The Princess Royal Trust for Carers

Evaluation of development of a personalisation course for carers
(funded by the Department of Health)

mwb consultancy ltd
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td>Personalisation course phase one</td>
<td>3</td>
</tr>
<tr>
<td>What did phase one deliver?</td>
<td>5</td>
</tr>
<tr>
<td>Personalisation course phase two</td>
<td>16</td>
</tr>
<tr>
<td>What outcomes did phase two deliver?</td>
<td>17</td>
</tr>
<tr>
<td>Conclusions</td>
<td>22</td>
</tr>
<tr>
<td>General learning</td>
<td>25</td>
</tr>
</tbody>
</table>
Introduction

This is the report of a collaborative evaluation of the development and early implementation of a personalisation course for carers. The project was delivered by The Princess Royal Trust for Carers’ and funded by the Department of Health (DH).

The purpose of this report is to provide stakeholders and others with evidence of the outcomes and learning from the project so far. This includes phase one (January to March 2011) and phase two (April to September 2011). A final report which will include learning from phase three will be available in April 2012.

Background

In July 2010 The Trust was invited to bid for DH funding at the end of 2010 at relatively short notice. The Trust’s Operations Team was able to quickly identify three areas of work including the area that is the focus for this report: the development of a personalisation course for carers that could be used by carers’ centres in England as part of their response to the needs of local carers. An evaluation of the other projects funded by the DH is available from the Trust.

The topic of personalisation was chosen as a key area for the Trust to focus on following a review of the needs of carers, Carers’ Centres and in response to the importance of personalisation in policy initiatives.

Why are carers so important?

A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age.

One in eight of the population in the UK are family or unpaid carers. Over a million of those carers care for more than 50 hours a week – which is equivalent to the number of staff employed by the NHS.

The Government recognises that “By caring for people in their own time and supporting other people’s independence, carers embody the spirit of the Big Society.” (Recognised, Valued and Supported: Next Steps for the Carers Strategy” HM Government November 2010)
Policy Context

The project needs to be seen in the context of the new Localism Bill, the proposed changes to the National Health Service and the proposals for Adult Social Care referred to as "A vision for adult social care: Capable communities and active citizens."\(^1\)

The Vision for a modern system of social care is built on seven principles:

1. **Prevention**: empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.

2. **Personalisation**: individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.

3. **Partnership**: care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.

4. **Plurality**: the variety of people’s needs is matched by diverse service provision, with a broad market of high quality service providers.

5. **Protection**: there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.

6. **Productivity**: greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.

7. **People**: we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

All these drivers for change identify carers as being an essential part of the care equation and they identify the third sector as an important partner in delivery of outcomes. There is a clear reference to the importance of both personalisation and outcome based work as key principles.

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\(^1\) DH November 2010
Personalisation and individualisation of budgets and care are at the heart of the Government’s agenda for change in social and health care in England. It could be argued that given the significant contribution made by carers\(^2\) to the support of vulnerable children, young people and adults in the community that helping them to develop a working knowledge of personalisation and how they might engage with it is essential in driving forward the strategic change sought by the Government.

This project was designed to quickly develop and test an approach or product that could be used across England to enable carers to make informed choices about personalisation and how to implement personalisation with the person they care for.

The aim of phase one of the project was to develop a training package that could be delivered by carers’ centres (including active involvement by carers acting as co-facilitators) that would contribute to achieving the following outcomes\(^3\).

**Carers who have experienced the training package will:**

- Feel confident to start discussions with their local authority regarding personalisation and personal budgets
- Feel confident to make an informed decision about how they will take up or use a personal budget etc
- Know who to contact in their locality to start the personal budget/individualisation process
- Know which questions to ask when they start the process
- Take up personal budgets for themselves or for the person they care for

**Carers’ centre staff that use the training package will:**

- Understand the training package and how to use it
- Feel confident to run the training package
- Understand the key elements of the implementation of personalisation in their locality and be able to accurately share this with carers

\(^2\) throughout the report when we use the term carers we mean informal carers rather than paid carers

\(^3\) in the context of this evaluation we have used the following definition of outcomes: outcomes are about changes for people in the way they think, act, feel and in their material conditions.
Carers who help co-facilitate training sessions will:

- Understand the training package
- Feel confident to deliver the training package
- Want to deliver the package more than once

The process adopted to develop the training package was based around structured co-production with carers’ centres, carers and stakeholders. This style of development was intentionally used to help deliver a package that reflected the needs of carers and carers’ centres in the relatively short timescale set for the project.

