An independent evaluation of the Early Intervention Project (EIP): End of year 2

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Introduction

This report presents the interim findings of the evaluation of the Early Intervention Project (EIP). The project aims to facilitate improved early intervention across the country to improve the quality of life and outcomes experienced by children with learning disabilities whose behaviour challenges. The EIP is funded by the Department of Health and jointly carried out by the Challenging Behaviour Foundation (CBF) and the Council for Disabled Children (CDC).

The EIP evaluation was commissioned in November 2013, shortly after the project started, to provide ongoing learning on:

- Whether the project is achieving its intended aims and objectives.
- The quality and effectiveness of the deliverables.
- Whether and how the project makes a difference.

The first step for the evaluation was to develop a logic model (see Appendix) which sets out the project’s short and longer term outcomes, the planned project outputs and the resources invested to achieve the intended outputs and outcomes. The logic model has been used to monitor the project’s progress in years 1 and 2.

Key findings from year 1

As illustrated in the EIP logic model, key project activities for year 1 were to:

1. Develop a vision of what effective support for children with learning disabilities whose behaviour challenges looks like, based on families’ views.
2. Summarise the available evidence on effective intervention with the help of a group of leading national experts.

The evaluation found that, by the end of year 1, the first of these two activities was successfully completed, with success defined both in terms of the positive experiences reported by those who took part in the workshops that informed the vision, and stakeholders’ views on the output from these workshops. In year 1 good progress was also made with the evidence review. Furthermore, while dissemination and influencing activities were planned mainly for year 3, the project started its influencing work right from the start, particularly as relevant opportunities emerged (e.g. contributing to the Department for Education SEN code of practice; representation on the Learning Disabilities Professional Senate, and the steering group set up by the Office for Children’s Commissioner to oversee research on residential specials schools). Discussions with the project team, a review of project documentation, and interviews with key stakeholders involved in the project\(^1\) were used to evaluate the successes of, and challenges to, the project.

\(^1\) Twelve interviews were carried out with: the EIP project team; members of the project’s steering group; experts who contributed to the evidence review; and, parents who took part in the workshops.
Achievements

- Gained visibility among national stakeholders and was seen as having the potential to make a difference through the provision of evidence and resources targeted at different audiences.

- Gained the support of key stakeholders and was seen as having the potential to ‘speak’ with a unified and authoritative voice on early intervention for children with learning disabilities whose behaviour challenges.

- Redefined the concept of evidence base, combining and giving equal weight to families’ views and experiences, as well as research evidence and experts’ opinions.

- A clear vision of who needed to be influenced and through which mechanisms in order to maximise the impact of the project.

- Provided very good value for money, for example, by making effective use of pro-bono support, delivering more activities than originally planned, securing venues for meetings and events free of charge.

Challenges

- At times the project team was over-stretched due to the requests for expert input from the (very small) team alongside the focus on delivering good quality resources.

- Pro-bono support is a strength of the project but it can also present challenges e.g. ensuring that people continue to see the value of investing their time in project activities.

- Continuing to build and maintain consensus among key stakeholders could prove more difficult if the post-Winterbourne effect were to diminish over time.

- Resistance to change, particularly when reaching wider audiences.

- A difficult financial climate, which means that the project needs to make a strong economic case for early intervention.

- Raising profile among key early intervention ‘promoters’ e.g. Early Intervention Foundation, Big Lottery.

Year 2 outputs

In planning year 2 outputs, the project team has been ambitious and has demonstrated a capacity to continue to engage stakeholders to give them the opportunity to influence project developments. Furthermore the quality of the EIP’s key year 2 output (the Briefing Paper) is considered to be very high (discussed later).

In year 2 the project delivered, or was on course to deliver, the following outputs.
Briefing Paper

A Briefing Paper reviewing the evidence on early intervention for children with learning disabilities whose behaviour challenges was put together with the help of a group of leading academic experts. The Briefing Paper was launched in November 2014, and by the end of February 2015 the relevant web page had been visited over 800 times and had been accessed by over 600 users (Table 1). As indicated in Figures 1 and 2, the publication of the Briefing Paper led to a steep rise in visits to the EIP website in November 2014, although after that figures went back to the previous trend of steady, but small increases in usage. As shown in Box 1, the Briefing Paper is also available on a number of key websites.

