

DINAS A SIR ABERTAWE

HYSBYSIAD O GYFARFOD

Fe'ch gwahoddir i gyfarfod

Y CABINET

Lleoliad: Siambr y Cyngor, Neuadd y Ddinas, Abertawe

Dyddiad: Dydd Iau, 16 Chwefror 2017

Amser: 4.00 pm

Cadeirydd: Cyngorydd Rob Stewart

Aelodaeth:

Cynghorwyr: M C Child, W Evans, R Francis-Davies, J E C Harris, D H Hopkins, A S Lewis, C E Lloyd, J A Raynor a/ac C Richards

Mae croeso i chi ddefnyddio'r Gymraeg. Os dymunwch ddefnyddio'r Gymraeg, rhowch wybod i ni erbyn canol dydd ar y diwrnod gwaith cyn y cyfarfod.

AGENDA

Rhif y Dudalen.

- 1. Ymddiheuriadau am absenoldeb.**
- 2. Datgeliadau o fuddiannau personol a rhagfarnol.**
www.abertawe.gov.uk/DatgeliadauBuddiannau
- 3. Cofnodion.** **1 - 6**
Cymeradwyo a llofnodi, fel cofnod cywir, gofnodion y cyfarfod(ydd) blaenorol
- 4. Adroddiad(au) Arweinydd y Cyngor.**
- 5. Cwestiynau gan y cyhoedd.**
Rhaid i'r cwestiynau ymwneud â materion ar ran agored agenda'r cyfarfod, ac ymdrinnir â hwy o fewn 10 munud.
- 6. Hawl i holi cynghorwyr.**
- 7. Adborth craffu cyn penderfynu - Clwstwr Cam-drin yn y Cartref yr Adolygiad Comisiynu. (Ilafar)**
- 8. Dinas a Sir Abertawe Arfarniad Dewisiadau ar gyfer Cyflwyno Gwasanaethau Cam-drin yn y Cartref yn y Dyfodol dan Gwmpas yr Adolygiad Comisiynu Cefnogaeth i Deuluoedd** **7 - 54**

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| 9. | Bargen Ddinesig Bae Abertawe. | 55 - 68 |
| 10. | Ymateb Aelodau'r Cabinet i'r Ymchwiliad CAMHS. | 69 - 111 |
| 11. | Cyfathrebu Unedig (Ffonau) | 112 - 118 |
| 12. | Adolygiad Comisiynu Gwasanaethau Cefnogaeth i Deuluoedd - Canolbwyntio ar Blant ag Anghenion Ychwanegol ac Anableddau | 119 - 214 |
| 13. | Penodiadau Llywodraethwyr yr Awdurdod Lleol. | 215 - 217 |
| 14. | Gwahardd y cyhoedd. | 218 - 221 |
| 15. | Gwerthu Safle 16, Heol y Clâs, Parc Menter, Abertawe SA6 8DS. | 222 - 226 |

Cyfarfod Nesaf: Dydd Iau, 16 Mawrth 2017 ar 4.00 pm



Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mawrth, 7 Chwefror 2017

Cyswllt: Gwasanaethau Democrataidd - Ffon: (01792) 636923

Agenda Item 3.

CITY AND COUNTY OF SWANSEA

MINUTES OF THE CABINET

HELD AT COUNCIL CHAMBER, GUILDHALL, SWANSEA ON
THURSDAY, 19 JANUARY 2017
AT 4.00 PM

PRESENT: Councillor C Richards (Deputy Leader) Presided

Councillor(s)

M C Child
A S Lewis

Councillor(s)

R Francis-Davies
C E Lloyd

Councillor(s)

J E C Harris
J A Raynor

Apologies for Absence

Councillor(s): W Evans, D H Hopkins and R C Stewart

113. **DISCLOSURES OF PERSONAL AND PREJUDICIAL INTERESTS.**

In accordance with the Code of Conduct adopted by the City and County of Swansea, the following interests were declared:

- 1) Councillor M C Child declared a Personal and Prejudicial Interest in Minute 123 "Local Government Governor Appointments" and withdrew from the meeting prior to its consideration;
- 2) Councillors A S Lewis and C Richards declared a Personal Interest in Minute 123 "Local Government Governor Appointments".

114. **MINUTES.**

RESOLVED that the Minutes of the meeting(s) listed below be approved and signed as a correct record:

- 1) Special Cabinet held on 12 December 2016;
- 2) Cabinet held on 15 November 2016.

115. **LEADER OF THE COUNCIL'S REPORT(S).**

The Leader made no announcements.

116. **PUBLIC QUESTION TIME.**

A number of questions were asked by members of the public. The relevant Cabinet Member responded accordingly. Those questions requiring a written response are listed below:

- 1) Peter East asked the Cabinet Member for Enterprise, Development and Regeneration a question in relation to Minute 58 "FPR7 Update - Acquisition of Llys Dewi Sant and Disposal of Land at the Vetch Field to Accommodate a Replacement Facility":

- i) *"What is the floor area of the new flats?"*

The Cabinet Member for Enterprise, Development and Regeneration stated that a written response would be provided.

117. **COUNCILLORS' QUESTION TIME.**

No questions were asked.

118. **CITY & COUNTY OF SWANSEA - SUPPORTING PEOPLE PROGRAMME GRANT (SPPG) - LOCAL COMMISSIONING PLAN (LCP) FOR 2017/18.**

The Cabinet Member for Adults and Vulnerable People submitted a report which sought approval of the Supporting People Programme Grant (SPPG) Local Strategic Plan Priorities summary for 2017-2018 contained in the Local Strategic Plan. The report also sought approval of a set of Draft Regional Strategic Priorities for the Western Bay Regional Collaborative Committee.

This report also summarised the key strategic issues and challenges for commissioning with SPPG locally and gives a local financial overview.

RESOLVED that:

- 1) The Local People Strategic Commissioning Priorities included in the annual plan be noted and approved;
- 2) The Western Bay Regional Collaborative Committee Strategic Priorities be noted and approved for inclusion in the 3 year Regional Strategic Plan.

119. **AGEING WELL ACTION PLAN 2016-17.**

The Cabinet Member for Wellbeing and Healthy City submitted a report which presented the Ageing Well Action Plan 2016-2017.

RESOLVED that:

- 1) The action plan attached as Appendix A to the report be approved.

120. **RESPONSE TO THE REPORT ON BUILDING SUSTAINABLE COMMUNITIES INQUIRY PANEL.**

The Cabinet Member for Wellbeing and Healthy City submitted a report which outlined a response to the scrutiny recommendations and presented an action plan for agreement.

RESOLVED that:

- 1) The response as outlined in the report and related action plan be agreed.

121. **SWANSEA OPEN SPACE STRATEGY.**

The Cabinet Member for Wellbeing and Healthy City submitted a report which sought approval to adopt and implement the Swansea Open Space Strategy and develop an Action Plan following an extensive consultation exercise.

RESOLVED that:

- 1) Approval be given to the draft Open Space Strategy to move to public consultation, following which a final version will be brought for adoption and an action plan be developed.

122. **YGG LON LAS NEW BUILD – AUDIT COMMITTEE RESPONSE TO CABINET.**

The Audit Committee submitted a report which provided its response to Cabinet following the review of the Ysgol Gynradd Gymraeg (YGG) Lôn Las New Build Project following its referral by Cabinet so that lessons could be learned and adopted within future projects.

RESOLVED that:

- 1) The recommendations made by the Audit Committee be considered.

123. **LOCAL AUTHORITY GOVERNOR APPOINTMENTS.**

The Cabinet Member for Education presented a report which sought approval of the nominations submitted to fill Local Authority (LA) Governor vacancies on School Governing Bodies.

RESOLVED that:

- 1) The following nominations be approved as recommended by the LA Governor Appointments Panel:

1)	Gendros Primary School	Mr Peter Meehan
2)	Morrison Primary School	Cllr Yvonne Jardine
3)	Pennard Primary School	Mrs Karen Penny
4)	Terrace Road Primary School	Miss Gemma Chapman
5)	Waunarwydd Primary School	Mrs Rayna Soproniuk
6)	Ysgol y Cwm	Mrs Catrin Rowlands
7)	Bishop Gore Comprehensive School	Cllr Mark Child
8)	Penyrheol Comprehensive School	Mr Peter Wilcox

124. **FPR7 UPDATE - ACQUISITION OF LLYS DEWI SANT AND DISPOSAL OF LAND AT THE VETCH FIELD TO ACCOMMODATE A REPLACEMENT FACILITY.**

The Cabinet Member for Enterprise, Development and Regeneration presented a report which sought to include the revised budget within the Capital Programme.

RESOLVED that:

- 1) The revised budget be committed to the Capital Programme for 2016-2017 and 2017-2018.

The meeting ended at 5.07 pm

CHAIR

Published on 20 January 2017

CITY AND COUNTY OF SWANSEA

MINUTES OF THE SPECIAL CABINET

**HELD AT COUNCIL CHAMBER, GUILDHALL, SWANSEA ON
THURSDAY, 26 JANUARY 2017 AT 1.00 PM**

PRESENT: Councillor R C Stewart (Chair) Presided

Councillor(s)

W Evans
A S Lewis
C Richards

Councillor(s)

R Francis-Davies
C E Lloyd

Councillor(s)

D H Hopkins
J A Raynor

Apologies for Absence

Councillor(s): M C Child and J E C Harris
Officer(s): P Roberts

125. **DISCLOSURES OF PERSONAL AND PREJUDICIAL INTERESTS.**

In accordance with the Code of Conduct adopted by the City and County of Swansea, the following interests were declared:

Councillors R Francis-Davies, C Richards and R C Stewart declared a Personal and Prejudicial Interest in Minute 130 "Land Exchange at Parc Morfa, Landore, Swansea" as a Director of Swansea Stadium Management Company (SSMC) and withdrew from the meeting prior to its consideration.

126. **LEADER OF THE COUNCIL'S REPORT(S).**

The Leader made no announcements.

127. **EXCLUSION OF THE PUBLIC.**

Cabinet were requested to exclude the public from the meeting during consideration of the item(s) of business identified in the recommendations to the report(s) on the grounds that it / they involve the likely disclosure of exempt information as set out in the exclusion paragraph of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007 relevant to the items of business set out in the report(s).

Cabinet considered the Public Interest Test in deciding whether to exclude the public from the meeting for the item of business where the Public Interest Test was relevant as set out in the report.

RESOLVED that the public be excluded for the following item(s) of business.

(CLOSED SESSION)

128. **COUNCILLORS' QUESTION TIME.**

No questions were asked.

129. **ELECTION OF CHAIR PRO TEM.**

RESOLVED that Councillor C E Lloyd be elected as Chair Pro Tem.

COUNCILLOR C E LLOYD (CHAIR PRO TEM) PRESIDED.

130. **LAND EXCHANGE AT PARC MORFA, LANDORE, SWANSEA.**

The Cabinet Member for Transformation and Performance presented a report which sought approval for land exchange at Parc Morfa, Landore, Swansea.

RESOLVED that the recommendations, as detailed in the report, be **APPROVED**.

The meeting ended at 1.09 pm

CHAIR

Published on 27 January 2017

Agenda Item 8.

Report of the Cabinet Member for Services for Children and Young People

Cabinet – 16 February 2017

CITY & COUNTY OF SWANSEA OPTIONS APPRAISAL FOR THE FUTURE DELIVERY OF DOMESTIC ABUSE SERVICES COVERED IN THE SCOPE OF THE FAMILY SUPPORT COMMISSIONING REVIEW

Purpose:	The purpose of this Options Appraisal is to outline the process, findings and set out New Models of Delivery for the Domestic Abuse Cluster of the Family Support Commissioning Review
Policy Framework:	Sustainable Swansea: Fit for the Future Social Services and Wellbeing (Wales) Act 2014 (SSWBA) Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
Reason for Decision:	Decision on the recommendations of the preferred option on the future delivery model for the Domestic Abuse Cluster of the Family Support Commissioning Review based on fully informed and robust evidence.
Consultation:	Corporate Management Team Cabinet Members Legal, Finance and Access to Services. Child and Family Services, Poverty and Prevention and Education. South Wales Police, Health and Third Sector Organisations.
Recommendation(s):	It is recommended that: 1) That the preferred option (2) outlined in section 3 of this report as a measure to improve performance, make the service more robust, and make efficiencies, is appropriate to take forward to implementation.
Report Author(s):	Julie Thomas, Jane Whitmore
Finance Officer:	Chris Davies
Legal Officer:	Lucy Moore
Access to Services Officer:	Rhian Miller

1.0 Purpose & Summary

- 1.1 This Review is of services supporting children and families where Domestic Abuse or relationship difficulties have been identified and is a strand of the wider Family Support Commissioning Review. It is a cross-service review between Child & Family Social Services and Poverty & Prevention, but there are clear interdependencies with other service areas, principally with Police, Education, Health and the Third Sector.
- 1.2 In July 2016, Members and the Corporate Management Team agreed Swansea's vision for the delivery of Family Support Services across the Continuum of Need in addition to the desired outcomes for service users. Details of this can be found in section 2.1 and 3.2 of Appendix 1.
- 1.3 This report is asking for approval to move forward with implementation of the recommendations.

2.0 Background

- 2.1 This review forms part of the wider Family Support Commissioning Review, the full scope of which can be found in Appendix 2. The Domestic Abuse cluster focuses on the current Domestic Abuse Hub Pilot and the partnership organisations in Swansea providing support for victims and perpetrators of Domestic Abuse and their families.
- 2.2 One in 5 children live in households where there is domestic abuse. The link between children's exposure to domestic violence and onset of behavioural problems is well researched. Severe and persistent behavioural problems in young children are associated with a wide range of adverse outcomes, not only in childhood but throughout the life course and even extending into succeeding generations. Many different areas of life may be affected – mental and physical health, education and employment, homelessness, relationships and parenthood. The Welsh Adverse Childhood Experiences (ACE's) study by Public Health Wales identified domestic violence as a significant factor for children contributing to longer term health problems, including adopting self-harm harming behaviours, depression and substance use. Children who live in households where domestic violence is a feature are more likely to perform poorly in school, more likely to be involved in crime and less likely to be a productive member of society.
- 2.3 The costs of domestic violence to society, in financial and economic terms, as well as the social impact, currently and for future generations are significant. In Wales, it is estimated to be £303.5 million a year. This can be broken down into £202.6m service costs and £100.9m in lost economic output. This does not include any element of human or emotional cost which research suggests costs Wales, on average, an additional £522.9m (this does not include any costs associated with sexual violence or other forms of abuse).

- 2.4 This review does not propose any savings; however the Option 2 proposal will enable services and pathways to be better co-ordinated, outcomes measured and services commissioned more effectively in the future resulting in less duplication use of evidence based interventions, and importantly healthier partner relationships and ultimately safety and good outcomes for families. The DV Hub as it exists currently, intervening with support earlier, and in a timely way has enabled Child and Family Services to manage demand more effectively at its front door. The Hub and the resulting ability to better manage demand is a key factor in the success of the Safe LAC Reduction Strategy. Further information on the DV Hub can be found in Appendix 3.
- 2.5 As part of the review process a service comparison has been completed to compare the current service model, cost, outputs and performance with other areas (Neath Port Talbot, Bridgend).
- 2.6 In two authorities it was evident that, apart from statutory services within Child and Family, there were very little early intervention and prevention projects and support available to victims and perpetrators of Domestic Abuse.
- 2.7 It is clear that Swansea is further ahead in its provision for children and families than other neighbouring Local Authority areas. Swansea has a strong Domestic Abuse partnership which has benefitted in strengthening the services we provide and promoting an open dialogue amongst all agencies involved. By providing a range and mix of services we are able to fulfil the different needs of families and children. Services that cater to user's specific needs will always aim to provide the right service at the right time. The issue that requires resolution is the delay in receiving support for some families, and for others support being offered by a multitude of services. As part of the systems review families told us they did not want to tell their story to a multitude of professionals and experience multiple assessments.

3.0 Options Appraisal

- 3.1 An Options Appraisal Workshop was held on 7th December to consider the options available for the Domestic Abuse provision once the Hub pilot ends in March 2017. Involved in these discussions were stakeholders from external agencies such as Swansea Women's Aid, Hafan Cymru and BAWSO. Additional internal stakeholders included Councillors, Heads of Service and Team managers from both Child and Family and Poverty and Prevention. Additionally, a number of service users also attended to give input into the impact that these options could have.
- 3.2 The options were scored against an agreed set of priorities;
- Clear referral pathways to provide coordination of support
 - Single assessment to avoid duplication
 - Holistic family approach

- Meets the outcomes of family support review (as set out in stage 1)
- Meets the principles of the Social Services and Wellbeing (Wales) Act 2014 and Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015
- Requires limited to no set-up cost and is financially sustainable
- Is measured effectively through a robust performance framework

3.3 Alternative Delivery Models

Option 1	
Key Characteristics	
<p>Conclude the current pilot and implement the Domestic Abuse Hub as it currently operates. That is all Police Protection Notices (PPN's) from the police are screened, lead worker identified and information passed on where there is a lead worker already coordinating support for the family. If there is no lead worker, the Hub can take on this role, working with family to identify needs, agree options and solutions and assist them to achieve these. The Hub also delivers the Equilibrium healthy relationships program on a 121 and group basis to perpetrators, victims and young people both male and female.</p>	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Timely approach • Lead worker support • 'I tell my story once and that's enough' • Pulling in expertise and not pushing service user out - broker in • Minimum duplication • Right person at the right time • Multi agency co-located team • Preventing escalation of need • Have ownership of support offered and outcomes achieved • Focus on early intervention and prevention • Early intervention approach will lead to reduction in high risk cases (potentially in the long term and not measurable in the short term) • Lead workers already in place can access information and advice from the Domestic Abuse Hub 	<ul style="list-style-type: none"> • Saturation - not enough capacity to meet the needs • Lack of agency buy in • Budget pressures - no additional resource available • Part of the Hub resource is reliant on seconded staff members • Part of the Hub is reliant on grant funding • Difficult to see short-term financial benefits (some of these would be generational) • Difficult to measure outcomes for families who are not receiving direct intervention from the Domestic Abuse Hub
Option 2	
Key Characteristics	
<p>Conclude the current pilot and implement the Domestic Abuse Hub with transformation in-house to form clearer partnership pathways. In practice, this would mean that in addition to screening the PPN's, all referrals for support</p>	

from multi agency professionals and our partners will be collated at a single portal via the Hub. Using the partnership document, the service best matched to assist the family to develop their own options and solutions will be agreed and their expertise pulled in to provide the right intervention at the right time for the right family.

The partnership document will be created across Swansea's Family Support Continuum of Need in collaboration with all services and professionals who deal with families where domestic abuse has been identified. This will include South Wales Police, ABMU Health Board and Western Bay Youth Offending Service as well as other third sector agencies.

Advantages	Disadvantages
<ul style="list-style-type: none"> • Timely approach • Lead worker support • 'I tell my story once and that's enough' • Pulling in expertise and not pushing service user out - broker in • Minimum duplication • Right person at the right time • Multi agency co-located team • Preventing escalation of need • Have ownership of support offered and outcomes achieved • Focus on early intervention and prevention • Early intervention approach will lead to reduction in high risk cases (potentially in the long term and not measurable in the short term) • Lead workers already in place can access information and advice from the Domestic Abuse Hub • A coordinated whole family approach • Complies with the values and principles of the Social Services Well Being Act • No duplication • Centralised point for collating needs analysis information • Ability to identify and Inform commissioning • Ability to identify gaps in service • Closes the gaps and increases likelihood that families are accessing support • Identification of service pressures 	<ul style="list-style-type: none"> • Saturation - not enough capacity to meet the needs • Requires full partnership agreement and commitment to design and deliver • Budget pressures - no additional resource available • Part of the Hub resource is reliant on seconded staff members • Part of the Hub is reliant on grant funding • Difficult to see short-term financial benefits (some of these would be generational)

and solution focussed approach to address them	
Option 3	
<p>Key Characteristics</p> <p>Revert back to original processes prior to the Domestic Abuse Hub pilot. PPN's which are completed by the Police will be sent directly to Child and Family for information sharing only. Those not meeting the threshold for statutory intervention will be closed with no further action. Some cases could be signposted to third sector organisations for prevention services.</p>	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Number of organisations are aware of the issues • Multiple support options (if criteria met) 	<ul style="list-style-type: none"> • Eligibility criteria often leaves some families unable to access support • Duplication of services • Scatter gun approach to services • No joined up working – unable to 'close the loop' • 'I tell my story over and over again to different people' • Unable to measure outcomes/needs met • Focus on crisis intervention • Increased workload on the IAA team • Missed opportunities for early intervention leading to increased demand and workload within the supported care planning teams
Option 4	
<p>Key Characteristics</p> <p>Child and Family Services would work with families where the PPN indicated that the child had or was likely to suffer significant harm as a result of the incident. All other PPN's would be closed on the basis that third sector organisations had received notification and could provide support.</p>	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Identifying high-end support needs for children • No additional staff required in the local authority • Minimal resource (inc financial) required in short term • Focus on high risk cases 	<ul style="list-style-type: none"> • No targeted early intervention support • Escalation of need leading to increased demand and workload within the supported care planning teams • Eligibility criteria often leaves some families unable to access support • No sight of support in other service areas • Process driven - outcomes which

	<p>are unmeasurable</p> <ul style="list-style-type: none"> • Support level would depend on victim seeking the help needed and not offered support directly • Potential saturation of services in the third sector • Service users accessing known organisations which may not be the right services • No current agency in place to do this work
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3.4 Following the stakeholder workshop the preferred option which scored the highest was option 2 – to conclude the current pilot and implement the Domestic Abuse Hub through transformation in-house to form clearer partnership pathways. A full scoring matrix for each model outlined below can be found in Appendix 4.

3.5 It was noted that there is further work needed to develop these pathways, achieved by;

- Further exploring commissioning arrangements for Domestic Abuse support through the Supporting People Grant and through the Third Sector Change Fund
- Alignment of partnership working identified through the PSB through the appointment of the Domestic Abuse Key 3 Project Worker looking at the interrelated issues of mental health, substance misuse and domestic abuse
- Expanding partnership arrangements with Health via full contribution to the Health Visitor post in the DA Hub
- Expanding partnership arrangements with Education via contribution to the EWO post in the DA Hub
- Further work is required with Police to support a change in the way they respond to incidents of domestic violence in real time and maximise the opportunities for direct support to be offered rather than just completion of a PPN (domestic violence notification form).
- In addition it will be important to ensure this review identifies the cross cutting themes from other reviews, particularly EOTAS in relation to the behaviour and wellbeing strategy to be developed.

3.6 The financial summary grid in Appendix 5 outlines the costs for all of the options considered in the alternative delivery models.

3.7 The current pilot model consists of funding from a variety of sources with staff brought together through secondment arrangements. If the pilot ceased all post holders would return to their substantive posts, therefore Option 3 and 4 which explores this may seem to have a savings attached to them as the financial analysis shows, however the staff would simply return to their substantive posts and the costs of these posts would return

to their existing service, mainly Child and Family and Adult Services. Additionally, the financial sustainability of Option 3 and 4 has scored low in the scoring matrix because if we do not intervene early through preventative activity as outlined in Options 1 and 2, costs will rise in the long term.

- 3.8 The purpose of this commissioning review is to bring services together, working more effectively in partnership to improve outcomes for children and families. By intervening early with the right service at the right needs will be prevented from escalating. This will reduce the need for higher level expensive specialist interventions which will reduce costs in the medium term. Most importantly it will improve outcomes for children and families. This is a preventative agenda which can only be achieved by developing appropriate pathways to enhance partnership working. The preferred option 2 sees all the funding managed in one place to achieve efficiencies and economies of scale and allow for better flexibility and opportunity for growth.

4.0 Preferred Option- Legal Implications

- 4.1 The Domestic Abuse Hub and partnership pathways is directly aligned with the values and principles of the SSWBA. This is reflected in the purpose and value steps developed for the Domestic Abuse Hub. The development of these partnership pathways will ensure there is consistency of approach, values and principles across all Domestic Abuse services in Swansea, this directly relates to statutory guidance available in part 9 of the SSWBA which requires local authorities to arrange for co-operation with relevant partners.
- 4.2 The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 concentrates on early identification and providing support from appropriate services in a timely manner under the 'Ask and Act' duty. Option 2 directly links with this duty as it aims to identify those experiencing Domestic Abuse at an earlier stage and provide support to stop the escalation and risk.
- 4.3 Option 2 benefits from grant funding and any prerequisite conditions to spending of funds must be complied with.

5.0 Preferred Option – Financial Implications

- 5.1 The preferred option outlines all funding streams identified for the DA Hub aligned within Poverty and Prevention as opposed to the current hybrid of Poverty and Prevention, Adult Services and Child and Family streams, the current funding arrangements are outlined below:

Current Funding Sources		
Child & Family	£	165,000
Adult Social Services	£	130,000
Prevention Fund	£	220,000
Families First	£	65,000
Police & Crime Commissioners Grant	£	45,000
Other (Health)	£	60,000
Total Budget Available for 2017-18	£	685,000

5.2 Further opportunities to apply for funding through the Home Office Transformation Fund for Domestic Abuse will become available in 17/18. This fund is specifically for new and innovative preventative ideas to tackling the problem and intervene earlier, working in partnership with Police, Health and the Third Sector. The preferred option 2 gives a platform to bid for this type of funding for future sustainability.

6.0 Preferred Option – HR Implications

6.1 The HR implications associated with the preferred option will include bringing all posts currently seconded under the Hub pilot arrangements into one line management structure and securing changes to contract details to clarify where substantive posts sit.

7.0 Consultation

7.1 The domestic violence strand of the Family Support Commissioning Review has been informed by an independent full systems review of the service in 2015. This was a cross cutting review, involving Police, Health, Education, Housing and representatives from the independent sector. Victims, perpetrators, children and young people were consulted as to what mattered to them and this feedback was used to develop the systems and practice within the Domestic Violence hub. The current review, and the proposed option 2 recommendation, relates more to the development of streamlined pathways to provision which is an important theme identified by service users and professionals within the previous consultation.

7.2 As a result of the feedback collated from service users during the systems thinking review which showed a clear preference towards option 2, it was agreed that the level of consultation already completed would satisfy requirements should option 2 be agreed there is no need for further consultation. This will also apply if option 1 is agreed.

8.0 Equality

8.1 An EIA screening form was completed and given that the preferred option is not proposing any changes, it is agreed that there will be little to no impact for any protected groups. As a result, a full EIA has not been deemed necessary.

8.2 In the event that the preferred option is not agreed, the EIA suggests that further consultation will be required to understand the impact that other options may have on these protected groups. In this scenario, a full EIA will be required.

Background Papers:

Background Paper – Case Study

Background Paper – Gateway 2 Report

Appendices:

Appendix 1 – Commissioning Gateway Review Report & Stages Checklist

Appendix 2 – Family Support Review Scope

Appendix 3 – Background to Development of DV Hub

Appendix 4 – PDF Options Scoring Matrix

Appendix 5 – New Models Scoring Matrix Financial Summary

Appendix 6 – Prevention Business Case

Commissioning Gateway Review Report & Stages Checklist

Contains:-

1. **Part 1:** Review Overview and Details
2. **Part 2:** Stages Checklist
3. **Part 3:** Gateway Approval

PART 1 – REVIEW OVERVIEW

Commissioning Strand Lead:	Julie Thomas & Sarah Crawley
Service Review Lead:	Karen Benjamin
Service Review Title:	Family Support Continuum

1 Purpose of Report

- 1.1 This report is to request approval to move onto Stage 3 within the Commissioning Process and provide evidence the Service Review has completed all relevant tasks as part of the commissioning process.

Please tick which stages the Gateway Review Report is for:

√	<i>Stage</i> 2	x	<i>Stage</i> 4
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This report addresses Stage 1 – Desired Outcomes and Stage 2 – Service Assessment for consideration and discussion.

2 Service Review Details

2.1 Service Overview

This review is a cross service review primarily within the People Directorate between Child & Family (thereafter referred to as C&F) Social Services and Poverty & Prevention (thereafter referred to as P&P). Where there are interdependencies with other service areas and cross Directorate these are highlighted as such but primarily include Education, Housing and the Local Health Board.

In Swansea we believe that Children’s needs are best served in their own families if this can be safely supported. Helping families stay together must therefore be a key focus for all services and begins with early identification of need and effective early intervention. Preventative and early support services can reduce the number of children and young people

reaching the threshold for statutory intervention for example, children requiring a child protection plan, care proceedings or needing to become looked after. Most importantly preventative and early intervention support can promote good wellbeing outcomes for children and young people, helping them to live a healthy and fulfilled life.

