



RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2019/20

Progress Update: Disabled Children's Service Review

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1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the draft Disabled Children's Service Review Report for Scrutiny Members' consideration and comment.

2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Acknowledge the information contained within the report.
- 2.2 Scrutinise and comment on the information provided.
- 2.3 Agree to take forward the priorities outlined in the report.

3. BACKGROUND

Over recent years Rhondda Cynon Taf Children's Services have been working to ensure that its services are Social Services and Wellbeing (Wales) Act 2014 compliant. This work commenced in 2015 with the restructuring of the whole of Children's Services into an East/West split and the creation of the 16+ Teams.

Only minor changes were implemented in the Disabled Children's Service at this time.

Further developments included the creation of the Resilient Families Service, which became operational in January 2018 designed to provide appropriate early interventions to families to build resilience and prevent them from requiring statutory intervention. Supporting the principle of the Act 2014 of providing preventative services within communities to minimise the escalation of critical need.

Children's Service have adopted the Cwm Taf Joint Statement of Strategic Intent for Children, Young People and Adults with Learning Disabilities, Autism and /or Complex Needs and their Families 2017. It is set within the context of the Act 2014 and it outlines the strategic approach to the commissioning of disability services by partners across Cwm Taf. It provides a clear vision and reflects what we want to achieve in the Disabled Children's Service.

Cwm Taf's vision is that disabled children and young people (including those people with autism and complex needs) will be able to access efficient and effective services that enable person centred outcomes and minimise escalation of need and risk through the promotion of early intervention, prevention, greater independence and access to opportunities.

During 2018 IPC undertook a review of the Disabled Children's Service to determine whether it was compliant with the principles of the Act 2014 and Statement of Strategic Intent 2017. The review made six recommendations:

1. Devise a change management plan that will embed outcome and strength-based person-centred approaches and commissioning.
2. Review and change the current eligibility statement and practice to ensure compliance with SSWB and ALN Acts and to assist with managing demand better.
3. Improve prevention and early intervention
4. Improve confidence and competence through better learning opportunities.
5. Achieving best outcomes at lowest possible cost.
6. Build and protect space to build more capacity in the community.

Some initial steps to improve early intervention and prevention have been taken these include:

- The creation of the Information, Advice and Assistance Team (IAA) in January 2019 as the first point of contact for the public and professionals with Children's Services. A specialist disabled children's social worker post has been located in the team to ensure consistent information, advice and assistance is given. It has

supported the right help being available at the right time and information being available at point of initial conversations.

- The development of the Children with Additional Needs Team within the Resilient Families Service has introduced an early intervention provision for disabled children where historically all children have come straight through from referral into statutory services.

4. **NEXT STEPS**

The Disabled Children Services Review has told us:

- Through put through the team and through services is slow with waiting lists in place for services.
- The majority of cases open to DCT are open for 2 years plus and are subject to Care and Support Plans. Once in the team there is a high chance of remaining open to the team.
- When a child is open to DCT care and support plans detail services, outcomes are not clear and are not measurable.
- Care and support planning meetings only occurred on a minority of cases and six monthly reviews rarely included service providers.
- Data indicates that a lot of social work resource is utilised undertaking reviews of care and support plans.
- Almost a quarter of cases are under 5 and equally almost a quarter of cases are in the transition group of 14+
- Only 9 cases are on the child protection register 1.7%. The vast majority are under Care and Support plans.

The review also picked up that some families were potentially over serviced which questioned where the services working with the right level of need and in the most effective and efficient way.

It was also noted that we were having an increase in requests for support for managing challenging behaviour and an escalation in the nature of behaviour being presented

The way forward.

Key priorities are:

- Revision of the Eligibility Criteria
- To develop a clear pathway for disabled children that strengthens the early intervention work.

- Improve strength based assessment and outcome focused planning through changes to Disabled Children's Service model of working.
- Review the commissioning mix to ensure it is effective and supports the new model of working.
- Transition.
- Develop an implementation plan with a few to implementing the changes by April 2020.