The co-production approach brought together carers from the three areas selected as test sites (Newcastle upon Tyne, Bexley and Bristol), the carers’ centres in those three areas, staff from The Trust, stakeholders with an interest in personalisation (for example the DoH) and organisations with recognised expertise in personalisation. The learning from the ‘In Control’ programme was used to inform the development of the package.

**The evaluation questions are:**

1. Is there evidence that the outcomes for carers etc have been delivered or are likely to be delivered?
2. Is there any evidence that the training package is likely to be taken up and used beyond the development stages?
3. Did the co-production approach deliver any advantages over more traditional approaches?
4. What can be learned from the project that might have wider implications for The Trust and for stakeholders?
What did phase one deliver?

The project’s aim was to develop and test a course (or other learning product) that would give carers the working knowledge and confidence to embark on and make the most of personalisation options in their area. The course was to be designed in such a way that it could be developed into a coherent finished package to be used by carers’ centres across the network.

These aims have been achieved and this work has provided the platform for phase two which is discussed later.

The course was developed using a co-production approach which brought together carers, staff from carers’ centres, staff from The Trust and outside ‘experts’ in a series of linked one day workshops.

Over a very short period of time (roughly 6 weeks) the course concept went from a basic outline through a detailed design phase to the production of a version that could be tested out in three local centres. This included designing the course content, the materials, the training for facilitators etc.

Those involved in the co-production workshops were positive about the experience, although some of the carers found it a little daunting at first. Carers and other stakeholders felt that their comments were being listened to and that suggestions and insights noted in the first session were picked up and incorporated in the follow up sessions.

The assessment of those we interviewed is that the co-production approach and the direct involvement of carers in design enhanced the course material and helped to generate a potentially more relevant product. We have nothing to benchmark this against but we did collect some contextual evidence that suggests this was the case; for example a number of contributors to the co-production process noted that issues and topic areas that carers suggested might not have been included or been given the same level of emphasis otherwise. For example emphasising the confidence of carers to take on personal budgets.

Importantly the carers involved in this process indicated that they had been included and that when there was any confusion or lack of clarity this was dealt with quickly and effectively.

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4 co-production; a term used to describe partnership approaches to developing new ideas, services and products.
One carer told us “it was a bit confusing at first but A (project lead) spotted I was looking confused and took time to understand what I was struggling with and then changed what we were doing so it made more sense.”

We saw evidence of the team leading on the work listening and reflecting on the process and then using that learning to change and develop both the course content and the process used to develop it.

The finalised course material and training support for carers’ facilitators was organised and the course was tested out in three locations during March 2011. The three test sites were, Bexley, Bristol and Newcastle upon Tyne.

The feedback from carers who took part in courses at the three test sites has been very positive and included some useful insights that will be used in the second phase of development.

Our assessment is that delivering and testing out a workable product within this rapid timescale was a significant achievement. It is particularly impressive when you take into account the feedback from participants in the design process, including carers, that it was a very positive experience. People involved reported that they felt involved and able to influence the process of development.

What is the evidence that the project delivered?

In this section we set out the key evidence against each outcome.

Carers who have experienced the training package will:

- Feel confident to start discussions with their local authority regarding personalisation and personal budgets
- Feel confident to make an informed decision about how they will take up or use a personal budget etc
- Know who to contact in their locality to start the personal budget/individualisation process
- Know which questions to ask when they start the process

46 carers took part in the courses at three test sites. Participants on each test course were asked to rate their knowledge and confidence levels at the start and finish of each day of the
The evidence from all the test sites suggests strongly that a significant number of carers have gained new knowledge and confidence regarding personalisation. This does not mean that they will take up personalisation options immediately but suggests that they are in a position to make more informed choices.

The following diagrams show the distance travelled by participants during the training sessions. The first chart in each section relates to the person’s knowledge or confidence before the training session and the second chart to their position after the session. It is based on self reported knowledge or confidence levels and use a scale of 0 to 9\(^5\).

The sample size is 46 participants split over the three test sites.

\(^5\) 0 = I have no knowledge or confidence and 9 = I have full knowledge or confidence.
Outcomes for carers

This data supports our assertion that a significant number of carers who attended the courses did increase their knowledge or confidence relating to personalisation.