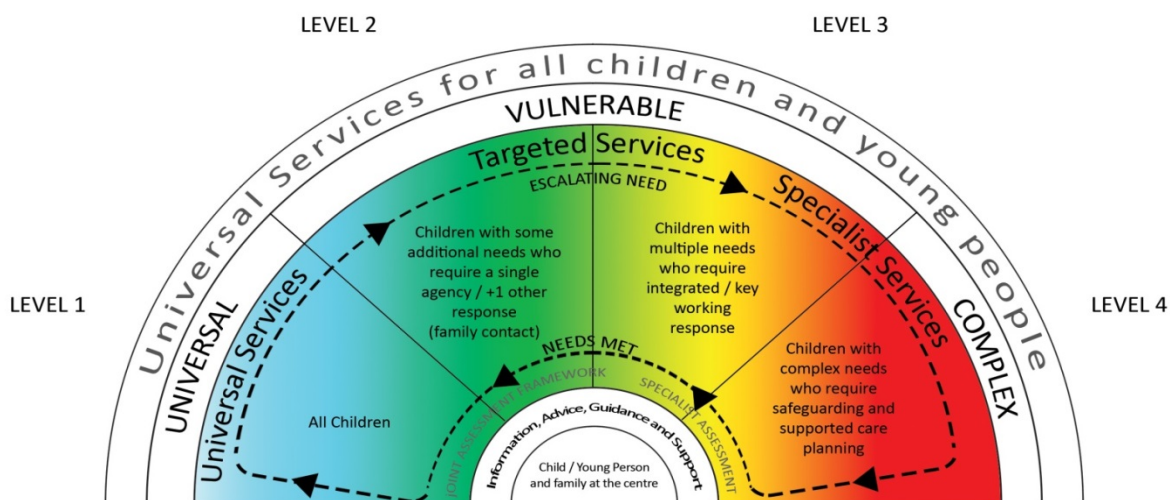
We need to build the resilience of parents and families and give them the skills and confidence to provide a family environment in which children and young people can thrive. This includes direct support when families are struggling, as well as developing and building capacity in families, their support networks and communities, to sustain change and meet their children’s long term needs.

For the purpose of this review the definition of Family Support is agreed as:

“Family support is both a style of work and a set of activities; combining statutory, voluntary, community and private services, primarily focused on early intervention across a range of levels and needs with the aim of promoting and protecting the health, wellbeing and rights of all children, young people and their families in their own homes and communities, with particular attention to those who are vulnerable or at risk, and reinforcing positive informal social networks”.

The Family Support Continuum stretches from universal services at Level 1, open access to all citizens in the City & County of Swansea, through to statutory child protection services at Level 4. The Family Support Services Continuum is best visually presented as:

How we Support Children and Families in Swansea



The purpose of the review is to fully map existing services on the Continuum of need, to identify gaps in service, identify duplication, review current outcomes performance, look at best practice examples of how the services on the Continuum of need could be delivered more effectively, more efficiently and within a financially sustainable framework for the future.

The Social Services and Wellbeing (Wales) Act 2014 ('The Act') is a key piece of legislation that was introduced across Wales in April 2016. It emphasises the importance of local authorities having a coherent approach to preventative work within our communities and it defines what these services are expected to achieve.

The service review has a number of overarching and interlinked Council policies, strategies and frameworks of which to be mindful. The key strategic documents are: The Early Years Strategy; Safe LAC Reduction Strategy; C&F Placement Strategy; The Child Disability Strategy; Corporate Parenting Strategy; Sustainable Swansea, Fit for the Future; and Keeping in Touch strategy/Youth progression and engagement framework .

2.2 Service Review Scope

The scope of this review is the largest to date in the Sustainable Swansea Programme. Attached at **Appendix 2** is the Scoping document which provides the detail of the family support continuum service areas within the review.

For ease of consideration and analysis those services linked to families with children and young people with a disability are clustered together.

Where services on the continuum provide similar or complementary services but across the different levels of need from Level 1 through to Level 4, these are also clustered together.

2.3 Is the current Service Model sustainable?

The review has not been tasked with specific financial savings however both C&F and P&P are tasked with identifying savings within their service areas which are likely to encompass the services within scope.

C&F have a budget reduction target of 15% equating to £6 million by the end of financial year 2017/18.

P&P have a budget reduction target of 5% of their core funding budget equating to £250,000 by the end of financial year 2016/17

A complicating factor is large areas of service within scope in P&P are Grant Funded by Welsh Government (hereafter referred to as WG). Grants equate to 75% of the overall budget for P&P. The future sustainability of these Grants is outside the control of the Council and Local Government. However in the awarding of the 2016/17 Grants WG has consulted on plans to restructure the administration of future Grants and a 12% reduction in the Families First Grant has been implemented.

Given the political context of austerity measures that creates uncertainty around future Grant awards it's important that this review consider whether elements of service funded in this way could or should, if required, be transferred to core funding streams. This will be considered at Stage 3 and Stage 4 of the review process.

The service model cannot run at a profit or full cost recoupment due to the nature of the business and scope. That said there may be opportunities for income generation which will be explored at Stage 3 and Stage 4 of the Review.

3.0 STAGE 1 – DEFINE OUTCOMES

3.1 Purpose of Stage 1

Stage 1 of the Commissioning Review process is about defining outcomes:

What are the outcomes that we want to deliver and for whom?

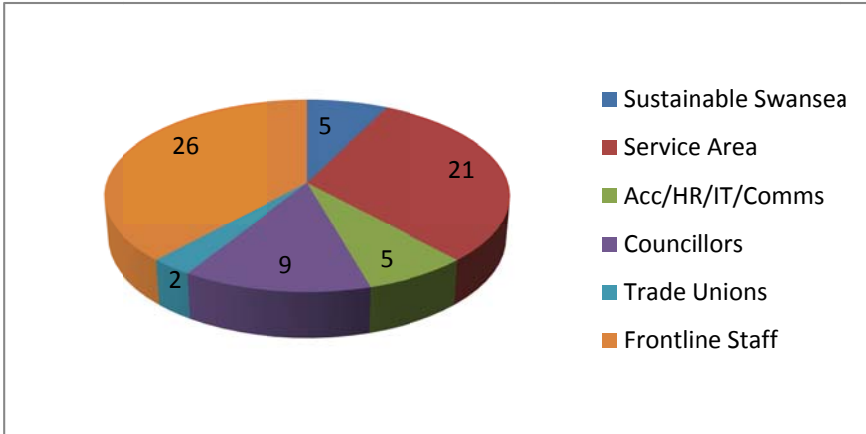
Stage 1 workshops with stakeholders took place on the 7 April 2016 and 6 May 2016 focussing on 4 main areas;

1. Hopes and Concerns
2. Family Support Continuum Service Vision
3. Needs, Current Outcomes and Desired Future Outcomes
4. SWOT and PESTEL exercises

Both workshops were facilitated by the nominated commissioning review leads and core group members' not external facilitators.

The review conducted a second workshop with frontline staff to ensure that those colleagues who will be fundamental to implementation are fully engaged in the commissioning review process from the outset. This workshop was a positive addition to the process and added to the value of Stage 1 of the review.

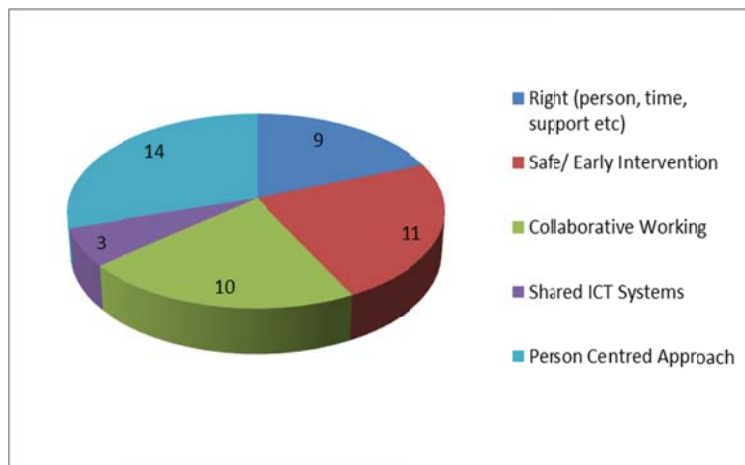
The workshops were attended by 68 colleagues from 8 different areas of the authority, including senior staff, front-line staff and councillors.



3.2 Service Vision and Outcomes

Analysis from the workshops identified the key elements of the vision to be:

- A person centred; whole family approach
- Delivered via safe and early intervention
- Through collaborative working
- And shared ICT systems
- To deliver the right family support, to the right families, at the right time.



The vision can be distilled as:

Swansea’s vision for the delivery of Family Support Services across the Continuum of Need is that through early identification of need and early intervention, targeted services working with a whole family approach will empower families to problem solve, build resilience and sustain change. The services will be delivered through collaborative multi-service and multi-agency working, supported by co-location and shared ICT systems, in a proactive, timely way to prevent escalation of need and to de-escalate existing need.

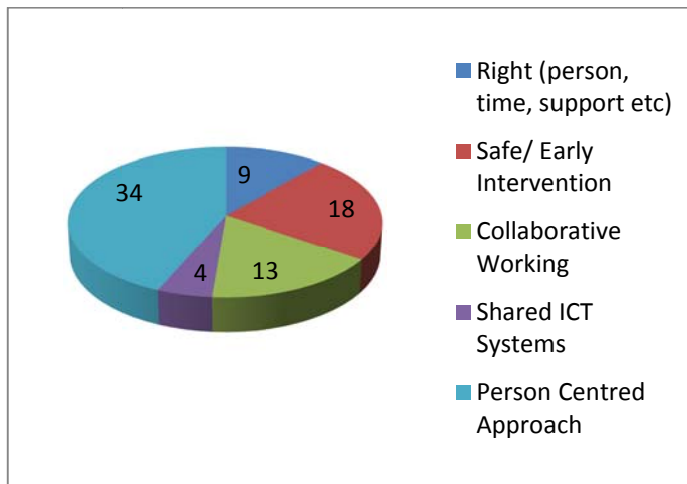
To support discussion at the Workshops the desired outcomes for children and families from The Act, which are captured in Swansea’s Wellbeing Wheel, illustrated below, was shared with colleagues.



The Prevention Delivery Board, which reports to the Sustainable Swansea Board, proposed the desired outcomes for the Continuum as:

- 1) *Improved outcomes for children and young people by working together effectively across the continuum of need, a requirement of the SS & Wellbeing Act 2014*
- 2) *Provide timely support to families that promotes resilience, independence and engagement with their local community*
- 3) *Prevent or delay the need for more intensive interventions*
- 4) *Where it is clear needs are escalating, we will ensure that families move up the continuum to receive the co-ordinated support necessary to meet their needs, (a 'step-up' arrangement). For those families who are demonstrating an ability to meet their children's needs following more intensive support, a 'step down' arrangement, to an appropriate level (and eventually to universal services if possible) would be followed. By maintaining a focus on the child we want to make sure that there will always be someone who is able to identify when things are not going well for them and know what to do and where to get help or advice about possible next steps.*
- 5) *Make best use of resources by identifying and realising the efficiencies that can be made by coordinating existing support services (e.g. duplication, overlaps)*
- 6) *Prioritise and roll out new models of service delivery*
- 7) *Strengthen the early intervention and preventative services that already exist within the City and County of Swansea, and where necessary realign them, to support the prevention /wellbeing of vulnerable children and families at a time of identified need.*
- 8) *Develop a commissioning strategy across the continuum of need.*
- 9) *Provide a consistent approach across the authority that is understood by families, and service providers across the continuum and includes a proportional joint assessment, performance management framework, threshold document.*
- 10) *Consistent IT and performance management arrangements*

Data analysis of desired outcomes from the workshop is captured under the themes of:

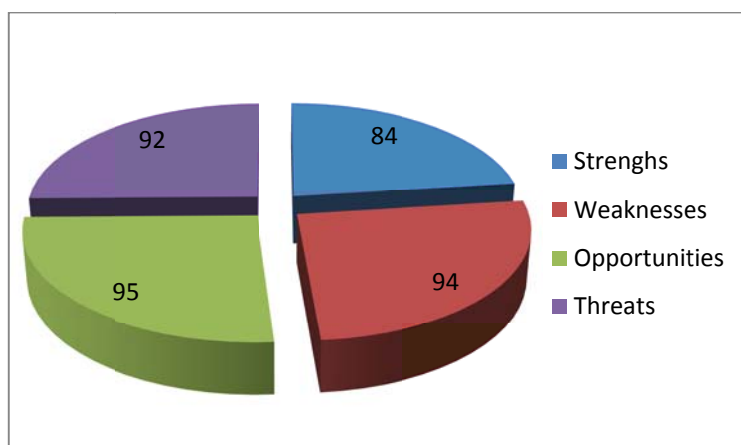


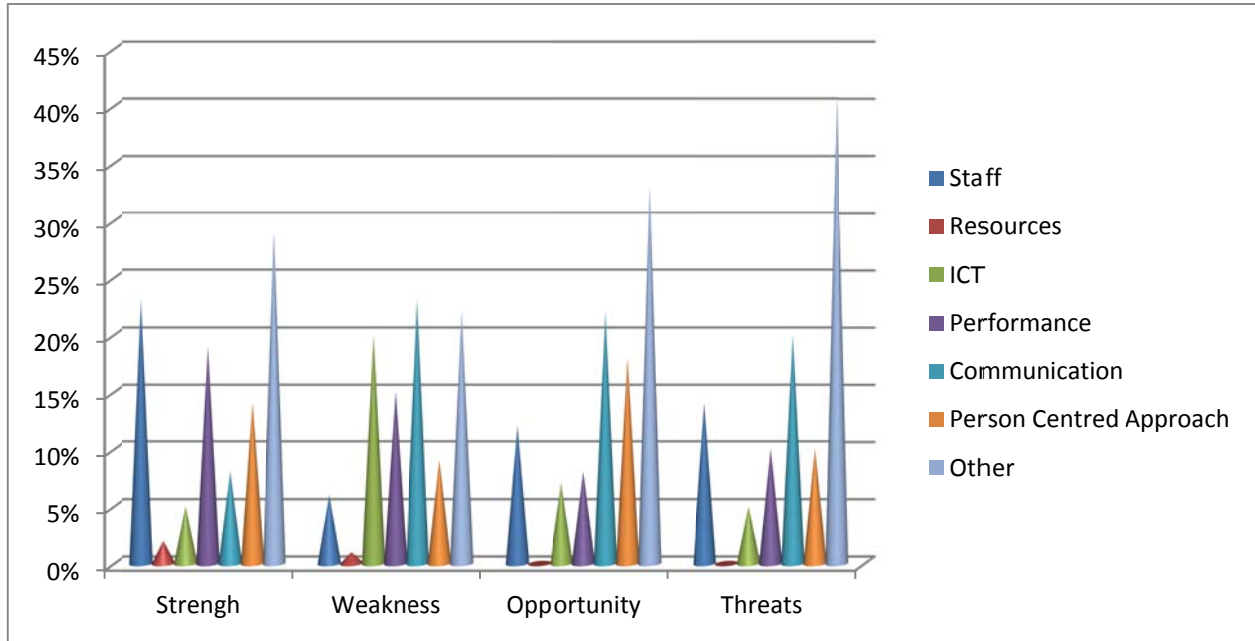
Attendees spoke in an informed, outcomes focussed, evidenced based manner on the benefits of a person / child centred model that worked with the whole family in understanding the need for change, setting clear goals, having motivation to achieve those goals and sustain them beyond the timescale of service delivery. A shift towards working with a person centred approach starting 3 years ago was a key area of discussion in identifying where good outcomes were currently being delivered and an area that should be expanded across the Continuum. Pilot projects were cited as specific examples of this in both C&F and P&P.

There was a broad consensus from attendees with the desired outcomes identified at a strategic level and it was pleasing to see real examples presented to support the direction of travel in achieving these outcomes.

The workshops identified that frontline staff have an appetite for change that will deliver these outcomes; they are engaged and positive that the review can deliver a service model across the Continuum of Need to support families at the right time and in the right way. Attendees were well informed of examples of best practice models that will feed into Stage 3 Benchmarking.

Data analysis from the SWOT exercise demonstrates balanced feedback and a commitment to looking for opportunities and solutions where there are currently perceived weaknesses or threats.



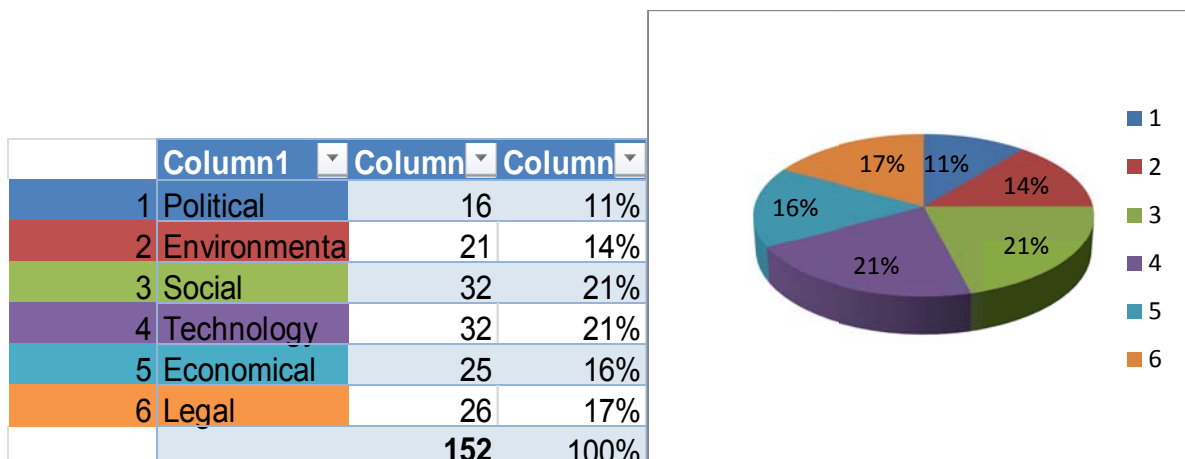


Communication between services in C&F and P&P within the scope of the review was highlighted as a key weakness, a great opportunity for us to develop the continuum through increased collaboration, co-production and shared best practice but a threat if it is not improved. There was extensive discussion about establishing clear interfaces between services to enable better communication and minimise duplication for service users ‘telling their story’.

Linked to communication priorities was the weakness of ICT support to enable sharing of information. The inconsistency and incompatibility of ICT systems was a point of clear frustration across all services represented.

The use of the person / child centred approach runs as a thread through the SWOT analysis reinforcing the link to outcomes.

Data analysis from the PESTEL workshop highlights social concerns, predictably, as the main anticipated influence given the social wellbeing context in which the service model is delivered.



Technology is also highlighted as a key factor. This was raised in the context of how rapid technological developments are now inextricably linked to social interactions and the risks this brings to our more vulnerable children in the form of social media platforms, internet grooming, sexting, trolling etc. There is anxiety in this area that as professionals we are at least one step behind the rapidly evolving technology and identification of the risks it can pose to the fabric of families' social interactions and wellbeing.

4.0 STAGE 2 – SERVICE ASSESSMENT

4.1 The purpose of Stage 2

At Stage 2 data is collated to evidence:

What we currently do? Do we deliver the Outcomes we need to deliver?
How much does current service delivery cost?

4.2 How much does the Current Service Model Cost?

At a Service Level spend the figures are captured in the table below:

Service Area	Budget 2015/16	Actual Spend 2015/16	Variance	Core Budget	Grant Budget
C&F					
P&P					
Housing					
Total					

These figures demonstrate the level of spend by the Council is a significant investment in family support services across the continuum of need. The importance of getting the review right however is not limited in its financial impact to the services in scope but impacts critically on Council spend of C&F statutory services, adult social services and education department.

Attached at **Appendix 1** is the detail of the financial breakdown by Service area for detailed consideration.

PART 2 – COMMISSIONING STAGES CHECKLIST

(Review Lead and Team to complete, please provide rationale or evidence to your responses below)

There are guidance templates available as part of the Commissioning Principles & Process and these can be found on the commissioning webpages??

Stages & Key Questions	Yes/No	Appendix **
Stage 1 - Define Outcomes		
Arranged and identified a facilitator and held workshop to start the engagement and development for the Stage 1 Process.	Yes	<u>Appendix 3</u>
Did you identify and engage with initial key stakeholders to achieve Stage 1? <i>(This included cross section managers, frontline staff, Members and other interested staff)</i>	Yes	
Has the review produced the tools defined in the Principles (SWOT & PESTEL)	Yes	
Developed Statement of Vision and Outcomes	Yes	
Stage 2 – Service Assessment <i>(guidance available)</i>		
Have you identified how you measure performance, effectiveness and innovation and evidenced this as part of the Gateway report?	Yes	
Do you know what customers (in particular), staff, Members, partners etc say about the current model?	Yes	
Have you gathered all the financial data and know what is the current cost of the service we provide and do we know if this provides value for money?	Yes	
Do you work with other departments to achieve your service outcomes (e.g. SLA's, existing contracts, partnerships etc)	Yes	

** All appendixes are to be provided with the Gateway review report for reference purposes. The Commissioning Process has templates that can be provided for guidance to use or the Service Review can develop their own templates in their required format (if necessary).

PART 3 - Gateway Review Approval (to be completed by Gateway Review)

The Gateway Report will provide an overall status of the Review at the Gateway it's being assessed at Stage 2 and Stage 4. A RAG system will be used to highlight the overall recommendations made by the Gateway Review definitions below:-

RAG	Gateway Decision	Definition
Red	Stop	The Gateway identified significant issues that require immediate action before the Review can proceed onto the next stage.
Amber	Conditional Approval	The Gateway identified issues that must be actioned before next Gateway Review.
Green	Approved	Review to proceed onto the next Stage of the process, but to address any recommendations from the Gateway Review.
Recommendations (if applicable)		Overall RAG
		Red <input type="checkbox"/> Amber <input type="checkbox"/> Green <input type="checkbox"/>
Sign off		
Chief Executive :		
Lead Director/Sponsor:		
Review Cabinet Member:		
Date:		

Commissioning Review - Scoping Template

Review/Service Area: People Directorate - Family Support Services Continuum from Poverty & Prevention through to Child & Family Services.	Budget Savings anticipated : £ unknown
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Complexity (H, M, S) – Medium Complexity (across Service areas)

Scope of Service Review	Rationale?	Key Issues; Constraints; Interdependencies	Allocated Resources (agreed) <i>(Service Area, BC, Corporate Services etc)</i>
<p><u>In-Scope:</u> <i>Services whose stated purpose and remit is to provide Family Support to citizens in Swansea to positively impact their Wellbeing, Safety and Improve Life Outcomes. To include services that may currently target single elements of the family but are to the benefit of the whole family structure, dynamic, and integral to delivering Wellbeing Outcomes.</i></p> <p>C&FS:</p> <ol style="list-style-type: none"> 1. Family Support <ol style="list-style-type: none"> a. Intensive Team b. Family Engagement Team c. Parenting Support d. Flexi Home Support e. Child Minding Service 2. Foster Swansea <ol style="list-style-type: none"> a. Short breaks scheme b. Parent and baby placements 3. Short Breaks Child Disability Service 4. Direct Payments 	<p>Crosscutting rationale:</p> <ol style="list-style-type: none"> 1. Review of existing Family Support Services to identify gaps or duplication of service the key vulnerability areas and risk factors that most impact our service users 2. Realignment of services across the Directorate to evidence a clear continuum of family support services targeted at the areas of identified need. 3. Collective responsibility of a whole family approach (team around the family). 4. Compliance with the Social Services and Wellbeing Act, its ethos of prevention, empowering citizens to achieve positive wellbeing outcomes and its Requirements. 	<p>Interdependent Strategies:</p> <ul style="list-style-type: none"> - Early Years - Child Disability - Safe LAC Reduction - Sustainable Swansea <ol style="list-style-type: none"> 1. Need to demonstrate cost effectiveness across all areas 2. Staffing implications 3. Appetite for change and transformation to improve outcomes for children and families 4. Change of service delivery model 5. Consultation exercises with stakeholders who can be difficult to engage 6. Change management to consistent performance indicators for evidence based practice demonstrating positive outcomes 7. Shared IT systems 8. Working practices to support local delivery of services 9. Significant financial benefit at risk 10. Interdependency across the People Directorate plus with Housing and Supporting People. 11. Link with other commissioning reviews as appropriate 12. Link with Senior staffing review 	<ol style="list-style-type: none"> 1. Lead: Karen Benjamin (C&FS) Agreed 2. C&FS (as required) <ol style="list-style-type: none"> a. Sandra Doolan (Family Support Manager) b. Teresa Mylan Rees (Wellbeing Service Manager) c. Sarah Thomas (foster Swansea) d. Michelle Apthorpe (CDT) e. Nichola Rogers (SCP Principal Officer) f. Lorraine Williams (IFSS) 3. Poverty and Prevention (as required) <ol style="list-style-type: none"> a. Sian Bingham (EI Services Manager) b. Gavin Evans (YP Services Manager) c. Chris Griffiths (Level 3 Manager) d. Sharon Llewelyn (Flying Start) e. Mark Gosney (Families First Co-ordinator) f. Lynda Hill (Parenting Manager) g. Sue Peraj (TAF Manager/ Level 3 Pilot Manager) h. Allison Williams (Family Centres and Information Service) 4. Education / Supporting People / Housing – as appropriate.

5. IFSS (local fit)
6. DA Hub (Joint Continuum Project with Poverty & Prevention)
7. Townhill Pilot (Joint Continuum Project with Poverty & Prevention)
8. Breaking the Cycle (Joint Continuum Project with Barnardo's: Grant Funded)

Poverty & Prevention:

1. Family Support Services (Families First Funded)
 - a. Parenting Support
 - b. Play Team
 - c. Family Information Service
 - d. Family Support Team
 - e. Eastside Family Support project (Faith in Families)/Communities First funding
 - f. Smart Steps
 - g. TAF
 - h. Cwtch Project/Teen Start
 - i. 4-10 team
 - j. Youth Service (Levels 2 & 3)
2. Child Disability Services
 - a. Young Carers Project
 - b. Buddies
 - c. Stepping Stones
 - d. Early Living development worker (Action for Children)
 - e. Family Support with SNAP
 - f. Play disability grants
3. Family Centres
 - a. Mayhill
 - b. Clwyd

5. Significant budget reductions required.
6. Sustainability of grant funded projects as opposed to core funded.
7. Pooled budget efficiencies to be explored.
8. Existing service model is unsustainable given the corporate financial delivery targets projected over the next 3 years.
9. Perception / reality of service duplication across the Directorate.
10. Perception / reality of gaps in support services across the Directorate.
11. Perception / reality of operational inefficiencies across the Directorate.
12. Extend the existing evidence based outcome focussed practice, which is required to sustain funding for service delivery.
13. Identify opportunities for collaboration internal and external to Directorate and Local Authority. To the benefit of improved service delivery and cost reduction.

13. WG funding requirements – grant terms and conditions
14. On-going reduction in Welsh Government funding for Families First/ or changes to the WG funded programme requirements.

4. Family Substance Support
 - a. Sands
5. Services provided to support families under the Early Years Strategy (as above), and through Flying Start.

Education:

1. Non- teaching staff targeted at family support such as EWOs.

Housing & Supporting People

1. Tenancy support needs of families and children involved with statutory services or at risk of involvement with statutory services.
2. Support for victims and families of domestic abuse.

Out of Scope: (reason why)

1. 16+ Service (scrutiny of own Board & work programme)
2. Substance Misuse (scrutiny of own Regional Board & work programme)
3. Youth Offending Prevention Services (scrutiny of own Regional Board & work programme)
4. SEN & ALN (subject of separate scoping document)

14. Greater collaboration with other councils and local organisations, community groups and residents. To the benefit of service delivery and cost reduction.

15. Identify stopping services that do not fit need or demonstrate good and improving wellbeing outcomes.

16. Identify any gaps in capability and capacity with regards to the preferred service model.

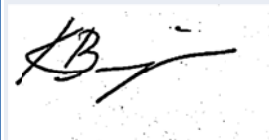
17. Develop approaches that will help us understand the external market.

