

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Children and Young People Select Committee
<b>Date:</b>	8 November 2017
<b>Title:</b>	Children with Disabilities Service
<b>Report From:</b>	Lin Ferguson, Area Director, Children's Services

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### 1. Purpose of Report

- 1.1. The purpose of the report is to update the committee on the children with disabilities social care service.

### 2. Contextual Information

- 2.1. The children with disabilities service is comprised of four social work teams, a short breaks service and three in-house residential respite units.
- 2.2. The social work teams are comprised of social workers, child and family support workers, occupational therapists and administrative support. This report focuses specifically on the social work activity element. The teams are constituted as follows:

<b>Team and Location</b>	<b>Affordable social work establishment (FTE)</b>	<b>Geographical Boundaries</b>
North East, Alton	6.5	East Hants, Hart and Rushmoor
North West, Basingstoke	5.5	Basingstoke, Andover and Test Valley
South East, Havant	10	Havant, Fareham and Gosport.
South West, Eastleigh	11	Eastleigh, New Forest, Winchester.

- 2.3. Short breaks are a 'targeted service' available to all disabled children in Hampshire up to the age of 19, in the form of activities, support to attend

activities and a buddy scheme. These are delivered via grant funding to providers.

- 2.4. The social work teams are a 'specialist service' accessed via an assessment following a referral to social care which may lead onto other services being provided and/or signposting to other services and supports.

### **3. Eligibility for specialist services**

- 3.1. The eligibility criteria for access to specialist social care services is as follows:

***In order to achieve outcomes appropriate to their potential and as a result of their disability, the child requires total or substantial support, appropriate to their age, from another person, which is not available within the family network***

*For example (to be read in conjunction with above statement)*

- *Child uses specialist equipment for mobility*
- *Child requires support for all basic self care functions when no longer age appropriate*
- *Child needs constant supervision throughout the day and for prolonged periods at night when no longer age appropriate*
- *Child has behaviour as a result of disability that is a serious risk to self and or others, including self harm*
- *Child has communication needs which without support severely affects personal safety. i.e. is deaf, blind or without speech*
- *Child has been assessed as having Profound and Multiple Learning Disability, Severe Learning Disability or Autism with challenging behaviour, which results in a significant risk of self harm or harm to other*

### **4. Work undertaken by specialist Children with Disability Teams**

- 4.1. The work undertaken by the social work teams includes:

- Assessment of need
- Care planning
- Working with 'Looked after children'
- Long-term family support
- Parenting advice and support
- Child protection investigations and Court work

- Working closely with colleagues in health, education and voluntary organisations, to ensure delivery of a coordinated service to children and young people.

4.2 The Child and Family Assessment is the process through which needs of disabled children are assessed on a multi agency basis and appropriate resources are identified to meet those needs. In most cases these will also be determined by a multi agency planning meeting including parents/carers and also the child/young person wherever this is possible and appropriate.

4.3 Hampshire's Child and Family Assessment includes an assessment and consideration of the carer's needs.

4.4 As of October 2017 there are 743 children and young people open to the Children with Disabilities Teams.

Of these 743 children and young people:

45 are subject of a child protection planning due to safeguarding concerns;

80 are children looked after full-time; AND

The remaining 618 are classified as Children in Need.

4.5 Of the 80 children looked after full-time, 29 are subject to Care Orders (where the local authority shares parental responsibility with parents); 48 are accommodated under section 20 of the Children Act 1989 (looked after on a voluntary basis via an agreement with their parents) and three are subject to Placement Orders (gives legal permission to go ahead with plans for adoption).

4.6 Section 17 of the Children Act 1989 defines a child in need - either because the child is disabled within the meaning of that Act or because the child needs services from the local authority to achieve or maintain a reasonable standard of health and development.

## **5 Services commissioned**

5.1 The following services are commissioned by the Children with Disabilities Service:

### **5.2 Short break activities**

This is a targeted service available to all disabled children and young people aged between 0 to 19 years old who live in, or attend school in Hampshire. Short Break Activities are aimed at supporting children and young people to participate in leisure and recreational activities. Such support is accessed by requesting a Gateway Card. The Gateway Card provides access to activities, play schemes and buddy schemes available through the short breaks programme.

There are currently 10,717 Gateway Card holders (this figure includes some duplicated and multiple card holders in one household). In 2016/17,

according to data fed back from providers, 2045 gateway card holders accessed short break activities.

### 5.3 Care support

The local authority commissions care agencies to provide care support to children in their homes or the community. Care support can also be provided by giving the family a direct payment to purchase such care themselves by employing a personal assistant.

Care support includes support with daily routines, dressing/undressing, showering/bathing, using the toilet, supporting communication, physical movement, behaviour management and support in the home or out in the community.