Participants’ level of knowledge about personal budgets

As well as collecting this self reported data we interviewed a sample of carers who attended and following each set of charts we have included examples of what people told us.
“at the start I was very confused about the whole personalisation thing, by the end I was much clearer, I also know that it could be a lot of hard work”

“I didn’t realise what kinds of things you could use the money for (personal budget) it’s a lot clearer now”

“I know much more now but I am still not sure it will help me in my situation, but at least I know what it is...I don’t have to look stupid when the social worker talks to me about it”
Participants’ confidence to take an informed decision regarding personal budgets

Start of session

End of session

“It helped me think through the implications for me and my father, I am pretty confident now that I can make the right choice”

“before the course I was very unsure about it (personalisation) but the examples on the DVD made me think it might just be for me and my son, I am still not sure but feel I know more and can make a better decision about it”
Participants’ level of knowledge about who to contact for independent advice and support regarding personal budgets

"it was really great to know that other people are going through similar thoughts and problems, and I will definitely contact the carers’ centre when we get going on this (personal budget)"

"I did not know much about what the centre did (carers’ centre) and now I know I will be coming back to them"
Participants’ knowledge of who to speak to in their Local Authority about personal budgets

"I am still not totally clear who to speak to but that’s because my social worker keeps changing, at least I have an idea now who to talk to...getting hold of them will be the hard bit"

The evidence collected from participants on the courses run at the three test sites suggests that the outcomes above have been delivered as far as was practicable.
It was evident that the three different local authority areas where the test courses were run were at quite different stages of development and implementation of personalisation, this made it harder to achieve the outcomes relating to carers knowing who to contact re personalisation.

- Take up personal budgets for themselves or for the person they care for if it can be demonstrated that it will improve care and support

It is too early to tell if this outcome has been delivered but the indications suggest that carers are at least in a position to make considered and informed choices.

**Outcomes for carers’ centres and carer facilitators**

Carers’ centre staff that use the training package will:

- Understand the training package and how to use it

The evidence we collected via interviews with centre staff involved in running the test courses indicates that they understood the training package and how to use it. There were some examples of facilitators making minor adjustments to pace and session length in response to the needs of carers on the course but still keeping to the overall structure and content set out in the package.

- Feel confident to run the training package

The evidence we collected via interviews indicates that the ‘professional’ facilitators were confident to run the training package in the future.

As one facilitator told us “it’s a good package and we will definitely be doing it again...we might change a few bits round but it’s 90% right”

- Understand the key elements of the implementation of personalisation in their locality and be able to accurately share this with carers

Achieving this outcome has been more of a challenge, whilst the facilitators we spoke to had a good grasp of the overall personalisation agenda their knowledge of local implementation
was very varied. Our analysis is that this variation reflects how clear or unclear each of the various local authorities are about the implementation of personalisation.

The project has identified a variation in the readiness of local authorities to share information about local implementation of personalisation.

The evidence from staff and carers who acted as facilitators at the three test sites suggests that the initial training package developed was relevant, workable and clearly structured. There were some suggestions for minor changes to the order of sessions and for more local material to be included.

There were some suggestions made about how best to prepare for running the course including encouraging facilitators to experience the course as participants as part of the preparation process.

Carers who help co-facilitate training sessions will:

• Understand the training package

The carer facilitators we spoke to understood the training package and what it was aiming to achieve. Some noted that it would have been very helpful if they had been on the course before helping to deliver it.\(^6\)

• Feel confident to deliver the training package
• Want to deliver the package more than once

Carer facilitators reported varied levels of confidence\(^7\) going into delivering the course, this appeared to be related to their general level of confidence rather than their confidence in the course material or package. The preparation they received prior to the course, which included specific sessions to help develop their facilitation skills, was welcomed by all the carer facilitators.

A significant number of those who facilitated reported that they had enjoyed the experience, felt confident to deliver the course and that they would want to repeat it.

\(^6\) May 2011 this has now been implemented.

\(^7\) This is self reported levels of confidence rather than confidence measured by an external scale.
“I really enjoyed facilitating it was challenging but good fun. I will certainly do it again if the opportunity comes up”

A minority reported that having tried facilitation it was not for them, as one carer facilitator said:

“I wanted to have a go to at it but it was harder than it looks, I did OK but it made me feel a bit too stressed so I don’t think I will do it again. The centre were great at helping me so I am glad I had a go…”

Our assessment is that the course material and the preparation with carer facilitators helped to boost the confidence of most of the carer facilitators.

Participants on the courses run at the three test sites valued the input of the ‘carer facilitators’ and reported that their contribution was an important element in delivering the course material.