18. Consistent performance indicators that cross-cut the continuum and evidence outcomes.

19. Review of management in line with the senior staffing review.

**Sign off
Director
Lead Cabinet Member
Review Lead**

Signature



Date

4. Tackling Domestic Abuse and Sexual Exploitation

Proposal Title: Tackling Domestic Abuse and Sexual Exploitation in Swansea	
Name of lead officer:	Julie Thomas

<p>a) Description of the proposal (max 250 words)</p>	<p>Addressing the prevalence and impact of domestic violence is a challenge identified within the One Swansea Plan relevant to ensuring Children have the Best start in Life. This integrated delivery model is consistent with the requirements of the SS and Wellbeing Act 2014.</p> <p>The proposal is to establish a multi-agency domestic violence hub which promotes a partnership approach to managing incidents of DV where children are living within the household. The hub's focus will be:</p> <ul style="list-style-type: none"> • Early intervention and prevention • Early identification and understanding of risk • Victim identification and intervention • Harm identification and reduction • Consultation and training <p>Currently there is a fragmented response to managing incidents of DV and in service delivery/intervention within Swansea. The multi-agency DV hub will provide a single portal for all professionals working within Swansea, and a triage service for all Police referrals of domestic violence, (via PPN's), to identify the risk, needs and vulnerabilities of each member of the family. This will create an opportunity for early identification, by providing information, advice and guidance to professionals working with children and families, proactive early intervention, ensuring the right children, parents and carer's receive the right support at the right time, including where needed referral to the MARAC (Multi agency risk assessment conference). Long arm support will be available to professionals within universal services and at level 2 and 3, on the continuum of need, when necessary, and champions in specific agencies will be identified to build skill within their agency.</p> <p>A large proportion of PPN's involve reports of low level relationship issues e.g. a woman will tell the visiting Police Officer – 'he hasn't touched me, he's just come home drunk and he's getting on my nerves.' This would perhaps require early intervention healthy relationship work, and an exploration of the very common aggravating factor of alcohol use.</p> <p>Staff will provide information, advice and guidance directly to members of the public. This will require building on the strong links with the One Stop Shop both in identification, response, and streamlining direct service delivery.</p> <p>The Hub will provide support, information, guidance, consultation and training, to staff across the continuum of need to build confidence and skill in their interactions with children and families around issues of DV, therefore fulfilling a workforce development function; at all times promoting a TAF and lead professional response.</p> <p>The Ray Project Co-ordinator will provide specific support to</p>
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schools and young people via the RAY programme, promoting healthy adolescent relationships, and address the issue and impact of sexting. The male worker will support this work, delivering an intervention specifically to male adolescents and adult perpetrator.

Staff will provide a direct support service i.e. 1:1 and group work, working with the whole family, perpetrators, victims and children/young people. Research informs that a prompt response and service offer is particularly required where domestic violence is a feature in family life and this function will enable the relevant families to be prioritised. The level of intervention and support delivered will be dependent on need, but available across the continuum, with all team members involved in this aspect of the work within the Hub.

Currently work is ongoing to develop a solution focused models/programmes of intervention. The intention is to seek accreditation via Respect and market the model.

The current Hub as it stands comprises a SSWP, SW and 2.5 FSW funded by C&F Services. This funding will continue for the life of the project.

Additional resource is required from the Prevention Budget

Team Manager	funded from Prevention Budget
Senior SW Practitioner	funded from C&F
Young People's IDVA	funded from Prevention Budget
Social worker	funded from Prevention Fund
Family Support Worker x 2.5	funded by Child & Family Service
Team Clerical Officer	funded by Child & Family Service
Health Visitor	* Health to fund
Education Welfare Officer	* Education to fund
Substance Misuse Worker	* Health to fund
Community Psychiatric Nurse/Mental Health SW	* Adult Services to fund
Early Intervention Team	
Family Partnership Officers x 2	* funded from Prevention & Early Intervention (FF)
RAY project co-ordinator	* funded from Prevention & Early Intervention (FF)

The multi- agency aspect of the team will bring added value in terms of professional knowledge, skills and expertise, in relationship building with colleagues within their own area of practice, and within the consultative function of the team.

The plan going forward, following the initial phase, is to integrate the arrangements for adults without children, but this will require further research and planning.

A project management approach will be required, delivered through

	a multi - agency project board.
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b) Aim (max 75 words)	<ul style="list-style-type: none">• Improve the well-being and safety of children and young people in Swansea, reduce the impact of domestic violence and promote healthy non abusive parental and adolescent relationships.• Support South Wales Police to consider their role in early intervention and their current response to domestic violence.• Develop a solution focused intervention model for domestic violence which is accredited and marketed.• Develop a commissioning strategy for the delivery of support services, including how an integrated, cross sector approach can be developed to reduce domestic violence and substance misuse.
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c) Objectives (max 150 words)	<ul style="list-style-type: none">• To reduce the level of domestic violence within families in Swansea• To reduce the impact of domestic violence on children within Swansea and promote their safety, emotional and psychological wellbeing and educational attainment.• To improve the psychological wellbeing of victims of domestic violence and reduce perpetrator recidivism• To promote healthy relationships both with adults, children and young people and within families.• Children and victims voice and experience will be heard and used to develop and commission services.
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<p>d) Please provide justification for why the proposal is needed – is there a current gap? (max 250 words)</p>	<p>Co-locating agencies will prevent duplication, enable information sharing, early identification and intervention and ensure the right support at the right time by the right service. The proposal is compatible with the recommendations of the CAADA report to the Police and Crime Commissioner of South Wales (2014) that;</p> <ul style="list-style-type: none"> • children and Families will receive a consistent, professional and reliable response that combines both specialist support and brings together the professional expertise of partner agencies in this complex area so that both risk and needs can be met; • they will receive a service that is empowering and responsive with their personal situation; • the response to victim, child, and perpetrator will be co-ordinated whether they are adults, children or young people and • their experience will be captured systematically and used to inform future service development. <p>Opportunities to intervene early will be maximised by</p> <ul style="list-style-type: none"> • creating a consistent care pathway from identification to case closure will help to reduce the risk of domestic homicide and child deaths; • consistent data will provide the opportunity to learn and develop provision; • being part of a resilient team with the full breadth of expertise required to meet the needs of all clients; • clear referral pathways; • supportive training and ‘lead professional’ role in universal agencies to build confidence in asking victims, children or perpetrators about domestic abuse • an ability to identify those at risk earlier through early intervention • an ability to help more potential victims, and ultimately reduce the incidences of Domestic Abuse.
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<p>e) What will success look like?</p>	<p>Success would include the following:</p> <ul style="list-style-type: none"> • Initial referrals may rise due to increased confidence in reporting however there would be a decrease in re-referrals. (the re-referral and recidivism rate is a key indicator) • Individuals would become self-assertive and understand healthy relationships, resulting in improved family and community relationships and resilience • Adolescents displaying healthy behaviours towards each other and reducing the associated issues resulting from sexting • A reduction in young people using abuse and/or violence in close relationships • There will be a reduction in other factors that are linked with domestic abuse, such as self-harm, suicide, substance misuse, debt issues, mental illness and homelessness; • A co-ordinated response with less duplication and ad hoc working; • Reduced social costs and financial costs to organisations such as the LA, NHS and criminal justice system. • Less school absence and improved aspiration/ achievement/ attainment; • Improved readiness for school, including fewer children displaying speech and language delay. • Improved behaviour by children and young people, both within school and the community and a reduction in children displaying conduct disorder issues. • Savings to be achieved by co-ordinating the response to domestic abuse referrals and in service delivery, incorporating effective links with 3rd sector agencies and the DA One-Stop shop • Increase provision for victims and survivors of domestic abuse and develop perpetrator programmes suitable to individual needs • A more robust pathway for the PPN worker to provide links for families requiring support; and families receiving the right support • All schools in Swansea include domestic abuse in policies and work actively with partner agencies, to provide preventative work with children and young people and families; • Reduced re-referral rate to the DV MARAC • A reduction in referrals to C&F Services and a subsequent reduction in the CIN caseload due to concerns about the impact of domestic violence • A reduction in children placed on the child protection register and becoming LAC due to concerns around the impact of domestic violence • Strengthened partnership management of domestic violence services by reframing the work and embedding it in good outcome linked management indicators that are used to manage the service • Better information about unmet need and evidence based interventions to inform future commissioning arrangements
<p>f) Who will it benefit?</p>	<p>Children, young people, families and vulnerable adults. Community, Schools, Social Services, Health service, Criminal Justice system, Housing</p>

g) What is the evidence this will work?

(max 250 words)

1. In Plain Sight – Effective help for children exposed to DA. CAADA’s 2nd National Policy report Feb 2014

The report highlighted that children are suffering multiple physical and mental health consequences as a result of exposure to domestic abuse. Only half of these children were previously known to Children’s social care, but 80% were known to at least one public agency

Specialist children’s services are vital in reducing the impact of DA.. Following contact with services children’s safety and health outcomes significantly improved across all key indicators. These kinds of specialist children’s services have a particularly effective role in **Early Intervention and early help to combat the impact of DA.**

In addition to significant improvements in Health, safety wellbeing and achievement abusive behaviour in children exposed to DA dropped from 25% to 7% following support from the service.

2. An ‘Evaluation of the Effectiveness of an Intervention for Children Exposed to Domestic Violence: A Preliminary Program Evaluation’ by Jacquelyn Lee, Stacey Kolomer, and Donna Thomsen, 2012,

This preliminary program evaluated a 10-session group intervention, designed to address the needs of children exposed to domestic violence. The program was developed to promote five primary outcomes: (a) alleviation of guilt/shame, (b) improvement of self-esteem, (c) establishment of trust/teamwork skills, (d) enhancement of personal safety and assertiveness skills, and (e) abuse prevention. Findings indicate that the program offers a promising framework for intervention with children exposed to domestic violence. Findings both highlight the need for accessible, appropriate measures and reinforce the need for the intervention planning phase to include careful consideration of clear intervention goals, evaluation instrumentation, participant selection, and strategies to solicit participation, sustain membership, and secure posttest data.

The Hub will be co-delivering programs as described above.

3.DVPPs (Domestic Violence Perpetrator Programmes)

When well run and integrated into a coordinated community response, have an impact on men’s violence and women’s safety (Gondolf, 2003).

The Hub is currently delivering group and 1:1 perpetrator programmes and this will be developed and expanded going forward.

4. Kafka Brigade UK – reflections and learning points from domestic violence projects in Wales 2009-10, commissioned by WG and Home office.

	<p>Recommended</p> <ul style="list-style-type: none"> • A single portal for referrals – but highlighted dynamics of service were more important than structure • Front line awareness training improved service response (but needed regular reinforcement). • Management of services for domestic violence required a high level of co-ordination. • Front line staff in key areas need to understand responding to suspected domestic violence is part of their job e.g. GP's, Schools, A&E. • Women and children do disclose to other services but often this did not trigger a rounded service response. Front line staff require confidence in how to handle domestic violence issues and know what to do to prevent missed opportunities for early intervention. • There is little support for children affected by domestic violence. Lighter touch options need to be available other than counselling/therapy. Opportunities here to use SOS tools e.g. three houses. <p>5. Making the Connection: developing integrated approaches to domestic violence and substance misuse. Drugscope/LDAN 2013</p> <ul style="list-style-type: none"> • CASA Family Service, Islington using the CFFI – Child Focused Family Intervention Model.
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<p>Outline the potential return on investment for this proposal – how much could be saved and from whom? Including a timeframe (max 250 words)</p>	<p>Research on the Hull DVPP (Perfect Moment, 2010) showed a significant return on investment. For every individual man who received the intervention the estimated saving to the public purse was:</p> <ul style="list-style-type: none"> • £63,937 per man; • £35,058 per partner/ex-partner (in practice here, per woman) • £1,172 per child. • <p>This was calculated using the Home office ready reckoner for costs of domestic violence and impact evaluation of the reductions in police call outs and other police interventions for men who attended this programme.</p> <p>Overall, this means that for every £1 invested in a DVPP, the return is:</p> <ul style="list-style-type: none"> • £2.24 in reduced criminality (excluding set-up costs) • £2.57 in net savings to the Health Service • £10 in savings to all public agencies • £14 in total savings when Human & Emotional costs are included (including all set-up costs) <p>6.Women and Equality Unit – The Cost of Domestic violence (Walby 2004) – methodology based on Home office Framework</p>
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The total cost of domestic violence to the state (10 years ago) was £23 Billion. Broken down the costs to the Criminal Justice system were £1B, Health £1.2B (add an additional £176M specifically for mental health care), Social Services £.25B, Economic output £2.7B. The additional element of human and emotional cost adds another £17B.

The cost of each domestic homicide is £1m

7. Building a better future – the lifetime costs of childhood behavioural problems and the benefits of early intervention – Centre for Mental Health (Parsonage, Khan, Saunders, 2014)

The link between children’s exposure to domestic violence and onset of behavioural problems is well researched (see CAADA above). Severe and persistent behavioural problems in young children are associated with a wide range of adverse outcomes, not only in childhood but throughout the life course and even extending into succeeding generations. Many different domains of life may be affected – mental and physical health, education and employment, homelessness, relationships and parenthood. About 5% of children aged 5-10yrs have conduct disorders and a further 15-20% display behavioural problems. The societal lifetime costs of severe behavioural problems amounts to £260,000 per case. The costs of moderate problems amount to £85,000 per case. These costs are in the main born by Education, Health and social Services.

Costs and benefits of intervention (as delivered and co-ordinated by the Hub). All studies underestimate the aggregate returns from early intervention. Even allowing for these limitations, the available evidence indicates that early intervention is very good value for money. Every £1 invested yields measurable benefits to society of at least £3.

8. Looked after children

Approximately 65% of all LAC (Looked after Children) have experienced domestic violence as a significant feature in their lives. As an Authority costs incurred for a child needing Looked after Care in a residential setting ranges from **£156,000 to £260,000 per child per year.**

Total funding required for this proposal (with on-costs) is: £134,661

What resources are needed? – staffing, commissioned work etc.
(max 150 words)

Funding required from Prevention Budget:

Hub made up of;

Team Manager	<i>funded from Prevention Budget</i>	£28,530.00
Senior Practitioner	<i>funded by C&F</i>	£24,363.00
Young people's IDVA	<i>funded from Prevention Budget</i>	£14,909.00
Social worker	<i>funded from Prevention Fund</i>	£17,250.00
Family Support Worker x 2.5	funded by Child & Family Service	£35,317.50
Team Clerical Officer	funded by Child & Family Service	£11,029.50
Family Partnership Officers x 2 (Early intervention team)	<i>funded from Prevention & Early Intervention (FF)</i>	<i>£34,180.50</i>
RAY Project Co-ordinator post (Early Intervention Team)	<i>funded from Prevention & Early Intervention (FF)</i>	<i>£14,437.50</i>

To be negotiated with partners;

Health Visitor	* Health to fund	£22,444.50
Education Welfare Officer	* Education to fund	£22,098.48
Substance Misuse Worker	* Health to fund	£17,629.50
Community Psychiatric Nurse/Mental health SW	* Adult Services to fund	£18,135.60

Funding from this budget will be used to:

1. Recruit a Team Manager with responsibility for the DV Hub.
2. Recruit a Senior Practitioner.
3. Recruit a **Male Support Worker** with a focus on supporting male teenagers and other vulnerable young people.

New Delivery Models Scoring Matrix

<p>Option 1 - (Remain As-Is) Conclude the current pilot and implement the Domestic Abuse Hub as is currently piloted.</p>	<p>Option 2 - (Transform In-House) Conclude the current pilot and implement the Domestic Abuse Hub and transform in-house to form clearer partnership pathways.</p>	<p>Option 3 - (Revert back) to original processes prior to implementation of Domestic Abuse Hub. PPN's completed by the Police and sent directly to Child and Family for information sharing. Those not meeting the threshold for statutory intervention are closed with no further action. Some cases are signposted to third sector organisations for prevention services.</p>	<p>Option 4 - Child and Family Services would work with families where the PPN indicated that the child had or was likely to suffer significant harm as a result of the incident. All other PPN's would be closed on the basis that third sector organisations had received notification and could provide support.</p>
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	Criteria	Weight	Option 1		Option 2		Option 3		Option 4	
			Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
Outcomes										
Q1	Clear referral pathways to provide coordination of support	5	3	15	4	20	1	5	1	5
Q2	Single assessment to avoid duplication	5	3	15	5	25	0	0	0	0
Q3	Holistic family approach	5	4	20	5	25	1	5	1	5
Fit with Priorities										
Q4	Meets the outcomes of family support review (as set out in stage 1)	5	3	15	4	20	1	5	0	0
Q5	Meets the principles of the Social Services and Wellbeing (Wales) Act 2014 and Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015	5	2	10	4	20	1	5	1	5
Financial Impact										
Q6	Requires limited to no set-up cost	5	3	15	2	10	4	20	2	10
Sustainability										
Q7	Is financially sustainable	5	3	15	4	20	2	10	1	5
Deliverability										
Q8	Is measured effectively through a robust performance framework	5	3	15	4	20	1	5	1	5
	Total	#####	24	120	32	160	11	55	7	35
Overall Score	Score			3.0		4.0		1.4		0.9

Option Appraisal Toolkit
Commissioning Process & Principles - Community Safety Commissioning Review

Financial Summary Grid



Complete this grid with your Financial support and Delivery Team

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	Options	Operations costs	Staff Costs	NNDR Savings pa	VAT costs/savings pa (£000's)	Total Cost	Comments
1	Option 1 - (Remain As-Is) Conclude the current pilot and implement the Domestic Abuse Hub as is currently piloted.	£ 15,632	£ 594,308	£ -	£ -	£ 609,940	Funds have been identified to cover this option, however it does not allow for the development of partnerships and pathways or allows for the opportunities to secure funding from other partners on this agenda.
2	Option 2 - (Transform In-House) Conclude the current pilot and implement the Domestic Abuse Hub and transform in-house to form clearer partnership pathways.	£ 15,632	£ 668,875	£ -	£ -	£ 684,507	Funds have been identified to cover this option, through the invest to save prevention business case. This options allows for the development of partnerships and pathways or allows for the opportunities to secure funding from other partners on this agenda.
3	Option 3 - (Revert back) to original processes prior to implementation of Domestic Abuse Hub. PPN's completed by the Police and sent directly to Child and Family for information sharing. Those not meeting the threshold for statutory intervention are closed with no further action. Some cases are signposted to third sector organisations for prevention services.	£ -	£ 456,546	£ -	£ -	£ 456,546	This options costs less as it removes the funds provided by the Prevention Fund (220K) and would see staff go back to their substantive posts and this area of work not co-ordinated in one place. This will have an impact on the front door and not make a saving as the staff seconded would have to be re-integrated into the front door team and child and family would have to pick up the costs.
4	Option 4 - Child and Family Services would work with families where the PPN indicated that the child had or was likely to suffer significant harm as a result of the incident. All other PPN's would be closed on the basis that third sector organisations had received notification and could provide support.	£ -	£ 219,461	£ -	£ -	£ 219,461	This options costs substantially less as it removes the funds provided by the Prevention Fund (220K) and removes all partnership contribution as this would not be co-ordinator and all staff go back to their substantive posts and this area of work not co-ordinated in one place. This will have an impact on the front door as there is an assumption that all preventative work will be done by the third sector, this would not be co-ordinated.

Narrative

All options are achievable within the budget allocated. The purpose of this commissioning review is to bring things together to work in partnership and improve outcomes for people and reduce and manage demand, hence reducing the need for higher level complex interventions. This is a preventative agenda which can only be achieved by developing appropriate pathways to enhance partnership working. The preferred option is option 2 which sees all the funding managed in one place to achieve efficiencies and economies of scale. The list of current funding sources is outlined below, bringing these together will bring better flexibility and opportunity for growth.



Prevention Strategy Business Case

Proposal: Family Support (DA)

Author: Julie Thomas

Sponsor: Chris Sivers

Version 2

October 2016

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Context

The Council agreed a set of budget principles as part of the Sustainable Swansea: Fit for the Future Programme working with our communities to look at how we can change what we do to address our budget pressures and ensure we are doing the right things to have a positive impact on all our citizens.

Prevention is one of the four strands identified to address the scale of the financial, demographic and sustainability challenges facing the Council moving forward.

The Prevention Strategy has been developed as a result of the Prevention Strand and seeks to manage demand on our services by intervening early.

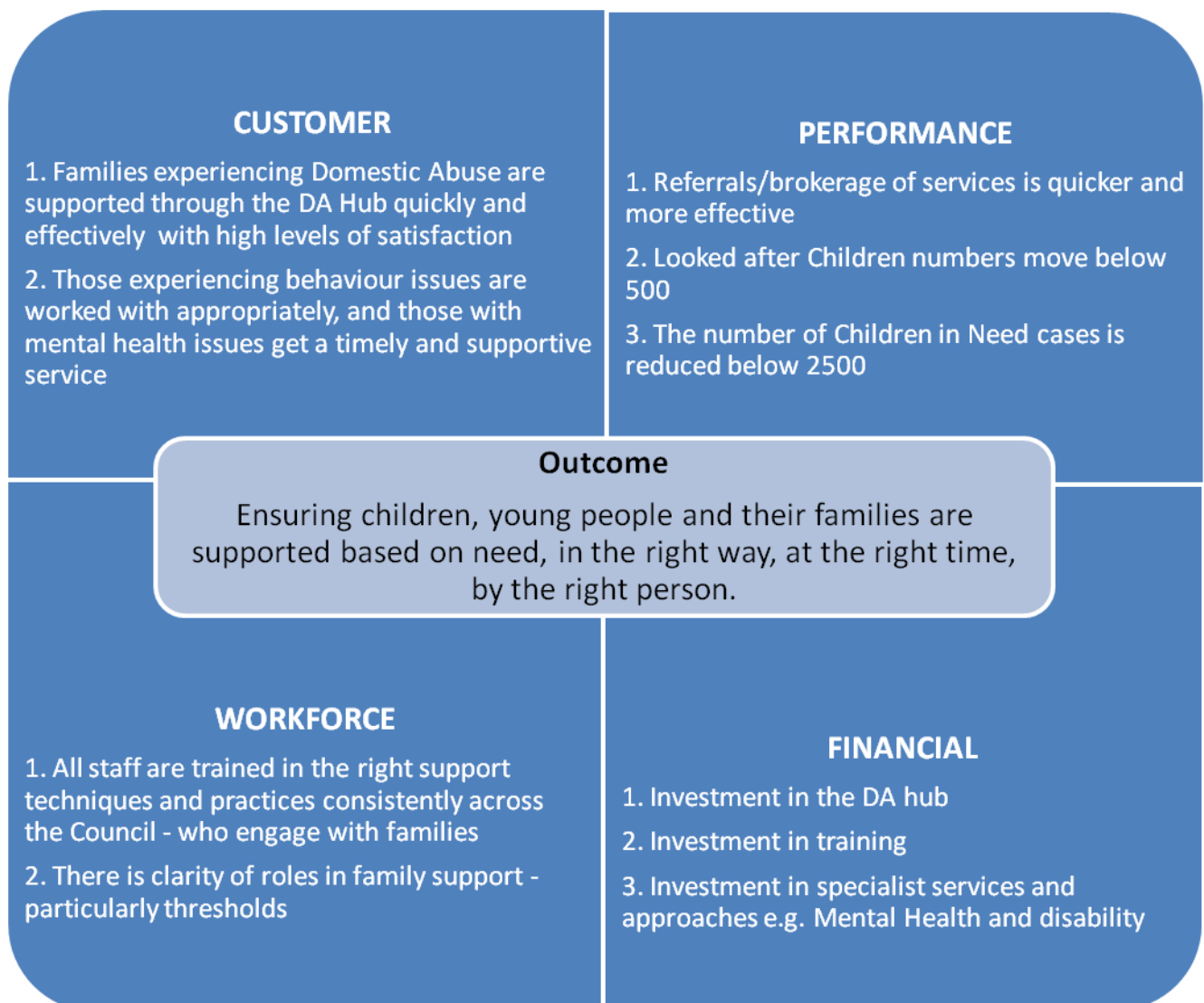
This Business Case is one of a number of key priority areas selected to test and embed a preventative approach using the optimum operating model. The preventative approach outlined in each business case aligns with our Corporate Priorities, encompasses our planned commissioning reviews and feeds into partnership plans and priorities of the Public Service Board.



Overview

For children, young people and their families to feel safe and not afraid now and in the future through being supported by the right person at the right time to get the help they need for them and their family.

The diagram below demonstrates the impact on customers, performance, our workforce and finances. Each quadrant outlines the change we will see as a result of this business case being implemented.



Rationale



Addressing the prevalence and impact of domestic violence is a challenge identified within the One Swansea Plan relevant to ensuring Children have the Best start in Life. This integrated delivery model is consistent with the requirements of the SS and Wellbeing Act 2014.

The proposal is to build on the success and development of the multi-agency domestic abuse hub which promotes a partnership approach to managing incidents of DV where children are living within the household. The hub's focus will be:

- Early intervention and prevention
- Early identification and understanding of risk
- Victim & perpetrator identification and intervention
- Harm identification and reduction
- Consultation and training

Until the setup of the Domestic Abuse Hub there was a fragmented response to managing incidents of DV and in service delivery/intervention within Swansea. The multi-agency DV hub provides a single point of contact for all professionals working within Swansea, and a triage service for all Police referrals of domestic violence, (via PPN's), to identify the risk, needs and vulnerabilities of each member of the family. This has created an opportunity for early identification, by providing information, advice and guidance to professionals working with children and families, proactive early intervention, ensuring the right children, parents and carer's receive the right support at the right time, including where needed referral to the MARAC (Multi agency risk assessment conference). Long arm support is available to professionals within universal services and at level 2 and 3, on the continuum of need, when necessary, and champions in specific agencies will be identified to build skill within their agency.

A large proportion of PPN's involve reports of low level relationship issues e.g. a woman will tell the visiting Police Officer – 'he hasn't touched me, he's just come home drunk and he's getting on my nerves.' This would perhaps require early intervention healthy relationship work, and an exploration of the very common aggravating factor of alcohol use.

Staff provide information, advice and guidance directly to members of the public. This requires building on the strong links with the One Stop Shop both in identification, response, and streamlining direct service delivery.

The Hub provides support, information, guidance, consultation and training, to staff across the continuum of need to build confidence and skill in their interactions with children and families around issues of DV, therefore fulfilling a workforce development function; at all times promoting a TAF and lead professional response.

The Ray Project provide specific support to schools and young people via the Equilibrium programme, promoting healthy adolescent relationships, and address the issue and impact of sexting. The Domestic Abuse Hub supports this work, delivering one to one interventions specifically to male adolescents and adult perpetrator.

Staff provide a direct support service i.e. 1:1 and group work, working with the whole family, perpetrators, victims and children/young people. Research informs that a prompt response and service offer is particularly required where domestic violence is a feature in family life and this function enables the relevant families to be prioritised. The level of intervention and support delivered is dependent on need, but available across the continuum, with all team members involved in this aspect of the work within the Hub.



Currently work is ongoing to further develop a solution focused models/programmes of intervention. The intention is to seek accreditation via Respect and market the model.

a) The current Hub as it stands comprises

Team Manager funded from Prevention Budget
Senior SW Practitioner funded from C&F
Young People's IDVA funded from Prevention Budget
Social worker funded from Prevention Fund
Family Support Worker x 2.5 funded by Child & Family Service
Team Clerical Officer funded by Child & Family Service
R-A-Y post x2 funded by Families First Fund

Additional resources from October 2016 will include:
Health Visitor * co-funded by C&F and ABMU

Further development of the multi-disciplinary aspect of the team will include:
(Subject to agreed secondments)
Education Welfare Officer
Substance Misuse Worker
Community Psychiatric Nurse/Mental Health SW

The multi- agency aspect of the team will bring added value in terms of professional knowledge, skills and expertise, in relationship building with colleagues within their own area of practice, and within the consultative function of the team.

The plan going forward, following the initial phase, is to integrate the arrangements for adults without children, but this will require further research and planning and preliminary discussions have taken place.

A project management approach will be required, delivered through a multi - agency project board.

b)

- Improve the well-being and safety of children and young people in Swansea, reduce the impact of domestic violence and promote healthy non abusive parental and adolescent relationships.
- Support South Wales Police to consider their role in early intervention and their current response to domestic violence.
- Develop a solution focused intervention model for domestic violence which is accredited and marketed.
- Develop a commissioning strategy for the delivery of support services, including how an integrated, cross sector approach can be developed to reduce domestic violence and substance misuse.

c) Objectives

- To reduce the level of domestic violence within families in Swansea
- To reduce the impact of domestic violence on children within Swansea and promote their safety, emotional and psychological wellbeing and educational attainment.



- To improve the psychological wellbeing of victims of domestic violence and reduce perpetrator recidivism
- To promote healthy relationships both with adults, children and young people and within families.
- Children and victims voice and experience will be heard and used to develop and commission services.

d) Please provide justification for why the proposal is needed – is there a current gap?