### 5.4 Overnight respite

This is the provision of an overnight break, away from the home, that provides a positive experience for the child and offers the parent/carer a break from caring. The purpose is to enable family life to be stable and sustainable and prevent long-term residential care. This is currently delivered predominantly by three in-house residential respite units, private residential respite providers and specialist respite carers (foster carers that provide regular respite to children with disabilities).

### 5.5 Full-time Foster care

Social workers refer all placement requests to the Placement Commissioning team and this team will conduct a search for an appropriate carer and placement. This offer is based on a robust assessment of needs.

### 5.6 Long term residential care

The local authority has a framework contract in place for commissioning residential placements which includes SEN. These include social care only placements and residential schools. Referrals are managed by the Placement Commissioning Team.

5.7 Some of these services can be accessed through a Direct Payment that enables parents to make their own arrangements for care and short breaks within an agreed annual value. Currently there are 753 children and young people in Hampshire accessing specialist services and 260 families use a Direct Payment to receive some or all of their support.

## **6. Partnership with Hampshire Parent Carer Network (HPCN)**

6.1 Hampshire Parent Carer Network (HPCN) is an independent charitable organisation working throughout Hampshire. All of their members are parents of children and young people with additional needs aged 0-25 years and live in Hampshire. HPCN provides a collective voice for 'parent carers' of children and young people with additional needs living in Hampshire.

6.2 Hampshire Children's Services works closely with HPCN in order to jointly improve the experiences and outcomes for children and young people with

special educational needs and disabilities. Hampshire has a working partnership agreement with HPCN which enables HPCN to actively participate in the commissioning and development of services.

- 6.3 HPCN has been involved in pilot schemes and focus groups which have led to co-produced policies and have shaped service offers. Children's Services are committed to reinforcing their positive relationship with HPCN to improve outcomes for children and young people with disabilities.

## 7. Partners in Practice and Transformation to 2019

- 7.1 The aim of the CWD transformation to 2017 project was to transform the service within a reduced budget, whilst continuing to protect and safeguard the welfare of children/young people with disabilities in Hampshire. This was achieved by the delivery of the following work streams in order to achieve a total saving of £1.55m:

- Removal of administrative overheads in delivering the Short Break Activities Grants (£13.5k);
- Streamlining and digital channel shift of the Information, Advice and Support Service for Social Care and delivery of an information hub (£100k);
- Reduction in funding for childcare (£31.5k);
- Review of care support commissioning (£295k);
- Reduction in reliance on residential care for respite services (£460k);
- Review of residential unit placements and 'right sizing' placements (£97k);
- Stepping down placements from high cost residential when safe to do so (£130k);
- Pilot of Telecare to prevent escalation of needs and interventions by social care (£361k);
- Implementation of a County Allocation Panel to scrutinise all spend in Disabled Children's Teams (DCTs) (£62k).

- 7.2 The next phase of transformation for the CWD service is part of the wider Transformation to 2019 and Partners in Practice (PiP) programmes which are being delivered across Hampshire Children's Services.

- 7.3 The CWD transformation aligns with the PiP principles that are outlined below:

- A **family** service – a system focussing on improving outcomes for the child in the context of their family, with a seamless transition for adolescents into adulthood and adult services.

- A social work led, integrated, **multi-disciplinary service**, from the front door through to specialist services providing integrated assessment, planning and intervention for those with the most complex needs.
  - Social workers are supported to deliver **meaningful interventions** based on an underpinning methodology of **resilience** that creates lasting change. Interventions are time limited and outcome based.
  - A service where good practice is **free to flourish** unfettered by bureaucracy and unnecessary regulatory demands avoiding unnecessary interventions with carers.
  - Children are supported by and within their own **family/community** wherever possible. Where children do come into care longer term, their experience will be life changing for the better. Emphasis is placed on building resilience in children and families and creating capacity in local communities to support families.
- 7.4 The aims and vision for the CWD service transformation is to develop a service for children and young people with disabilities and their families that builds resilience, independence and self reliance in families and communities in order to reduce the demand for crisis intervention and move away from long term arrangements, where appropriate and to consider how the multi-disciplinary response to children and their families can be better coordinated and targeted.
- 7.5 There are a number of identified work streams in place in order to achieve this vision. Hampshire Children's Services are developing these in co-production with HPCN. It is recognised that the vision requires a significant cultural change for staff and families and the professional network. The work streams report to the CWD Board and this feeds into the Partners in Practice Steering Group and the T19 Board in order to ensure sufficient scrutiny and challenge as well as co-production with partner agencies.
- 7.6 The current priorities of work for the CWD Partners in Practice work streams are as follows:

### **Overnight Respite Public Consultation**

- 7.7 The County Council is reviewing how it provides overnight respite to disabled children and their families. Children's Services is developing a new offer, expanding the range of services available to give greater choice to current and future users of in-house residential respite.
- 7.8 Over the last three years, Hampshire Children's Services has worked with parents of children with disabilities to explore new ways to provide overnight respite within a context of working to improve choice and increased flexibility. Service user engagement, pilot projects and national research show a clear preference towards options which provide greater personalisation of overnight respite for disabled children and young people and their parents and carers.