One carer we spoke to put it like this “having someone like me who is a carer talking to you about stuff like this made me feel I could understand it, it’s not all about professionals telling you what you can and can’t do…”

As noted above the majority of carer facilitators would get involved in co-facilitation in the future.
Personalisation course phase two

Phase two of the project was focused on using the learning from phase one and the evaluation to refine the course material, support to facilitators etc and to encourage more centres to become involved as hosts for the course.

During phase two of this project (April – September 2011) the project lead sought to:

Refine the course agenda and supporting materials (originally developed in phase one) using feedback from participants and facilitators, and to test it with a further 7 centres.

Trial a pricing model for the course by selling the course to 2 Local Authorities using a full cost recovery model.

Explore ways to maintain quality of the course delivery through use of peer mentors and the role of course co-ordinator.

The outcomes of phase two were evaluated through:

- Carers evaluation forms completed by participants of the course at the start and end of session 1, and at the end of Session 2.
- Carers’ Centres and course facilitators feedback on course agenda and content, Local Authority engagement, facilitator training, course co-ordinator role and the sales model (where appropriate).
- The Trust reviewed the processes set up to ensure course quality.

What was changed for Version 2 of the course

Facilitator training

- The project lead expanded the facilitator training into two sessions as follows:
- Session 1 (in London, delivered by Trust staff) focused on an introduction to the course content,
- Session 2 (in Manchester, delivered by ‘The Carers Project) focused on coaching of facilitation skills.
Course agenda

- Day 1 agenda remained the same, except for some re-wording of the activity titles.

- Day 2 agenda had some additional space for re-capping added and also a new activity called the Poster Race was added (a fun consolidation of knowledge).

Course content

- Some small wording issues and mistakes were identified and amended in the Facilitator and Participant packs.
- Version 2 of the facilitator handbook was provided in hard copy (printed and bound) to centres.
- An additional draft version DVD featuring Caroline Tomlinson from In Control and produced by shop4support was trailed at the beginning of Session 1 of the course.

What outcomes did phase two deliver?

The evidence we have seen suggests that the aims of phase two were met successfully.

A significant amount of work was undertaken to review and update material, mentoring etc and the evidence suggests that carers continued to benefit from the course as participants and as facilitators.

In phase two 7 centres took part across England and more than 130 carers took part in phase two training sessions.

The first graph below shows the change in average score for confidence levels against key topic areas; 0 = very low confidence 9 = very high confidence. The data suggests that participants are gaining significant levels of confidence as a result of the course.

The results highlighted by the graph are in line with the findings of phase one.
The graph shows the average change in levels of self-assessed levels of confidence about aspects of personalisation. (sample size 136)

Participants were asked if the course had covered the key issues.

The chart: % of participants who felt it covered (or not) all the relevant issues (sample size 60 from the second day of the course)

Carers who attended the courses were asked if they would recommend the course to a friend or another carer, overwhelmingly carers said they would recommend the course.
The chart: % of participants who felt would recommend (or not) the course to others (sample size 60 from the second day of the course)

Some of the comments received via the evaluation process indicate how effective the course was in meeting many of its outcomes.

- “Opened my eyes to what you can achieve.”
- “Yes I would strongly recommend this course. So other carers can meet with others in their situation.”
- “Very successful. Being active - doing cut out task, Personalisation collage very effective. Covering same buzz words over and over again in different ways is effective and helps to grasp concepts more.”

Carers who participated were asked to make suggestions for other areas or issues related to personalisation that they would want to cover in future:

- How to manage a Personal Budget – (Including administration of the forms; money management)
- Information on becoming an employer – e.g. tax; pay; employee & employer rights;
- Taking on a Personal Assistant (employed/agency) all aspects of it. Using variations of transport options. Quality assurance in services. How to plan for contingencies
- Book keeping/accountancy
- Advocacy
• Assertiveness & confidence training.
• Brokerage
• More specific information about assessments and the local benefits available.
• Time/budget management research skills.
• How to manage the caring role
• How to inspire belief that improvement is possible - blind, disabled, old person
• Printed guide about Personalisation for carers/service users
• Maybe a refresher of the Personalisation course

The feedback from carers and the changes in levels of confidence and knowledge captured by the evaluation suggests that the course has continued to deliver key changes for carers.

It is harder to assess if the changes made to the course in the light of phase one have made a significant difference but the contextual evidence suggests that the ‘product’ was improved and that learning generated in phase one was used to refine and develop the course effectively.