Co-locating agencies will prevent duplication, enable information sharing, early identification and intervention and ensure the right support at the right time by the right service. The proposal is compatible with the recommendations of the CAADA report to the Police and Crime Commissioner of South Wales (2014) that;

- children and Families will receive a consistent, professional and reliable response that combines both specialist support and brings together the professional expertise of partner agencies in this complex area so that both risk and needs can be met;
- they will receive a service that is empowering and responsive with their personal situation;
- the response to victim, child, and perpetrator will be coordinated whether they are adults, children or young people and
- their experience will be captured systematically and used to inform future service development
- Opportunities to intervene early will be maximized by
- creating a consistent care pathway from identification to case closure will help to reduce the risk of domestic homicide and child deaths;
- consistent data will provide the opportunity to learn and develop provision;
- being part of a resilient team with the full breadth of expertise required to meet the needs of all clients;
- clear referral pathways;
- supportive training and 'lead professional' role in universal agencies to build confidence in asking victims, children or perpetrators about domestic abuse
- an ability to identify those at risk earlier through early intervention
- an ability to help more potential victims, and ultimately reduce the incidences of Domestic Abuse

Evidence Base

- SSWB Act emphasises the importance of local authorities having a coherent approach to preventative work within our communities and it defines what these services are expected to achieve:
- Helping families stay together safely
- A key focus for all services and begins with early identification of need and effective early intervention.
- The fundamental principles of the Act are:
- Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need.



- Well-being – supporting people to achieve their own well-being and measuring the success of care and support.
- Co-production – encouraging individuals to become more involved in the design and delivery of services

“Swansea’s vision for the delivery of Family Support Services across the Continuum of Need is that through early identification of need and early intervention, targeted services working with a whole family approach will empower families to problem solve, build resilience and sustain change. The services will be delivered through collaborative multi-service and multi-agency working, supported by co-location and shared ICT systems, in a proactive, timely way to prevent escalation of need and to de-escalate existing need.”

Since the Hub became operational in Feb 2016 statistics between this date and end of April 2016 evidences that we have managed:

- **816** Public protection notifications which would have previously been dealt with via the front door IAA team, Therefore increasing their capacity to manage other preventative contacts.
- **131** referrals directly received from lead professionals into our Equilibrium healthy relationships group.
- **84** of the above referrals were from child and family services and 47 originated from poverty and prevention services
- **153** children and young people and their families have received Information, Advice and or Assistance.
- **118** receiving information and advice
- **35** have received assistance to understand the issues and develop options and solutions – previously these would have escalated to a support and care planning team for them to undertake a single assessment.

In Plain Sight – Effective help for children exposed to DA. CAADA’s 2nd National Policy report Feb 2014

The report highlighted that children are suffering multiple physical and mental health consequences as a result of exposure to domestic abuse. Only half of these children were previously known to Children’s social care, but 80% were known to at least one public agency

Specialist children’s services are vital in reducing the impact of DA.. Following contact with services children’s safety and health outcomes significantly improved across all key indicators. These kinds of specialist children’s services have a particularly effective role in **Early Intervention and early help to combat the impact of DA.**

In addition to significant improvements in Health, safety wellbeing and achievement abusive behaviour in children exposed to DA dropped from 25% to 7% following support from the service.

An ‘Evaluation of the Effectiveness of an Intervention for Children Exposed to Domestic Violence: A Preliminary Program Evaluation’ by Jacquelyn Lee, Stacey Kolomer, and Donna



Thomsen, 2012,

This preliminary program evaluated a 10-session group intervention, designed to address the needs of children exposed to domestic violence. The program was developed to promote five primary outcomes: (a) alleviation of guilt/shame, (b) improvement of self-esteem, (c) establishment of trust/teamwork skills, (d) enhancement of personal safety and assertiveness skills, and (e) abuse prevention. Findings indicate that the program offers a promising framework for intervention with children exposed to domestic violence. Findings both highlight the need for accessible, appropriate measures and reinforce the need for the intervention planning phase to include careful consideration of clear intervention goals, evaluation instrumentation, participant selection, and strategies to solicit participation, sustain membership, and secure posttest data.

The Hub will be co-delivering programs as described above.

DVPPs (Domestic Violence Perpetrator Programmes)

When well run and integrated into a coordinated community response, have an impact on men's violence and women's safety (Gondolf, 2003).

The Hub is currently delivering group and 1:1 perpetrator programmes and this will be developed and expanded going forward.

Kafka Brigade UK – reflections and learning points from domestic violence projects in Wales 2009-10, commissioned by WG and Home office.

Recommended

- A single portal for referrals – but highlighted dynamics of service were more important than structure
- Front line awareness training improved service response (but needed regular reinforcement).
- Management of services for domestic violence required a high level of co-ordination.
- Front line staff in key areas need to understand responding to suspected domestic violence is part of their job e.g. GP's, Schools, A&E.
- Women and children do disclose to other services but often this did not trigger a rounded service response. Front line staff require confidence in how to handle domestic violence issues and know what to do to prevent missed opportunities for early intervention.
- There is little support for children affected by domestic violence. Lighter touch options need to be available other than counselling/therapy. Opportunities here to use SOS tools e.g. three houses.

Making the Connection: developing integrated approaches to domestic violence and substance misuse. Drugscope/LDAN 2013

- CASA Family Service, Islington using the CFFI – Child Focused Family Intervention Model.

Defining Outcomes

The Principles we have defined are as follows:

- ▶ Process is service user led and they set the nominal value.



- ▶ Only do value work
- ▶ Work flows are 100% 'clean'
- ▶ Single piece flow
- ▶ Pull not push
- ▶ Best resources at the front end
- ▶ Do it right first time
- ▶ Look at peoples strengths and assets as part of the solution/options
- ▶ Record and communicate in a way that meets the service users nominal value
- ▶ We only measure against purpose and what matters to the service user

The measures we have defined are as follows:

- ▶ The point at which the family feel safe
- ▶ The point at which the family feel their needs have been met
- ▶ How many times the identified need is met within the DA hub
- ▶ How many times we pull in expertise
- ▶ The point at which professionals feel the families needs have been met
- ▶ Time between receipt of PPN and first contact
- ▶ Time between incident and family feeling safe
- ▶ Repeat PPN's and whether they are positive or negative

Cost Benefit Analysis

Research on the Hull DVPP (Perfect Moment, 2010) showed a significant return on investment. For every individual man who received the intervention the estimated saving to the public purse was:

- £63,937 per man;
- £35,058 per partner/ex-partner (in practice here, per woman)
- £1,172 per child.
-

This was calculated using the Home office ready reckoner for costs of domestic violence and impact evaluation of the reductions in police call outs and other police interventions for men who attended this programme.

Overall, this means that for every £1 invested in a DVPP, the return is:

- £2.24 in reduced criminality (excluding set-up costs)
- £2.57 in net savings to the Health Service
- £10 in savings to all public agencies
- £14 in total savings when Human & Emotional costs are included (including all set-up costs)

Women and Equality Unit – The Cost of Domestic violence (Walby 2004) – methodology based on Home office Framework

The total cost of domestic violence to the state (10 years ago) was £23 Billion. Broken down the costs to the Criminal Justice system were £1B, Health £1.2B (add an additional £176M specifically for mental health care), Social Services £.25B, Economic output £2.7B. The additional element of human and emotional cost adds another £17B.

The cost of each domestic homicide is £1m

Building a better future – the lifetime costs of childhood behavioural problems and the



benefits of early intervention – Centre for Mental Health (Parsonage, Khan, Saunders, 2014)

The link between children’s exposure to domestic violence and onset of behavioural problems is well researched (see CAADA above). Severe and persistent behavioural problems in young children are associated with a wide range of adverse outcomes, not only in childhood but throughout the life course and even extending into succeeding generations. Many different domains of life may be affected – mental and physical health, education and employment, homelessness, relationships and parenthood.

About 5% of children aged 5-10yrs have conduct disorders and a further 15-20% display behavioural problems. The societal lifetime costs of severe behavioural problems amounts to £260,000 per case. The costs of moderate problems amount to £85,000 per case. These costs are in the main born by Education, Health and social Services.

Costs and benefits of intervention (as delivered and co-ordinated by the Hub). All studies underestimate the aggregate returns from early intervention. Even allowing for these limitations, the available evidence indicates that early intervention is very good value for money. Every £1 invested yields measurable benefits to society of at least £3.

Looked after children

Approximately 65% of all LAC (Looked after Children) have experienced domestic violence as a significant feature in their lives. As an Authority costs incurred for a child needing Looked after Care in a residential setting ranges from **£156,000 to £260,000 per child per year.**

Investment Requirements and Costs

The annual resource requirements and costs associated with the proposal are outlined below

Costs	Annual Revenue £	Total Capital £
Employee Costs (incl oncosts)	208,000	N/A
External Services/Third Party (training providers etc)	10,000	N/A
Other (misc. expenses)	2,000	N/A
Total	220,000	

Timescales

If funding was proposal was agreed, full implementation would take place in April 2017

Risks and Issues

If funding is not available alternative models of delivery would need to be sought, this would feed into the Family Support Commissioning Review. There is a risk that a slimmed down service would be provided.



Conclusions and Recommendations

Co-locating agencies will prevent duplication, enable information sharing, early identification and intervention and ensure the right support at the right time by the right service. The proposal is compatible with the recommendations of the CAADA report to the Police and Crime Commissioner of South Wales (2014) that;

- children and Families will receive a consistent, professional and reliable response that combines both specialist support and brings together the professional expertise of partner agencies in this complex area so that both risk and needs can be met;
- they will receive a service that is empowering and responsive with their personal situation;
- the response to victim, child, and perpetrator will be coordinated whether they are adults, children or young people and
- their experience will be captured systematically and used to inform future service development

- Opportunities to intervene early will be maximised by
 - creating a consistent care pathway from identification to case closure will help to reduce the risk of domestic homicide and child deaths;
 - consistent data will provide the opportunity to learn and develop provision;
 - being part of a resilient team with the full breadth of expertise required to meet the needs of all clients;
 - clear referral pathways;
 - supportive training and 'lead professional' role in universal agencies to build confidence in asking victims, children or perpetrators about domestic abuse
 - an ability to identify those at risk earlier through early intervention
 - an ability to help more potential victims, and ultimately reduce the incidences of Domestic Abuse.

Case Study

- Mother – 38 years
- Father – 40 years
- Male child – 10 years
- Female child – 8 years
- Male child – 18 months
- Family not previously known on PARIS

PPN in relation to mother reporting an incident with her partner which occurred while their three children were present. Partner slapped mother in the face when holding their one year old child. Mother reports that her partner is very controlling of her and watches all her moves. She is not allowed to have friends and visit her family. This has not been the first time an incident has happened however this is the first time she has reported one. Partner was arrested however mother is afraid that when he is told she has made a complaint against him and wants to end their relationship she will experience further violence with her children present.

Case was assessed as high risk and referred to MARAC, therefore an Independent Domestic Violence Advocate was allocated to support mother as a victim.

A home visit was undertaken by DA Hub lead worker and IDVA so that mother would only have to tell her story once, to complete family record and for IDVA to formulate victim safety plan including increased safety measures and change of locks. At this visit mother scored her safety (from further incidents of domestic abuse) at a 2.



At the first meeting mother's worries identified in relation finances, tenancy and child contact. Father was employed whilst mother cared for the children and all financial matters were dealt with by him. Mother very keen to pursue the complaint criminally and the IDVA was able to reassure her in relation to the court process and special measures.

DA Hub lead worker undertook direct work with the children who reported being afraid of their father because of the way they saw him hurting their mother. The two oldest children expressed that they did not wish to see their father until they felt reassured.

DA Hub lead worker mediated between parents in relation to the immediate issues of payment of rent, transfer of tenancy and child contact which prevented the requirement for any contact between them and possible escalation of incidents.

Outcome of direct work with the children was shared which enabled father to consider the impact of his behaviour on the children and act in accordance with their wishes and feelings regarding contact.

Representation was also made at mother's request to Thomas Cook Travel Agent as parents had booked their wedding in Cyprus for which they had paid a deposit. Thomas Cook had initially refused to refund this to mother but when the circumstances were explained by the DA Hub lead worker they agreed to refund the monies.

Support provided to mother to make an application to the Local Authority for housing and completion of forms to access appropriate benefits for her and the children.

Housing application prioritised due to mother's status as a high risk victim of domestic abuse and supporting letter's provided to expedite the benefit claim. Mother and the children moved to an alternative address where she was in receipt of her full entitlement to benefits. Mother scored her and the children's safety (from further incidents of domestic abuse) at a 6.

IDVA assisted mother to request special measures in order to attend court and attended with her on the day to provide support.

Unfortunately father entered a not guilty plea and was not convicted of the assault in court which had a significant impact on mother. She was distraught and required a lot of emotional support which the DA Hub lead worker was able to provide.

Over the following weeks mediation in relation to child contact continued and this progressed to contact between the children and their father being supervised by a family member and eventually, when they felt ready to unsupervised in the community.

Mother was linked in with the Equilibrium Women's group however she found group work difficult and was therefore introduced to the DAISE project run by Swansea Women's Aid who were able to provide one to one support.

The case was closed when mother scored her and the children's safety (from further incidents of domestic abuse) at a 9 and agreed that all identified needs had been met.

Agenda Item 9.

Report of the Leader

Cabinet – 16 February 2016

SWANSEA BAY CITY DEAL

Purpose:	To seek delegated authority for the Leader of Council and Chief Executive to sign an in principle agreement on a Swansea Bay City Deal.
Policy Framework:	Swansea Bay City Region Economic Regeneration Strategy Swansea Central Area Regeneration Framework (2016) Corporate Priority: Creating a Vibrant and Viable City and Economy
Consultation:	Finance, Legal, Access to Services
Recommendation(s):	<ol style="list-style-type: none">1. To delegate to the Leader of Council and the Chief Executive authority to sign an in principle City Deal agreement on the basis described in this report.2. That officers be requested to bring a further full report to Cabinet and Council on any definitive commitments following the local government elections in May should the City Deal agreement be signed in principle.
Report Author:	Phil Roberts
Finance Officer:	Mike Hawes
Legal Officer:	Debbie Smith
Access to Services Officer:	Phil Couch

1.0 Introduction

- 1.1 The report seeks delegated authority for the Leader of Council and the Chief Executive to sign an in principle agreement on a Swansea Bay City Deal based upon the proposals submitted (and described below) should negotiations be successfully completed in the next few weeks.
- 1.2 To recap on the essential points, City Deals are bespoke arrangements between Cities or Regions and Government designed to promote growth, innovation and employment measured specifically in terms of Gross Value Added (GVA) growth and jobs. In the devolved context, they are triangular arrangements involving the City Region and both the UK and Welsh

Governments. There have been some 20+ City Deals signed off in England and four in Scotland.

- 1.3 The challenge we face is that this region's GVA has fallen from 90% of the UK average to 77% over the last three decades with low productivity and high economic inactivity. We are also over reliant on traditional primary industries and the public sector and risk falling further behind the rest of the UK and other parts of Wales. To counter this, the City Deal is expected to realise some 9,500 jobs over 15 years; a total £3.3 billion uplift in GVA recovering 70% of the lost GVA.
- 1.4 In Wales, the Cardiff Capital Region signed a high level deal in Spring 2016 and the Swansea Bay City Region submitted in February of last year an outline proposal which focused on the benefits of digital infrastructure (including the Internet of Things), the energy sector and innovation in healthcare (the "Internet Coast" document). Since then, an intensive period of work led to the submission of a detailed bid covering 11 specific projects in October of last year. The projects are summarised at Appendix 1.
- 1.5 The Council is leading on the Digital District Project for Swansea City Centre. This will provide funding towards a new Digital Village on the Kingsway, which will provide accommodation for Swansea's growing tech businesses. It would also provide funding towards the development of a Digital Square and Arena as part of the St David's development. Also included in the Digital District proposal is a Box Village and Innovation Precinct at University of Wales Trinity Saint David SA1 Swansea Waterfront development to provide incubation space and co-working space for start-up businesses.

2.0 Where are we now?

- 2.1 Immediately prior to and following the submission of the bid there has been a series of discussions with both governments as well as engagement events with Members of Parliament, Assembly Members and others across the region. However, we are now entering a crucial stage in terms of getting the Deal signed off in principle prior to the local government elections in May, so as to sustain the momentum of the process. Prior to Christmas, there was a "Challenge Session" with Welsh Government Ministers which produced their agreement in principle to what is proposed and the Welsh Government has assured us that the funding has been set aside. That process will be repeated very shortly in Whitehall with UK Ministers and their advisors. If successful, we hope to be in a position to sign the Deal on the basis described above by the end of February.

3.0 What would the City Deal entail?

- 3.1 Essentially, it involves a total investment of some £1.3 billion over a period of 15 years (although precise timeframes have yet to be settled). This consists of £241m of central government funding to be split between the two governments - on a basis to be agreed between them - plus £360m of other public sector funding and £673m of private sector contributions.

3.2 The Council is not being asked to sign up definitively to these commitments now for a number of reasons including the fact that the precise terms of the City Deal are not yet on the table.

3.3 We need to know who is paying for what (again, in large part, a debate between the two governments around devolved and non-devolved competencies); certainty around all of the funding stream/components; the profile of funds over the lifetime of the City Deal; how it will flow and to whom and the terms and conditions that the governments may seek to apply (e.g. periodic Gateway Reviews upon which the release of central government funding may be conditional). This detail is vital if the Council is to borrow for projects in our area and manage risk in line with our fiduciary duty and will be reported at the appropriate time. There are also competing priorities for borrowing (e.g. the 21st Century Schools programme).

3.4 There are a range of other matters to be resolved on individual projects which the partners are working through with the UK and Welsh Governments. More widely, there are a number of other factors bearing upon the City Deal and the negotiations. These include:

- The positive outcome of the Hendry Review on Tidal Lagoons published earlier this month. Essentially, this was an endorsement of the proposed Swansea Bay Tidal Lagoon. The City Deal is not dependent upon the Lagoon; but the synergies with the renewable energy strand in the Internet Coast document are very strong;
- The need to ensure that all parts of the City Region benefit from the City Deal, which includes rural areas and the Valleys;
- The need to take account of the legislative framework in Wales, notably the Well-Being of Future Generations Act; and
- The need to take maximum advantage of the remaining two years or so of European Structural Funds prior to Brexit.

4.0 Governance

4.1 The remit of the Swansea Bay City Region Board expires on 31 March 2017 and the Welsh Government has decided not to renew it. It will be replaced by a Joint Committee structure, led by the local authorities to secure accountability for public funds; but also involving other partners including the private sector where Sir Terry Matthews is expected to be closely involved in the technology area. An indicative representation of what the structure may look like is at Appendix 2.

4.2 The establishment of the Joint Committee is linked to the Welsh Government's local government reform agenda in the context of a push towards a greater regional working on economic development, transport and strategic planning.

At one level, the proposed Joint Committee therefore represents a good vehicle for both the City Deal and wider local government collaboration.

- 4.3 However, full details are not yet finalised. The region has commissioned external legal advice on these issues and the Welsh Government's anticipated White Paper on local government reform is imminent at the time of writing; but has not yet been published. Thus, the Joint Committee will be established in shadow form initially pending resolution of these issues and the City Deal negotiations.
- 4.4 It is essential that appropriate scrutiny arrangements are in place and this will be the subject of a further report.
- 4.5 In addition, these new structures will require a City Deal Delivery Team to be established – again see Appendix 2. This will need to be properly resourced as the previous arrangements supporting the City Region Board are not sustainable. The Welsh Government has been asked to make funding available and, if they agree, that will need to be matched in cash by the four local authorities, the Universities, the Local Health Boards and potentially other partners. Initially, it is proposed to fund any Council contribution (circa £25,000) from within existing resources. This is particularly important as delivering the projects will require a level of expertise on digital infrastructure and energy in particular that is not available in local government or the wider public sector in Wales.

5.0 Financial and Legal Implications

- 5.1 In addition to the governance related aspects (immediately above), the indicative funding profiles for the City Deal are at Appendix 3. But as noted above, no definitive commitments are proposed in this report. If Members endorse the recommendations below, a further report would be brought to Cabinet and Council following the local government elections in May. This is essential because such a report – unlike this one - would clearly impact upon the Council's budgetary framework which is a Council function.
- 5.2 A full presentation will be made to this Council from the City Deal pitch team led by the Leader of the City and County of Swansea and the Chief Executive of Carmarthenshire Council.
- 5.3 In addition to the governance issues identified above, there are existing powers available to local government to promote economic, social and environmental wellbeing and, of course, collaboration between local authorities and other public bodies has been in place for many years.

6. Equality and Engagement Implications

- 6.1 Should Council decide to proceed with the City Deal and a formal offer is made by Government an Equality Impact Assessment will be considered at that time undertaken in accordance with the Council's Equality and Engagement policies.

7.0 Reason for Recommendations

- 7.1 To provide delegated authority to sign an in principle City Deal agreement on the basis described in this report. In this regard, it should be noted that the other three local authorities (Pembrokeshire County Council, Carmarthenshire County Council, Neath Port Talbot County Borough Council) are taking similar reports to their Cabinets and Councils at this time.

Background Papers:

The Internet Coast proposal – February 2016

Appendices:

1. Summary of City Deal Project Information
2. Proposed Governance Structure
3. Financial Information

Appendix 1 – Summary of City Deal Project Information

Swansea Bay City Region – City Deal Proposed projects summary

Project title: The Internet Coast – Digital Infrastructure

Lead / Partners / Joint Partners:

Joint Partners: Neath Port Talbot CBC, CC Swansea, Pembrokeshire CC, Carmarthenshire CC, Swansea University, University of Wales Trinity St David (UWTSD), ABMUHB & Hywel Dda

Funding:

Investment requested from City Deal - £25m

Match funding from other sources - £30m

Total Project Value - £55m

Project Summary:

The Internet Coast (Infrastructure and Test Bed) programme will be an enabling programme with the following aims:

- Placing the City Region at the forefront of strategic global trends
- Developing large markets
- Giving SBCR a true Unique Selling Proposition, differentiated from other regions in competitive World-wide industries
- Developing an offer which builds on the region's asset base and core strengths but also adds to the wider economic benefits previous investments in SBCR have generated
- Delivers a 'hyper-connectivity' agenda for the entire region with the aim of achieving 100% coverage and access to next generation broadband services, focus will be on rural & urban
- Underpins the development of CENGS and delivery of the integrated thematic priorities and projects of the City Deal focusing on health & wellbeing, energy and economic acceleration

Project title: Swansea City and Waterfront Digital District

Lead / Partners / Joint Partners:

Lead: CC Swansea

Partners: Swansea University and University of Wales Trinity Saint David (UWTSD)

Funding:

Investment requested from City Deal - £50 million

Match funding from other sources - £118.2million

Total Project Value - £168.2 million

Project Summary:

The Swansea City and Waterfront Digital District project aims to create a vibrant and sustainable city centre that facilitates the growth of higher value activities (particularly

tech businesses) and acts as a key driver for the regional economy. The project objectives are:

- To create a Box Village and Innovation Precinct at University of Wales Trinity Saint David Swansea Waterfront development to provide incubation space and co-working areas for start-ups and small businesses;
- To create flexible and affordable accommodation to support the growth of tech businesses and other higher value added activities, through the development of a new Digital Village in the City Centre;
- Development of a Digital Square and Arena to revitalise the city centre to create the vibrant environment, leisure and lifestyle offer that attracts and retains tech businesses and skilled workers for the benefit of the wider region.

Project title: Creative Digital Cluster – Yr Egin

Lead: University of Wales Trinity Saint David

Partners: Carmarthenshire County Council, S4C

Funding:

Total Project Value - £24.3m

Investment requested from City Deal - £5m

Match funding from other sources - £19.3m

Project Summary:

Yr Egin will create a digital and creative industry cluster within Carmarthen, joined by S4C as the key anchor tenant and approximately 28 other digital and creative media SMEs as tenants. The centre will create a clustering effect which will create major and positive change in the creative and digital economy of Wales. This development will also contain business accelerator facilities, incubation, as well as shared spaces for interaction between each of the tenants, driving entrepreneurial development.

Project Title: Centre of Excellence for Next Generation Services (CENGS)

Lead / Partners / Joint Partners:

Lead: Neath Port Talbot CBC, CC Swansea, Carmarthenshire CC & Pembrokeshire CC, Swansea University, University of Wales Trinity Saint David, ABMUHB, Hywel Dda Health Board

Partners: TATA & Swansea University (SPECIFIC project)

Funding:

Investment requested from City Deal - £23m

Match funding from other sources - £32.5m

Total Project Value - £55.5m

Project summary:

CENGS will provide a data analytics capability to turn world class data sourced innovation into commercial systems and solutions establishing a leadership position for Wales and the UK. Initially focused on the domain of Internet of Health and

Wellbeing and Internet of Energy, the core objective is to transition 'ideas' to private sector job creation and wealth generation.

The project consists of the following:

- Development of the SBCR CENGs Technology Centre at Baglan which will provide a hub for innovation, linking the scientific community with industry and government partners. It will build on current research and development activities and would house the Swansea Bay City Region Centre of Excellence for Next Generation Systems (CENGs) (see below); SBCR core regional team as well as a range of office space together with step-up / step-down laboratories
- The second element of the project will establish, over a seven year period, a self-financing UK Centre of Excellence for Next Generation Services (CENGs) which acts as a commercialisation hub for systems and solutions
- The provision of this capability will allow entrepreneurs and innovators drawn from a range of different sources and institutions to concentrate their efforts on delivering solutions without having to build their own platform, thus accelerating the number of ideas and opportunities which we can take to market.
- CENGs will be staffed with a mix of commercial and technical experts focussed on realisation and commercialisation of innovative ideas generated by others.

Project Title: Life Science and Wellbeing Campus Network

Lead / Partners / Joint Partners:

Lead: CC Swansea

Partners: ARCH partnership (ABMUHB, Swansea University, Hywel Dda UHB, Private Sector)

Partners/Private sector investment consortium

Funding:

Investment requested from City Deal - £15 million

Match funding from other sources - £30 million

Total Project Value - £45 million

Project Summary:

The ARCH programme has defined a campus and village Life Science & Wellbeing network to support growth of the Life Sciences and Wellbeing sectors. The 'Campuses' will build upon the successful Institute of Life Science initiative, providing a world-class integrated research & business incubator/park secondary/tertiary clinical, research and trials environment, and skills development centres. These hubs will strengthen the regional capacity to commercialise research, attract additional inward investment and further increase export of high-value services and goods such as medical devices.

Project Title: Life Science and Well Being Village

Lead / Partners / Joint Partners:

Lead: Carmarthenshire CC

Partners: ARCH Partners/Private sector investment consortium (additional partners including Coleg Sir Gar/Scarlets)

Funding:

Investment requested from City Deal - £40 million

Match funding from other sources - £159.5 million

Total Project Value - £199.5 million

Project Summary:

- The Llanelli Life Science and Wellbeing Village will comprise an Institute of Life Science, sports and leisure facilities, a primary/community care facility and critically an education and skills development capability integrated across the on-site services.
- The Llanelli Life Science and Wellbeing Village aims to deliver transformational social and economic benefits through delivering the full scope of the Life Science and Wellbeing Village definition, namely the integration of business development, education, wellness initiatives, research and development and healthcare initiatives.

The village in Llanelli will be operational during the first five year period of the programme.

Project Title: Delivering Homes as Power Stations

Lead / Partners / Joint Partners:

Lead: Neath Port Talbot CBC, CC Swansea, Carmarthenshire CC, Pembrokeshire CC.

Partners: Swansea University

Funding:

Investment from City Deal - £15m

Match funding - £502.1m

Total value £517.1m

Project Summary:

The project will create a new industry based around innovative and sustainable energy generation, combined with storage and efficiency. New technologies developed and/or applied within the region are allowing homes and buildings to generate, store, and release their own energy. This is creating entirely new value chains stretching from world-leading research to applications for strategic heavy industry. A major aim will be to reduce fuel poverty and its impact on health. There will also be a focus on broadband Internet connections and smart metering, and the potential for links to a local authority led ESCO (Energy Supply Company).

The project will initially develop a cluster in Neath Port Talbot to catalyse a supply and value chain, which will deliver jobs with the construction supply chain, from new

build and retro fit activities and developing inward-investing and spin-out opportunities. The initiative will then progress across the region.

Project Title: Pembroke Dock Marine

Lead / Partners / Joint Partners:

Lead: Milford Haven Port Authority

Partners: Marine Energy Pembrokeshire (META), Offshore Renewable Energy – Catapult (MEECE) and Wave Hub Ltd (SPDZ)

Funding:

Investment Requested from City Deal – £28m

Match funding from other sources – £48.3m

Total Project Value - 76.3m

Project Summary:

- Pembroke Dock Marine will deliver a thriving marine energy centre positioned to exploit existing expertise and proximity to resource.
- By creating a unified, dedicated development and delivery site key long term objectives can be reached, regional economic growth increased, creation of specialist skills base with export potential, bring down the cost of energy for marine sourced energy and ensure UK energy security.
- Pembroke Dock Marine brings together four key elements to concentrate, innovate, collaborate and generate a world class marine energy base in Wales – capable of taking developers from start-up to deployment and onwards to ongoing operations and maintenance.
- Close to some of the world's best marine energy sources and with an existing specialist skill base and relevant infrastructure, this project will play an important part in making marine derived energy both cost effective and reliable – ready to help protect UK energy security.