- 7.9 Hampshire Children's Services developed a co-produced pilot approach to testing alternative options to overnight respite. This facilitated a greater level of engagement with families and providers. The benefits of the approach were tested and measured prior to countywide rollout. The focus and design of the pilots was agreed with families in early 2016. The pilot services were delivered during the summer/autumn 2016, with evaluation at key points during and after the pilots. The pilot alternatives supported the principles outlined above, focusing on enablement and achieving specific outcomes for individual children and young people.
- 7.10 After the pilots, workshops and focus groups were carried out with families and providers. Feedback showed that the pilots were well-received by children and families and the pilot services were considered to be appropriate alternatives to residential overnight respite.
- 7.11 The pilot projects supported the development of a commissioning strategy which is designed to give children and families eligible for overnight respite greater choice and flexibility.
- 7.12 Hampshire Children's Services have issued a new tender for providers of overnight respite, planning to replace the existing framework with one which takes a more modern, outcome-focused approach, and takes into account the lessons learned from the pilots. Contracts with external providers will be structured so that any changes in demand may be accommodated without undue commercial risk to the County Council.
- 7.13 Overnight respite proposals have been out for a six week public consultation, which ended on 2 October and are currently being considered.

Attached is a link to the overnight short break decision to consult:

[EMCS 2017-07-17 Exec Member Decision Overnight Respite](#)

## **8 Technology Enabled Care**

- 8.1 A 'technology enabled care' pilot in CWD Teams demonstrated increased independence for disabled children and realised some savings. New interventions are now in development for the use of technological support to prevent escalation of needs and promote independence for children and families. Further work to explore the potential use of technology enabled support in long-term residential provisions is planned. This workstream is being explored alongside adult service colleagues.

## **9 Transition and Organisational Design**

- 9.1 Transition between services for children and adults is a key issue for parents. Hampshire Childrens Services recognise this and have identified a need to review the organisation and structure of services to children and young people. There is a current review of service structure for children and young people with disabilities aged between 0-25. The scope of this review is Childrens Services and Adult Services (including the Independent Futures Team, formally the Transition Team and SEN).

- 9.2 Options will be considered based on the ability to deliver specific benefits. These are financial sustainability, market shaping capability, demand management, co-ordinated pathway and early planning (long-term personalisation approach to prepare for adulthood).
- 9.3 In addition, to support the wider integration agenda between social care, education and health services, Childrens Services and Adult Services agreed that the strategy must be orientated towards a future broader integration of services. The future direction is towards realising the formation of multi-disciplinary teams including health colleagues.

## **10 Integrated Care Team**

- 10.1 Basingstoke launched a proof of concept multi-agency Integrated Care Team in October 2017. This is the output of work from a work stream led by health, titled 'Doing it Differently'.
- 10.2 The key drivers for change are:
- Families feeling overwhelmed and frustrated by the number of professionals they need to interact with and the complexities of the processes; multiple assessments, conversations, appointments, lack of joined up working and perceived 'gate keeping' decision making;
  - An opportunity to improve outcomes for families;
  - An opportunity to improve experiences for families and build resilience;
  - An opportunity to improve experiences for staff, improving recruitment and retention issues
  - Financial challenges across the system, with an opportunity to reduce overall health & social care costs.
- 10.3 Health, social care and education colleagues are working together to integrate their working practices more fully. Shared person centred planning training has been undertaken and progress will be closely monitored by the CWD Board. The scope of this work is from age 0-25, complimenting the operating model activity described above.

## **11 Person Centred Planning and Personal Budgets**

- 11.1 The CWD Service is continuing to develop the use of person centred planning and personal budgets in order to deliver greater choice and control to service users.
- 11.2 A personal budget is an assessed amount of funding allocated when a child or young person has support needs which cannot be met without individual and targeted support. A personal budget is only one part of a whole system of support, opportunity and activity. The emphasis is on children, young people and their families being able to take control and exercise choice about the support and services they use.
- 11.3 The support planning should be strengths based and outcomes focused on building independence and resilience for the child, young person and their

family. The plan should consider all the universal, targeted and family and community supports available to a family to meet their needs. Finally there might be some additional and individual support needs over and above those which can be met within universal, targeted, community & family resource systems. This is the outcomes for which the personal budget should be used. It has been identified that changes are needed to the current business process for assessment and care planning where personal budgets are used in CWD Teams. The method of funding allocation needs to be sustainable while ensuring that individuals are placed at the centre of assessment and support planning. Individuals need to be able to maintain the maximum possible involvement, control and flexibility in the way their assessment is carried out and the way in which any support they need is provided. The changes will provide greater transparency in the process, particularly to the way funding is allocated to meet assessed eligible needs and provide enablement to maximise independence.