Facilitators feedback has indicated further refinements that can be made to the product but on the whole facilitators were very positive about the material, preparation etc.

Chart: % of facilitators who would run the course again

![Percentage of facilitators who would run the course again chart](image-url)
It appears as if the **mentoring offered to facilitators** is welcome and should be continued into phase three.

The ‘sales model’ was tested out in two centres, Newcastle Carers’ Centre and Bristol and South Gloucestershire Carers’ Centre requested use of the sales model. Newcastle Carers’ Centre successfully agreed with their Local Authority to charge for the course in phase two. Minor amendments were made to the sales model according to local set up of the Carers Centre.

Bristol and South Gloucestershire Carers’ Centre were not able to get agreement from their Local Authority for phase two, but are hoping to confirm approval from the Local Authority of funding for delivery of the course in phase three.

**Summary of phase two findings**

Carers who attended the course felt that they had more knowledge and confidence about Personalisation. There does seem to be room for further support following this introductory course. Centre staff did suggest that in future the fact that the course is an introduction to Personalisation, and cannot provide a lot of detail needs to be clear at the outset.

Much of the course agenda seems to work well for carers, although facilitators acknowledged that Day 1 was very long. There was a lot of debate about how to alter length of the course, with no real consensus being reached. Some centre staff felt more time was needed; others wanted the course to be reduced to one day. Many of the suggestions from facilitators regarding activities have been taken on board during development of version 3 of the course agenda and content.

Carers’ Centre staff and carer facilitators felt that training was an important part of preparing for the course. Many facilitators found a trial run very helpful. The facilitator handbook seems to have been a helpful tool. There may be room for further support and improvement in the training day 1 (introduction to the course content) and / or further bespoke support for some facilitators.

One centre felt that more freedom to tailor the course material and agenda to their local circumstances would have been beneficial. They also felt that carers who were co-facilitators needed more support than the training provided during phase two.
Provision of mentors seemed to be useful during the initial stages of course preparation, but no longer needed once course delivery commenced.

A pricing tool for centres seems to have worked well for those centres that had an opportunity to pursue sale of the course to their Local Authority. This opportunity is probably very dependent on the local situation.

Course coordinators emphasised the importance of sufficient time to prepare and advertise the course, and the need for a clear description of the course’s scope – i.e. that it is an introduction to personalisation.

Conclusions

The evaluation questions:

1. Is there evidence that the outcomes for carers etc have been delivered or are likely to be delivered?

We conclude that there is sufficient evidence to suggest that the personalisation course has demonstrated that it has helped to improve levels of knowledge and confidence for carers who took part in the courses run at the the three test sites and in the phase two sites.

We think it is highly likely that the phase three refinement and roll out of the material will contribute to carers who attend future courses achieving the outcomes set out for the project.

2. Is there any evidence that the training package is likely to be taken up and used beyond the development stage?

The test site carers’ centres indicated that they will use the material again in the future and the early signs are that other carers’ centres are likely to take up the option of running the course in their area. This is most likely to happen in centers that already have a track record of offering formal or structured training.

In phase two a further seven centres from across the regions in England got actively involved in the trial of the course.
Of the three test sites two are taking the course forward and planning to run the course again this summer. One of these centres has secured Local Authority funding to run the course and the other is negotiating funding for the course.

3. Did the co-production approach deliver any advantages over more traditional approaches?

There is contextual evidence that the co-production approach helped to ensure that carers’ perspectives were included in a meaningful way. Given the rapid design process it is hard to imagine an alternative approach that would have enabled such a broad sweep of involvement.

The involvement of staff from the test sites and other experts meant, in our opinion, that a useful and practical package that people felt ownership of was developed in rapid time.

This sense of ownership is important for the test sites but also gives the product credibility with other carers’ centres. A product developed at arms length from centres and from carers would first have to overcome a ‘top-down’ barrier before being implemented. The co-production approach contributed to both the substance and appearance of it being more ‘bottom up’. Our assessment is that this was an important factor in making the test material successful and it will continue to be important in the roll out.

4. What can be learned from the project that might have wider implications for The Trust and for stakeholders?

Of note is the very structured approach the project lead took to project management and to keeping the process to time. Whilst not essential in delivering projects to a tight timescale a clear project management approach is highly desirable to facilitate rapid delivery of complex outcomes.

The use of co-production with a broad range of participants is a viable approach to developing complex products over relatively short periods of time. Although co-production can require a greater investment of time and energy than other forms of development it appears to add a richness to the material and helps to keep material grounded in people’s real experiences.
The involvement of carers in the co-production process is valuable although it does require careful thought and preparation.

