the designated key-worker in supporting engagement. Creating a participatory culture was the second approach.



Participation was a cornerstone of the KIP project and the project recruited 2 part time participation officers to fulfil this task. This aspect of participation and involvement has been recognised as essential within the CFA 14 and is a key feature in working towards plans and goals in both the EHC plans and One plans in Darlington.

Participation of disabled children and young people can only be achieved in an environment where those Adults in that environment believe, understand and work towards engaging them and supporting them to participate. KIP provided that environment.

Mechanisms, training and tools were developed enabling children and young people to have their voices heard.



- Support to individual children to create their plans
- Support at meetings to encourage children to have their voice heard
- Representation as advocates for children to have their voices heard.
- Training to raise the awareness of the rights of children and young people from the premise of The United Nations Convention on the Rights of the Child Article in that: **“Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously”**

- Children & Young people were encouraged to think about: Who makes decisions? Your Rights, Participation, About Me and My Goals.
- Resource materials including “Top Tips for Participation”, “Effective Principles for Participation” and “Participation Is?”
- Board games, masks, and activities such as poster making have been developed to encourage children and young people to participate.
- Group work & individual work building confidence, self-esteem and empowering children to have a voice.



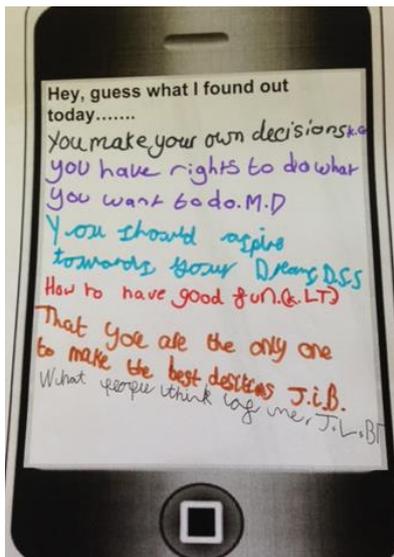
Recognising the benefits of involving and finding really positive ways for children and young people to have their voice heard takes time and needs investment of time, money, resources and skilled experienced staff.

Darlington Local Authority Education Department recognised the value of families, children and young people participating and views participation as a strategic aim.

The following examples were provided from the Council's view of how the project had supported participation.

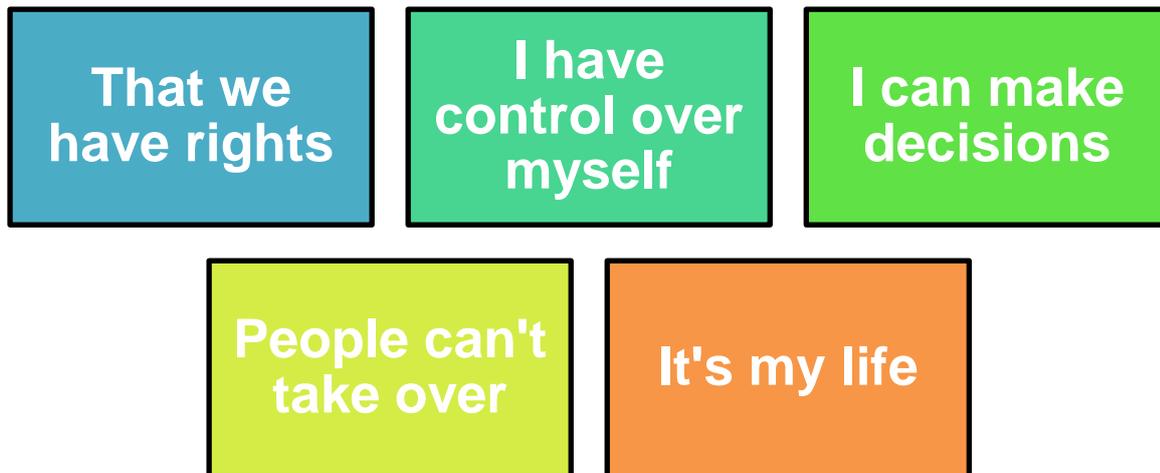
- Young people making videos to express their views, which has been really powerful and expressing their views to their parents.
- Young people who have through story telling or modelling have been able to help people to tell their views.
- Schools have been supported to help young people to participate. Through discussion with schools and parents to give ideas about how to encourage participation.
- Individual keyworkers have also been able to express the views of the young person.

The Participation training was also attended by some school staff who found the training beneficial and requested further information and resources to support them in their roles when supporting to complete EHC/One plan to maintained focus on the child or young person.



Feedback from children and young people that participated in the training has been very interesting, by using a mobile telephone picture to provide comments from the children a mobile text message was used to encourage children to feedback from the training:

Examples of what children and young people said after the Participation training:



Following Participation Training held at a school for children going through the EHC planning process, the school requested that a similar session be planned for other children within the school for year 5 classes. The school reported that the training had helped to raise awareness and develop confidence enabling children to participate in decisions that affect them. This has worked particularly well and the demand for this training has increased

A Speech and Language Therapist commented following a meeting where the young person who had been part of the Participation Training had presented his views in a poster form.