Box 1: Websites where the Briefing Paper has been placed

<table>
<thead>
<tr>
<th>Website</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability Today</td>
<td><a href="http://www.learningdisabilitytoday.co.uk/Early_Intervention_for_Children_with_Learning_Disabilities_Whose_Behaviours_Challenge_25769817640.aspx">www.learningdisabilitytoday.co.uk/Early_Intervention_for_Children_with_Learning_Disabilities_Whose_Behaviours_Challenge_25769817640.aspx</a></td>
</tr>
<tr>
<td>South Wilts Mencap</td>
<td><a href="http://www.southwilstsmencap.org.uk/News/CF011411.html">www.southwilstsmencap.org.uk/News/CF011411.html</a></td>
</tr>
<tr>
<td>JISCM@il</td>
<td><a href="http://www.jiscmail.ac.uk/cgi-bin/webadmin?A2=LEARNING-DISABILITY;b6950d70.1412">www.jiscmail.ac.uk/cgi-bin/webadmin?A2=LEARNING-DISABILITY;b6950d70.1412</a></td>
</tr>
</tbody>
</table>

Education, Health and Care Plan resources

Two information sheets have been developed: For Professionals: Developing an Education, Health and Care Plan and For Families: Getting an Education, Health and Care Plan. This information has been available on the EIP website since autumn 2014 and by the end of February 2015 the relevant pages had had over 600 visits and had been accessed by over 400 users (Table 1). As Figures 1 and 2 show, there has been a steady increase in the number of visits to the EHC plan information page for families (Getting an EHC Plan), from less than 50 monthly visits at the end of 2014 to over 200 in February 2015. In contrast the level of usage of the page targeted at professionals (Developing an EHC Plan) has remained low, going from a highest of 45 visits in November 2014 to 16 visits February 2015.

Paving the Way

Paving the Way is a guide for commissioners and providers launched in April 2015, which focuses on developing effective local services for children with learning disabilities whose behaviour challenges. The guide combines evidence from the Briefing Paper and the vision developed with families, with case studies gathered by the project team, which illustrate different approaches to the delivery of effective
support and services. Later in the year more detailed information on the case studies will be made available on the EIP website.

**Videos**

The first video was the result of a competition asking children and young people with learning disabilities to produce a short video of what they like doing in their spare time to identify facilitators and barriers to getting the support they need. It has been launched at a series of regional conferences in January-March 2015, led by the Post-Winterbourne Joint Improvement Programme and co-ordinated by the National Development Team for Inclusion (NDTi). The second video, planned for summer 2015, will focus on the perspectives of children, young people and parents/carers on what it feels like to experience restrictive interventions and/or live in restrictive environments.

**Surveys of families and professionals**

Surveys of families and professionals\(^2\) have been carried out for the evaluation to collect baseline evidence on awareness of, and access to, a range of support for children with learning disabilities whose behaviour challenges. The surveys also explored the kind of challenges families face. The surveys will be repeated next year to see if any progress has been made in relation to awareness of, and access to, support. They will ask whether families and professionals believe any changes may be partly attributable to the work of the EIP\(^3\). As well as baseline data for the evaluation, these surveys have provided useful evidence to complement the Briefing Paper.

**Bid to Department of Health**

In line with its original plan, the project has now submitted a bid to the Department of Health (DH) to build on the EIP work by establishing a network to support local areas with the delivery and evaluation of effective support and services. If successful this funding should be available from September 2015. The project team is also exploring non-statutory sources of funding for other activities and in case the DH bid is not successful.