5. EQUALITY AND DIVERSITY IMPLICATIONS

5.1 An Equality Impact Assessment is being undertaken as part of the development and implementation of the review recommendations.

6. CONSULTATION

6.1 This strategy is before Scrutiny as part of the consultation process.

6.2 Further consultation will be undertaken with families and partners as part of the implementation process.

7. FINANCIAL IMPLICATION(S)

7.1 There are no direct financial implications aligned to this report.

8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

8.1 The legal requirements for disabled children are set down within the Social Services and Well-being (Wales) Act 2014.

9. LINKS TO THE COUNCIL'S CORPORATE PLAN / OTHER CORPORATE PRIORITIES/ SIP

9.1 This consultation links to the corporate priority of promoting independence and positive lives for everyone by ensuring that the Council listens to the people it provides for.

9.2 It also contributes to the following well-being goals:

- A prosperous Wales
- A resilient Wales.
- A healthier Wales.
- A more equal Wales
- A Wales of cohesive communities
- A globally responsible Wales

10. **CONCLUSION**

The priority areas identified in the Disabled Children's Service Review provide a clear framework for supporting the service to implement change and achieve the stated aim that:

Disabled children and young people (including those people with autism and complex needs) will be able to access efficient and effective services that enable person centred outcomes and minimise escalation of need and risk through the promotion of early intervention, prevention, greater independence and access to opportunities.



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Rhondda Cynon Taf
Disabled Children's Service
Review
June 2019

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Section 1

1.1 Introduction

This report concerns the work of the Disabled Children's Service and seeks to:

- Identify the current level of demand for support from Children's Services for disabled children aged 0-18yrs of age.
- Establish the nature of need identified and the level of support provided to determine whether the disabled children's service is focusing on the 'right' group of children in an outcome focused way.
- Outline the current support available to disabled children.
- Develop options regarding the way forward.

1.2 Drivers for Change

Social Services and Wellbeing (Wales) Act 2014

Where it appears to a local authority that a child may need care and support in addition to, or instead of, the care and support provided by the child's family, the authority must assess –

- (a) whether the child does need care and support of that kind, and
- (b) if the child does, what those needs are. (Part 3 s21 (1) Social Services and Wellbeing (Wales) Act 2014)

For the purposes of subsection (1) a disabled child is presumed to need care and support in addition to, or instead of, the care and support provided by the child's family. (Part 3, s21 (7) Social Services and Wellbeing (Wales) Act 2014)

The Social Services and Wellbeing (Wales) Act 2014 brings with it an emphasis on wellbeing. Key principles embedded within the Act include:

- Ensuring people who need care and support and carers have a voice, more control over their lives and are at the heart of decision making
- Working in partnership across health and social care with a focus on the delivery of preventative approaches, based on building strengths and promoting independence with the right level of care and support
- The provision of appropriate advice, information and assistance, strengths based and person-centred assessment inclusive of young people and carers

Statement of strategic intent for children, young people and adults with learning disabilities, autism and /or complex needs and their families 2017

The Joint Statement of Strategic Intent is set within the context of the Social Services and Wellbeing (Wales) Act 2014 and it outlines the strategic approach to the commissioning of disability services by partners across Cwm Taf.

Cwm Taf's strategy for disability services is focused on the following key messages:

- Maximising the use of universal services
- Increased early intervention, prevention, information, advice and assistance
- Building community support and developing people's independence
- Sustaining people in their own homes
- Enabling people to live full lives and achieve their potential
- Keeping people safe
- Making best use of our resources

Cwm Taf's vision is that disabled children and young people (including those people with autism and complex needs) will be able to access efficient and effective services that enable person centred outcomes and minimise escalation of need and risk through the promotion of early intervention, prevention, greater independence and access to opportunities. The Cwm Taf regional approach aims to support disabled people and their families to experience the outcomes outlined nationally in the SSWBA.

The vision and model for service provision is a dynamic one which responds to people's changing needs, provides targeted intervention and support where needed, enables individuals to return to or attain independence as much as possible, as quickly as possible, and supports people by providing continuing access to universal services and community support.