Project Title: Factory of the Future

Lead / Partners / Joint Partners:

Lead: Swansea University/Industry Consortium

Partners: Wider Supply/Value Chain Industry Partners

Funding:

Investment requested from City Deal - £10m

Match funding from other sources - £13.5m

Total Project Value - £23.5m

Project Summary:

The Factory of the Future is crucial to supporting existing business owners in the region and building upon its strong manufacturing base. The region will create a Smart Manufacturing network bringing together disparate sectors ranging from heavy industry to complex microelectronics assembly to consumer products and food. This industry led initiative will create an ecosystem capable of manufacturing the innovative products developed within the region and also attract inward-investing manufacturing demand from the UK and globally.

Supporting SMEs to invest in leading edge technologies and harness the opportunities associated with a digital manufacturing revolution. Informed by industry 4.0 principles, and supported by world class industrial innovators, this initiative will put the region and its enterprises at the forefront of this digital and data based manufacturing movement creating a regional integrated manufacturing ecosystem.

As well as addressing the needs of the region, and will create an ecosystem capable of delivering innovative products/processes/technologies developed within the region for the benefit of the region, but also creating opportunities of expanding/exporting this expertise to the wider world increasing national and international competitiveness for Welsh companies

Project Title: Steel Science Centre

Lead / Partners / Joint Partners:

Lead: Neath Port Talbot CBC and Swansea University

Partners: Industry Partners

Funding:

Investment requested from City Deal - £20 million

Match funding from other sources - £60 million

Total project value - £80 million

Project Summary:

- This project aims to build on regional excellence across the metals sector including Advanced Materials research e.g. the Welsh Centre for Printing and Coating, the SPECIFIC IKC and the diverse industrial capabilities of the Welsh Steel Industry, it is proposed to create an Open Access Innovation Centre for the Steel sector and its supply chains.
- This Centre will enable the steel sector to grow into a leading edge zero carbon steelmaker with carbon positive products utilising locally generated waste products as a chemical and raw materials feedstock; this is a model that could be exported to all developed economies ensuring a vibrant, innovative and profitable steel sector with regional and national product specialisms Steel technologists will be co-located with academic and research staff from Swansea and key UK partner universities supporting knowledge flow to existing Catapult centres. This innovation capacity will support activities including;
 - *R&D and Process Development for Primary Steelmaking to minimise carbon emissions*
 - *Development of value and supply chain opportunities in new products and processes*
 - *Novel construction material and supply chains into domestic and industrial building typologies*
 - *Environmental and Energy improvement and waste treatment for steel processes and exploring the greater use of recycled materials in the steel manufacturing supply chain*
- The Centre will connect to the wider UK academic ecosystem via the WMG activities and through the four core partners and create a vibrant multidisciplinary

environment equipped with state of the art research equipment that will deliver innovative solutions to industry led problems across the UK steel sector.

Project Title: Skills and Talent Intervention

Lead / Partners / Joint Partners:

Lead: Regional Learning and Skills Partnership

Partners: Higher Education; Further Education; Local Authority and Industry partners

Funding:

Investment requested from City Deal - £10m

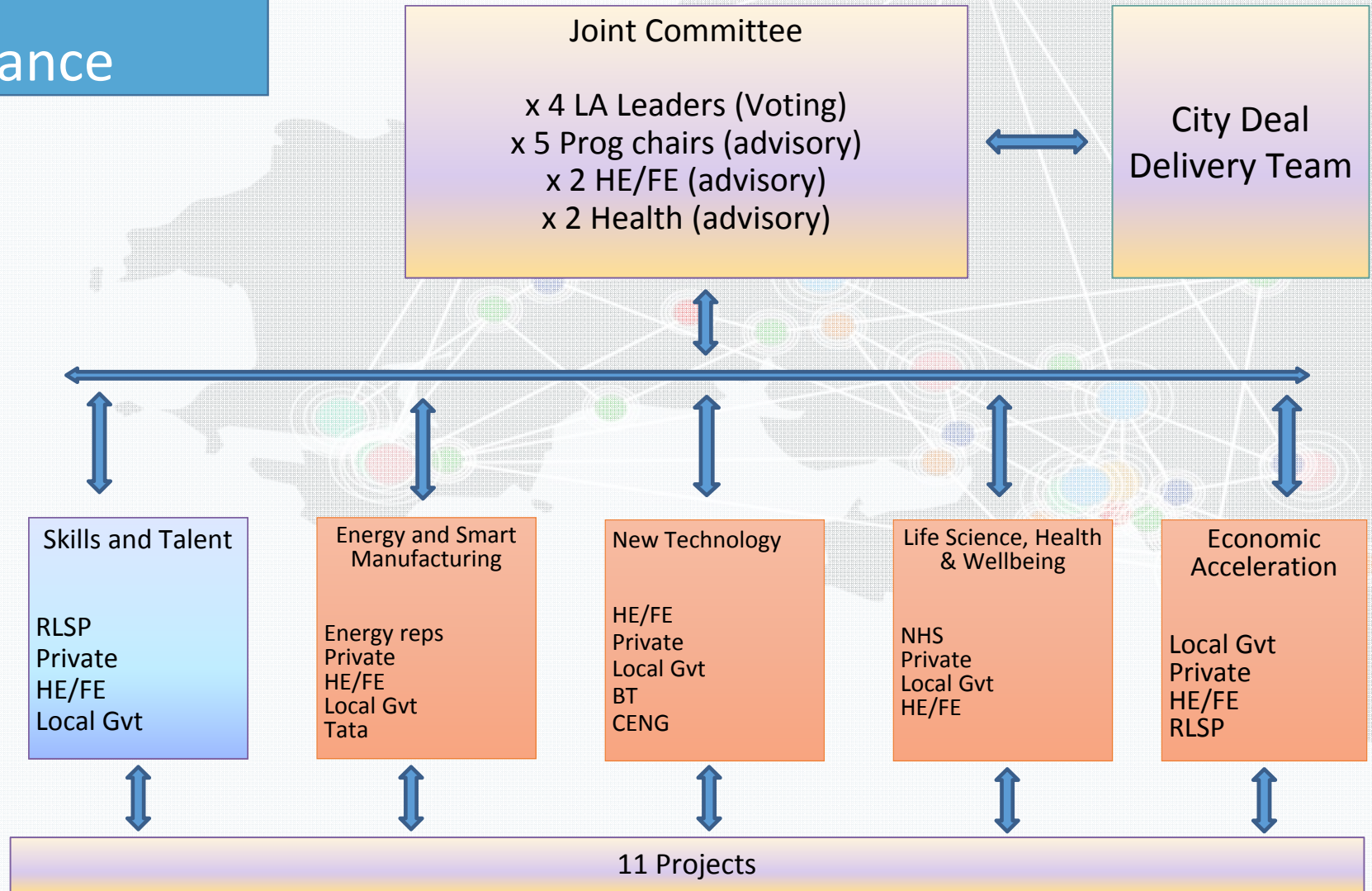
Match funding from other sources - £20m

Total Project Value - £30m

Project Summary:

- The project will provide an integrated regional approach to delivering sector specific skills to meet the demand of the Swansea Bay City Region – City Deal.
- The Regional Learning and Skills Partnership will undertake a skills gap analysis to identify and quantify existing and new regional skills.
- The project will Influence and Inform the future workforce requirements of the City Region.
- The establishment of a Talent Bank will support the development of sector specific new emerging skills/roles reflecting the new technologies within each of the Internet themes to reflect the real-world opportunities.
- The skills analysis and identification and delivery of new training will be operational during the first five year period of the programme.

Appendix 2 Draft Governance



PROJECT NAME	Private	Public	Revenue	City Deal	Total Project	IMPACT					
						GVA 5 years	GVA 10 years	GVA 15 years	Gross Jobs 5 yr period	Gross Jobs 10 yr period	Gross Jobs 15 yr period
Internet of Economic Acceleration											
Digital Infrastructure & Testbeds	£30.0 m	£0.0 m	£0.0 m	£25.0 m	£55.0 m						
Skills & Talent Initiative	£4.0 m	£16.0 m	£0.0 m	£10.0 m	£30.0 m						
Swansea City & Waterfront Digital District	£61.4 m	£56.8 m	£0.0 m	£50.0 m	£168.2 m	£64 m	£190 m	£318 m	265	1176	1323
Centre of Excellence of Next Gen Digital Services (CENGs) & Technology Centre	£22.0 m	£5.5 m	£5.0 m	£23.0 m	£55.5 m	£31 m	£104 m	£154 m	100	500	500
Yr Egin	£3.0 m	£16.3 m	£0.0 m	£5.0 m	£24.3 m	£18 m	£51 m	£91 m	41	203	203
Internet of Life Science, Health & Wellbeing											
Life Science, Health & Wellbeing Campus Network	£10.0 m	£20.0 m	£0.0 m	£15.0 m	£45.0 m	£31 m	£61 m	£153 m	224	710	1120
Life Science, Health & Wellbeing Village	£127.5 m	£32.0 m	£0.0 m	£40.0 m	£199.5 m	£93 m	£286 m	£467 m	371	1853	1853
Internet of Energy											
Homes as Power Stations	£382.9 m	£119.2 m	£0.0 m	£15.0 m	£517.1 m	£50 m	£96 m	£251 m	361	1168	1804
Pembroke Dock Marine	£24.2 m	£24.1 m	£0.0 m	£28.0 m	£76.3 m	£25 m	£67 m	£126 m	119	553	595
Smart Manufacturing											
Active Factory of the Future	£3.0 m	£10.5 m	£0.0 m	£10.0 m	£23.5 m	£28 m	£36 m	£140 m	280	719	1402
Steel Science Centre	£0.0 m	£60.0 m	£0.0 m	£20.0 m	£80.0 m	£19 m	£43 m	£95 m	133	350	665
TOTALS	£668.02 m	£360.35 m	£5.00 m	£241.00 m	£1274.37 m	£359 m	£934 m	£1795 m	1893	7232	9465

Agenda Item 10.

Report of the Cabinet Member for Children and Young People's Services

Cabinet – 16 February 2017

CABINET MEMBER RESPONSE TO THE REPORT OF THE CHILD AND ADOLESCENT MENTAL HEALTH SCRUTINY INQUIRY PANEL

Purpose:	To outline a response to the scrutiny recommendations and to present an action plan for agreement.
Policy Framework:	None
Reason for Decision:	To comply with the requirements of the Council Constitution.
Consultation:	Legal, Finance, Access to Services
Recommendation(s):	It is recommended that: 1) The response as outlined in the report and related action plan be agreed.
Report Author:	Christine Richards Deputy Leader and Cabinet Member for Children and Young People's Services.
Finance Officer:	Chris Davies
Legal Officer:	Lucy Moore
Access to Services Officer:	Catherine Window

1.0 Introduction

- 1.1 The Child and Adolescent Mental Health Inquiry report was submitted to Cabinet on the 20 October 2016 after the Scrutiny Inquiry Panel completed a detailed inquiry into Child and Adolescent Mental Health. The scrutiny report is attached as **Appendix A**.
- 1.2 Having considered the contents of the scrutiny report, and specific recommendations made, advice to Cabinet on whether it should agree, or not agree, with each recommendation is detailed in this report.
- 1.3 Cabinet is also asked to consider, for each of the responses, any relevant policy commitments and any other relevant activity.

2.0 Response to Scrutiny Recommendations

Recommendation 1
<p><i>Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board and Western Bay Children and Young People's Emotional and Mental Health Planning Group to broaden the current membership to include other agencies such as Education, Youth Justice, the voluntary sector which play an important role in the mental health and emotional wellbeing of children and young people.</i></p>
<p>Relevant Policy Commitments: Safeguarding vulnerable people – improving emotional and mental wellbeing. Improving pupil attainment Tackling poverty Prevention Sustainability</p>
<p>Action already being undertaken: The Planning group membership had already been expanded pre scrutiny enquiry. Currently Nick Williams and Mark Sheridan are our education representatives; Sandra Stone attends from the Third sector and Caroline Dyer from Youth Offending Service.</p>

New actions following from the recommendation:

The planning group membership and terms of reference are currently under review, including the links to the ABMU Children and Young People Strategy Group (CYP Strategy group). The current membership of the planning group is large and unwieldy and this impacts on the effectiveness of the group. New arrangements will be put in place for 2017 and in addition the Assistant Director of Strategy and Chair of ABMU CAMHS Planning Group Jo Davies will meet quarterly with regional Child and Family HOS to report on progress against the 'Together for Children and Young People' (T4CYP) programme. The T4CYP programme is about improving the emotional and mental health of children and young people in Wales. It is a priority for Welsh Government and one that requires new ways of working across all agencies and sectors.

'Together for Children and Young People' (T4CYP) was launched by the Minister for Health and Social Services on 26th February 2015. Led by the NHS in Wales, this multi-agency service improvement programme is aimed at improving the emotional and mental health services provided for children and young people in Wales.

The Main Aims of the Programme are

- To provide strategic leadership, direction and support to ensure that high quality services can be delivered
- To make sure that real change is delivered at pace across Wales
- To make sure that emotional and mental health services for children and young people are delivered in line with the principles of prudent healthcare.

The multi-agency nature of the programme has been reinforced by WG. Led by the NHS in Wales this multi-agency service improvement programme will consider ways to reshape remodel and refocus the emotional and mental health services provided for children and young people in Wales

The programme has adopted the Windscreen Model to inform its thinking. This provides the context of a continuum of support for children and families. This model will underpin T4CYP. The programme will take forward work right across the spectrum focussing on:

- supporting early years' development;
- promoting wellbeing and resilience of all young children;
- early identification and intervention; and
- more specialist services.

Across this model, a continued emphasis on emotional and mental health and well-being is essential. The ability to identify early on where there may be additional need for support is critical and will require increased focus to prevent young people needing the services of specialist CAMHS. <http://www.wales.nhs.uk/togetherforchildrenandyoungpeople>

Cabinet Member Comments: I agree absolutely that we should ‘get joined up around children’.

The T4CYP programme is the standard on which local and regional CAMHS will be judged.

The Continuum model is entirely consistent with the approach being taken in Swansea which underpins the Family Support Commissioning Reviews, reporting early in 2017. The focus of this work is to prevent needs escalating, ensure opportunities to collaborate are maximised to develop efficient joined up effective services across Directorates and with partners.

ABMU will be developing this approach regionally and within Swansea. This will ensure emotional wellbeing and mental health is fully integrated into our early help arrangements and there are clear pathways into specialist services. There are real opportunities to develop the primary health care service to ensure workers across the continuum of need and in all agencies, including schools, are trained up, skilled and confident in supporting good emotional wellbeing for children and young people and that CAMHS plays a role in this aspect of the work. The document that is to be launched in March this year ‘How we Support Children and Families in Swansea’ will assist parents, children and families to understand the pathways into provision, right from early help up to specialist services, including CAMHS

Following the Minister, Rebecca Evans’ launch of the Refreshed Autistic Spectrum Disorder Strategic Action Plan last November, work is progressing to establish a regional Autistic Spectrum Disorder (ASD) service.

The service is ‘all age’ with senior and operational officers in education, social services and health involved to take the work forward via a regional project board. It will be important to ensure clear links are made with the neuro developmental service delivered by CAMHS.

Recommendation is **AGREED**

Recommendation 2

Cabinet seeks clarification from the CAMHS service on the types of mental illnesses that CAMHS deals with and this is communicated to relevant agencies.

Relevant Policy Commitments: *as above*

Action already being undertaken: Work has been completed on the ABMU CAMHS Service Model and specific service specifications are in draft and out for consultation. This includes Neuro Developmental Disorder (including ASD), Early Psychosis, Self-Harm, mental health needs of young people in the Youth Justice System, Psychological Therapies and emotional and mental health needs/ Learning Disability.

New actions following from the recommendation:

Local Authority officers continue to influence the development of the services outlined above via attendance at the strategic meetings and various sub groups.

Work is also being progressed via the disability stream of the Family Support Commissioning Review to develop a parent carer forum. This forum would feed into future service development.

Cabinet Member Comments: Particularly important will be the development of a clear and relevant communication strategy to enable parents, young people and all professionals to be clear about what services are available at each level of the continuum of need. Clear criteria and pathways into services must also be developed. There must be an understanding that CAMHS is a specialist service and that excellent preventative services are required to deliver early help and prevent the need for specialist CAMHS intervention. It will be crucial for both professionals and parents to understand that CAMHS has a particular function and that by ensuring early identification and intervention, children and young people can be prevented from being labelled, hopefully avoiding a negative impact on their future life chances. Only when good quality, evidence based early help is available, will the inappropriate demand on CAMHS services be affected, enabling CAMHS to focus on those children who really require their specialist help.

Recommendation is **AGREED**

Recommendation 3

Cabinet brings together relevant agencies and facilitates collaborative development of low level prevention and early intervention services that support children and young people who do not have a diagnosis for a mental illness.

Relevant Policy Commitments: As above

Action already being undertaken: A considerable amount of work has already been undertaken to facilitate collaborative working across departments within the local authority. This is being progressed via the Family Support Continuum group and commissioning reviews. It will be important to consider the particular needs of young carers, as there is evidence that young carers' emotional wellbeing and mental health is worse than that of their peers.

New actions following from the recommendation: The work being undertaken within the LA is broadened to include partners, particularly Health and the CAMHS service. In addition the Primary Health Care sub group of the Planning group will support the development of early intervention and prevention services within Swansea and clarify the role of CAMHS in supporting these arrangements. Cabinet have already invested in a £1M to develop and pilot preventive approaches and as a result a prevention strategy has been developed and services are being delivered in multi-agency teams such as the Domestic Violence Hub (DVH), Team Around the Family (TAF), the family wellbeing team (FWT) and local area co-ordination which compliments work in relation to children's emotional health and wellbeing. In relation to young carers, it is recommended that research is considered from the paper 'Invisible and in distress: prioritising the mental health needs of young carers' 2016, by the young carers' support group and recommendations developed with an action plan for delivery.

Cabinet Member Comments:

I acknowledge the work already completed by the Family Support Continuum group. It is clear that addressing problems early, can have a positive affect on the personal, social and educational attainment of young people. Ensuring children and young people receive intervention in a timely and appropriate manner meets our aims to comply with the United Nations Convention on the Rights of the Child. Children and young people may require support because they are upset, worried, confused or afraid or at the other end of the scale - they may have severe and/or enduring mental health problems.

The Children and Young Peoples Partnership Board was set up last year with aims to ensure that agencies in Swansea are working together to achieve good outcomes for Children and Young People. Our Young People in Swansea have highlighted Mental Health as a priority. I will be asking the Board to review our work plan to ensure we do all that we can to ensure a truly collaborative approach. That will clearly include ensuring within the Council that all areas that deal with young people [Education, Child & Family Services, Youth Services etc] plus those covered by Western Bays [such as Youth Offending] Will also escalate this issue to the Public Services Board.

Recommendation is **AGREED**

Recommendation 4
<i>Cabinet ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and the Educational Psychology Team.</i>
Relevant Policy Commitments: as above
Action already being undertaken: Good quality early intervention services are already in place as identified in the recommendation.
New actions following from the recommendation: The Family Support Commissioning Review, Additional Learning Needs Review and developments within the EOTAS service (made up of the Pupil Referral Unit and behaviour support unit) ensure that current services are evaluated and developed as appropriate to meet identified need. This may require a reconfiguration to current services to ensure sustainability and effectiveness of intervention. Part of this work includes the development of a Behaviour Strategy, which schools and health are bought into; specific models of intervention are agreed, with the development of a common language and effective monitoring and evaluation processes are in place.
Cabinet Member Comments: The Family Support Continuum review is a very large piece of work and it will be important for Cabinet to receive regular updates on the progress made. The review will have an impact on the recommendations and priorities contained within this report and also support an understanding of any cross-cutting issues. It will also be important for Cabinet to support transformation of services, where necessary, to ensure they are outcome-focused and sustainable. Outcomes for children and young people will be at the heart of our decisions.
Recommendation is Partly AGREED

Recommendation 5
<i>Cabinet encourages the development of existing and new partnership working amongst agencies that provide mental health support services to make the most of resources.</i>
Relevant Policy Commitments: as above
Action already being undertaken – See Recommendation 4

New actions following from the recommendation:

See recommendation 4

Cabinet Member Comments: Apart from the comments already made in Recommendation 4, it is important to note the role of universal services and wider support services, not just those specifically related to mental health. There is a wider opportunity to promote good emotional and mental health in children and young people. Our due regard of UNCRC children's rights should remind us to constantly be aware of the needs of children and young people. We should also remember that children need to play and have fun so this should include all places and services that promote sport, play and leisure activities, not just those provided by the Council.

Recommendation is **AGREED**

Recommendation 6

Cabinet investigates the feasibility of the development of a training programme in collaboration with CAMHS which is relevant to the education sector and is affordable and accessible.

Relevant Policy Commitments: as above

Action already being undertaken:

Local Partnership Boards (LPBs) have been identified as the key vehicle to take forward actions to deliver service improvement under T4CYP.

A theme within the Programme is workforce development. This is focusing on workforce planning and education and training across all sectors. It will be necessary to scope workforce need initially. This is ambitious work in that it covers a wide range of staff across differing sectors. A draft Core Competency and Training Framework has been developed and will be considered at a multi-agency event in early 2017. This will include Education.

New actions following from the recommendation:

T4CYP and the Refreshed Autism Spectrum Plan are both nationally driven programmes, including the workforce development programme. These required improvements need to be locally implemented and this work will need to be driven by the ABMU Strategy Group; ABMU Planning group and within the Council, the Family support Continuum Board.

Cabinet Member Comments: The T4CYP Programme and the Refreshed Autism Spectrum Plan are both important developments but we should note that the work already in progress in Swansea, should not be delayed. I am aware that different departments are delivering training to staff around attachment and trauma recovery for example. It will be important that whilst strong links with the T4CYP programme are maintained and the Refreshed Autism Spectrum Plan is developed, the workforce development subgroup of the Family Support Continuum group agree the approach and models of intervention and commissions appropriate training. The wellbeing and behaviour strategy being driven by a subgroup of the Education Other Than At School steering group will support a coherent response, skill-up staff and enhance their confidence in this area. The Corporate safeguarding training and Corporate Parenting training has been and will continue to be delivered to support the importance of emotional wellbeing and mental health for children being seen as everybody's business.

Recommendation is **AGREED**

Recommendation 7

Cabinet supports the Western Bay's review of CAMHS across the region and ensures that the Council takes a full and participatory role in this review.

Relevant Policy Commitments:

As above

Action already being undertaken:

New actions following from the recommendation:

Cabinet Member Comments: In a nutshell, we are well aware of what is wrong with the CAMHS service and resources would be better placed addressing these problems. A further review of CAMHS is not required and not planned.

The key issues and problems are well rehearsed

- 103% surge in referrals over the four year period 2007-2011
- Waiting times getting longer for both assessment and interventions in spite of 25% increase in specialist workforce during this time.
- Lack of clear consistent pathways consistently across Wales for CAMHS and neurodevelopmental issues.
- Concerns raised by young people and families in relation to the transition between young people's and adult services and between different parts of the wider care system.
- Under developed psychological therapies services.
- Safety issues including inappropriate admissions to adult mental health wards, problems with sharing information and acting upon safeguarding duties, and unsafe discharge practices (*WAO Report*).
- Inappropriate prescribing (particularly anti-depressants) for young children.
- Lack of alternatives to referral to CAMHS for those needing emotional health support or early intervention.
- Significant workforce challenges across sectors including workforce supply, training and development.

It is important that the Council supports the development of the regional CAMHS service specification, including how early intervention and prevention services are developed and delivered locally.

Recommendation is **NOT AGREED**

Recommendation 8

Cabinet takes steps to formalise support services arrangements between child and family services and CAMHS in any future CAMHS service delivery model.

Relevant Policy Commitments: as above

Action already being undertaken: Discussions have taken place with CAMHS and the ABMU Health Board to formalise pathway and support arrangements and the interface with Child and Family Services internal Therapeutic team.

<p>New actions following from the recommendation: The discussions as detailed above require conclusion and integrated into the agreed service specification for all CAMHS work streams.</p>
<p>Cabinet Member Comments: It will be particularly important to formalise support arrangements for looked after children given the proposed withdrawal of clinical psychological support to Foster Swansea; support for children who have experienced trauma but do not have a recognised diagnosis and support from ABMU, for example around managing challenging behaviour within the Autistic Spectrum Disorder area, which overlaps with CAMHS.</p> <p>Arrangements will also need to be formalised between schools & Specialist Teaching Facilities and CAMHS and GPs and CAMHS. Those providing Education Other Than At School [EOTAS] also need clear, effective pathways to the service The CAMHS service is very aware that further work on care pathways is required.</p>
<p>Recommendation is AGREED</p>

<p>Recommendation 9</p>
<p><i>Cabinet works with the planning group to ensure there is collaborative development of and consultation on eligibility criteria.</i></p>
<p>Relevant Policy Commitments:</p> <p>As above</p>
<p>Action already being undertaken: The eligibility criteria for CAMHS is contained within the service specification documents</p>
<p>New actions following from the recommendation: Work on the Pathways into CAMHS will need to be concluded and this will be part of the work undertaken within the sub groups of the ABMU Planning group.</p>
<p>Cabinet Member Comments: It will be crucial to confirm with CAMHS the Primary Health Care arrangements which will be part of prevention and early help support and to obtain clarity on the long arm support and consultation arrangements that CAMHS will provide to Child and Family Services, Education and Poverty and Prevention.</p>
<p>Recommendation is AGREED</p>

Recommendation 10
<i>Training and Information on the CAMHS referral process and new eligibility criteria is developed and communicated to relevant agencies such as schools, GPs, Social Services, the voluntary sector and the youth justice and early intervention service</i>
Relevant Policy Commitments: As above
Action already being undertaken:
New actions following from the recommendation: On completion of the ABMU CAMHS Service Specification, which will include eligibility criteria and the referral pathway a communication and training plan will require development. This will be led by the ABMU Planning Group and monitored by regional Heads of Child and Family Services. Progress will be reported into Swansea's Family Support Continuum Group.
Cabinet Member Comments: We should bring together other elements that affect children and young people, such as the new Additional Learning Needs legislation and the Refreshed Autism Strategy & Plan. Members will also require an understanding as many are contacted by anxious parents and carers.
Recommendation is AGREED

Recommendation 11
<i>Development of peer support to help parents understand the referral process, the eligibility criteria and pathways in CAMHS services</i>
Relevant Policy Commitments: As above
Action already being undertaken: Peer support is being included within the Family Support Commissioning Reviews, particularly the disability strand of the work.

New actions following from the recommendation:

This work is incorporated into the wider work around peer support without losing the focus on emotional wellbeing.

Cabinet Member Comments: This fits with Recommendation 10 . Again, in a nutshell, everyone involved with the service should understand how it works A big ask but what we should aim for. The recommendation only considers parents but peer support for children and young people is also considered beneficial.

Recommendation is **AGREED**

Recommendation 12

Cabinet should encourage the ABMU Board and Western Bay Children and Young People’s Emotional and Mental Health Planning Group to use the opportunity of the welsh government investment to simplify the referral process.

Relevant Policy Commitments:

As above

Action already being undertaken:

This is already part of the work of the ABMU CAMHS Service specification development.

New actions following from the recommendation:

Cabinet Member Comments: This links with recommendation 2

Recommendation is **AGREED**

Recommendation 13

Cabinet to encourage the ABMU Board and Western Bay Children and Young People’s Emotional and Mental Health Planning Group to consider implementing an access and information point, also known as the “front door” to screen referrals and to provide advice and information to help reduce the number of referrals to the CAMHS service

Relevant Policy Commitments:

As above

Action already being undertaken:

This is being considered as part of the ABMU CAMHS Service specification work

New actions following from the recommendation:

This work is concluded by April 2017 and a communication plan developed for both professionals and parents.

Cabinet Member Comments: It will be important to consider the requirements of the Social Service and Wellbeing Act and the information, advice and assistance function and join up the work being developed elsewhere within Child and Family, Education and Early Help Services, including the development of Dewis Cymru [the web-site developed to help people find information about organisations and services that can help them take control of their own well-being] and the digital inclusion agenda.

Recommendation is **AGREED**

Recommendation 14

Cabinet to monitor referral rates and how long it takes to be seen by CAMHS

Relevant Policy Commitments:

As above

Action already being undertaken:

Baseline Variations and Opportunities (BVO) Audit of CAMHS and National CAMHS Benchmarking Exercise. The BVO provides the most comprehensive audit of CAMHS to date, outlining current service models and provision. It highlights variations in Welsh service and identifies both areas for improvement and good practice for health boards to adopt. Recommendations from the first report are informing the work of the CAMHS work stream.