The involvement of carers’ centres in the co-production helped to ground the product and has helped to ensure that other centres feel it is relevant to them.

There is an appetite for information and training on personalisation and it is highly likely that the refined course material will be used widely across The Trust and carers’ centre network.

Our assessment is that this approach is a valid and effective way of delivering change programmes and could be relevant to other areas of development and groups of people.

**Unintended or unexpected outcomes from the project**

There have been some interesting unintended outcomes from the project that are worth mentioning.

The course, and in particular feedback from carers and carers’ centres regarding their experiences of the local implementation of the personalisation agenda, is helping to inform Trust policy work at national level.

For example In May 2011 The Trust hosted a Roundtable (Meeting) focusing on The Law Commission’s recommendations to modernise and rationalise legislation governing care and support for older people, disabled people, those with mental health problems and their carers. This was attended by amongst others, HRH Princess Anne, The President of ADASS (Association of Directors of Adult Social Services), Government Minister for Care Services, Paul Burstow, and carers.

A Trust briefing paper for participants on personalisation included feedback from the project team. The personalisation agenda was discussed at the meeting and the carers attending and contributing to the discussion were those that had been involved in the personalisation course.

Contextual evidence from the centres involved in both phases of the pilot is that course “test runs” (facilitators practising course delivery to groups of centre staff) have identified and helped meet staff training needs regarding the personalisation agenda. This is likely to lead to improved support for individual carers at these centres.
Two of the original three test site centres were approached by their relevant Local Authority and others (e.g. other third sector agencies) requesting a similar or adapted course for “professionals”. See note on ‘sales model’ above.

These unintended outcomes suggest that the personalisation work has been both very timely and highly relevant.

The project has continued to be successful in designing, refining and delivering a valued training product to carers.

Phase two has demonstrated that the material can be rolled out across other centres but that sufficient time needs to be invested in developing local knowledge and getting comfortable with the material.

**General learning**

Given the relatively short turn around time allocated for delivery it was crucial that carers’ centres and carers felt that the topic areas were **relevant and timely**, without that we conclude that getting the involvement and commitment of these key stakeholders would have been far more challenging.

Once the project outline was developed a steering group was established and tasked with delivery of the project outcomes. This approach involved not just Trust staff but drew on expertise from other agencies and stakeholders. This very open approach to steering the work of the project is to be commended.

The Trust adopted a co-production approach to large parts of the delivery process which we believe contributed to the delivery of outcomes. We have noted above how quickly and yet comprehensively the Personalisation training package was drawn together.

Co-production with carers, carers’ centres and others is a viable model for other future developments. Our assessment is that it promotes ownership of the outcomes and creates the opportunity for innovation.

The Trust showed sound judgment in identifying what it could deliver internally and what needed to be done by skilled outsiders. In our opinion this shows a high level of organisational maturity and insight.
The Trust sought to use the expertise from a broad range of stakeholders and included both paid and unpaid expert help.

The steering group and co-production included carers’ centres in a highly productive way. All the carers’ centres that were involved in the various processes reported high levels of satisfaction with their involvement and in particular they noted that broader benefits of getting involved at this strategic level, for example gaining insight into national policy, connecting with other centres etc.

Our assessment is that the task focused nature of the work and the rapid pace of activity made it easier for carers’ centres to get involved. This was a function of the relevance of the topics chosen, the clear time limits set for involvement and the clarity of the project leads.

The Trust demonstrated a well constructed approach to involving carers in the development of the project. Rather than involve carers in all aspects of the developments their involvement was focused on the areas of the personalisation course development where they could have the biggest impact. This tactical choice was a product of trying to balance the benefits of carer involvement with an understanding of the time pressures many carers have to operate under.

Our assessment is that carers’ input was well judged and did have the impact sought, for example the use of carer facilitators at the test sites for the personalisation courses.

Lastly the steering group and project leads understood that for carers’ centres to make best use of the material and outputs generated by the projects any material developed needed to clearly reference carers and their needs.

The feedback from carers’ centres is that the clearer the carer focus of a tool or product the easier it is to engage trustees etc with that material.
The initial evaluation report was completed by Paul Muir from mwb consultancy ltd.

Anoushka Leslie (Project Lead for the personalisation course for the Trust) provided the bulk of the data and other material for this interim report.

Paul Muir

mwb consultancy ltd.

www.mwbconsultancy.co.uk

December 2011