IPC Review

In order to determine whether the disabled children's service in RCT was compliant with the principles of the Act and the Statement of Strategic Intent, a review was commissioned and undertaken by IPC in 2018. Elements of this have been incorporated into this report. The review made six recommendations:

1. Devise a change management plan that will embed outcome and strength-based person-centred approaches and commissioning.
2. Review and change the current eligibility statement and practice to ensure compliance with SSWB and ALN Acts and to assist with managing demand better.
3. Improve prevention and early intervention
4. Improve confidence and competence through better learning opportunities.
5. Achieving best outcomes at lowest possible cost.
6. Build and protect space to build more capacity in the community.

Section 2

2.1 Current Structure of the Disabled Children's Service

Disabled Children's Service			
Service Manager			
East Team	West Team	COT	Family Support Team
Team Manager	Team Manager	Senior COT	Service Co-ordinator
<ul style="list-style-type: none"> 2x Snr practitioners <p>Staff budget – 6.5 SW one post sitting in IAA</p> <p>Currently filled by:</p> <ul style="list-style-type: none"> 4x Ft SW (1 focusing on under 5's and 1 on transition) 1x30hr SW 1x22.5hr SW (under 5's) 1.5xACM 	<ul style="list-style-type: none"> 2x Snr practitioners <p>Staff budget – 6.5SW</p> <p>Currently filled by:</p> <ul style="list-style-type: none"> 3x Ft SW (1 focusing on under 5's and 1 on transition) 2x 30hr SW 3x 22hr 12min SW (1 under 5's) 1.5xACM 	<ul style="list-style-type: none"> 1Ft OT 1 22.5hr OT 	<ul style="list-style-type: none"> 2x37 hr CSW 10x30hr CSW 1x18hr CSW <p>Currently carrying 4 vacancies held due to remodelling.</p>

Business Support Structure		
1x Senior Administrative Officer		
1x Administrative Officer		
1x Administrative Assistant		
1x East Team Clerk	1x West Team Clerk	1X Team Clerk OT/ Family Support Team

Current Service Provision and Commissioned Services

Service	Budget	No's of children supported	Waiting
Nantgwyn – 5 beds	£513,780	29 children taking up 42 spaces*	20
Family Link 3 contract carers 4 family link carers		22 children	5
Family Support Team		79	16
Community Occupational Therapist		75	29
AFC Ashsquare – 4 beds	£558,660	34 children taking up 41 spaces	10
AFC Rhondda Family Support Daytime short breaks on weekends and school holidays plus weekly teenage club.	£99,560	28	2
Carers Trust Jointly commissioned with adult services providing 165hrs of support a week.	£141,240	69	
Halcyon Commissioned by Health to provide a three year pilot of behaviour support to Cwm Taf. Now in third year.	(Health funded via IAS slippage)	60 families at any one time.	10
Direct Payments Dewis are jointly commissioned with adult services to provide direct payment support.	£761,770	152**	

* this is due to single placement children taking up 4 spaces, children who require 2:1 or children whose needs require them to have more than 1 space e.g. one space is measured as 2 overnights a month plus 2 weeks holiday availability.

** Of those, 45 are receiving 3hrs or below a week and 31 are receiving 10 hours or above. 76 are receiving between 3 – 10hrs a week. In addition, 49 receive additional hours during each school holiday.

All direct services work on an accreditation model following Asdan or OCN to evidence skill building and progress towards meeting outcomes for disabled children and young people.

2.2 Disabled Children Service Activity Data

A snapshot was taken of the Disabled Children's Team on 5/6/19

Disabled Children's Team - Age

Total per Age

Age	Total	% of Total
0	3	0.58%
1	5	0.96%
2	12	2.31%
3	20	3.85%
4	31	5.96%
5	23	4.42%
6	45	8.65%
7	31	5.96%
8	40	7.69%
9	48	9.23%
10	39	7.50%
11	34	6.54%
12	32	6.15%
13	33	6.35%
14	31	5.96%
15	32	6.15%
16	32	6.15%
17	29	5.58%

520

Of which:

- 21% of the children open to the team were under 5 years of age.
- 56% of the children were between 5-14 years of age
- 23% of the children were 14+ years of age.