Following on from the BVO all health boards submitted CAMHS data in the 2016 NHS UK wide Benchmarking Exercise. A facilitated event was held on 29 November providing health boards with the opportunity to look at the benchmarked data, review changes over the past 12 months and look at the position across Wales and in comparison with the rest of the UK. All Health Boards, including ABMU, are meeting the 48 hour target for urgent assessment and ABMU have confirmed they will meet the 28 day target for routine assessment by April 2017.

New actions following from the recommendation:

ABMU CAMHS performance in these areas are monitored quarterly by Child and Family Services Scrutiny Performance Panel and concerns escalated to the ABMU CYP Strategy Group.

The ABMU Planning group develops a comprehensive performance framework by September 2017.

Cabinet Member Comments:

With regard to services for children with ASD we should also note the Refreshed ASD Strategic Action Plan which includes a waiting time target of 26 weeks for assessment services from March 2017, monitored by Local Health Boards and reported to Welsh Government.

Recommendation is **AGREED**

Recommendation 15

Cabinet supports the work on transition and plays a full and participatory role in the development of these arrangements.

Relevant Policy Commitments:

As above

<p>Action already being undertaken:</p> <p>The T4CYP Programme Board has developed a <i>Resource Pack for Professionals</i> setting out a model for a good transition in partnership with young people who shared their experiences within CAMHS. This will ensure that all services are aware of the need to communicate and work flexibly with the young person in their care. A <i>Young Person's Passport</i> will provide young people and their families with the information that they need prior to transition, detailing what to expect in Adult Mental Health Services.</p>
<p>New actions following from the recommendation:</p> <p>Transition arrangements from Child and Family to Adult services to be reviewed</p>
<p>Cabinet Member Comments:</p> <p>As prevention services develop within Adult Services it will be important to think about the transition from young people's early help services to adult prevention services. This will be part of a longer term strategy which fits with the Social Services and Wellbeing (Wales) Act 2016 and the Wellbeing of Future Generations (Wales) Act 2015</p> <p>We also need to bear in mind that the new Welsh Additional Learning Needs Bill will include Young People from 0-25 and may have a bearing on transition services.</p>
<p>Recommendation is AGREED</p>

2.1 An action plan for the agreed recommendations is attached as **Appendix B.**

3.0 Equality and Engagement Implications

3.1 Any actions and/or proposals identified as a result of scrutiny inquiry recommendations will be subject to the corporate equality impact assessment process (including any relevant consultation and engagement needs) as appropriate.

4.0 Legal Implications

4.1 There are a number of legal implications arising from the actions in the report and specific legal advice to be sought when the actions are implemented.

5.0 Financial Implications

5.1 There are no financial implications noted.

Background Papers:

1. *Family Support Continuum Briefing Paper*
2. *T4CYP*
3. *How we support families in Swansea*

Appendices

Appendix A – Original Scrutiny Report

Appendix B – Proposed Cabinet Action Plan

Child and Adolescent Mental Health Services

How can the Council work with health and other partners to reduce demand for child and adolescent mental health services?

The Child and Adolescent Mental Health Services Scrutiny Inquiry Panel

City and County of Swansea - Dinas a Sir Abertawe

August 2016



Why This Matters



Foreword by **Councillor Mary Jones** (Convener)

The demand for mental health support services has increased significantly in recent years and the supply of appropriate services has been unable to meet this demand. This growing need for mental health support services is set to continue to grow and to meet this demand it is clear that things need to be done differently. The Welsh Government recently invested funds to develop mental health services in Wales with a significant investment for residents within the Abertawe Bro Morgannwg University Health Board area, which was allocated to the health board to oversee implementation. We felt that now was a good time to do our inquiry.

I firmly believe that services to support the growing need in this area can only be delivered in partnership with a broad range of service providers and interest groups. More work certainly needs to be done to develop preventative services so that all of us are doing what we can to divert children and young people away from specialist child and adolescent mental health services if they do not need them.

The current work being led by health, the work that the Western Bay is doing to understand the kind of service delivery model it needs and the work on transition arrangements are all excellent opportunities for the local authority to help shape the kind of services it needs to meet demand.

Parents that took time to talk to us told us how hard it can sometimes be for their children to access the support and services they need but we learned that better information and greater involvement in service design and planning could lead to improvements.

What was clear was the commitment amongst professionals and parents to want to improve services and work together and collaborate to achieve this.

We hope that our conclusions and recommendations challenge where they need to and support the work being taken forward to improve mental health services in the Abertawe Bro Morgannwg University Health Board area.

We would like to thank all those people who have contributed to this inquiry including councillors, officers, parents and service providers.

Summary of Conclusions and Recommendations

How can the Council work with health and other partners to reduce demand for specialist child and adolescent mental health services?

The panel believes this can be done by:

Conclusions

1. Ensuring that the influential Abertawe Bro Morgannwg Health Board Children and Young People's Emotional and Mental Health Planning Group continues to reflect a broad set of interests
2. Collaborative development of prevention and early intervention services will help to reduce and prevent referrals to specialist child and adolescent mental health services.
3. Developing access to good quality training for professionals and agencies in contact with children and young people will help them identify mental health needs at an early stage.
4. Ensuring that the authority uses the Western Bay's review of child and adolescent mental health services across the region as an opportunity to help shape a future service delivery model.
5. Providing professionals and parents with access to better information on the referral process and eligibility criteria for child and adolescent mental health services will improve understanding.
6. Developing and improving transition arrangements between child and adolescent mental health services and adult mental health services.

Recommendations for Cabinet

It is recommended to Cabinet that the following recommendations are considered:

- 1.1.1 Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board Children and Young People's Emotional and Mental Health Planning Group to ensure the continuation of a broad membership of this group to include agencies which play an important role in the mental health and emotional wellbeing of children and young people.
- 1.1.2 Cabinet seeks clarification from the specialist child and adolescent mental health services and other CAMHS services on the types of mental illnesses that the services support and ensures this is communicated to relevant agencies.
- 1.1.3 Cabinet brings together relevant agencies and facilitates collaborative development of low level prevention and early intervention services that support children and young people who do not have a diagnosis for a mental illness

- 1.1.4 Cabinet ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and the Educational Psychology Team;
- 1.1.5 Cabinet encourages the development of existing and new partnership working amongst agencies that provide mental health support services to make the most of resources
- 1.1.6 Cabinet investigates the feasibility of the development of a training programme in collaboration with CAMHS services which is relevant to the education sector and is affordable and accessible.
- 1.1.7 Cabinet supports the Western Bay's review of child and adolescent mental health services across the region and ensures that the Council takes a full and participatory role in this review.
- 1.1.8 Cabinet takes steps to formalise support service arrangements between child and family services and all CAMHS services in any future CAMHS service delivery model and pays particular attention to support, guidance and information for looked after children, guardians and foster carers
- 1.1.9 Cabinet works with the planning group to ensure there is collaborative development of and consultation on eligibility criteria;
- 1.1.10 Training and information on the CAMHS and specialist CAMHS referral process and new eligibility criteria is developed and communicated to relevant agencies such as schools, GPs, social services, the voluntary sector and the youth justice and early intervention service
- 1.1.11 Development of peer support to help parents understand the referral process, the eligibility criteria and pathways in CAMHS and specialist services
- 1.1.12 Cabinet should encourage the ABMU Board Children and Young People's Emotional and Mental Health Planning Group to use the opportunity of the Welsh Government investment to simplify the referral process
- 1.1.13 Seek to ensure that parents and carers of children with mental health issues and mental illnesses are included in the planning and development of all CAMHS services
- 1.1.14 Cabinet to discuss with the ABMU Board Children and Young People's Emotional and Mental Health Planning Group the possibility of implementing an access and information point, also known as a "front door" to screen referrals and to provide advice and information to help reduce the number of referrals to all CAMHS service
- 1.1.15 Cabinet to monitor referral rates and how long it takes to be seen by all CAMHS services.
- 1.1.16 Cabinet supports the work on transition and plays a full and participatory role in the development of these arrangements.

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2 WHY WE PRODUCED THIS REPORT

Overview

2.1.1 This report focusses on the following question:

How can the Council work with health and partners to reduce the demand for specialist CAMHS services?

Selecting the topic

2.1.2 The Inquiry into child and adolescent mental health services was proposed by the Annual Scrutiny Work Planning Conference in May 2015 and was subsequently included in the scrutiny work programme by the Scrutiny Programme Committee.

2.1.3 Context of the inquiry and why the topic was chosen:

- The number of referrals into specialist CAMHS services had doubled in the last 4 years.
- Prevention and early intervention and partners working collaboratively to share resources will help to reduce demand for specialist services
- The Council is an important partner in this area and the panel wanted to hear the views of a wide range of people so that they can propose practical changes that can help reduce demand for CAMHS services.
- Welsh Government had recently invested £7.6million to develop mental health services in Wales with an investment of £1.2million for residents within the Abertawe Bro Morgannwg University Health Board area, which was allocated to the health board to oversee implementation.

At the pre inquiry meeting we heard from the Director of Strategy, ABMU Health Board and Clinical Director (CAMHS), Cwm Taf Health Board. They outlined current service provision, the Welsh Government investment in mental health services and the review of current CAMHS provision and how the health board planned to develop services. The panel then met towards the end of 2015 to discuss what they would like to do as part of this piece of work. The panel agreed the following terms of reference and to investigate the following aspects:

- a) Multi-agency prevention & early intervention: how do partners (education, health, youth offending, child and family services) work together to provide prevention and early intervention services?*
- b) Accessing services: what is the referral process and how does it operate?*
- c) Training: how are professionals who work with children and young people trained to identify mental health issues?*
- d) Transition: how effective is the transition process from child & adolescent mental health services to adult services?*
- e) Impact on service users: how service users access mental health services?*

Intended contribution

2.1.4 As a panel we believe that we can make a valuable contribution to this topic. We recognise that, while there are no easy answers, success will only come from a conversation that everyone is able to contribute to. It is in this spirit that our conclusions and recommendations are offered.

2.1.5 Specifically this report aims to contribute to this vital debate by providing:

- Evidenced proposals that will lead to better access to child & adolescent mental health services
- The views of key stakeholders including health professionals providing services, the voluntary and community sector, social services and education officers
- Consideration of the conclusions and recommendations from regional and national reports
- Increased councillor understanding about how child and adolescent mental health services are delivered and the effectiveness of the services
- Greater public awareness of child and adolescent mental health services

2.1.6 We are also happy to recognise the limitations of the inquiry. Given the complexity of the topic and the time that we had this report provides a broad view.

2.1.7 Finally, many of our conclusions are in line with the general direction of travel in this area and may be either additional or contrary to what is happening. These are intended to offer challenge and to stimulate debate. Where we have made recommendations these are intended to help improve services.

Use of key terms

2.1.8 There have been a number technical terms and acronyms used when looking at this subject. In the report we have tried to write for the layperson and have avoided acronyms whenever possible. There are, however, a few terms that we use throughout the report that should be clarified from the outset.

2.1.9 *Specialist CAMHS services:* Services commissioned by ABMU Health Board from Cwn Taf Health Board which require a diagnosis of a mental illness in order to access them

2.1.10 *CAMHS:* Child and Adolescent Mental Health Services

2.1.11 *ABMU:* Abertawe Bro Morgannwg University Health Board

2.1.12 *SCVS:* Swansea Council for Voluntary Services

3 EVIDENCE

Evidence collected

3.1.1 Evidence was collected between November 2015 and May 2016. The evidence gathering activities undertaken included:

- a. A general briefing paper of child and adolescent mental health services provided was by health partners
- b. Question and answer session with the Head of Child and Family Services
- c. Question and answer session with the Locality Manager, Western Bay Youth Justice and Early Intervention Service
- d. Question and answer session with Swansea Council for Voluntary Services Mental Health Forum
- e. Question and answer session with the Chief Education Officer
- f. Round table discussion with primary school and secondary head teachers
- g. Session with Cabinet Members for Services for Children and Young People and Education.
- h. Question and answer session with the Head of the Additional Learning Needs Service and Principal Educational Psychologist
- i. Evidence gathering with the Swansea Council for Voluntary Services Parent/Carer Forum
- j. Question and answer session with Head of Adult Services
- k. Desk based research of good practice mental health service provision

3.1.2 For full details of the evidence gathered including details of all of the findings from each session please see the evidence pack for this inquiry. This can be downloaded at www.swansea.gov.uk/scrutinypublications

3.1.3 The panel received a wide range of submissions from interested parties. Some evidence however was not included in the evidence pack because:

- Some information was critical of individual officers or councillors
- Some e-mails questioned the panel members about the conduct of the inquiry rather than submitting evidence
- The panel agreed that some of the information received was not relevant to the inquiry's terms of reference (points a-d on page 1 of this report)

4 CONCLUSIONS

This report considers how the Council, working with health and other partners, can help reduce the demand placed on child and adolescent mental health services. Each of these conclusions, therefore, is a suggestion about how the Council's Cabinet might approach this issue. Specific proposals are identified throughout and listed in the Recommendations section that follows.

The conclusions and recommendations are designed to address the inquiry key question: **'How can the Council work with health and other partners to reduce demand for specialist child and adolescent mental health services'**. The panel believes this can be achieved by:

Ensuring that the influential ABMU Children and Young People's Emotional and Mental Health Planning Group continues to reflect a broad set of interests

- 4.1.1 The Children and Young People's Emotional and Mental Health Planning Group was established to develop and agree a service model for mental health and emotional wellbeing services for children and young people resident within the health board area. The objective of the planning group was to jointly develop, agree and commission a service specification that provides care from primary contact through to specialist interventions. The planning group also had an important role to play in looking at how best to spend new budgets and resources.
- 4.1.2 The panel could see how influential this group would be in the planning and development of CAMHS services across the western bay area. There was a consistent message from our evidence gathering that the membership of this important planning group should be as wide as was practicably possible. Given the importance of this planning group in the development of a future CAMHS service delivery model the panel felt that its membership should be broadened to include sectors, partners and organisations that play a role in the mental health and emotional wellbeing of children and young people
- 4.1.3 Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board Children and Young People's Emotional and Mental Health Planning Group to ensure the continuation of a broad membership of this group to include agencies which play an important role in the mental health and emotional wellbeing of children and young people.

Collaborative development of prevention and early intervention services will help to reduce and prevent referrals to specialist child and adolescent mental health services

- 4.1.4 Without exception, all consultees agreed that prevention and early intervention services were key to minimising referrals to specialist child and adolescent mental health services. Swansea Council for Voluntary Services stated that in its view access to early intervention services should happen in a more timely manner.

4.1.5 A number of services were given as examples of good prevention and early intervention services such as the Step Ahead group, Team Around the Family and the Exchange Counselling Service which is procured by the Educational Psychology Service. These services were praised as working quickly and making a difference. For example, the panel learned that the Team Around the Family works with schools who have identified families with potential issues to prevent escalation to formal service interventions; one of the aims of the Educational Psychology Service was to support early intervention and help with prevention.

4.1.6 It was clear to the panel that schools, the Educational Psychology Team and Exchange Counselling valued each other and worked well together and helped to identify children early on with mental health needs and prevent them from escalating to a referral to CAMHS.

“Team Around the Family has trained a teaching assistant to work with children and the resources on offer from TAF...this is a good use of resources”

“Exchange is brilliant, it works on a demand basis, children can self-refer and they can work with children during lessons”

4.1.7 However, it was widely acknowledged that prevention and early intervention services were operating in tough financial times and all services were facing reductions in resources. The Educational Psychology Service provision was spread thinly across schools and it faced uncertainty over its budget and the sustainability of the services it offered. This concerned the panel given the role these types of services played in the prevention and early intervention agenda. Consultees all agreed that greater collaboration would be needed to develop prevention and early intervention services to meet the twin challenges of increasing mental health need and diminishing resources.

“..yes we are in tough times, but we need to look very differently at how we provide services and work together....”

4.1.8 We found there was a difference between mental health issues and mental illness. If a child or young person is diagnosed with a mental illness then they are able to specialist CAMHS services. Specialist CAMHS services provide services for assessment and treatment to under 18s who present with signs and symptoms that would meet the criteria for moderate to severe mental illness. Evidence from parents and some professionals suggested that there was a reluctance by specialist CAMHS services to label children with a diagnosis for a mental illness; many consultees understood this but parents the panel spoke to felt frustrated that without a diagnosis their children were unable to access services they could benefit from. There was also a lack of clarity amongst consultees on what could be diagnosed as a mental illness and what was a mental health issue and this could have contributed to the recent rise in the number of referrals to specialist CAMHS services for assessments.

- 4.1.9 The panel felt that there was a distinct gap in services for children and young people with mental health needs who were not diagnosed with a mental illness but who could benefit from therapeutic interventions and services.
- 4.1.10 Over the last four years the number of referrals to specialist CAMHS services had doubled; mental health needs of children and young people had grown and were predicted to rise further. There was a shared view amongst professionals that more needed to be done to develop early intervention and prevention services that could be accessed by children and young people without a diagnosis for a mental illness and could help reduce referrals to CAMHS. Health partners stated that achieving this kind of development would be less costly than the provision of specialist CAMHS services.
- 4.1.11 The panel was pleased to find agreement amongst professionals that this kind of prevention and early intervention needed to be done collaboratively and that it could reduce the number of referrals to specialist CAMHS services.
- 4.1.12 The panel felt that the gap in provision of lower level prevention and early intervention services for children who did not have a diagnosis for a mental illness, was a factor in the significant increase in the number of referrals to specialist CAMHS services. The panel felt that developing services in this area could have the potential to greatly reduce the number of referrals to specialist CAMHS services and as the panel has previously stated, it felt that service development in this area needed to be done collaboratively.
- 4.1.13 The panel therefore recommends that the Cabinet Member: seeks clarification from specialist Child and Adolescent Mental Health Services and other CAMHS services on the types of mental illnesses that the services support; brings together relevant agencies and facilitates collaborative development of low level prevention and early intervention services that support children and young people without a diagnosis for mental illness; ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and Educational Psychology Team; encourages the development of existing and new partnership working amongst agencies and the sharing of resources to provide mental health support services to children and young people.

Developing access to good quality training for professionals and agencies in contact with children and young people will help them identify mental health needs at an early stage

- 4.1.14 There was broad agreement that up to date and relevant training was a good way to help professionals in contact with children and young people, to identify those with mental health issues and thus prevent escalation to specialist child and adolescent mental health services. However, may consultees reported that training opportunities were irregular and infrequent; stakeholders reported that training was valuable and worthwhile

but expensive; cost was usually a barrier to third sector organisations; schools reported that there was no formal programme of training that they could access and that training was often sought in reaction to issues that had arisen.

- 4.1.15 There was a feeling of frustration amongst some head teachers who gave evidence to our panel around the lack of affordable and local training and the impact this could have on the mental health of children in their schools. All agreed that training was invaluable in this broad and complex area; an area of need that is set to grow. Teachers said they wanted to use their expertise and were well placed to help children and could be effective in identifying mental health issues early on if they were equipped with the right training and resources.
- 4.1.16 The panel recommends that Cabinet investigates the feasibility of the development a training programme which is relevant to the education sector and is affordable and accessible.

The authority uses the Western Bay's review of child and adolescent mental health services across the region as an opportunity to help shape a future service delivery model

- 4.1.17 There was broad agreement that the Western Bay's review of child and adolescent mental health services across the region was a good thing and should be supported.
- 4.1.18 Mental health support services across the different local authorities within the Western Bay region were found to be inconsistent and sometimes ad hoc. Historic and incremental service developments and individual local authority arrangements with CAMHS meant that all three local authorities had different arrangements with child and adolescent mental health services.
- 4.1.19 The panel was concerned about the ad hoc nature of some arrangements between the Council's Child and Family Services and CAMHS. These were not specified in the CAMHS delivery model and were dependent on the capacity of CAMHS at any given time. The panel felt that the lack of formality of the arrangements between child and family services and CAMHS presented a risk to the service and needed to be addressed.
- 4.1.20 The panel was of the view that the Western Bay review presented a good opportunity to consider need across the region and to establish a joint vision for more consistent mental health services. The panel felt that this would be a positive development for CAMHS services across the region. It would provide an opportunity for the authority to help shape the services it needed and to put in place more formal support arrangements through the development of a new CAMHS service delivery model.

- 4.1.21 The panel recommends that the Cabinet supports the Western Bay's review of child and adolescent mental health services across the region and ensures that the Council takes a full and participatory role in this review. The panel also recommends that Cabinet takes steps to formalise support service arrangements between child and family services and child and adolescent mental health services in any future CAMHS service delivery model and pays particular attention to support, guidance and information for looked after children, guardians and foster carers

Providing professionals and parents with better information about the referral process and the eligibility criteria for CAMHS will improve understanding

- 4.1.22 Evidence suggested that many professionals in contact with children and young people lacked important information about the referral process and eligibility criteria for CAMHS which often led to a low take up rates of referrals by CAMHS.
- 4.1.23 The Head of Child and Family Services reported that social workers needed to be upskilled in the referral process to help them better understand the process and the eligibility criteria. We learned that social workers were able to refer their cases to CAMHS but not for children who needed an assessment for Autistic Spectrum Disorder or Attention Deficit Hyperactivity Disorder (this was done by schools). We found that the take up rate of cases referred to CAMHS by social workers was low because Child and Family Services framed need in a different way to CAMHS. The panel felt that better joint working between the authority and health to develop new eligibility criteria for CAMHS referrals would help ensure that only cases that ought to be referred to CAMHS would be referred.
- 4.1.24 The panel felt that there was pressure and responsibility on schools to identify mental health needs in children and young people and the referral process followed by schools was difficult to navigate. Teachers reported difficulties understanding the referral process, the pathway into CAMHS services and who they needed to communicate with at CAMHS; some evidence suggested that GPs had asked schools to step in and liaise with CAMHS to help move things on with cases and there was uncertainty over where the responsibility lay for referrals amongst schools and GPs. The consequence of these types of difficulties often led to children and young people experiencing long waits for CAMHS assessments and specialist CAMHS services. While this happened schools had to deal with the impact of supporting these children who needed extra help which often meant demands on schools' resources.
- 4.1.25 The panel felt that partners such as GPs and schools would benefit from good quality information on the CAMHS referral process, eligibility criteria and the different pathways into CAMHS services. This would lead to a greater understanding of the process and improve the quality of referrals to CAMHS. The panel welcomed the work being done by ABMU to develop new eligibility criteria and stressed the importance of taking a collaborative approach in this.

- 4.1.26 Parents also reported difficulties understanding the referral process, eligibility criteria and pathways into CAMHS services. Some parents reported that professionals such as GPs could be better informed about the CAMHS referral process:

“the GP was very understanding, but not that well informed, he tried to refer my son to CAMHS to be assessed for ASD. It took him more than a year to come back to me with the answer that he wasn’t able to refer my son and that everything needed to be done through the school. I had by that stage found that out from other sources”

- 4.1.27 Some parents reported that if they were knowledgeable about services and the process and they were supported by their child’s school or teacher then they could access good support services for their children; often parents sought out private assessments to help them access CAMHS services:

“I have a good care package and am knowledgeable about what services are available...community paediatrics are great....I get physio and occupational therapy services for my children....I receive a large number of services and the referral for my son was done through Penyrheol which was brilliant...I paid for a private occupational therapist who guided me through the system”

- 4.1.28 The panel felt that the parents with whom they consulted had valuable experiences of the processes and systems around CAMHS services and that this experience should be tapped into. Parents of children with mental health issues and mental illness should be included in service model planning, development and consultation and could help guide and support other parents through the process and systems.

- 4.1.29 The panel learned from CAMHS that the pathway into its services has to come via schools; that the pathway is clear but that often the professionals making the referrals don’t understand the pathway or don’t understand the disorders that are supported by CAMHS services.

- 4.1.30 It was clear to the panel that knowledge and understanding amongst professionals and parents about pathways into CAMHS services, the referral process, eligibility criteria and the types of mental illnesses that are supported by CAMHS services was inconsistent and this impacted on the likelihood of accessing specialist services.

- 4.1.31 Panel recommends that Cabinet works with the Abertawe Bro Morgannwg Health Board and Western Bay Children and Young People’s Mental Health Planning Group to ensure there is collaborative development and consultation on the new eligibility criteria; training and information on the CAMHS referral process and new eligibility criteria is developed and communicated to relevant agencies such as schools, GPs, social services, the voluntary sector and the Youth Justice and Early Intervention Service.

- 4.1.32 The panel also recommends the development of peer support to help parents understand the referral process, the eligibility criteria and pathways in CAMHS services; encourage the ABMU Board Children and Young

People's Emotional and Mental Health Planning Group to use the opportunity that the Welsh Government funding offers to simplify the referral process; seeks to ensure that parents and carers of children with mental health issues and mental illnesses are included in the planning and development of all CAMHS services.

- 4.1.33 Finally the panel recommends that the Cabinet encourages the Abertawe Bro Morgannwg Health Board Children and Young People's Mental Health Planning Group to consider the implementation of a "front door" to provide advice and information and to screen referrals to ensure that they are appropriate to the service; monitors referral rates and the length of time it takes for an individual to be assessed by all CAMHS services.

Develop and improve transition arrangements between CAMHS and adult services

- 4.1.34 The panel was pleased to learn that transition arrangements for young people to adult mental health services would be a workstream of the ABMU Board Children and Young People's Emotional and Mental Health Planning Group. The panel supported the work of this group on transition arrangements and the Western Bay's Transitions to Adulthood Service Model. Our health partners also reported to us that there was a drive on to tighten up the transition process between CAMHS and adult services. Health acknowledged that there were gaps where services existed for children but not adults and that developments in these areas would be a challenge of the transition work.
- 4.1.35 The panel was concerned that children who transitioned from CAMHS to adult mental health services could find themselves at the back of the queue for support and would need to undergo a new referral and assessment procedure; accessing therapeutic services as a child was no guarantee that this would follow the person as they transitioned into adult services. The panel felt that quick collaborative action was needed to develop robust transition arrangements which ensured young people with a mental illness and mental health needs continued to access services in adulthood and to ensure that transition didn't pose a risk to a young person's mental health.
- 4.1.36 The panel recommends that Cabinet supports the work on transition and plays a full and participatory role in the development of these arrangements.

5 RECOMMENDATIONS

The panel commends Cabinet to consider all issues and ideas raised by this inquiry and, in particular, the recommendations set out below.

The panel recognises that the Authority

- (a) will need to ensure that any subsequent actions are legal and meet the requirements of any relevant legislation;
- (b) has a responsibility to make the best use of limited resources and that any additional costs will need to be considered carefully as part of the annual budget setting process.

The panel has kept these principles in mind in the course of its investigations.

Recommendations for Cabinet:

It is recommended to Cabinet that the following recommendations are considered:

- 5.1.1 Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board Children and Young People's Emotional and Mental Health Planning Group to ensure the continuation of a broad membership of this group to include agencies which play an important role in the mental health and emotional wellbeing of children and young people.
- 5.1.2 Cabinet seeks clarification from the specialist Child and Adolescent Mental Health services and other CAMHS services on the types of mental illnesses that this service supports and ensures this is communicated to relevant agencies.
- 5.1.3 Cabinet brings together relevant agencies and facilitates collaborative development of low level prevention and early intervention services that support children and young people who do not have a diagnosis for a mental illness.
- 5.1.4 Cabinet ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and the Educational Psychology Team.
- 5.1.5 Cabinet encourages the development of existing and new partnership working amongst agencies that provide mental health support services to make the most of resources.
- 5.1.6 Cabinet investigates the feasibility of the development of a training programme in collaboration with all CAMHS services which is relevant to the education sector and is affordable and accessible.
- 5.1.7 Cabinet supports the Western Bay's review of child and adolescent mental health services across the region and ensures that the Council takes a full and participatory role in this review.
- 5.1.8 Cabinet takes steps to formalise support service arrangements between child and family services and all CAMHS services in any future CAMHS

service delivery model and pays particular attention to support, guidance and information for looked after children, guardians and foster carers.