- 11.4 A redesign of the personal budgets process is underway and is being developed as part of a wider model that supports social workers to deliver a strengths based, person centred approach to assessment and care planning, rather than just applying this to those who chose to receive their service via a personal budget/direct payment. It is recognised that this work will require training for staff and is a cultural shift to the way that CWD Teams have been historically working with families.

## **12 Continuing care**

- 12.1 NHS Continuing Care is provided to a small group of children and young people up to the age of 18 who need a tailored package of community health support.
- 12.2 Children eligible for continuing care have a range of complex health needs that need a high level of medical care and intervention to keep them healthy and thriving at home or in their community placement. Many children receiving continuing care need to have frequent stays in hospital and have a limited life expectancy. Continuing care is part of a system that tries to support children with the most complex health needs to live in the community rather than in a hospital setting.
- 12.3 If it is thought that a child may have continuing care needs, a multi-disciplinary assessment is collated by health colleagues and an evidence based case will then be presented to the Continuing Care Forum, who will consider the evidence and make a decision on whether the child meets the criteria for a continuing care package of support. If successful, then the child's community nurse and social worker, where appropriate, will meet with the child and/or their carers to agree a package of support for their care.
- 12.4 There are challenges to ensuring that there is the right continuing care model and partnership working to ensure that this support is accessed by the right children at the right time. Currently Hampshire Children's Services

are working with colleagues to improve their relationship with the Clinical Commissioning Groups responsible for Continuing Care, so that decision making is truly multi-agency.

### **13 Children with Disabilities links to SEN – Education, Health and Care Plans**

- 13.1 Social care and SEN in Hampshire have always worked closely together. The SEN reforms aimed to take this further nationally in the form of a single assessment process to be developed and introduced - the education, health and care plan (EHCP).
- 13.2 An EHCP is a document that sets out a child's needs and the specialist support they require. The local authority produces an EHCP when the special educational help a child needs cannot reasonably be provided within the resources normally available to the mainstream setting. These resources can include staff time and special equipment.
- 13.3 An EHCP contains information gathered from a number of sources to provide an holistic picture of a child's needs. An EHCP is set out in sections. Section D of the EHCP relates specifically to the child's social care needs which are related to their SEN or to a disability.
- 13.4 A separate report will be provided to the committee providing a full update regarding the SEN Service.

### **14 Autism agenda update**

- 14.1 May 2015 saw the introduction of the Hampshire Children's Autism Strategy. This was a three year plan with an overarching vision to ensure that children and young people with autism and their families received early recognition and timely access to appropriate services according to their individual needs.
- 14.2 There is now a plan to implement both the adults and children's strategies and priorities jointly and as such the membership of the group and agreed priorities are currently being reviewed to produce a joint term of reference. The new Autism Steering Group's (ASG) role will be to ensure that there is an overview of Hampshire Autism Partnership Board (HAPB) activity and that the strategic and commissioning plans that are developed are congruent with the needs of local communities and the needs of people with autism across Southampton, Hampshire, Isle of Wight and Portsmouth.
- 14.3 The ASG will act as the forum to carry out activities from the HAPB. The ASG will take account of external developments and ensure that stakeholders are either actively engaged in or aware of the implementation of the agreed priorities of the Board and provide recommendations where necessary to enable the priorities to be achieved.

14.4 In 2013, Public Health undertook a needs analysis in relation to children and young people with autism. The summary of findings from the public health needs assessment include:

- There are an estimated 2,802 children and young people aged 0-17 years or 3,823 children and young people aged 0-24 years living with autism in Hampshire;
- There were 738 children recorded with autism who are educated in a Hampshire maintained school within the county boundary in 2012;
- There are likely to be a significant number of children and young people with autism in Hampshire who have not been diagnosed.

14.5 Priorities for the group have focused on developing a clear and consistent pathway before, during and after a diagnosis of autism; transition and Training and Education for young people with autism.

## **15 Recommendations**

15.1 That the Select Committee notes the contents of this report, updating them on the work of the Children with Disabilities Service

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	no
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	no

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

The report is an information update for the Children and Young People's Select Committee and therefore no impact has been identified.

### **2 Impact on Crime and Disorder:**

2.1 There is no impact on crime and disorder arising from this report.

### **3 Climate Change:**

3.1 There is no impact on climate change arising from this report.