The primary disability was recorded as follows:

- Learning Disability – 69%
- Physical Disability – 22%
- Physical Disability & Learning Disability – 4%
- Mental Health – 5%

Disabled Children's Team - CLA/CP

Total number of CLA



9% of open cases - Children Looked After.

Of the 47 CLA cases – 26 are in externally funded placements (55%)

Total number of CPR



1.7% of open cases- on the Child Protection Register

Total number of CLA + CP



- 89% of open cases have a Care and Support Plan.

Disabled Children's Team - Length of Time

Total by Number of Months open to DCT

Months	Total	% of Total
0-6	72	13.85%
7-12	37	7.12%
13-18	24	4.62%
19-24	30	5.77%
24+	357	68.65%

520

69% of cases have been open to DCT for over 2 years.

An audit of all DCT cases was undertaken on the 27/3/19. All cases were RAGB rated, classified by disability type, services in place, age and length of time open to the team. In addition to this, 10 cases from every social worker were audited in more depth in relation to referral source, referral reason, outcomes identified and current level of involvement.

The RAGB rating applied to all DCT cases uses the following criteria:
 Red – CP, CLA, PLO
 Amber – weekly contact, at least monthly visits, regular multi agency CASP mtgs.
 Green – three monthly visits/contact, six monthly review.
 Blue – six monthly contact for service review.

The following was the outcome of the RAGB rating:

Red – 13%
 Amber – 26%
 Green – 38%
 Blue – 22%

Over the course of 12 months – May 2018 to June 2019 – the following activity took place:

DCT - Children's Assessments

Total Assessments completed by DCT

Total Assessments	197
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Assessments completed by Assessment Type

New Assessments	111
Re-assessments	64
Repeat Assessments	2
S47 Enquiry on an Open Case	20

Of these, 113 were new cases to the services.

CASP Review Admin Forms

Total CASP Review Admin Forms completed by DCT

Total CASP Reviews	722
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The high number of reviews reflect the numbers of cases open with a Part 4 Care and Support Plan that require a review at least once every 6 months.

It needs to be noted that there were difficulties getting the data needed, requiring a manual trawl through cases in addition to management information support. A key recommendation going forward is to ensure the data is available in a management report.

Service Allocation and Current Care and Support Plans

The Resource Allocation Panel has been in operation since 2015 to quality assure referrals for any services accessed by the disabled children's service, match outcomes to service provision as appropriate and ensure all services are running to capacity.

The panel is held once a fortnight and is chaired by the Service Manager with both Team Managers, Service Co-ordinator and all provider Service Managers in attendance. The Team Manager of the Children with Additional Needs team that sits within the Resilient Families Service has recently started to attend to consider direct service referrals.

Disabled Children's Team - DCT Resource Referrals 05/06/2019 11:26

Services by Decision Outcome

	Total Services Requested	Total Progressed to Panel	Allocated	Declined
Ash Square	29	25	1	4
Crossroads	34	31	17	5
Direct Payments	88	86	63	6
Early Years	19	17	10	0
Family Link	15	15	5	1
Halcyon	53	51	31	4
Holiday Support	14	9	1	3
Inclusion	36	35	18	4
Nantgwyn	25	25	5	4
Rhondda Family Support	5	4	1	1
Transition	6	6	4	0
Total:	324	304	156	32
		% of Total Requested:	48.15%	9.88%
		% of Total Progressed:	51.32%	10.53%

2.3 What does the data tell us?

- Throughput through the team and through services is slow with waiting lists in place for services at all times.
- The majority of cases open to DCT are open for 2 years plus and are subject to Care and Support Plans. Once in the team there is a high chance of remaining open to the team.
- When a child is opened to DCT (in the majority of cases audited), Care & Support Plans detail services - outcomes are not clear and are not measurable. Care and Support planning meetings only occur on a minority of cases and six monthly reviews rarely include service providers.
- Data indicates that a lot of social work resource is utilised undertaking reviews of care and support plans.
- Over 50% of cases are low level involvement with 22% six monthly reviews of service only.
- Almost a quarter of cases are under 5 and equally almost a quarter of cases are in the transition group of 14+.
- Only 9 cases are on the child protection register – 1.7%. The vast majority are under Part 4 Care and Support Plans.