- 5.1.9 Cabinet works with the planning group to ensure there is collaborative development of and consultation on eligibility criteria.
- 5.1.10 Training and information on all CAMHS referral process and new eligibility criteria is developed and communicated to relevant agencies such as schools, GPs, social services, the voluntary sector and the youth justice and early intervention service.
- 5.1.11 Development of peer support to help parents understand the referral process, the eligibility criteria and pathways into all CAMHS services.
- 5.1.12 Cabinet should encourage the ABMU Board Children and Young People's Emotional and Mental Health Planning Group to use the opportunity of the Welsh Government investment to simplify the referral process.
- 5.1.13 Seek to ensure that parents and carers of children with mental health issues and mental illnesses are included in the planning and development of all CAMHS services.
- 5.1.14 Cabinet to discuss with the ABMU Board Children and Young People's Emotional and Mental Health Planning Group the possibility of implementing an access and information point, also known as a "front door" to screen referrals and to provide advice and information to help reduce the number of referrals to all CAMHS services.
- 5.1.15 Cabinet to monitor referral rates and how long it takes to be seen by all CAMHS services.
- 5.1.16 Cabinet supports the work on transition and plays a full and participatory role in the development of these arrangements.

6 ACKNOWLEDGEMENTS

The panel would like to record its thanks to the following people who came and gave evidence to us:

- Swansea Council for Voluntary Services, Mental Health Forum
- Sandra Spratt, Swansea Council for Voluntary Services
- Julie Thomas, Head of Child & Family Services
- Janice Hall, Locality Manager, Western Bay Youth Justice and Early Intervention Service
- Sian Harrop-Griffiths, Director of Strategy, ABMU Health Board
- Dr Claire Ball, Clinical Director, CAMHS, Cwm Taf Health Board
- Lindsay Harvey, Chief Education Officer
- Helen Tallat, Head Teacher at Pengelli Primary School
- Alison Williams, Head Teacher at Craigfelin Primary School
- Gethin Sutton, Head Teacher at Pen Y Bryn Comprehensive School
- Simon Evans, Head Teacher, Pupil Referral Units
- Councillor Jennifer Raynor, Cabinet Member for Education
- Councillor Jane Harris, Cabinet Member for Adults and Vulnerable People
- Councillor Christine Richards, Cabinet Member for Services for Children and Young People
- Alex Williams, Head of Adult Services
- Phil Monaghan, Head of Additional Learning Needs and Principal Educational Psychologist
- Swansea Council for Voluntary Services Parent/Carer Forum

7 ABOUT THE INQUIRY PANEL

The **Child & Adolescent Mental Health Services Inquiry Panel** is a team of Councillors who are not members of the Cabinet. Their role is to examine a strategic issue of concern and to make recommendations about how policies and services can be improved.

Members of the panel, Councillors

Mary Jones (Convener)
Hazel Morris
Terry Hennegan
Ceri Evans
Susan Jones
Erika Kirchner
Paul Meara
Cheryl Philpott
Uta Clay
Yvonne Jardine
Elliot King
David Lewis
David Anderson-Thomas

The inquiry was supported by Delyth Davies from the Council's Scrutiny Unit.

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**Scrutiny Inquiry of Child and Adolescent Mental Health Services –
Cabinet Action Plan**

Recommendation	Action already being undertaken	New Action Proposed	Timescale	Responsible Officer
<p>1. <i>Cabinet seeks to engage with the Abertawe Bro Morgannwg Health Board and Western Bay Children and Young People's Emotional and Mental Health Planning Group to broaden the current membership to include other agencies such as Education, Youth Justice, the voluntary sector which play an important role in the mental health and emotional wellbeing of children and young people.</i></p>	<p>Complete</p>	<p>Membership and terms of reference of ABMU Planning Group to be reviewed and alternative arrangements put in place.</p> <p>Local partnership Board to drive the recommendations of T4CYP and ensure local implementation.</p> <p>Integrate the Continuum of support used within the LA with that used within ABMU and CAMHS</p>	<p>February 2017</p> <p>Ongoing</p> <p>April 2017</p>	<p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p> <p>Dave Howes Chief officer for Social Services</p> <p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p>

2.	<p><i>Cabinet seeks clarification from the CAMHS service on the types of mental illnesses that CAMHS deals with and this is communicated to relevant agencies.</i></p> <p><i>A clear communication plan is developed by CAMHS and Partners regarding criteria and pathways for professionals and parents</i></p>	<p>Service specifications in draft</p> <p>Under development</p>	<p>Officers to participate in finalising the service specifications, including pathways and these to be presented to the LPB for sign off.</p> <p>As above</p>	<p>April 2017</p>	<p>Julie Thomas HOS Nick Williams HOS Rachel Moxey HOS Dave Howes Chief Officer SS Jo Davies ABMU AD of Strategy</p> <p>Emotional Wellbeing and Mental Health Strategy Group</p>
3.	<p><i>Cabinet brings together relevant agencies and facilities collaborative development of low level prevention and early intervention services that support children and young people who do not have a diagnosis for a mental illness.</i></p>	<p>Collaboration within the LA to co-ordinate and improve Early help and Prevention services being developed and supported by the commissioning reviews.</p> <p>Support for young carers' is considered given the research around the impact of their caring role on their emotional wellbeing and mental health</p>	<p>ABMU/CAMHS to be invited to join this work stream with the Primary care work stream.</p> <p>The young carers' support group develops recommendations with an action plan for delivery to support young carers'.</p>	<p>January 2017</p> <p>Ongoing</p>	<p>Julie Thomas HOS/ Gareth Bartley ABMU Head of Partnerships and Development Mental Health and Learning Disability</p> <p>Gavin Evans – Young people's service manager.</p>

4.	<i>Cabinet ensures the sustainability of good services like those provided by Team Around the Family, Exchange Counselling Service and the Educational Psychology Team.</i>	As recommendation 3	Sub group of the EOTAS Review to be established to develop a multi-agency Behaviour Strategy.	January 2017	Nick Williams HOS
5.	<i>Cabinet encourages the development of existing and new partnership working amongst agencies that provide mental health support services to make the most of resources.</i>	As recommendation 3 and 4			
6.	<i>Cabinet investigates the feasibility of the development of a training programme in collaboration with CAMHS which is relevant to the education sector and is affordable and accessible.</i>	Core Competency and Training Framework has been developed via the T4CYP programme	T4CYP workforce development programme to be driven forward by the LPB Within the LA the Family Support Continuum Group to progress the workforce development programme and co-commission training.	Ongoing 2017 Ongoing 2017	Julie Thomas HOS/ Jo Davies ABMU AD of Strategy/Dave Howes Chief Officer SS Julie Thomas HOS Nick Williams HOS Rachel Moxey HOS

8.	<p><i>Cabinet takes steps to formalise support services arrangements between child and family services and CAMHS in any future CAMHS service delivery model.</i></p> <p><i>Cabinet takes steps to formalise support services arrangements between STF's, EOTAS and GP's and CAMHS in any future CAMHS service delivery model.</i></p>		<p>Pathway and support arrangements between Child and Family service and CAMHS to be formalised within the Service Specification documents.</p> <p>Pathways to be developed as part of the service specification plan</p>	April 2017	<p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p> <p>Emotional Wellbeing and Mental Health Strategy Group</p>
9.	<p><i>Cabinet works with the planning group to ensure there is collaborative development of and consultation on eligibility criteria.</i></p>	<p>The eligibility criteria for CAMHS is contained within the service specification documents.</p>	<p>These documents to be agreed and signed off by the LPB.</p>	April 2017	<p>Jo Davies ABMU AD of Strategy/Dave Howes Chief Officer SS</p>
10.	<p><i>Training and Information on the CAMHS referral process and new eligibility criteria is developed and communicated to relevant agencies such as schools, GPs, Social Services, the voluntary sector and the youth justice and early intervention service.</i></p>		<p>Communication and training plan to be developed for professionals via the ABMU planning group.</p>	April 2017	<p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy</p>

1 1.	<i>Development of peer support to help parents understand the referral process, the eligibility criteria and pathways in CAMHS services.</i>		Peer support to be progressed via the Family Support Commissioning Review in collaboration with ABMU. Training to be provided to Local Authority Councillor's on CAMHS services and those developed via the ALN review, and ASD Strategy	April 2017 July 2017	Julie Thomas HOS/ Jo Davies ABMU AD of Strategy/ Nick Williams HOS / Rachel Moxey HOS CAMHS representative Nick Williams HOS.
1 2.	<i>Cabinet should encourage the ABMU Board and Western Bay Children and Young People's Emotional and Mental Health Planning Group to use the opportunity of the welsh government investment to simplify the referral process.</i>	See recommendation 2			

1 3.	<p><i>Cabinet to encourage the ABMU Board and Western Bay Children and Young People's Emotional and Mental Health Planning Group to consider implementing an access and information point, also known as the "front door" to screen referrals and to provide advice and information to help reduce the number of referrals to the CAMHS service.</i></p>		<p>Requirements of the Social Services and Wellbeing Act to support joined up IAA services including emotional wellbeing.</p>	<p>April 2017</p>	<p>Julie Thomas HOS/ Jo Davies ABMU AD of Strategy / Dave Howes Chief Officer SS</p>
1 4.	<p><i>Cabinet to monitor referral rates and how long it takes to be seen by CAMHS.</i></p>	<p>T4CYP programme Board monitoring performance and information available about assessment activity.</p>	<p>Child and Family Scrutiny Panel to receive quarterly performance information.</p> <p>The ABMU Planning Group develop a comprehensive Performance Framework</p>	<p>April 2017</p> <p>September 2017</p>	<p>JT HOS</p> <p>ABMU Planning Group Regional HOS</p>

1 5.	<i>Cabinet supports the work on transition and plays a full and participatory role in the development of these arrangements.</i>	The T4CYP Programme Board has developed a resource pack for professionals and a young person's passport.	Transition arrangements from Child and Family to Adult services to be reviewed as part of the Disability strand of the Family Support Commissioning Review.	March 2017	Julie Thomas HOS / Alex Williams HOS
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Agenda Item 11.

Report of the Cabinet Member for Transformation & Performance

Cabinet – 16 February 2017

UNIFIED COMMUNICATIONS (TELEPHONY)

Purpose:	The purpose of this report is to recommend the way forward on unified communications including partnership working with ABMU.
Policy Framework:	Transformation & Performance
Consultation:	Abertawe Bro Morgannwg University Health Board (ABMU), Neath Port Talbot Council, Legal, Finance, Access to Services, No public consultation is required.
Recommendation(s):	It is recommended that the Council: 1) Collaborates with ABMU by joining their highly resilient telephony platform 2) Transforms the way that staff work by reducing the number of desk phones and reducing telephony costs 3) Introduce new technologies such as Skype for Business.
Report Author:	Jayne Bool
Finance Officer:	Carl Billingsley
Legal Officer:	Debbie Smith
Access to Services Officer:	Phil Couch

1.0 Introduction

1.1 The existing telephone system is 'end of life' meaning that support is limited and it is no longer scaleable to meet the future needs of the council.

Collaboration plays a key role in the strategy and is seen as a strong way to reduce costs, improve business value and increase system resilience.

Transformation is at the forefront of the design of the new system. A mobile first approach has been agreed, in line with the Agile Work Programme, providing a major reduction in desk phones across four of the main council sites; Civic Centre, Guildhall, Heol Y Gors and Clydach.

The current Administration has already provided Capital investment of £500k for this new development and the work forms a key enabler of the Digital Strategy (Aspiring to a Digital Business 2020).

2.0 Unified Communications Proposal

2.1 The Current System

The Council's Corporate telephony is handled by a Mitel MX1 TSW (formerly known as PBX Ericsson MD110 also Astra MX1 TSW) system. First installed in the early 90's the system is subject to a maintenance contract for mechanical or component failure designed to restore operations within 24 hours (currently with The Weston Group, reporting 9am-5pm, Monday to Friday).

The system is interconnected via the network and distributed around the Council's principal buildings:

MAIN SITE: Civic Centre

REMOTE SITES: Guildhall
 Heol Y Gors
 Clydach

This system is now 'end of life' meaning that support is limited and is not able to expand to meet future needs of the organisation. However, an upgrade will only improve resilience and functionality. It would still operate on the same cabling system installed originally when the Civic Centre was built and added to in the intervening years. It will require, at the very least, upgrading with modern, fully digital components.

Although the Mitel switch has proved very resilient and long lived, it is approaching end of support in its current configuration (2015/6) and in its present form the telephony infrastructure does not allow multiple people conferencing, video conferencing, call recording, directory services, full automated call handling features and detailed reporting facilities. All of which are present in modern telephony systems. In addition, although the Council's buildings are connected via a data network, central call handling is only available between the 4 main sites mentioned above.

2.2 Future Technical Requirements

Summarised below are the known requirements necessary for the replacement product which have been collected in consultation with key telephony users across the Council and ICT:

- Resilient and Scalable by design (At least 10,000 users)
- SaaS or private cloud
- Able to integrate with ISDN and IP telephony
- Able to integrate with current Solidus system (in the contact centre)
- Support a variety of end points, including SIP based devices for Windows O/S soft clients, IP desk phones, mobile device soft phone clients (IOS/Android/Windows 10) and analogue devices.

- Support traditional analogue devices to enable provision for hard of hearing/deaf users
- SMS targeted at hard of hearing users
- All automated services must be at least bi-lingual (Welsh / English)
- Existing software and hardware investment to be taken into consideration
- Contacts Directory, using Active Directory as source
- Extensive and real-time reporting
- Supports multiple devices, such as, smartphones
- Integration with multiple back-end products
- Tariff-based call logging
- Soft telephony client
- Single number service with simultaneous ring

2.3 **A Partnership Approach**

In 2016 the project was discussed with Neath Port Talbot (NPT) who were looking at options to replace their existing Siemens telephony system when their current contract ends in 2017/18. An options appraisal was undertaken on the platforms available to both Councils, including partnership options with both Bridgend and ABMU.

As both Bridgend and ABMU use the Cisco platform a workshop was undertaken with Cisco, ABMU, CCoS and NPT. One of the key benefits of moving onto the Cisco solution would be that most of the Western Bay partners would be working on the same platform, allowing for a seamless telephony experience i.e. Being able to log-in to the phone system from any office with the solution hosted within the Western Bay region.

Three possible options were explained at the workshop by Cisco:

1. **Single cluster with ABMU and/or NPT** – this solution would be sharing a single instance of the Cisco platform and all authorities consuming and maintaining collaboratively.
2. **Standalone** – this solution would mean each organisation procuring the system (via public tender), with responsibility for internally enhancing skills, installing, configuring, maintaining and consuming the system as a single entity i.e. No collaboration with other authorities.
3. **Federated inter-cluster** – This solution would involve all organisations hosting and maintaining their own instance of the system but linking them together to form a 'trust'. This solution would share most of the same collaborative advantages of the single cluster option; However, each organisation would need to maintain and upgrade their respective solutions.

Each option was analysed and assessed at length and the pros and cons of each option were collated for review.

2.4 Recommendation and Key Benefits

Sei Mani, an independent third party, was employed by NPT to review the three options and give an independent view. After review, the single cluster option between CCoS, NPT and ABMU was recommended. At this time, NPT have not confirmed their involvement in the single cluster solution but this does not change the direction of CCoS.

After consideration of Sei Mani's report and long consultation with NPT and ABMU, it is therefore recommended that the single cluster option is the best option for CCoS. The benefits being:

- **An enabler for the CCoS Agile programme roll out** – it will decrease the amount of ICT staff required for 'office moves' as most changes will be possible remotely. This will increase ICT capacity and improve the speed of changes for ICT users across the Council
- **Blue light resilience by joining ABMU's platform** – ABMU have a very resilient system as telephony is a critical service for them. CCoS could not replicate this level of resilience without significant investment
- **Western Bay users are already on the Cisco Platform**
- **Greater integration between social services and health and an enabler for the new Social services and Well-being Act (Wales)** – Members of staff across ABMU and LAs within Western Bay would be fully integrated with the technology, increasing efficiencies and communication
- **Fast installation times for the new system** – only local components (telephones, switches, cabling, networking) need to be installed and configured. The backend system is already up and running
- **Low maintenance and upgrade costs** – ABMU will lead on the maintenance and upgrading of the central system. Most of the components would be automatically upgraded or fixed alongside this. The only areas of maintenance and upgrading would be components locally to CCoS
- **Low support costs** – ABMU will support the main infrastructure of the solution, CCoS will only be responsible for the local components.
- **Market leading technology** – the Cisco platform is the top rated telephony platform, available today, as rated by Gartner.
- **Vanguard to the introduction of the Wales Community Care Information System (WCCIS)** - Enabling WCCIS users to use the telephone system without having to access outside lines, i.e. dialling extension numbers only
- **Enabling greater team integration** – Between not only social services and health teams, but also technical teams
- **Collaborative working environment, collaborative support model.**

2.5 Approach to Implementation

The project design has been informed by the Council's transformation programme, especially priorities such as agile and mobile working. In order to achieve this transformation, most users who do not engage with the public as part of a Contact Centre environment will be given a corporate mobile phone for use instead of a desk phone. The Council will only provide desk phones to the people that need them, for example:

- Contact Centre
- Critical services
- Staff in areas of low mobile connectivity.

The Agile project is moving into its next phase of roll-out with piloting the 'model office'. All Agile users will be provided with an 'Agile bundle', consisting of a laptop/tablet, corporate mobile phone (if required) and a USB/Bluetooth headset.

All ICT users across the Council will receive Skype for Business (SfB) as a means of communicating: internally; to other Skype for Business using organisations; via instant messaging; via voice calling between SfB users; and via conference calling. Skype for Business will not allow external telephony services.

A profiling exercise has been undertaken and it has been estimated that that there will be a reduction in the current desk phone estate from over 4,000 to around 900. Staff have been profiled into three categories: Agile; Flexible; and Static and must justify the requirement for a desk phone on the new platform. Staff profiled as Agile and Flexible will make greater use of mobile technologies such as Skype for Business, mobile phones and personal headsets, as mentioned above.

A phased approach will be taken for implementation, to reduce risk and confirm the stability of the system and network before moving to the next phase.

Each of the four sites will be implemented separately over a three-month period. Disruption to staff and Members will be kept to a minimum where possible.

Training materials for the new Cisco phones and SFB will be placed on Staffnet and users' desks. There will also be departmental "champions" available who will have been trained prior to site implementation to assist where necessary.

2.6 Risks and Mitigations

Risks and issues have been identified and managed as part of the project. The key (high) risks and mitigating actions are as follows:

Key Risk	Mitigating Action
1. A risk that network throughput may reach / exceed capacity	Network analysis has been undertaken and QoS (Quality of Service) will be enabled on the Network. A third party is implementing this as part of the project implementation plan.
2. A risk that mobile phone costs increase in the future as current costs have been forecasted based on the Vodafone contract in place	Unified Communications project design to be taken into consideration when reviewing the mobile phone tender responses
3. A risk that SFB is not rolled out quick enough across the estate then this delays the project	Office 365 licences have been procured (agreed by CMT in December 2016, after successful completion of the pilot) with SFB aiming to be rolled out within January 2017
4. A risk that mobile phone coverage could be subject to channel capacity degradation if there are more users	This will be monitored as part of roll out and ongoing business as usual. If mobile connectivity affects council services an alternative solution will be sourced, such as, providing Cisco phones. The corporate buildings estate is likely to change in the coming years given the changes being discussed as part of transformation.
5. ABMU may change policy around charging	ABMU have stated that they will only charge for the elements of the initial installation that they undertake. Legal will encompass this into the contract with ABMU.
6. Business continuity risks – if ABMU put the Council at a lower priority in a recovery situation?	As the Council would be part of the same cluster as ABMU, it should be fixed to the same timescales

2.7 Key Implementation Milestones

The diagram below identifies the key projects milestones. The project is scheduled to be completed by June 2017.

Timeline																				
Task	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Project Initiation	█																			
Architectual Investigation	█	█	█	█	█	█	█	█												
Design Solution								█	█	█	█	█	█	█						
CISCO POC														█	█	█	█	█	█	█
Pilot Testing																				
Procurement																				
Project Board Review																				
Support Training																				
Champion Training																				
Kit Installation & Configuration																				
Project Board Review																				
Implementation																				
Phase 1 implementation																				
Phase 2 implemmentation																				
Phase 3 implementation																				
Phase 4 implementation																				
Project Completion																				

3.0 Equality and Engagement Implications

An Equality Impact Assessment (EIA) screening is complete and full EIA report has been confirmed as not required as there is no impact on the general public. The changes are all internal to staff and Members and involves infrastructure and hardware changes only.

4.0 Financial Implications

The current Administration has provided a capital budget of 500k for this project. Current financial analysis shows expenditure of £480k with a 20k contingency for use during implementation.

Ongoing revenue implications are minimal. ABMU will not be charging CCoS for any services or hosting, this is all being agreed as part of the collaboration approach. Any equipment replacement will form part of the Council's general repairs and renewals cycle for ICT equipment.

5.0 Legal Implications

The collaboration with ABMU will need to be governed by a detailed collaboration agreement setting out the roles and responsibilities of the parties and the respective obligations and liabilities so that the Council's interests are protected.

This agreement will be drafted by the Head of Legal Services and will require agreement and signature by ABMU.

All equipment/hardware necessary to deliver the project will need to be procured in accordance with the Council's Contract Procedure Rules.

Background Papers: None

Appendices: None

Agenda Item 12.

Joint Report of the Cabinet Members for Services for Children and Young People and Wellbeing and Healthy City

Cabinet – 16 February 2017

FAMILY SUPPORT SERVICES COMMISSIONING REVIEW – FOCUSING ON CHILDREN WITH ADDITIONAL NEEDS AND DISABILITIES

Purpose:	The report presents the proposed options for changes to services available to Children with Additional Needs and Disabilities which have been identified through the wider commissioning process of the Family Support Services Commissioning Review.
Policy Framework:	Sustainable Swansea: Fit for the Future Social Services and Wellbeing (Wales) Act 2014 (SSWBA) United Nations Constitution for the Rights of the Child (1992) One Swansea Plan
Reason for Decision:	To consult with our stakeholders and service users before agreeing a preferred option for implementation.
Consultation:	Corporate Management Team Cabinet Members Legal, Finance and Access to Services. Child and Family Services, Poverty and Prevention and Education.
Recommendation(s):	It is recommended that: 1 Cabinet gives approval for public consultation on the options presented in the report.
Report Author:	Julie Thomas and Jane Whitmore
Finance Officer:	Chris Davies
Legal Officer:	Lucy More
Access to Services Officer:	Anne Williams

1.0 Purpose & Summary

- 1.1 This review of services supporting children with a disability and their families is a strand of the wider Family Support Services Commissioning Review. It is a cross-service review between Child & Family Social Services and Poverty & Prevention, but there are clear interdependencies with other service areas, particularly with Education and the ABMUHB.
- 1.2 As a group, disabled children, and their families, are among the most vulnerable people in our community. The needs of these children are highly complex, and they, along with their parents and siblings, are at high risk of poor outcomes. Secure, loving family units are often key to achieving positive outcomes, but caring for a disabled child can be a stressful experience that places considerable pressure on a family. It is for this reason that we need to ensure we have an effective range of family support services in place.
- 1.3 In July 2016, Members and the Corporate Management Team agreed Swansea's vision for the delivery of Family Support Services across the Continuum of Need in addition to the desired outcomes for service users. Details of this can be found in section 2.1 and 3.2 of Appendix 1.
- 1.4 This report is asking for approval to consult on the options presented.

2.0 Background

- 2.1 This review forms part of the wider Family Support Commissioning Review, the full scope of which can be found in Appendix 2. It identifies potential options for three service areas: (i) play and community short breaks; (ii) parent / carer participation; and (iii) home care, also known as domiciliary care.
- 2.2 The Child Disability Cluster focuses on families of children and young people whose disability or illness impacts upon their lives or the lives of their family significantly and is the overriding issue that requires support for the family. The Child Disability team within Child and Family Services do not work with all disabled children therefore, but only those with the greatest need. Children accessing the Team may have a severe learning difficulty, physical impairment, sensory impairment or life limited condition. Families open to the Team receive services including overnight and community based short breaks; family support (home care, group activities); Direct Payments and Facing the Challenge. These children will also be receiving specialist support within their education setting.
- 2.3 In addition to those children open to the Child Disability Team, there is a separate cohort of children with additional needs / disabilities open to other teams within the Local Authority. Services which are not directly within the scope of this Review are:

- Overnight Short Breaks commissioned by Child and Family Services for children and families open to the Child Disability Team. Overnight breaks provide parent / carers with respite and can promote the wellbeing outcomes of children.
- Accommodation Services for children who become looked after as a consequence of family breakdown. Thankfully, there are only a small number of individuals, but when it does happen the personal and financial implications are considerable. The cost of providing accommodation to roughly 30 looked after children and young people each year (circa £3 million) is equal to the total spend on family support services for disabled children.
- The Education Inclusion Unit within Education. This department works with children who have additional needs to provide assessment via Education Psychologists, a team of Behavioural Support Officers to support Schools and bespoke packages of support for individuals to improve their development and learning.
- The ABMUHB Child Disability Team consists of Specialist Health Visitors who advise and support families with a range of parenting issues. They run clinics and sessions for families with a recent diagnosis and have a rolling programme supporting families whose children have a diagnosis of Autistic Spectrum Disorder and support families managing with physical disabilities as well.
- Child and Adolescent Mental Health Services (CAMHS) hosted by Cwm Taf University Health Board. CAMHS provides specialist mental health services to children and young people, including community mental health services and a specialist in-patient facility for young people with more complex mental health needs at Ty Lidiard in Bridgend.

2.3 These are important services but are beyond the scope of this review. This is intentional as they are particularly complex areas with multi-agency responsibilities. Further work is required to ensure any future family support services are delivered in line with developments in ABMUHB and/or Education. Key service areas not directly addressed by this Review are being taken forward in other work streams, for example:-

- Proposals regarding behavioural support will be taken forward as part of the work led by Education within the EOTAS proposals to develop a Wellbeing and Behaviour Strategy for Swansea
- Overnight short breaks provide parent / carers with respite and can promote the wellbeing outcomes of children. This provision will not be considered within this review but will be considered separately and in partnership with Education via a task and finish group.

- 2.4 As part of the review process a service comparison has been completed to compare the current service model, cost, outputs and performance with others (Bridgend, Newport, Wiltshire and Hampshire).
- 2.5 Every authority has their own characteristics of course. Nevertheless, the visits were extremely informative in shaping the options for Swansea – for example, the preferred option for play and community short breaks is based on the acclaimed model in place in Wiltshire.
- 2.5 Lessons learnt from the benchmarking exercise can also be used to inform other clusters within the overarching Family Support Commissioning review. The development of the family support continuum within Swansea to ensure that children and families receive the right support at the right time, with a focus on early help and intervention to prevent needs escalating is particularly relevant here. The Children with Additional Needs Service (CANS) in Newport is an early help service run in partnership between the Council and Barnardo's, which is specifically for children with additional needs and disabilities. During the visit to Newport it appeared to be a highly cost effective service that was highly valued by families and professionals alike. This initial view has subsequently been endorsed by an independent evaluation by the Institute of Public Care (IPC). Moving forward it is important to learn from this service when the Family Support Commissioning Reviews for the under 11's and over 11's formulate options for our own early help services.

Link to the IPC report:

<https://ipc.brookes.ac.uk/publications/Effective%20Early%20Help%20for%20Children%20with%20Disabilities%20Evaluation%20in%20Newport%20June%202016.pdf>

- 2.6 Detailed information and further key lessons are available in Appendix 3.

3.0 Options Appraisal

- 3.1 On 10th October 2016, a multi-agency workshop was convened to critique the options and assess the best model to deliver the desired outcomes. A delivery model matrix has been completed and scored based on criteria corresponding to five core themes - Outcomes, Fit with Priorities, Financial Impact, Sustainability and Viability and Deliverability. Every option was evaluated on its ability to meet each of the criteria.
- 3.2 There are options available for three service areas, Play and Leisure Opportunities, Parent and Carer Participation and Homecare which are structured in the tables below.