"It was great having the young child here; it reminds you that it is not just a case but that it is about the child".

Case Example

Two Participation Project Workers from KIP came into school and did some key-working with a child in year 5 again who comes from quite a sort of deprived background, and he was showing signs of mental health issues, lots of behaviour problems, in danger of being excluded from class, so we asked KIP to work with him. The Participation workers met

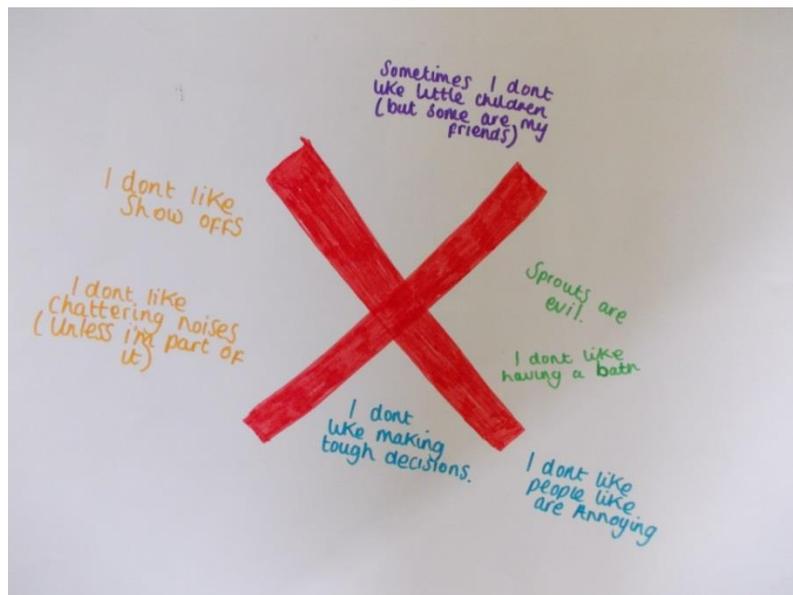
with the child and actually listened to his thoughts and opinions. And he thoroughly enjoyed the sessions and we actually felt it helped to support him within the classroom setting better, because he'd actually opened up and told them things that he'd never even told us before. The Participation workers worked with other individuals and through class work in respect of how individuals were viewed by their peers. So it was good, very good.

Teaching staff

Testimonial

“The training helped raise awareness for all children and developed confidence to participate in decisions that affect them”

Increasing numbers of children and young people were reported to be feeding their views into their plans, attending person centred meetings and having their say.



Project staff also suggested that children and young people wanted to have support in order to share their views, reporting that there was a difference in the final EHC and One Plans. Those EHC and One Plans that had input in via the Participation Officers and Keyworkers from the KIP project workers were more in depth, they were able to explore why children had given the answers and were able to provide a more accurate account of the child views.

Self-key-working has been a key element of the project. By delivering the various training to parents, disabled children and young people there has been an increase in skills, understanding and knowledge. Self-key-working ultimately leads to families becoming less reliant on other types of services and therefore take up less resources.

By being able to navigate systems, being able to participate on an equal basis and by being able to define outcomes is empowering for parents, disabled children and young people alike. The journey to becoming empowered takes time and resources.

One mother explained the feeling of being intimidated by a room full of professionals, particularly as the lone parent, unable to participate and have her views heard, having to sit through a barrage of negativity about her child. By utilising the KIP project and establishing a key-worker for herself and a second key-worker for her son this input from the project made a remarkable difference in her ability to have her own voice heard and that of her son. This person is now self-key-working.

Whilst the Pathfinder project provider support to me and then the KIP project also supported me, at a Review I said I no longer needed a key worker. Because by then, I felt so confident with the system, because obviously I'd seen some positive experiences... my self-esteem had rose, I was more confident with the professionals. I was starting to know all them because I used to see them at other meetings and other strands. I no longer felt that I needed my own key worker. So, for the last review I went on my own. And... but I still had my son's key worker because I really valued his voice being in there. Because sometimes you do forget, when you're a parent that – you're trying to do the best for your child – but sometimes you forget that your child actually has a voice as well. And I loved the fact that he'd been able to feed in.

Several families have had opportunities to build their confidence and skills in navigating systems, and understanding ECH plans and One Plans to support their children and young people. Through the Key-working training sessions parents and carers have been able to increase their knowledge of the principles of key-working and self-key-working,

person centred approaches, planning and getting the most out of multi-agency meetings.

Feedback has been very positive with parents commenting that they had increased knowledge of how they can be involved in maximising the right support for their children and having higher expectations of joint working.

b) What could have worked better?

Referrals could have been sent earlier to KIP – often issues had arisen already for the referral to have been made. Before the family had often reached DAD for support some families had reached crisis point.

Project Staff reported that more opportunities for young leaders/young people to peer support and share their experiences would have been better.