2.4 What have we learnt?

The role of early intervention and prevention for disabled children needs to be prioritised to reduce the need for statutory intervention – at the moment all children are referred straight into DCT from the Information Advice and Assessment Team (IAA), then the focus is not on moving children and families out of statutory services but on supporting families.

The current structure and model of working in DCT has a limited early intervention and prevention focus and does not build on the new model of working in the Resilient Families Service.

Cases in DCT are worked long term, but it is not always clear why we are there other than that the family require ongoing support. Evidence of lots of referrals, good multi agency work and care management but visits are low and purpose is unclear. Child's views need to be strengthened, more time spent with parents than children, some children rarely seen.

Some families are potentially 'over serviced' and conversely there are a high percentage of cases with low level involvement which questions whether the service is working with the right level of need and in the most effective and efficient way.

Research shows that disabled children are three times more likely to be abused than non-disabled children yet there are very few disabled children on

the Child Protection Register (CPR). Audit findings show that Social Workers are support focused. There was no evidence in the cases audited that risk was being missed, but the low incidence raises questions. Where cases are on the CPR, PLO or CLA there is some evidence that the support element continues to be the focus and the balance between parental/carer views and needs, and child focus is a challenge.

There is a need to support practitioners with the implementation of CP/PLO/CLA processes to ensure that the child is at the centre of all the planning.

The demand on specialist services indicates that universal services are not being explored and developed appropriately.

There is a need to evidence robust care and support planning and regular review of the plan that is more focused on outcomes and not service led.

Staff work with a range of issues but there are clear targeted areas of work needed, in relation to the specific needs of under 5's and newly diagnosed children and moving children into adulthood – 16+ requires a different approach to working with young people.

There has been an increase in requests for support for managing challenging behaviour and an escalation in the nature of behaviour being presented. All of the recent specialist residential placements have been required because young people are displaying behaviour that is putting themselves and their families at risk and is out of parental control.

Section 3

3. Way forward

To develop an implementation plan to take forward the priorities outlined below:

3.1 Eligibility Criteria

This revised eligibility criteria focuses the team on children with complex care needs, a shift that is in line with current Welsh Government thinking for national commissioning of specialist services and which strengthens the teams remit to work with complex mental health. It also gives clearer guidance on the fact that it is the impact of conditions and the level of intervention required that is complex not the diagnosis.

The criteria introduces a time limited intervention to address the expectation that the service will always provide long term support and states an early intervention and prevention focus for work, building on the resilient families model.

(See appendix 1 for draft criteria)

3.2 Early Intervention and Prevention

The establishment of the IAA team in Children's Services has provided a clear first point of contact for families and a specialist disabled children's social worker role has been created to ensure consistent information and advice is given.

The development of the Children with Additional Needs Team within the Resilient Families Service has introduced an early intervention provision for disabled children where historically all children have come straight through from referral into statutory services.

There was a need to develop a clear pathway for disabled children that strengthened the early intervention work and evidenced outcome focused assessment and planning. This is shown over the page.

3.3 DCT Intervention Model

Improve strength based assessment and outcome focused planning

The pathway will give a robust framework for quality assuring assessment and ensuring care and support planning is outcome focused.

Redefining the role of the Family Support workers to give them an intervention focus, there will be clear direct work undertaken to build on family strengths, skill build and promote access to community and universal services. This ensures all new cases are intensively worked for the first six months and that there is clear evidence for cases where it is identified that ongoing support is required.

