

Innovation in Social Care Assessments for Disabled Children - Evaluation Summary

Background

The Innovation in Social Care Assessments for Disabled Children programme, led by the Council for Disabled Children (CDC), involved 5 local authorities developing and testing new approaches to assess the needs of disabled children and young people (DCYP) and their families. Each local authority (LA) utilised the CDC Learning Model, working closely with DCYP, parent carers and professionals to co-produce new assessment approaches to test. CDC's Learning Model comprised four distinct phases: 1. Discover, 2. Define, 3. Co-design and 4. Test. Local authorities were expected to work through each phase sequentially, guided by the model and adapting to local differences where necessary. The 5 LAs involved in the programme were Cornwall Council, London Borough of Bromley, London Borough of Enfield, West Sussex County Council and City of York Council.

Aims and objectives

The aim was to create new, more streamlined, assessment processes for DCYP and their families, that embedded co-production. The project also aimed to improve family experience by removing barriers that DCYP face in accessing aspects of universal services and creating an equity in relationships between professionals, parent carers and DCYP. CDC aimed to build a national learning network between the 5 LAs involved including learning about the co-production journey and how the journey could be replicated in other LAs.

Evaluation

The evaluation undertaken by Coram assessed whether the co-production of new models of assessment lead to higher satisfaction with the assessment process; if the involvement in co-production lead to better engagement by participants in social care processes involving them; if new models of assessment were faster in helping DCYP and their families and if new models of assessment were more cost effective in producing assessments than previous practice.

This mixed method evaluation examined current assessment practice (baseline), the CDC Learning Model process and the testing of new assessment approaches. The evaluation used observations of discover, define and co-design sessions, surveys and questionnaires with 89 parent carers and 217 professionals (91 took part in a before and after survey and 126 completed questionnaires). There were also interviews and focus groups with 35 parent carers and 43 professionals, questionnaires with 25 DCYP and analysis of secondary data (information about number of assessments, type of assessment, staff time and cost) supplied by LAs.

Key findings

- The programme provided a space and framework for LAs to experiment with new, innovative assessment approaches. LA project staff valued CDC coaches' supportive accountability and challenge.

The oversight from a national organisation helped local authorities consider the wider context of the programme and ensured LAs met key milestones.

- Parent carers and professionals reported that the pre-existing assessment systems were lengthy and disproportionate, especially for DCYP with lower level needs. Professionals wanted better inter-agency working, and parent carers wanted a less intrusive process, with better advertising of services and support available.
- Each LA tested more than 1 approach. Approaches were mapped to the solutions produced in the co-design phase and addressed the issues identified in the discover phase. The new approaches were grouped into 5 areas: enquiry, referral and assessment processes; volunteer support services; information for parent carers; upskilling and resources for professionals and information and tools for DCYP.
- Test approaches were generally faster and more proportionate than previous processes. Analysis by the project (not the evaluators) suggest they may also be more cost effective. On average, across the 3 LAs that provided data on cost and staff time (Bromley, Enfield and York), the new approaches saved £98 per case. These approaches could save an estimated £15,599 per year for all cases referred to the 3 LAs. The improved efficiency did not appear to worsen parent carer experience.
- The one-off cost of co-producing the 4 outputs that contributed to savings (in Bromley, Enfield and York) outweighed the savings made (£30,288 cost vs. £15,599 savings); however, it would be a relatively short time until these costs were recovered (2.3 years). If these new approaches were in place for 3 years, it can be estimated that the new systems would outweigh the one-off cost of co-production by £16,507 (£46,796 savings vs. £30,288 cost). While these cost benefits are encouraging it would require a longer timescale evaluation to determine if the impact on the DCYP would be equally encouraging.
- LAs were committed to sustaining the CDC Learning Model approach but were concerned about financial pressures. Managers viewed the project, and the time and space it afforded, as a luxury.

Implications and recommendations for policy and practice

- Some test approaches had merit for wider take-up into other LAs. The new enquiry, referral and assessment approaches, trialled in Bromley, Enfield and York, were likely to be the most easily transferable, because it was a relatively straightforward change that yielded positive results in terms of efficiency.
- The programme produced valuable learning for national policy and practice including: an understanding of co-production, how it could create innovative solutions and support and change process; the use of other than social worker roles in the assessment of DCYP and alternative enquiry, referral and assessment routes for DCYP with lower level needs.

The DFE's Children's Social Care Innovation Programme funded this project and its independent evaluation.

Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford

(www.reescentre.education.ox.ac.uk.) A full copy of this report can be found at

www.gov.uk/government/publications