There have been views from different sectors that it wasn't necessary to include children and young people's voice in their EHC plans or One Plans, so the shift in culture may take some time to embed.

Clearer pathways to access alternative and continuing support that could be used by families once they were engaged with the project would have worked better. Key-workers identified gaps in services locally such as support for families with behaviour that challenges and support for non-disabled children of disabled parents often meant that needs could not always be met

Families were encouraged to take advantage of support available from the local Parent Carer Forum to raise these and other such issues directly with commissioners however lack of parental engagement in local forums up until more recently has resulted in parents voices not always having been as strong as would be desired.

The commission to create an on-line information system met with some set-backs in year one. This was due to the initial provider being unable to meet the specification requirements of the project. An agreement with

the local authority was reached where the on-line information system would be owned and managed by parents and carers at DAD.

A further provider was identified but it was not until the July-September 2014 that the project was able to report to the Department of Education that the on-line information sharing tool was at its final stages of development. However at the point of writing the Evaluation Report no information about any child or young person had been up-loaded into the system.

Non-designated key-workers were often missed from distribution lists when draft and final EHC plans were sent to families and relevant professionals. Families would often assume that their key-worker had received a copy and so would not always seek support in the necessary timescales from the issuing of draft plans to make any amendments before final plans were issued.

Key-workers trialled different ways of working with families and professionals to maintain effective communication such as e-mail groups to connect parents and young people with their circle of support. However, the capacity and willingness of some professionals to contribute regularly to such groups limited the effectiveness of these methods.

Families often ended up with several versions of working draft, draft and eventually a final plan which caused some confusion. Furthermore, the EHC planning paperwork was regularly reviewed and updated throughout the pathfinder resulting in a number of settings using incorrect previous versions of plans at different times.

Several health agencies were unable to participate in the sharing of electronic information via e-mail as a decision was taken that the arrangements that had been agreed with social care and education were insufficient to meet the security arrangements of these agencies.

Not all agencies and services involved parents in planning meetings, this lead to some meeting having to be rearranged to meet the needs of parents.

Distribution of information in schools could have worked better, project staff reported barriers to spreading information about the project and were unclear as to why information wasn't disseminated more widely.

Many of the parents that requested support from the project have been looking for support from a member of staff, rather than another parent, as they have been experiencing some difficulties in getting the right support, ensuring people are working together or at 'crisis point'.

c) Lessons learnt

- The current versions of planning documents such as the One Plan and EHC Plan should be available on each local authority Local Offer to prevent the mistaken use of previous versions.
- A locally agreed information sharing protocol between all agencies should be in place in each local area.
- Parents have benefitted from the peer support model developed. However, many of the parents that request support from the project have been looking for support from a member of staff, rather than another parent, as they have been experiencing some difficulties in getting the right support, ensuring people are working together or at 'crisis point'.

d) Targets achieved – outcome 2

30 Families receiving non statutory assessment key-worker support

21 families received non-statutory key-worker support

50 Families using web-based information systems

Not live yet

16 Parents/Carers & Young People Peer Support trained

20 trained

20 Families receiving Peer Support

4 families received Peer Support

40 Children receiving participation training

90 trained (more training requested)

15 Families “self-key-working

24 families self-key-working

40 Families benefitting in other ways from KIP

Overall 194 families have benefitted from KIP.

Outcome 3

Other Local Authorities will have skills, knowledge & systems in place to replicate successful elements of the key-working model.

One key aim for Outcome 3 was established:

- i. Non-Pathfinder Authorities will each have trialled 2 elements each of the keyworker model to include:
 - Development of key-working using user-led VCS organisation
 - Peer Support
 - Participation skills for children
 - Training delivered by families and children
 - Designated keyworker for disengaged families
 - Non-statutory key-working
 - Web-based information system

a) What worked well?

i) Trialling elements

It was anticipated that the successful elements of the KIP project developed in Darlington would be replicated in other local authority areas. The idea was initially to develop a menu of elements including using a DPULO user-led VCS organisation, peer support, participation skills for children, training delivered by families, children & young people, designated key-working and non-statutory key-working and the web-based system. The plan was to test a selection of these out within three other areas at the beginning of Year 2 – April 2014.

There is evidence that the KIP project has made attempts to roll out certain elements of the project to other local authorities. Through attending the “Early Support” regional cluster group meetings, project workers delivered a presentation about the project and provided information about the support available to local authorities from the project. County Durham, Gateshead and North Tyneside requested information about the key-working model and further meetings took place. No direct work to trail the elements of the key working model has occurred.

The view from the local authority Head of School & Pupil Support Services at Darlington Borough Council was that other local authorities could have replicated the successful elements of the key-working model.

News of what has worked well across the project in Darlington in respect of supporting families has spread organically to the neighbouring area of County Durham. At the request of two families the KIP project have provided support to co-ordinate services and re-establish working relationships with schools within this locality.

b) What could have worked better?