\(^3\) A survey of commissioners was also carried out but only 13 commissioners responded with most questions only completed by 5-6 respondents.
Table 1 EIP web visits and users (i.e. unique visits) between January 2014 and February 2015

<table>
<thead>
<tr>
<th>Section</th>
<th>When became available</th>
<th>N. of visits</th>
<th>N. of users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homepage</td>
<td>Jan 14</td>
<td>2044</td>
<td>885</td>
</tr>
<tr>
<td>About EIP</td>
<td>Mar 14</td>
<td>676</td>
<td>339</td>
</tr>
<tr>
<td>The Developing Vision – outputs from workshops and focus groups</td>
<td>Nov 14</td>
<td>298</td>
<td>156</td>
</tr>
<tr>
<td>Sharing Good Practice - form for providing examples of effective services and resources</td>
<td>Nov 14</td>
<td>159</td>
<td>117</td>
</tr>
<tr>
<td>Resources – links to Briefing Paper and Education, Health and Care Plan (EHCP) Information Sheets for families and professionals</td>
<td>Mar 14</td>
<td>646</td>
<td>378</td>
</tr>
<tr>
<td>Developing EHC Plans – professional resource</td>
<td>Oct 14</td>
<td>142</td>
<td>111</td>
</tr>
<tr>
<td>Getting an EHC Plan – resource for families</td>
<td>Nov 14</td>
<td>421</td>
<td>309</td>
</tr>
<tr>
<td>Briefing Paper</td>
<td>Nov 14</td>
<td>835</td>
<td>617</td>
</tr>
</tbody>
</table>

Figure 1 N. of visits to different sections of the EIP website between January 2014 and February 2015.
What difference has the EIP made in its second year?

The project’s impact and views on the project’s quality of delivery have been explored by focusing on its key year 2 output (the Briefing Paper). Also, this evaluation has looked more widely at the reach and influence of the project based on the ‘influencing log’ that the project team has been keeping. In considering these findings it should be noted that as the bulk of the dissemination and influencing activities are planned for year 3. As years 1 and 2 were largely focused on project outputs, one would expect the project’s impact so far to have been limited.

Impact of the EIP

The project team identified ways in which the EIP in general has made a difference in the past year (i.e. since April 2014):

- The post-Winterbourne Joint Improvement Programme (JIP) formally recognised that change needs to begin early, with children’s services, and established a JIP children’s sub-group informed by the EIP.

- While the extensive input the EIP project team made to the new SEN code of practice was not fully reflected in the code, recognition of the importance of local services post-Winterbourne was included.

- The Learning Disability Professional Senate has convened a national multi-disciplinary group focused on children with learning disabilities.

- The Preparing for Adulthood programme has agreed to develop a resource for professionals supporting children with learning disabilities whose behaviour challenges through transition to adulthood informed by EIP and CBF resources.
Impact of the Briefing Paper

As discussed above, the publication of the Briefing Paper in autumn 2014 seemed to substantially increase the visibility of the project. Furthermore the Briefing Paper has:

- Been discussed in key fora (e.g. the Health and Wellbeing Partnership Board and the Learning Disability Professional Senate Children’s Group).
- Been used to inform key processes (e.g. the CAMHS review).
- Resulted in a commitment by some key stakeholders to make use of the relevant evidence (e.g. to influence coverage of children in the NHSE commissioning framework and to develop resources to support professional early intervention).
- Informed a EIP presentation about children in Assessment and Treatment Units at the Children’s Health and Wellbeing Partnership, which resulted in the Board agreeing to identify relevant input from local education services into Care and Treatment Reviews, and to plan future improvements to the system to decrease overall admissions.

Quality of the Briefing Paper

Interviews with key stakeholders found that views about the Policy Briefing were overall very positive because:

- The Briefing provides in one place key evidence about the importance of early intervention and new evidence on prevalence, as such it was described as a very powerful document.
- It is authoritative as it is authored by key experts in the field; it was noted that this is the first time this group of people have produced a joint output.
- It has created a consensus among key experts on a set of recommendations – something that may have not been possible without the project’s neutral stance, and the determination and skills of the project manager.

While expressing positive views one respondent thought that the Briefing could perhaps have included more information on sensory issues and a greater focus on autism, including interventions with a stronger evidence base than some of the interventions cited in the Briefing (e.g. Triple P).