The Community Support Workers currently provide long term community integration and skill building. In line with improving early intervention and prevention and building on whole family strengths, it is proposed that the team model the Children with Additional Needs Team (CANs) and elements of Miskin service. This provides an intensive, time limited service to support families to develop skills and to make links with community/universal resources.

Community Occupational Therapy service will be developed to assess sensory difficulties, supporting an understanding of a child's difficulties and behaviours. Sensory Integration training sourced to take this forward.

3.4 Commissioning Mix

To reviewing the current commissioning mix to ensure that it is effective and supports the new model of working.

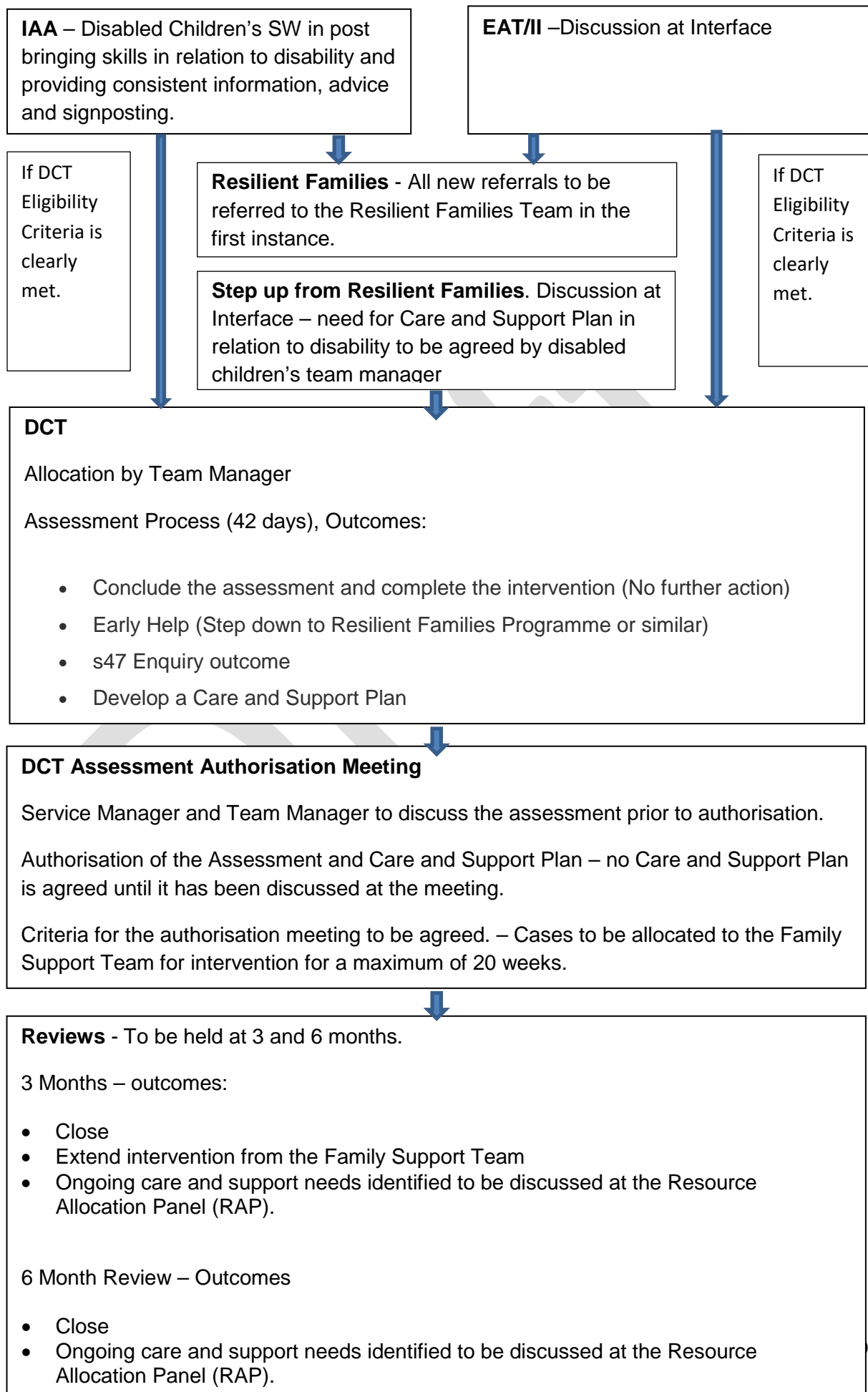
There is an increased need for behavioural support and no expertise within the team currently which creates an over reliance on external services such as Halcyon. This is not a robust arrangement as there is no contract in place at the present time and Health lead on commissioning.