Outcome 3 has perhaps had less time, less resources and less impact within the overall project. In fairness to the project workers and other stakeholders involved in the project, Outcome 3 has been the most difficult outcome to achieve for a variety of reasons. The Evaluators are aware that there have been key considerations to take into account; the

austerity measures that have restricted local authorities, the implementation of the Children and Families Act 2014, and finally the development of the Independent Support Programme delivered through The Council for Disabled Children.

As each Local Authority now has increased support available for parents, carers and young people through the Independent Support programme, this has proven to be a barrier to engaging with other Local Authorities, as each Authority now has arrangements in place to support parents and young people with Transfer Reviews to EHC Plan's

c) Lessons learnt

- As each Local Authority now has increased support available for parents, carers and young people through the Independent Support programme, this has proven to be a barrier to engaging with other Local Authorities, as each Authority now has arrangements in place to support parents and young people with Transfer Reviews to EHCP's.

d) Targets achieve – outcome 3

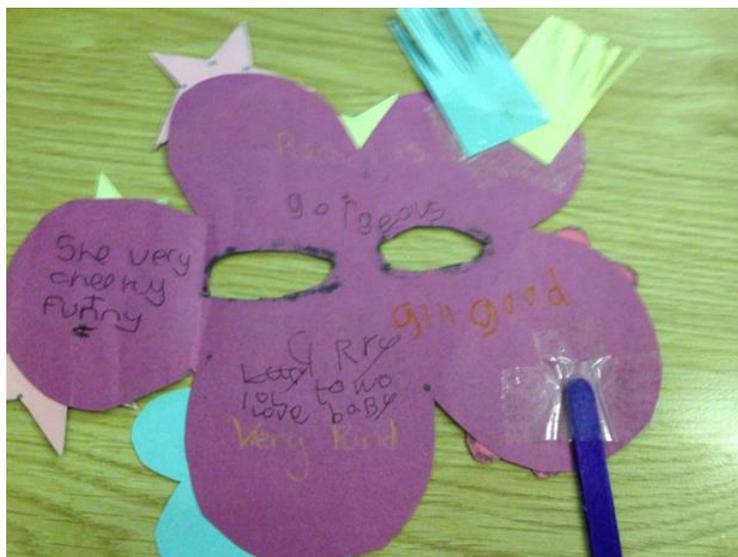
3 Local authorities replicating elements of the model

3 – local authorities met but the new CFA 14 developed the role of the Independent Support and this provided a barrier in working with them

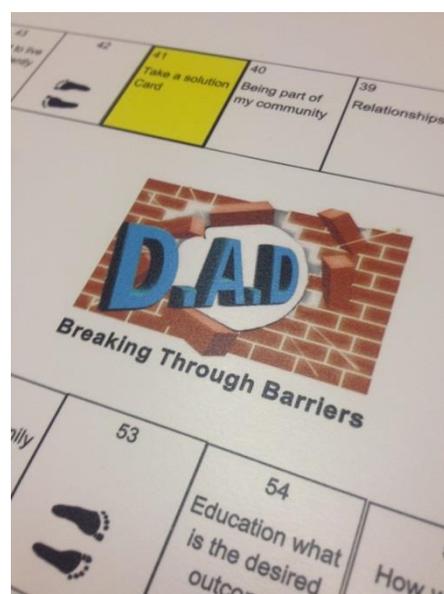
14 Parents, young people & children to be recruited to become Expert trainers

7 Parents, young people & children trained.

Children & Young People



Children and young people benefitted from the project in so many ways, they were able to learn new skills, develop confidence, understand they could have a voice, they became aware that they had rights and how to assert them, they had more of a say in what was important to them and recognised what was important for them. They became more involved in the EHC and One Plan planning processes, importantly, someone independent of their schools, teachers, teaching assistants and their parents. Participation officers who had time to listen and hear what was important to them, how they viewed their world and how those adults around them could respond making school life and to an extent life outside school happier and more fulfilling. Below are some views of the children that have been supported by KIP project staff. Project staff have listened to those children and young people and implemented in some situations a very minor adjustment but the outcomes have been major.



I have play breaks

I can kill pretend lizards

I want to have wolves in my plan

I can say what helps me now

I want to walk to school

I have learnt to walk to school on my own, I now hang around with my friends on my way to school, its much better than going in a taxi.

H's example



I can now go to school, before I had about 3 months off school and wasn't going out. Having someone to help my Mum and me was great. I wasn't seeing any of my friends and my Mum was having time off work when I wasn't at school. Both my Mum and I had a key-worker from

DAD and did this EHC plan, they arranged a meeting for all the people who needed to be there. I went along to the meeting and was able to have my say, which was great. I told them I didn't feel happy because I couldn't play my saxophone, but my music teacher and I worked together so I could go to a local college for my sax lessons, and I am now playing in a band with my friends.

My mum was coming to cubs with me – I didn't like that, but now I have my own worker who comes with me. When I was at the learning zone, I did a lot of things I liked to do and they and my family helped with getting a good timetable, and it meant I got some school teaching at home. I think I was going to go to a place to help me with communication, but because it worked really well with the teachers sharing all sorts of information, it helped me to stay in school and I didn't need to go. Everyone thinks I'm doing OK now, and my school work is getting better, I'm doing thinks when I finish school and my Mum is now at work.

**I love
vintage
clothes**

**I want to do
voice-overs**

**Ball games
are really
important**

**I enjoyed my
meeting &
took a friend**

**I can go to
cubs now**

I have a key-worker – he helped me to get on to Princes trust, so far I have been outbound rock climbing, abseiling and we have been sleeping in a cave in sleeping bags it was freezing like polar ice caps – we had waterproofs, they ask us what activities we want to do, we have the power to choose. I am getting some maths and English tuition in Middlesbrough – I go there by train. I don't think I would have had the confidence about complaining about my EHC plan, but it still isn't



finished, my key-worker has been involved in some of the meetings – but the Education Department decided they can't provide me with further education, I have been told I have used all their resources, this was a dead end. I could decide who would come to the meeting, and I can get in touch with my key-worker whenever I need to.

F – I met my key-worker at my Review, I don't like school very much, but I like being a prefect. I really like football but only get to play every Thursday I would like to play a lot more. My key-worker is helping me to make some decisions and I think if it works out I will have more confidence.

S – My key-worker helped me to make my plan. I shared my feelings, things about when I was born, my childhood, my hobbies, going to the cinema, playing games, working on computers and charity shopping. I have done work experience in Oxfam I helped to keep things tidy, cleaned shelves and put clothes on the hangers. They got to know me. I put some goals down on my plan about when I leave school, I really want to study art and drama, I would like to become a famous actress and make some voice recordings. I am interested in BBC introduce. My key-worker came to our house, and we did the power point together, she is at the meeting, I am happy with my plan but it may need updating Drama at the college, Voice acting its where you do the voices for cartoons – I would feel Ok about asking to change my plan.

R (10 years old) – I feel important to DAD, my key-worker always listens to me, DAD gives you the voice to talk, so that people are not talking over you. It has been excellent, extremely good – you can have your say, and it's really exciting. Sometimes we have said something – but DAD doesn't always change things – wheelchairs and hearing aids should be in fashion – these should be in the magazine.

Case Examples

The following case examples provide just a glimpse of the impact that the KIP project and in particular the Key-worker role has made to some families and children. This glimpse though is the evidence that demonstrates the difference that the project has made.

Case example 1

B's family were referred for key-working support following signing-up to the pathfinder programme by the Local Authority. B did not have a Statement of Special Educational Needs and had been educated in abroad where the family had lived for the past 10 years. B was placed in the mainstream primary school closest to the family home.

A key-worker was allocated and met with the family on several occasions to discuss the One Plan and co-ordinated assessment process. The key-worker supported the family to complete the family sections of the plan document and a participation worker supported B to gather his views for incorporation into the plan.

Parents were concerned that B was in year 5 and could not read and write, had co-ordination and his lack of personal safety awareness and perceived vulnerability.

The key-worker worked with the family and support staff at school to arrange for referrals to Speech and Language Therapy and Occupational Therapy and to arrange for an Educational Psychology assessment.

The family wanted advice regarding applying for DLA and looking at a short break in school holidays. The key-worker signposted the family to CAB for welfare advice and discussed with them options such as a referral to social care or applying to charities such as the respite association for support with short breaks.

The keyworker supported the family to attend the making sense meeting

and ensure that their views and opinions were formulated into the final plan document.

Following the educational psychology assessment and making sense meeting it was recommended that a specialist educational placement would be more appropriate to meet B's needs. Parents were keen for B to receive this specialist support and the keyworker arranged for the Parent Partnership Service to give advice on the different types of education setting available in the local area and to support with visiting different provisions.

The family had to move home due to housing. The housing was much further away from the children's schools than their previous property and getting the children to school was increasingly difficult for the family to manage. The keyworker supported the family to arrange with the SEN and school transport teams at the Local Authority to fund transport for B due to the unique circumstances.

The plan was submitted to the Multi-Agency Provision Panel at the LA and the outcome of the decision was to proceed to an Education Health and Care Plan and it was agreed to consult with the specialist provision that had been named as parental preference with a placement expected to be confirmed for September.

Throughout this process, the keyworker kept the family involved and up to-date with developments and what they could expect to happen next. The family felt that without their keyworker nobody else would have kept them informed or involved in the process.

The family were happy with the outcome but felt that the process was too long.

Case example 2

The G family were referred to the service 5 days before their sons 'making sense' meeting for a conversion of a SEN statement. S aged 11 attends a BSED school and experiences some difficulties. A keyworker was allocated to the family and a home visit was arranged.

The home visit took place just 3 days before the meeting. The family knew nothing about the new processes or what it meant for their son.

The Keyworker explained what was going to happen and why the new EHC process is in place.

There were a lot of issues surrounding the family including; school transport, S's challenging behaviour, lack of social opportunities for S, there were no assessments through other agencies which was a worry for the family.

After a conversation with the family it was decided that the making sense meeting should be postponed until all the issues had been looked at in more depth. The family's Key-worker contacted all of the agencies involved.

The Key-worker supported the family to put together the family parts of the plan before the initial meeting and emailed a copy to the family and all professionals involved.

The initial meeting still took place to gather some context around some of the issues. School agreed to look into the assessments for the family around OT and CAMHS. A SEN Officer was to address the issue of transport and a social care assessment was to be explored with the family with the Key-worker.

Another 'making sense' meeting was arranged and the family felt more prepared for the meeting. Reports were brought together by the Key-worker so that everyone involved could be up to date on what was happening. The family's part of the plan was put together with more detail by the Key-worker and the family.

When the next meeting took place it was very positive and all the issues in S's life were discussed. S was making good progress at school and it was agreed that strategies that school put in place would be passed on to parents at home. A home school diary was also agreed so that parents and professionals could see if there are any patterns to S's behaviour. School made arrangements to meet the family in their home to put some of these strategies in place. School put the referrals in place to OT and CAMHS.

After a discussion with the family it was agreed that the Keyworker would make a referral to social care so that the family can access more social opportunities for S. From the prior meeting the transport issue had been addressed, transport was now on time, therefore his behaviour

was not escalating and S's siblings were getting to school on time. The SEN Officer agreed to monitor school transport, look into any problems which could arise and have regular contact with parents.

S's Parents after the meeting felt that they were listened to and finally felt like something was going to be done about some of the issues they were facing.

They expressed their thanks to their Key-worker for taking on board their views and expressing them to the agencies involved, they felt this was helpful as the Key-worker wasn't so emotionally attached to the situation and explained things in a way in which was easy to understand.

Case example 3

Mr L became known to KIP following a referral from the SEN team. Mr L was a British citizen who had recently arrived in Darlington with his disabled daughter after spending the last 10 years abroad. Mr L had presented himself at the customer service desk at the Local Authority seeking support and advice about a school placement for his daughter, to access support with caring for his daughter and for welfare and benefits advice.

We provided key-working support to Mr L and supported him to access the welfare rights advisor. This identified that Mr L would not be eligible for welfare benefits due to not meeting residency conditions. We successfully supported Mr L to advocate for support from the local authority with financial assistance under s.17 of the Children Act 1989 to prevent a breakdown in his ability to care for his daughter who has cerebral palsy and a learning impairment. The local authority also agreed to fund support for P to attend DAD's inclusive summer play scheme as well as some time at the Independent Living Hub and regular short breaks.

Mr L expressed a preference for P to attend a local special school. We supported Mr L to get agreement from the local authority to provide an assessment place at the school whilst an EHC needs assessment was carried out. We have supported Mr L through person centred planning tools to gather and submit his views to the local authority as part of the assessment and planning process. A Participation Officer worked over

several sessions in the school to gather P's views and aspirations.

One of the outcomes of the person centred planning work carried out with Mr L was that he identified that the one thing that would help improve his wellbeing would be to have the opportunity to follow his interest in working with wood, or as he put it, 'tinkering in his shed'. We identified funding through the Better Care Funding that DAD had been awarded for the purpose of promoting the wellbeing of carers and Mr L used this funding to pay for workbench.

Mr L provided feedback that the support from DAD had been absolutely essential to him and his child and that they would not have managed without it.

Case example 4

G and I both had a key worker, and this made a huge difference to both mine and G's experience. G spent a lot of time with his keyworker gathering his views to feed into the meeting and this was great, as the new plan has both mine and G's views at the front. I valued my keyworker as I had had so much upset at previous meetings with professionals I felt I needed someone for me.

The Review meeting was co-ordinated so everyone could attend and was done at a convenient time and place for me (I had the meeting at my work) I chose who would be best to attend, and although CAHMS was unable to, they did include a report that could feed into the meeting and I knew what would happen at each stage. Even the Secondary School which G was due to go to in the September sent their SENDCO.

This meeting was really good, it started with 'what do we all admire about G and continued in a very positive way and I finally felt that we all was working towards the same goal, that of 'the best for G!' and I felt we were there as partners.

We were able to look at the barriers/ challenges to G's inclusion and find solutions for issues, particularly G's transition to Secondary School. We were also able to look at the concerns about G getting to and from school, and we came up with a Direct Payment for travel. I employed Personal Assistants (for G who were able to support him with safely

crossing the road and his vulnerability). G has been getting this support since September and last week, we started to phase out this support, as he is doing so well. It is hoped by the end of this term G will be walking to and from school independently.

In conclusion the new co-ordinated assessments and key working model are a real step forward but we still have a long way to go till we get it right for every child / young person and their families.

Case example 5

J was not making expected progress at his school and his mum was not aware that appropriate support could be put in place at school. His mum was very keen to request statutory assessment and wanted support to do this. She commented that she felt that this was J's last chance to get the support he needed. His mum was also very anxious about J's transition to secondary school as she thought that he would not cope with this change.

J's behaviour was becoming more challenging deteriorating at home which was having an impact on his sister and her self-esteem.

J had had previous involvement with CAMHS, Paediatric Consultants, Speech and Language Therapy and Educational Psychologist but since 2012 there had been no input from these services.

The Key-worker explained the SEN Reforms and the support that we could offer. His mum was quite distressed about the situation and required some emotional support and asked for support to request statutory assessment.

The Key-worker supported J's mum to gather information to request Statutory Assessment. While visiting the home the Keyworker met J, when she explained that she was helping his mum try to get him more support in school J replied 'YES!!'. It was then apparent that J was aware that he needed additional support and wanted this.

Working with the local Information, Advice and Support Service for SEND, the Key-worker then arranged a meeting with the school to discuss current support needs in school.

The Key-worker supported his mum to look at the situation in a logical manner and used person centred tools to identify 'what's working/ what's not working', thinking about what his mum wanted out for the meeting as a goal and writing down any questions that she wanted to ask in the meeting.

The Key-worker supported his mum in the meeting and supported her to express her views; as a result J's mum has felt like she has had the support needed when she felt that she had nowhere to turn and felt empowered to be involved in decisions about J's support.

Conclusion

Darlington Association on Disability set out to provide an innovative Key-Working model that would meet the needs of families, children and young people within an education setting. A model that was person centred, that maximised participation of families, children and young people in order to have their voices heard. A Key Working model that offered value for money that made most effective use of resources and could be replicated in other local authority areas.

In many ways, because DAD is a “well established” disabled people’s user led organisation within the locality and promotes the equality of disabled people, much of the community, and particularly the disabled community were aware of their services. DAD has a depth of understanding, knowledge and expertise built over many years within the framework of the Social Model of Disability, challenging and chipping away at the barriers experienced by disabled people. As one individual put it, *“DAD is part of the “life blood” of Darlington”*.

DAD has therefore been extremely well placed to deliver this project, through its depth and breadth of experience in supporting, campaigning and harnessing the daily lived experience of disabled people living, working and studying across Darlington.

At the time of conducting this evaluation, Darlington local authority education department had 500 children with Statements, and 150 of those were being transferred to EHC Plans. From the local authority’s view, having the KIP project in place has offered families, children and young people a “demand led” service, one that has been able to put preventative measures in at an earlier stage, and because of its independence to the local authority has been really valuable. The local authority has paid tribute to the KIP project, recognising how it has significantly influenced all the statutory systems in place for the SEN reforms, ensuring the voice of families, children and young people were heard – *“they can tell it as it is – no need to cover – it”*

It is interesting to see the contrast in feedback gleaned from families who have used the “designated key-worker role”, particularly in the light of the views of parents and professionals sent into The Special Needs Jungle about the experiences elsewhere in the country about the implementation of the CFA 14. The views obtained by the Evaluators have emphasised the real support that this new model has offered both to parents, children and young people. The distinct role undertaken by the designated key-worker has provided a life line to parents.

Outcome 1: Children and Families will have effective support to participate in the EHC Planning process.

The key-working training has contributed significantly to develop, promote and influence the practice of the key-working role. The feedback from delegates rated the training course highly. As the task of key-worker was relatively new to the workforce, there were difficulties in adapting current job descriptions to accommodate the task.

However, some employees across the sectors appeared to take on the role in what could be described as a voluntary capacity. However, the dedicated “designated” key-worker roles within KIP have provided a focus to the position. Training has also been a conduit to support the work around Participation and when key-working, participation and peer support work side by side, the result is co-production – and as one person put it “a revelation”.

Key-working has undoubtedly been delivered by a skilled, knowledgeable, effective staff who are outcomes focussed and who are committed to co-production and working in effective partnerships.

Families, children and young people who meet the criteria for an EHC plan have been supported and the same level of support has been provide to families, children and young people through the non-statutory key model of working.

There has been an abundance of evidence provided by the project team, beneficiaries and stakeholders to confirm that the project has indeed met Outcome 1. Some key target numbers were higher in some areas and lower in other areas.

- **Children and families have effective support to participate in the EHC planning and One plan process. Outcome 1 has been met.**

Outcome 2: Children and families will be supported in a way which offers value for money and makes most effective use of resources.

There is strong evidence that families, children and young people who don't meet the criteria for an EHC plan benefitted from early intervention avoiding falling into crisis, preventing an escalation of issues, although in some instances referrals could have been made earlier. For one family in particular the complete breakdown of relationships has been prevented, avoiding the child being taken into the care of the local authority.

There have been delays in the information web-portal becoming operational however there is sufficient evidence to suggest that this will be functional very soon. As this Evaluation report is being written, parents, children, young people and professionals are about to trial its functionality. It is hoped that having such a web portal will address the paper intensive systems which were highlighted as barriers.

Peer support development is very much embedded within Darlington Association on Disability and whilst this target was met in the number of trained peer supporters, only 4 families had asked for and been provided with peer support. This will hopefully develop in an organic way in the future.

There is absolutely no doubt of the excellent participation training that has been developed and delivered, which have given children a voice in their EHC/One plans creating a more in depth picture of the child or young person.. Targets of delivery Participation Training exceeded the

proposed numbers from 40 to 90, with further requests having been made to DAD. There has also been evidence of parents becoming more confident, and 24 families are now self- key-working, some of them have been supporting the training delivery.

- **Children and families will be supported in a way which offers value for money and makes the most effective use of resources. This outcome has been mostly met**

Outcome 3: Other Local Authorities will have skills, knowledge and systems in place to replicate successful elements of the key-working model.

Whilst some of the planned activities and outputs in respect to Outcome 3 have been undertaken, overall Outcome 3 hasn't been met. It was anticipated that 10 parents and young people would be recruited a total of seven were recruited and received training to become "Experts" however whilst they did get involved in local training this did not happen in other local authority areas.

At the time of writing the proposal to the Department of Health it was anticipated that a regional key-working group would be developed. The group would support dissemination of best practice and learning. It was hoped that parents and children would support the learning from the KIP project in other others through delivering training and sharing learning. Additionally the KIP project was proposing to mentor and support local authorities on the key-working model developed, disseminating the effectiveness of efficiencies as a result of the data gathered.

This has not been due to resources or the lack of will but in the main due to external factors influencing local authorities. The three contributing factors identified by the Evaluators have been; the austerity measures in place within local authorities, the challenges of implementing new legislation in the Children & Families Act 2014 and the Department for Education's Independent Support Programme which has been facilitated by The Council for Disabled Children. The Independent Support Programme has recently been rolled out across the country to various voluntary sector organisations, DAD being a successful applicant of this

funding opportunity. The Independent Supporter's role will, however be more restrictive and based upon a prescriptive time framework compared to that of the KIP designated key-working model. The KIP model had the flexibility to offer more tailored support to families, children and young people.

- **Other Local Authorities will have skills, knowledge & systems in place to replicate successful elements of the key-working model. This has only partially been met.**

Next Steps & Recommendations

In the original application proposal to the Department for Education it was anticipated the Evaluation would provide recommendations for future roll-out and improvements to national practice. This was however prior to the Children & Families Act 2014 implementation and the Independent Support Programme funded through The Council for Disabled Children. The Independent Support Programme has to a certain extent has been prescriptive in setting out the next steps after the completion of KIP in March 2015.

<http://www.councilfordisabledchildren.org.uk/media/787249/informationsheetparentsmbullfinaldocv2web.pdf>

The KIP project has provided support to families, children and young people through a range of activities. Many of the families have been able to access support even though their child or young person was not eligible for either a EHC or One plan. By not restricting the support simply to children and young people with EHC/One plans, this enabled the KIP project workers to support families who were either in crisis or rapidly approaching crisis situations.

Darlington families, children and young people have really benefitted from KIP, the Local Authority Educational provision has been able to have a service which has provided an alternative to the mainstream which has secured immense value to families, children and young people. Without the project the lack of timely, appropriate and essential support would not have been available.

Without appropriate funding, support which is independent and based on the lived experience of disabled people, and focusses on what really

empowers families, children and young people to have a voice is going to leave a large gap.

The Evaluators would therefore urge

- **Participation support to children and young people to ensure their views are central to assessment and planning processes.**
- **Having participation workers whose primary purpose was to support children and young people to submit their views was very effective.**
- **The difference in the quality of information gathered from children and young people between plan's supported by a participation worker or not was significant. This appeared to be due to several factors including the capacity of teachers and other professionals to dedicate sufficient individual time to children and young people to gather the depth of information that could be achieved from access to a participation worker as well the approachability and non-intimidating nature of the workers.**
- **The value of peer support for families requiring lower levels of support.**
- **That when families have received key-working support through the process, sometimes quite intensive support initially, Many will then no longer require support from when a plan is agreed and finalised, moving on to self -key-working.**
- **Leaders within Darlington Council should embrace the designated key-working model and ensure resources are directed at developing the approach across the sector, and promote good practice further afield.**

- **That the local offer includes an external and independent Key-worker model providing alternatives support and solutions for families disabled children and young people.**
- **Participation of parents, disabled children and young people is crucial in order for EHC plans to be “person centred”, resources therefore need to be directed towards supporting the process of participation.**
- **There will be disabled children and young people who don't meet the criteria for EHC plans who still need support at times throughout their education preventing dis-engagement or repairing relationships and these families shouldn't slip through the net.**
- **Priority work continues to embed the new on-line information web portal and that trials take place of parents, disabled children, young people and professionals. This will enable teething problems to be ironed out and feedback obtained in order to drive through how the portal need amending, improving or areas that are working well for all stakeholders.**
- **That all professionals who work to develop EHC plans and One plans undertake key-working and participation training.**
- **That choice of independent or mainstream support services are offered to all families going through the EHC process or One Plan.**