Use and reach of the Briefing Paper

Respondents were asked how the Briefing Paper has been used by themselves and their colleagues/networks. They could mainly answer the first question; while they had disseminated the briefing to their colleagues and networks, they typically had not had feedback on if/how it was used. When asked how the Briefing has been used and has made a difference respondents mentioned:

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4 Between January and April 2015 interviews were carried out with 10 key stakeholders to discuss the Briefing Paper and the data supplement. Interviews were carried out with national policy makers/agencies, commissioners, professionals with relevant expertise in learning disabilities and/or early intervention. Respondents included people who have been closely involved with the project (e.g. members of the steering/expert group), as well as those who have had no involvement, but all respondents had read the Briefing Paper.
• Having all the evidence is one place and with the backing of key experts in the field was reported to be extremely useful, giving ‘clinical clout’ to:
  
  o Make the case for early intervention locally, e.g. a commissioner used the briefing to develop the specification for a new local early intervention project.

  o Refer to it when required to provide relevant information, e.g. professionals who provide training, consultancy, deliver presentations or respond to specific queries for information, including for national reviews and reports carried out on behalf of Royal Societies and government agencies.

  o Possibly brief the new Government.

• The data on prevalence was mentioned as being particularly useful as this is the first time that robust statistics are available and they can be very helpful for planning purposes.

• The ‘astronomical’ amount spent on residential education was also seen as very helpful in making the case for alternative approaches articulated in the Briefing (e.g. this cost data was used by a commissioner to make the business case for new local early intervention project).

When discussing the reach of the Briefing Paper and its potential to influence a wide range of audiences, one respondent said that the early intervention message is ‘rippling through’ professional networks thanks to the Briefing, as well as other EIP activities. An example of this was the Learning Disability Professional Senate, which used to be very adult-focused, but has now been steered more towards children by the EIP work. However, this was one of the few instances mentioned of the Briefing Paper contributing to making a difference beyond its immediate use. Overall there was a sense that more should be done to disseminate the learning from the Briefing Paper and to ensure that its recommendations are put into practice. So far the Briefing Paper seems to have reached mainly ‘the enthusiasts’ rather than those with little understanding of the needs of children with learning disabilities whose behaviour challenges. There were a number of suggestions (see Box 2) for increasing the visibility of the Briefing - it should be noted that some of the suggestions reflect the EIP’s dissemination plans, some of which have already been implemented (e.g. the Paving the Way guide).

**Box 2: What could be done to further disseminate learning from the Briefing Paper**

• Shorter briefings tailored to different groups (e.g. practitioners, commissioners, families, policy makers, politicians) providing the ‘right ammunition’ to make the case for early intervention.

• Shorter and targeted briefings to incorporate families’ voices and signposting to examples of good practice to show how the recommendations can be turned into action locally.

• Disseminate more widely nationally (e.g. involve DfE, Ofsted, the Local Government Association) and to local areas (e.g. target CAMHS; education services particularly special schools; commissioners).

‘Making it happen’

In terms of ‘making it happen’ and ensuring the Briefing Paper recommendations are turned into actions, respondents suggested:
• Develop criteria for referral and an outcomes framework, i.e. what needs to be measured to assess whether new approaches to working with this group are effective and a forum for commissioners to share case studies, good practice, and learning on experiences of commissioning early intervention services.

• Provide online resources and training for families. As an example a respondent mentioned interactive and practical support, complemented by phone advice, provided by Scottish Autism. Training for parents should include providing the necessary knowledge to judge the quality of a placement.

• Training for frontline workers, provided that the cost is reasonable (e.g. in the region of £500 for a trainer day) – there is likely to be demand for training locally. Topics suggested included: communicating with children and young people whose behaviour challenges; escalation training to equip workers to deal with situations when behaviours become very challenging, and dealing with transitions. Providing training jointly for frontline staff and parents would also be a good idea.