Work with 4C to create sufficiency of placements for disabled children.

3.5 Transition

Transition is a strategic priority and work is being undertaken to consider the way forward e.g. specialist roles within the disabled children's service, all children supported in 16+ or alternatively the development of a transition team.

3.6 Proposed Disabled Children's Team Process/ Pathway



Child Protection Referral Pathway				Outcome	
New case disabled child only no siblings	IAA	→	DCT	CP Plan/ PLO – DCT to take forward.	At permanency planning DCT to retain disabled child, siblings to be transferred to II
New case disabled child with siblings	IAA	→	DCT– disabled child EAT– siblings Joint assessment to be undertaken.		
Open case to DCT disabled child only	MASH	→	DCT	CP Plan/ PLO – DCT to take forward.	At permanency planning DCT to retain disabled child, siblings to be transferred to II
Open case to DCT siblings not open	Disabled child to MASH. Sibling - new referral to IAA	→	DCT DCT		

Section 4

Appendix 1

Eligibility Criteria for Children with Complex Care Needs Service

The Children with Complex Care Needs service supports children and young people:

- who have a physical or learning disability or life limiting condition
- who display significantly harmful behaviour that challenges as a result of mental ill health or response to trauma.

The definition of disability recognised by the Service is found in the Equality Act 2010:

Disability is 'a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities'

The social model of disability identifies that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled children and young people.

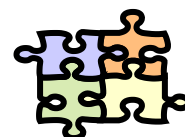
Complex is not a definition of the child but is a description of the service response required to meet their needs.

How we determine whether specialist support is appropriate.

An assessment will consider the substantial nature and impact of the impairment, barriers to be overcome, and whether the child's personal outcomes can be achieved with support from parents, wider family and the community.

The Social Services and Wellbeing (Wales) Act 2014, places an emphasis on strengths, capacity and capabilities (what can I do/how can I get help), to support people to overcome barriers and achieve personal outcomes.

The need for specialist intervention from the Children with Complex Needs Service is met if outcomes can only be achieved by the Local Authority co-producing a Care and Support Plan or Support Plan for carers **and** this need is due to the impact of the child's disability or complex care needs requiring support from multiple services.





The need arises from the child's physical or mental ill health, age, disability, dependence on alcohol or drugs or other similar circumstances, or if the need is unmet it is likely to have an adverse effect on the child's development.



As a result neither the child, the child's parents or others caring for the child are able to meet that need, either alone, or with support of willing others, or with assistance of services in the community

- Ability to carry out self-care or domestic routines
- Ability to communicate
- Protection from abuse or neglect
- Involvement in work, education, learning or in leisure activities
- Maintenance or development of family or other significant relationships
- Development and maintenance of social relationships and involvement in the community
- Achieving developmental goals

As a consequence they are unlikely to achieve one or more personal outcomes unless the local authority provides or arranges care and support

What to expect



The children with Complex Care Needs Service role is to provide **time limited** intervention that focuses on building family and community resilience to enable disabled children to achieve what matters to them.

We provide early intervention and prevention to reduce risk and enable personal outcomes to be met. This could mean support to manage the impact of a child's impairment or to make the home and community more accessible by providing information and advice, signposting to other agencies or teams, practical assistance, or more intense time limited support as determined by the assessment.

Where longer term care and support needs are identified and a Care and Support Plan is required, this will be completed with the family, taking into account all the strengths and resources that the family has. It will be regularly reviewed and will change as new needs arise, or no longer be required as outcomes are achieved.

How to access care and support:

