

Early Support and Independent Support Programme Board Meeting Tuesday 17th June 2014, 2pm-5pm

Present:

Kevin Williams – Chair (KW)	Matthew Hopkinson (MH)
Chris Easton – (by phone) (CE)	Maureen Morris (MM)
Christine Lenehan (CL)	Nic Crosby (NC)
Daisy Russell (DR)	Patrick Agius (PA)
Jill Wellings (JW)	Peter Ellis (PE)
Liz Hobson (LH)	Alice Turner – Minutes Secretary (AT)
Martin Bull (MB)	

Apologies: Caroline Allen, Jane Harrison, Stephen Kingdom, Toby Price.

1.1 Welcomes and Introductions

KW and CL welcomed the Board and outlined its role. CL is keen to work with the Board to discuss, in an open and honest manner, the risks and challenges faced by the programmes. CL highlighted the importance of confidentiality to enable such an approach, and asked Board members to check whether materials and discussions are confidential before sharing them. However CL also suggested that a public record be made of these meetings for transparency. This was agreed.

1.2 Conflicts of Interest

Board members declared any potential conflicts of interest. KW stated that he had previously been CEO of KIDS which would be bidding for IS. JW stated that she was associated with Wolverhampton Parent Partnership Service which would be in receipt of IS funding. It was agreed that these were not serious conflicts of interest.

1.3 Involvement of Young People

Three young people, all members of EPIC, will be working with the Board. They all have a background in the reforms and will meet with KW between meetings to discuss their views on agenda items. Their input will be shared by KW in Board meetings.

2.1 Overview of Early Support

CL gave an overview of Early Support.

History

ES began 12 years ago, focusing on early years (0-5) and early diagnosis. The ES programme encouraged person-centred planning, cultural change and a new way of thinking and working with families. Three years ago, ES moved on to its next phase

and began working with older children, as well as the early years. ES became a part of CDC last September, at which point ES's resources were reviewed and re-focused on the changes arising from the Children and Families Act.

Where we are now

Jane Harrison has recently been appointed as the Early Support Lead (replacing Rita Wiseman) and she will be attending future Board meetings.

CL highlighted the importance of staying true to ES principles

<http://www.councilfordisabledchildren.org.uk/earlysupport> which are at the centre of everything that ES does. CL outlined the core set of outcomes that the ES contract is trying to achieve:

- Building a team around the region to respond to regional needs.
- Working in partnership with other delivery partners to bring together agencies and add ES resources to existing resources.
- Working directly with parents, children and young people to help them understand the impact and outcomes of the reforms.
- Delivering key working training. Demand for key worker training is rising and is a fundamental part of the culture change that ES is trying to achieve.
- Supporting IS through training development and comms- embedding the ES principles in IS.

Next stage priorities

CL presented the ES contract priorities, which include:

- Working with Mott to ensure that the regional delivery pattern works and that standard agendas to support implementation are agreed.
- Delivering IS training, which will be given mainly by the ES Regional Facilitators who are expert trainers.
- Strengthening links with Health, following a trial in Yorkshire and Humber.
- Developing key working and the link with IS.

CL spoke about setting the direction of ES. The speed of change at the moment means that ES is a reactive programme and CL would like ES to be more reflective and pro-active. CL said it is important to reflect on measuring the impact of ES and articulating its purpose and achievements. A key question in doing this is; how do you measure cultural change? CL also suggested re-branding of ES and would welcome advice from the Board on this.

There were a number of questions and comments from the Board after the introduction to ES.

- CL clarified that ES is a DfE delivery contract, hosted by CDC.
- PA confirmed that DfE funds a number of delivery partners who meet monthly to maximise their impact. It is important to make sure that ES and IS complement each other, and the work of the delivery partners more generally, and do not duplicate each other's work.
- KW explained that one of the Board's role is to think about how the legislation coming into place in September 2014 will affect the structures, programmes and grants in place and how ES and IS can adapt to this change to ensure best practice.
- NC highlighted the importance of giving a consistent message to all stakeholders and reducing confusion around the reforms. CL explained that a standard, scripted agenda is being considered for cluster meetings in order to ensure that messages are consistent throughout the regions.

2.2 Overview of Independent Support

MB gave an overview of Independent Support.

History

The IS programme was developed in conjunction with the DfE, resulting in a contract, signed on February 14th 2014, for the sum of £15.9m (VAT-able). This was signed as a variation to the existing Sector Reform Partner contract between CDC and DfE. There is no contract yet in place to deliver IS in 2015/16.

Where we are now

MB presented the paragraphs from the draft Code of Practice that reference IS.¹ CL & PA confirmed that there will be no more amendments made to the code; it will either be accepted or rejected by parliament. The date for these debates has not yet been set, but they are expected to happen before the summer recess.

MB described the qualities that a good Independent Supporter should possess. An Independent Supporter should have good local knowledge, experience of working with young people and families and an understanding of the SEND reforms. Independent Supporters will be from voluntary, community and private sector backgrounds and will be required to complete a training package. MB explained the

¹ Please find this attached, annex 1

importance of ensuring that the sector is aware that IS is an additional and time limited resource.

MB explained that CDC are contract managing Parent Partnership Services (PPS) and voluntary, community and private sector organisations (VCPS) in a transparent manner and outlined the role of CDC in the process as follows:

- To manage a transparent procurement process.
- To manage service agreement contracts with eligible PPS.
- To manage contracts to provide an IS service in every local authority.
- To provide advice and support to organisations under contract to ensure successful delivery of the programme throughout its duration.
- To develop and provide appropriate IS training.
- To jointly manage with DfE the independent evaluation that will provides evidence of improved outcomes for parents and young people and successful practice in the sector.

MB explained IS's approach and presented a timeline of the three phases of IS.²

IS is currently inviting bids for phase 1 from PPSs and VCPSs. 140 PPSs have confirmed that they will be applying, this tender closes on June 25th 2014. CL and DR explained how the bidding process will be a good opportunity to identify those PPSs whose services do not currently meet minimum requirements. CDC and DfE would follow up PPSs who did not bid, or whose bids failed, and seek clarification about why and work with them to ensure they can offer some form of service locally to support IS.

Regional coverage is important as IS must be available in every area. CDC will work with VCPS bidders and local PPSs to seek to ensure this.

Regional coverage will be displayed on a map and discussed in the next Board meeting. MB highlighted a lack of regional coverage (due to a lack of applications reaching the required standard in a local authority area) as a risk for the programme. NC explained that potential tenderers may be discouraged from bidding due to concerns about the speed at which work has to begin and the short delivery timeframe proposed in the invitation to tender. MB suggested that tenderers put forward the timeframes they are able to work to in their bid. PA

² Please find attached, annex 2

stated that any advice like this must be published publicly to avoid unfair advantage.

The Board had a number of questions and comments, following the introduction to IS.

- It has not yet been confirmed whether the IS contract value is VAT-able.
- IS is a time-limited programme and it is not known whether there will be future government funding for IS beyond 2016. Because of this, legacy building and sustainability are a key part of the IS programme and consideration of sustainability is one criteria that CDC are looking for in phase 1 bids. It is important to build on PPS skills as they are a statutory service that will continue beyond 2016.

MB informed the Board that NTDi were the successful tenderer for the evaluation of IS contract. It was agreed that there would be an Evaluation Group which would be a sub committee of the Board. MB asked members to consider whether they would be willing to volunteer to be on the Evaluation sub-committee.

3.1 Initial results from the Evidence & Build (E&B) phase

MB presented a snapshot of the initial results from the E&B phase. The final reports from contracted organisations were received on June 13th and a first draft report is due to be delivered to the DfE on June 20th.

Summary of the E&B phase

Bids were received, of a very mixed standard resulting in 12 PPSs and 13 VCS&Ps receiving contracts to deliver the services required in the pilot phase. The contracts issued were for only 13 weeks work, February to June 2014, and an initial payment of 50% was offered to all organisations to facilitate a quick start. Some organisations outsourced some of this work which was not expected.

Organisations were asked to:

- Explore, consult and provide a range of options to implement an Independent Support offer.
- Provide practical and innovative workforce development options that identifies an IS workforce (and what that looks like) – which sets out clearly how that workforce could be managed and deployed locally or regionally to deliver the required services.
- Provide case studies setting out examples of good local protocols that could be used and/or adapted by the authority and/or by other local authorities and would support joined up service delivery.

- Participate on pilot training. (Pilot training was explained in more detail later in the meeting)

Summary of final reports

MB was impressed by the large number of parents and young people that were consulted by the contractors. The case studies provided in the reports produced a wealth of information that it would be useful to share on the CDC website. A summary of the key feedback given in the reports is as follows:

Feedback suggested that a good Independent Supporter would be:

- Very knowledgeable about the new EHC Plan and the local offer and able to provide a single point of contact to a family who can signpost on to other support services, if required.
- Able to develop and nurture peer support and work alongside web based information, forums and webinars
- A good communicator who explain themselves clearly and can ask young people for their opinions directly and understand the impact of a young person's disability.

Fears around Independent Supporters are:

- Not engaging or communicating with the young person directly, using jargon and not providing relevant information.
- Being another person to repeat the same information to. Not always available to answer the phone and provide help in times of crisis.
- Artificially limiting options because of a lack of knowledge or reduced expectations of the potential of the young person. Not perceiving the individuality of the young person with specific talents and needs
- Asking the same questions repeatedly

Workforce development options suggested were:

- Having a mixture of paid and voluntary staff.
- Training and paying parents- introducing a minimum hours threshold, after which parents are paid for their work.
- Counselling Model – where experienced staff train and mentor new staff, who work in a voluntary capacity until their training is complete.

- Support Hub Model- where IS workers are allocated to groups of schools in the area and a volunteer “Parent Champion” is appointed in each school to work alongside the SENCO.
- Voluntary Sector Consortium Model- Independent Supporters form a network/consortium to ensure consistency of training and information and Independent Supporters are allocated to families in the area by a co-coordinator.
- Virtual Hub- introducing live chat webinars and helplines managed by Independent Supporters.

Key challenges for the programme outlined in the reports:

- Regional readiness- local protocol needs to be sorted and Independent Supporters must have a strong relationship with the Local Authority (LA) in order to give locally appropriate support.
- Diversity and Geography- ensuring that Independent Supporters are capable of working with people separated by distance or cultural difference.
- Maintaining a skilled workforce- as the programme runs only until 2016 it may be difficult to attract staff to the roles.
- Unclear expectations of IS- it is not widely known that it is a time-limited programme.
- Sustainability- as previously discussed, the programme runs until 2016 and sustainability after it has ended is a key consideration.
- Young people not engaging with the reforms- there is currently no effective model for engagement with young people.

The full report, once finalised, will be published on the CDC website.

The board had a number of questions and comments on the E&B phase.

- PE raised the issue of diversity and asked whether it would have a bearing on the project. DR confirmed that 2 PPSs from the E&B phase had a focus on diversity and language and that this will be a consideration for Independent Supporters in the future. Recruiting Independent Supporters from varied backgrounds to provide a bridge to service users from all communities is important.
- Information sharing was discussed. It is vital that Independent Supporters understand the confidential nature of certain information but also that they

know how to ask permission for information to be shared when that may be helpful.

MB asked the board how best to publicise the information in the E&B phase report. It was suggested that a summary report be put together that will summarise the information for a wider audience. This report could be shared with the National Network of Parent Carer Forums (NNPCF) and distributed with CDC's current health materials. CE said that he would help navigate the challenging NHS communications system in order to signpost people to the report's findings.

4.1 Dates for future meetings

Proposed future meeting dates were discussed. These will be confirmed shortly, but it was agreed to keep the date of the next meeting as 17 July 2014, 1pm for 2pm start.

5.1 Initial look at IS Training, including feedback from pilots

Phillipa Stobbs (PS) joined the meeting

PS explained that Fiona Holmes has joined the IS team as Training Manager and is overseeing the IS training process. Pilot training is underway at the moment and reports and analysis will be put together for DfE by the 20th June, once feedback has been received.

PS outlined the purpose of the training: to develop a workforce that can provide support through the period of transition of the implementation of the Children and Families Act, in particular, supporting parents/young people through the transfer from a statement to an EHC plan.

The pilot training consists of Legal training and Ethos and Practice (E&P) training (each delivered through one day of online training and one day of face-to-face training). Training is free and voluntary and based on the draft Code of Practice and regulations, although they have not yet been finalised.

In the pilot phase the ES key worker training was used as the online portion of the E&P training. Feedback on this will be taken into account when developing the E&P training for the main programme. Legal training for the E&B phase was provided by IPSEA, but Sense will be contracted to provide the training for the main programme. For the main programme, face-to-face training will be provided by the ES Regional Facilitators and some Parent Partnership Co-ordinators.

Independent Supporters are trained to have the basic equipment required to support families and must be aware of other services to signpost towards for further support.

The Board posed questions and commented on the IS training overview.

- NC asked how training modules would be reflect local arrangements that can be very important to families. CL assured the board that ES Regional Facilitators could provide local knowledge in face-to-face training sessions and that the majority of PPSs would be involved in IS and could provide information on local arrangements. KW highlighted the need to make it clear to contractors that although training is provided by CDC, they still have a responsibility to ensure that ISs have the local knowledge they will require to fulfil their roles. It was suggested that a local induction and continued training process for ISs be fitted into the task order for contractors.
- It was confirmed that CDC trainers (a combination of Regional Facilitators and CDC trained PPS co-ordinators) will be providing training for all ISs. To assure quality, there will be no 'training the trainers'.
- KW asked if there might be a wider market for the training and if it could be provided for people other than ISs. CL said that the focus is currently on providing good quality training for ISs and if this is achieved and works well then it could be opened up to a range of different people. MB suggested using content from IS training to carry out workshops with young people.
- PS suggested adding tests to the IS training to find out the extent of an Independent Supporters knowledge. It is important to highlight to Independent Supporters the limit of their knowledge and help them to understand when it is best to advise families to seek further information and support elsewhere.
- There was a concern that IS may lead to an increase in tribunals. CL reassured the board that Independent Supporters will be working with and not against LAs and that legal training is provided to give Independent Supporters an understanding of the legal framework of the reforms, not advice on how challenge LAs on the law.

6.1 AOB

No other business was raised.

Date of next meeting: 17th July 1pm lunch 2pm-5pm meeting

Location: CDC, Wakley Street, London

1. Draft Code of Practice on Independent Support

2.19 Families may receive help from an **independent supporter**, provided by private voluntary and community sector organisations, who is independent of the local authority. Independent supporters will be recruited locally and receive accredited training, including legal training, to help any family going through an EHC assessment and the process of developing an EHC plan. Local authorities should work with organisations that are providing **independent supporters** to ensure there are arrangements agreed locally to offer help from an independent supporter to as many families as possible who request it.

9.27 Local authorities must provide all parents, children and young people with impartial information, advice and support in relation to SEN to enable them to take part effectively in the assessment and planning process. This will include the EHC needs assessment process, EHC plans and Personal Budgets (including the take-up and ongoing management of direct payments). This should include information on key working and **independent supporters** as appropriate. (See Chapter 2 for more information.)

11.6 Local authorities must make disagreement resolution services available to parents and young people. Use of the disagreement resolution services is voluntary and has to be with the agreement of all parties. The service, while commissioned by it, must be independent of the local authority – no one who is directly employed by a local authority can provide disagreement resolution services. Parents and young people can also access informal support in resolving disagreements through the local impartial information, advice and support service and, between 2014 and 2016, with the help of **independent supporters**.

2. IS approach

'Evidence and Practice Build' <i>(Timescale: February – June 2014)</i>	Phase 1 : Implementation <i>(Timescale: June 2014 – March 2015)</i>	Phase 2 : Implementation <i>(Timescale: April 2015 – March 2016)</i>
<ul style="list-style-type: none"> • Launch of tender exercise targeting VCPS • Launch of tender exercise targeting PPS • Support provided as identified • Develop and implement training offer and new training modules • Initial evaluation of trials reported in June 2014 • ES Regional Facilitators develop good practice in partnership working and feedback on good practice • Monthly status report to DfE • Outcome report to DfE 	<ul style="list-style-type: none"> • Launch of wider tender exercise (VCPS) on 28 May • Launch a Service agreement to PPS on 20 May. • Contract monitoring and management • Develop further training modules (based on sector need) • Training plan to Independent Supporters recruited in regions • Evaluator criteria set and appointed. • Twice yearly outcome report with recommendations to DfE • Monthly status report to DfE 	<ul style="list-style-type: none"> • Contract monitoring and management • Evaluation report on impact and good practice • Sustainability models of good practice developed and disseminated. • Further strategic advice and support to sector based on a need. • Preparation of final report and recommendations • Exit strategy implemented