• Need new and robust evidence on the effectiveness of early intervention – while the Briefing is seen as a good start further evidence based on robust evaluations is needed. In particular, the financial case for early intervention needs to be carefully developed to consider who will be funding early intervention and who is going to make the saving from it. Need to develop a range of options, test them and compare them with the effectiveness and costs of residential schools.

• There are two issues the project team may want to consider in making the case for early intervention to prevent residential placements:
  o At a time of funding cuts one needs to be careful that ineffective or inappropriate services (e.g. poor quality residential schools or those far from a child’s home) are not cut without being replaced with more effective services.
  o Be clear about the project’s position on residential schools and colleges. Some interviewees perceived the EIP position as ‘anti-residential schools’. The project should determine its position on this issue from a) the evidence base; and, b) a child/family centred approach.

• Views were mixed on what the role of EIP should be in future in relation to new evidence. Some respondents argued that the project should continue to gather and disseminate relevant evidence, exemplars of good practice and outline funding options (e.g. including social investment/loans), but it should leave to others the task of experimenting and evaluating early intervention approaches. Others believed that for the project to make a difference it needs to secure (non-government) funding to implement and robustly evaluate the approaches outlined in the Briefing Paper. This latter argument was made by those who were adamant that there is no central funding to support these kinds of initiatives and that local funding may also be very difficult to secure given the numerous competing local priorities.
Conclusion

The evaluation findings show that the project’s plans for the delivery for the second year outputs were ambitious but achievable, as all year 2 outputs have been delivered or are on course to being delivered within the next few weeks. The quality of the project’s work also remains high and is widely respected. The only issue the project may wish to consider is the perceived ‘anti-residential schools’ stance.

In its second year, the project has continued to influence key fora and processes, and it would appear that some key decisions and commitments may not have been made without the work of the EIP. Some of the evidence suggests that more could be done to publicise the work of the project, but this could partly or mainly reflect the timing of the data collection, i.e. before the project embarked on some key dissemination activities.

It is too early to say to what extent this work will result in improved experiences and outcomes for children and their families. However from the available evidence it seems that in its final year the project will be facing what are possible the most challenging tasks to date, namely:

- Reaching local and national audiences with little understanding of children with learning disabilities whose behaviour challenges and early intervention approaches.
- Encouraging these audiences to invest in early intervention services.
Appendix Early Intervention Project (EIP) logic model: April 2015

Inputs
- CBF: PR manager 3 days/week, CEO 1 day/month, intern 1.5 days/week, admin 5 hrs/week, Snr manager team ad hoc support, volunteer 1 day/month, comm/fundraising 1 day/week (yrs 2 & 3)
- CDC tot 15 days
- Steering group
- Ad hoc graphic support
- Academic consensus group (yrs 2 & 3 ad hoc)
- Ad hoc data support

Activities
- Vision of good support
- Briefing paper based on evidence review
- Reference group consultation with CIP
- Families, professionals, & commissioners workshops

Outputs Yrs 1/2
- Participants

Outputs Yrs 2/3
- Activities
- Participants
- Participants

Short
- Commissions and providers
- Beneficiaries: parents, carers, & CYP
- Beneficiaries: families, academics, LD prof senate, voluntary sect, Decision-makers: JIP, DH, DfS, NHS, England, LGA, ADCS

Medium
- Paving the Way & other web resources
- -EHCN info - what CYP like doing & perspective on restrictive settings - PBS parent training - Farr's & prof's surveys
- Future: one bid submitted, others planned
- DH and non-statutory funders

Long
- Relevant children's policies to include accurate info on effective support
- Increased awareness among professionals and commissioners
- Improved access to local behaviour support using the P3S framework
- Beneficiaries: families, academics, LD prof senate, voluntary sect, Decision-makers: JIP, DH, DfS, NHS, England, LGA, ADCS
- Learning disability policies to adequately cover children, e.g. NICE guidance on challenging behaviour & continuing care guidance; DH guide on physical restraint
- Developments of examples of good practice that can be replicated
- Families more actively involved in co-producing services and local offers

Assumptions: project is families/CYP centred and has adopted an evidence informed approach

External influences: availability of pro-bono support; local and national political climate.