Play And Leisure Opportunities (including Community Short Breaks)		
Option 1	Option 2	Option 3
<p>Continue As Is.</p> <p>Child and Family Services and Poverty and Prevention continue to commission services separately and contract with a number of providers for a variety of different services:</p> <ul style="list-style-type: none"> • Action For Children for POPS • Local Aid • Interplay • Ysgol Pen-Y-Bryn Playscheme. • Play and Leisure Opportunities Library 	<p>Continue to contract a range of different services but look to do so on a joint basis between Poverty and Prevention and Child and Family Services, with the former taking the lead.</p>	<p>Develop a Short Breaks Scheme akin to that in Wiltshire.</p> <p>This means providing a financial grant or vouchers to eligible families which can then be used to help the disabled child to access the play / leisure activities / community short break of their choice.</p> <p>To be effective this might require the local authority to provide a small amount of grant funding to some of the providers, at least initially, so they have the time to adapt to this new model of funding.</p>
<p>Benefits</p> <ul style="list-style-type: none"> • Continuity for families and staff. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Encourages the escalation of need as families have to be open to C&FS to access many of the services. • Unsustainable. Many organisations are already having to reduce/withdraw services because of lost funding. • There would likely be some change even under this option. Both Departments would still need to undertake some re-procurement activity or risk failing to meet the requirements of the Public Contract Regulations. 	<p>Benefits</p> <ul style="list-style-type: none"> • Avoids unnecessary escalation of need. • Future contract(s) could be streamlined with clear focus on delivering a more consistent and equitable range of (i) holiday play schemes, (ii) afterschool clubs; and (iii) Saturday clubs etc. • An opportunity to develop a consistent outcome focussed approach. • Opportunities to ensure we receive value for money on a more consistent basis. • Could potentially revive the market place. • Families do not need to escalate to Level 4 of the Continuum to receive a service. <p>Issues and Risks</p> <ul style="list-style-type: none"> • A change for families who 	<p>Benefits</p> <ul style="list-style-type: none"> • Avoids unnecessary escalation of need. • Gives families control to access the services they wish rather than those designed by the authority or others. • If parents are free to spend their money where they wish then it may stimulate the market place to develop innovative and high quality solutions. • Families do not need to escalate to Level 4 of the Continuum to receive a service. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Challenge of developing a legally appropriate eligibility criteria. • The current providers will struggle to adjust to delivering services without any certainty that parents will

<ul style="list-style-type: none"> • Does not address concerns regarding the difference in unit costs between services. • The majority of funding is tied up in community short breaks which support a relatively small number of families open to the Child Disability Team. • Does not address equity issues for families not accessing services. 	<p>use the existing service.</p> <ul style="list-style-type: none"> • Potential impact to staff in existing services (though there are opportunities for staff in struggling organisations). • Challenge of managing a change programme. 	<p>choose to spend it with them. The authority will need to build in some core funding for key organisations to address this income issue.</p> <ul style="list-style-type: none"> • There will be administration costs of implementing the Scheme. • A highly complex change programme would be required for the authority, partners and providers. • Risk of public money being spent inappropriately if parent/carers do not spend the money as hoped.
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Parent Carer Participation	
Option 1	Option 2
<p>Provision of a Development Worker with Children, Young People and Families impacted upon by Disability.</p> <p>There are also a number of other parent / carer groups that have formed with little or no input from the Council.</p>	<p>Provide additional resources for the development of an independent Parent/Carer Council (as Wiltshire model describes). Working in partnership with the local authority, the Parent Carer / Council will be managed by a Development Worker but with much of the work undertaken by volunteer Parent / Carers. It shall have a number of roles:</p> <ul style="list-style-type: none"> • Provision of a Parent/Carer support group that reaches out to a large number of parent / carers. • Provides the means for parent / carers to communicate with a clearer and stronger voice. • Parent / carers are given the vehicle for working in partnership with the Council to regularly review provision to children with disabilities and meet changing need together. • Developing a number of volunteer parent/carer representatives. • Providing information, advice and assistance. • Organising training / development workshops • Facilitating improved social outcomes – developing social networks etc. • Influencing services at Strategic Level.

	<ul style="list-style-type: none"> • Building relationships with partner agencies. • Assisting with the creation of clear pathways to ensure agencies are coordinated and accountable in decision-making. • Exploring funding opportunities not available to the local authority that can enhance the lives of parent / carers in Swansea.
<p>Benefits</p> <ul style="list-style-type: none"> • Well established, already in place. • No further costs. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Doesn't routinely capture the views of a high proportion of parent/carers. • Limited opportunities for parent/carers to engage in shaping future services. • Risk of marginalising parent/carers. 	<p>Benefits</p> <ul style="list-style-type: none"> • We will be working in collaboration with parent/carers - very much in line with the ethos of the SSWBA 2014. • Parent/carers will have an opportunity to shape services of the future. • It may support an improvement in the relationship between parent/carers and the Council. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Using volunteers to run large elements of the Parent Carer Council could be a risk in terms of the commitment of time and resources required to perform the role fully. • Costlier provision.

Home Care / Domiciliary Care		
Option 1	Option 2	Option 3
<p>Continue As Is –</p> <p>A very small external provider has capacity to deliver a maximum of 1 - 2 packages.</p> <p>Our in-house Flexible Home Support Service provide short term intervention of up to 12 weeks to families who are at risk of breakdown.</p>	<p>Changes to the Flexible Home Support Service: -</p> <ul style="list-style-type: none"> • A change in the criteria to enable provision to be provided for up to 12 months to families who are need of support. • Secure additional staff to be able to offer more personal care assistance and/or sitting service in family home or venue. 	<p>Focus on facilitating the independent home care market to increase their capacity to work with children.</p>

<p>Benefits</p> <ul style="list-style-type: none"> • Services are already established and in place. • No further costs. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Short term provision from Flexi isn't always able to meet need. • Insufficient capacity to meet demand. 	<p>Benefits</p> <ul style="list-style-type: none"> • Builds upon an already well established provision. • Provision can be delivered more flexibly to better meet needs. • Increased capacity. • Help to stop/reduce spend with external Home Care providers. <p>Issues and Risks</p> <ul style="list-style-type: none"> • We would need to ensure that the Flexi Support Service doesn't create dependency. • Additional cost. 	<p>Benefits</p> <ul style="list-style-type: none"> • This option may generate greater capacity if it was successful. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Our experience of independent agencies is that they often lack the capacity to provide a reliable or consistent service.
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3.3 Following the stakeholder workshop the preferred option for each area is explained below, a full breakdown of the scores are attached at Appendix 4.

Play and Leisure Opportunities - The preferred option for play and leisure opportunities is to incrementally develop a grant scheme similar to that run by Wiltshire (Option 3), however Option 2 scored very similar.

Parent and Carer Participation - The preferred option would be to build upon the existing good work undertaken by key practitioners from SCVS and other organisations by the formation of a parent carer forum and further explore Option 2.

Home Care - The preferred option in this service area and the most significant change associated with the preferred option is the increase in the capacity of the in-house Flexible Home Support Team (Option 2). This would equip it with greater capacity to respond to family crises.

4.0 Preferred Options – Legal Implications

4.1 Legal advice will be needed as proposals are developed and shaped. It is clear that there will be employment, contractual and property law issues associated with a wholesale change in service provision. It is important that assessments focus on whether any proposed service provision will be sustainable and enable the Council to fulfil its

obligations to families and children under the Social Services and Wellbeing Act.

5.0 Preferred Options – Financial Implications

5.1 It is very difficult to complete a full and accurate financial analysis at this point in time as further consultation and joint planning with ABMUHB and Education to develop options is needed.

5.2 It is estimated that we spend approximately £560,000 on the service areas in scope. The intention is to deliver the proposed options on a cost neutral basis. In the longer term, as the general approach advocated by the Preferred Options is towards greater prevention and early intervention, it is intended that the changes will enable cost avoidance and/or savings to be achieved.

5.3 It is acknowledged that this paper does not provide specifics in terms of finance. The reasons for this are: -

- Most of the services within the scope of the review have been in place for several years, if not decades. Despite increasing demand as the population of disabled children increases and mounting expectations of the local authority to provide support, there has been little change in the funding levels or work completed in ensuring services are joined up and effective.
- Some initial investment may be necessary to kick start the transformation and modernisation of services. As the general approach is towards a more early intervention preventative approach, this will enable cost avoidance and/or savings to be achieved in future years. Two obvious budgets which would be influenced by this area of work are (i) looked after children accommodation budget; and (ii) the education budget for children educated out of area.

6.0 Preferred Options – HR Implications

6.1 The Review broadly describes a move towards greater in-house provision. However, where there is any restructuring required and potential for redundancies then it will be subject to all HR procedures and guidance. This will include sufficient consultation with staff and unions. Any potential risk to employees will be minimised and mitigated as much as possible.

7.0 Consultation

7.1 Given the nature of these options and the potential impact they may have on our service users, a full consultation exercises should be completed prior to decision making.

7.2 If approved, it is proposed that a 12-week consultation will begin on February 27th and run until May 21st. A consultation and engagement

plan can be found in Appendix 5 which outlines the types of activities that will be completed to gather as much feedback from stakeholders as possible. Additionally, a clear explanation of each option will accompany the consultation questions and both of these documents are available as Appendix 6 and 7.

7.3 These options and associated services directly impact children and young people, and, as the most important stakeholder it is critical is that children and young people are enabled to participate in the consultation exercise. To support this the questions have been adapted to allow children and young people to express their views on the proposed options. These documents are available in Appendix 8 and 9.

7.4 In developing the plan, we have sought to follow the Government Consultation Principles (2016) that consultation should:

- **Be clear and concise** – using plain language and avoiding acronyms. Make questions easy to understand and easy to answer.
- **Have a purpose** – ensure you take consultation responses into consideration when taking plans forward and ask for consultation at a formative stage of the process.
- **Be informative** – give enough information to ensure that those consulted understand the issues and can give informed responses.
- **Last for a proportionate amount of time** – Take into account the nature and impact of the proposal. Ensure that there is the right balance to get the quality of responses.
- **Be targeted** – Consider the full range of people, business and voluntary bodies affected by the proposal and whether representative groups exist. Ensure they are made aware and can access it. Consider how to tailor consultation to the needs and preferences of particular groups that may not respond to traditional consultation methods.
- **Take account of groups being consulted** – Consult stakeholders in a way that suits them. Charities may need more time to respond than businesses, for example.
- **Be agreed before publication** – Seek collective agreement before publishing a written consultation.
- **Facilitate scrutiny** – Explain consultations that have been received and how these have informed the proposals going forward.

8.0 Equality

8.1 A full EIA report has been opened and will be progressed during the consultation period. This will be amended throughout the consultation period.

Background Papers:

None

Appendices:

- Appendix 1 – Gateway 1 Report
- Appendix 2 – Family Support Review Scope
- Appendix 3 – Gateway 2 Report
- Appendix 4 – Options Scoring Matrix
- Appendix 5 – Outline Consultation Plan
- Appendix 6 – Options Explanation Document
- Appendix 7 – Questions for Adults
- Appendix 8 – Questions for Children
- Appendix 9 – Words and Pictures
- Appendix 10 - EIA

Commissioning Gateway Review Report & Stages Checklist

Contains:-

1. **Part 1:** Review Overview and Details
 2. **Part 2:** Stages Checklist
 3. **Part 3:** Gateway Approval
-

PART 1 – REVIEW OVERVIEW

Commissioning Strand Lead:	Julie Thomas & Sarah Crawley
Service Review Lead:	Karen Benjamin
Service Review Title:	Family Support Continuum

1 Purpose of Report

- 1.1 This report is to request approval to move onto Stage 3 within the Commissioning Process and provide evidence the Service Review has completed all relevant tasks as part of the commissioning process.

Please tick which stages the Gateway Review Report is for:

√	<i>Stage</i> 2	x	<i>Stage</i> 4
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This report addresses Stage 1 – Desired Outcomes and Stage 2 – Service Assessment for consideration and discussion.

2 Service Review Details

2.1 Service Overview

This review is a cross service review primarily within the People Directorate between Child & Family (thereafter referred to as C&F) Social Services and Poverty & Prevention (thereafter referred to as P&P). Where there are interdependencies with other service areas and cross Directorate these are highlighted as such but primarily include Education, Housing and the Local Health Board.

In Swansea we believe that Children’s needs are best served in their own families if this can be safely supported. Helping families stay together must therefore be a key focus for all services and begins with early identification of need and effective early intervention. Preventative and early support services can reduce the number of children and young people

reaching the threshold for statutory intervention for example, children requiring a child protection plan, care proceedings or needing to become looked after. Most importantly preventative and early intervention support can promote good wellbeing outcomes for children and young people, helping them to live a healthy and fulfilled life.

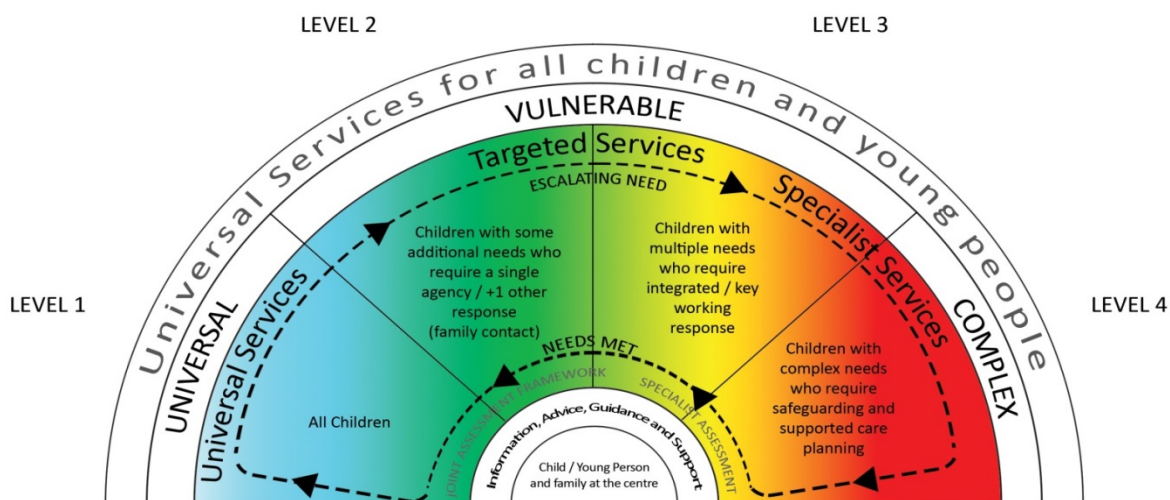
We need to build the resilience of parents and families and give them the skills and confidence to provide a family environment in which children and young people can thrive. This includes direct support when families are struggling, as well as developing and building capacity in families, their support networks and communities, to sustain change and meet their children’s long term needs.

For the purpose of this review the definition of Family Support is agreed as:

“Family support is both a style of work and a set of activities; combining statutory, voluntary, community and private services, primarily focused on early intervention across a range of levels and needs with the aim of promoting and protecting the health, wellbeing and rights of all children, young people and their families in their own homes and communities, with particular attention to those who are vulnerable or at risk, and reinforcing positive informal social networks”.

The Family Support Continuum stretches from universal services at Level 1, open access to all citizens in the City & County of Swansea, through to statutory child protection services at Level 4. The Family Support Services Continuum is best visually presented as:

How we Support Children and Families in Swansea



The purpose of the review is to fully map existing services on the Continuum of need, to identify gaps in service, identify duplication, review current outcomes performance, look at best practice examples of how the services on the Continuum of need could be delivered more effectively, more efficiently and within a financially sustainable framework for the future.

The Social Services and Wellbeing (Wales) Act 2014 ('The Act') is a key piece of legislation that was introduced across Wales in April 2016. It emphasises the importance of local authorities having a coherent approach to preventative work within our communities and it defines what these services are expected to achieve.

The service review has a number of overarching and interlinked Council policies, strategies and frameworks of which to be mindful. The key strategic documents are: The Early Years Strategy; Safe LAC Reduction Strategy; C&F Placement Strategy; The Child Disability Strategy; Corporate Parenting Strategy; Sustainable Swansea, Fit for the Future; and Keeping in Touch strategy/Youth progression and engagement framework .

2.2 Service Review Scope

The scope of this review is the largest to date in the Sustainable Swansea Programme. Attached at **Appendix 2** is the Scoping document which provides the detail of the family support continuum service areas within the review.

For ease of consideration and analysis those services linked to families with children and young people with a disability are clustered together.

Where services on the continuum provide similar or complementary services but across the different levels of need from Level 1 through to Level 4, these are also clustered together.

2.3 Is the current Service Model sustainable?

The review has not been tasked with specific financial savings however both C&F and P&P are tasked with identifying savings within their service areas which are likely to encompass the services within scope.

C&F have a budget reduction target of 15% equating to £6 million by the end of financial year 2017/18.

P&P have a budget reduction target of 5% of their core funding budget equating to £250,000 by the end of financial year 2016/17

A complicating factor is large areas of service within scope in P&P are Grant Funded by Welsh Government (hereafter referred to as WG). Grants equate to 75% of the overall budget for P&P. The future sustainability of these Grants is outside the control of the Council and Local Government. However in the awarding of the 2016/17 Grants WG has consulted on plans to restructure the administration of future Grants and a 12% reduction in the Families First Grant has been implemented.

Given the political context of austerity measures that creates uncertainty around future Grant awards it's important that this review consider whether elements of service funded in this way could or should, if required, be transferred to core funding streams. This will be considered at Stage 3 and Stage 4 of the review process.

The service model cannot run at a profit or full cost recoupment due to the nature of the business and scope. That said there may be opportunities for income generation which will be explored at Stage 3 and Stage 4 of the Review.

3.0 STAGE 1 – DEFINE OUTCOMES

3.1 Purpose of Stage 1

Stage 1 of the Commissioning Review process is about defining outcomes:

What are the outcomes that we want to deliver and for whom?

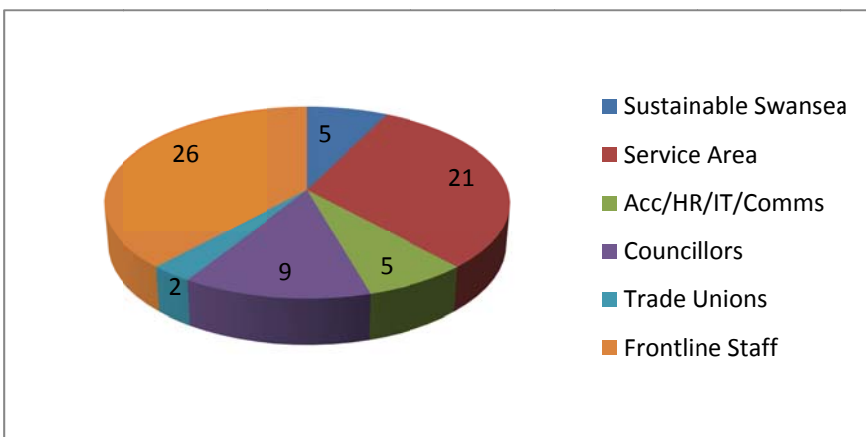
Stage 1 workshops with stakeholders took place on the 7 April 2016 and 6 May 2016 focussing on 4 main areas;

1. Hopes and Concerns
2. Family Support Continuum Service Vision
3. Needs, Current Outcomes and Desired Future Outcomes
4. SWOT and PESTEL exercises

Both workshops were facilitated by the nominated commissioning review leads and core group members' not external facilitators.

The review conducted a second workshop with frontline staff to ensure that those colleagues who will be fundamental to implementation are fully engaged in the commissioning review process from the outset. This workshop was a positive addition to the process and added to the value of Stage 1 of the review.

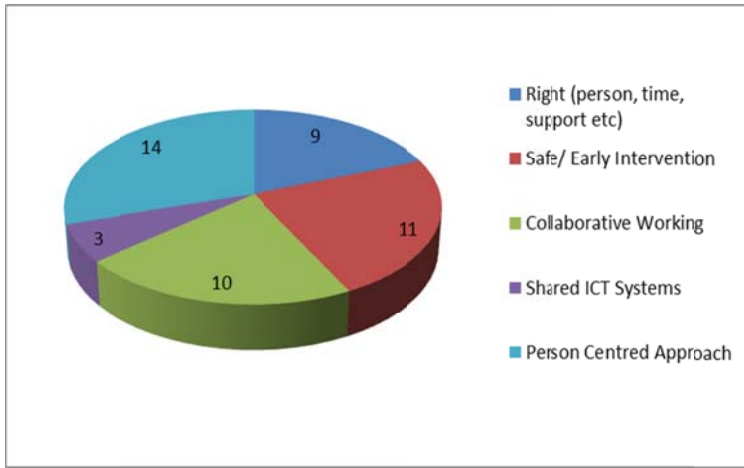
The workshops were attended by 68 colleagues from 8 different areas of the authority, including senior staff, front-line staff and councillors.



3.2 Service Vision and Outcomes

Analysis from the workshops identified the key elements of the vision to be:

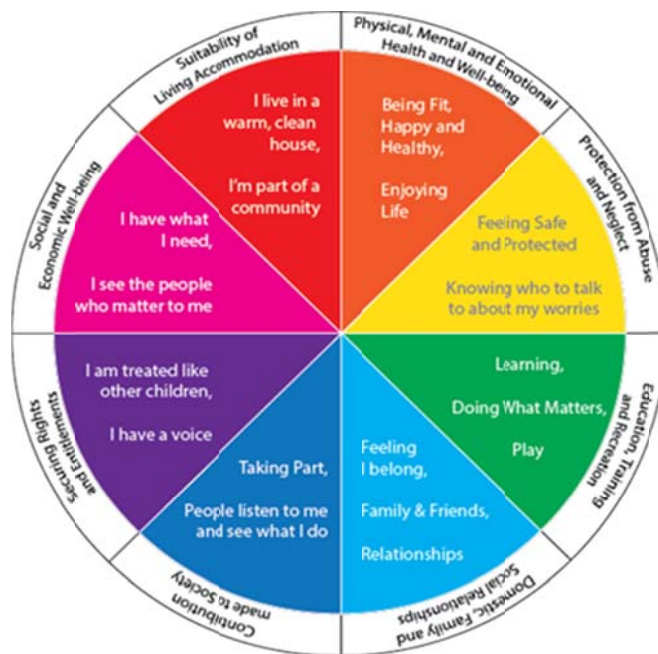
- A person centred; whole family approach
- Delivered via safe and early intervention
- Through collaborative working
- And shared ICT systems
- To deliver the right family support, to the right families, at the right time.



The vision can be distilled as:

Swansea's vision for the delivery of Family Support Services across the Continuum of Need is that through early identification of need and early intervention, targeted services working with a whole family approach will empower families to problem solve, build resilience and sustain change. The services will be delivered through collaborative multi-service and multi-agency working, supported by co-location and shared ICT systems, in a proactive, timely way to prevent escalation of need and to de-escalate existing need.

with colleagues.

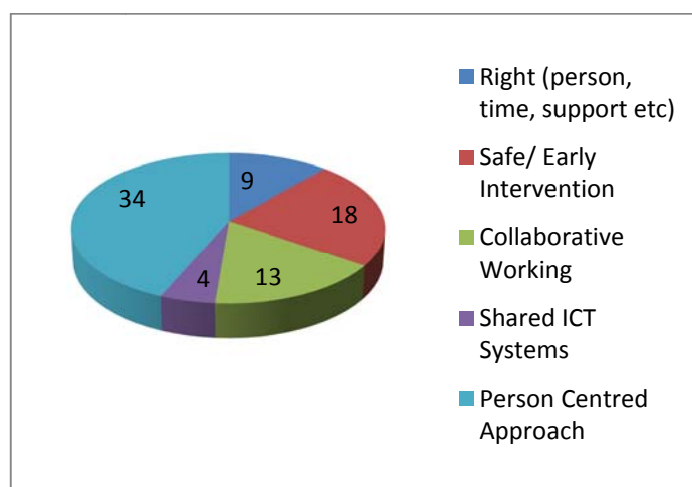


The Prevention Delivery Board, which reports to the Sustainable Swansea Board, proposed the desired outcomes for the Continuum as:

- 1) Improved outcomes for children and young people by working together effectively across the continuum of need, a requirement of the SS & Wellbeing Act 2014

- 2) *Provide timely support to families that promotes resilience, independence and engagement with their local community*
- 3) *Prevent or delay the need for more intensive interventions*
- 4) *Where it is clear needs are escalating, we will ensure that families move up the continuum to receive the co-ordinated support necessary to meet their needs, (a 'step-up' arrangement). For those families who are demonstrating an ability to meet their children's needs following more intensive support, a 'step down' arrangement, to an appropriate level (and eventually to universal services if possible) would be followed. By maintaining a focus on the child we want to make sure that there will always be someone who is able to identify when things are not going well for them and know what to do and where to get help or advice about possible next steps.*
- 5) *Make best use of resources by identifying and realising the efficiencies that can be made by coordinating existing support services (e.g. duplication, overlaps)*
- 6) *Prioritise and roll out new models of service delivery*
- 7) *Strengthen the early intervention and preventative services that already exist within the City and County of Swansea, and where necessary realign them, to support the prevention /wellbeing of vulnerable children and families at a time of identified need.*
- 8) *Develop a commissioning strategy across the continuum of need.*
- 9) *Provide a consistent approach across the authority that is understood by families, and service providers across the continuum and includes a proportional joint assessment, performance management framework, threshold document.*
- 10) *Consistent IT and performance management arrangements*

Data analysis of desired outcomes from the workshop is captured under the themes of:

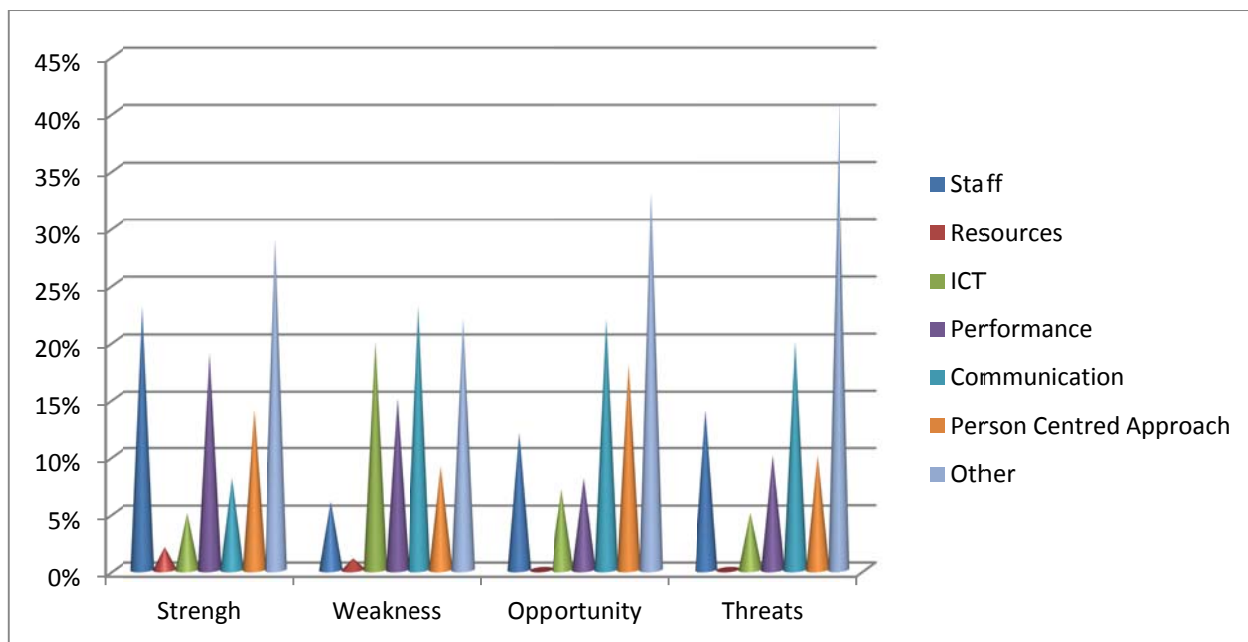
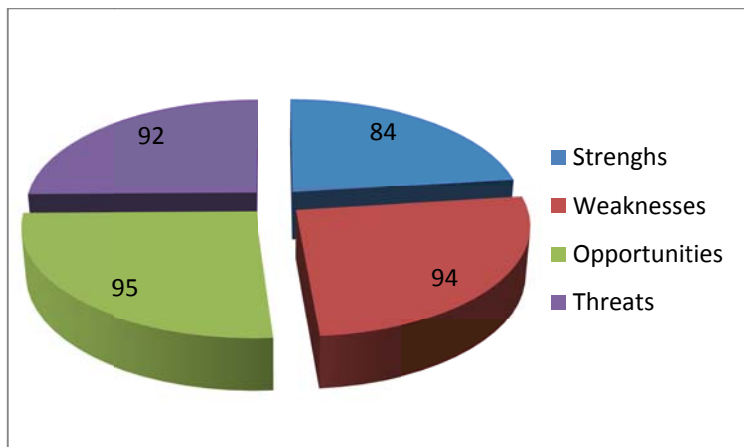


Attendees spoke in an informed, outcomes focussed, evidenced based manner on the benefits of a person / child centred model that worked with the whole family in understanding the need for change, setting clear goals, having motivation to achieve those goals and sustain them beyond the timescale of service delivery. A shift towards working with a person centred approach starting 3 years ago was a key area of discussion in identifying where good outcomes were currently being delivered and an area that should be expanded across the Continuum. Pilot projects were cited as specific examples of this in both C&F and P&P.

There was a broad consensus from attendees with the desired outcomes identified at a strategic level and it was pleasing to see real examples presented to support the direction of travel in achieving these outcomes.

The workshops identified that frontline staff have an appetite for change that will deliver these outcomes; they are engaged and positive that the review can deliver a service model across the Continuum of Need to support families at the right time and in the right way. Attendees were well informed of examples of best practice models that will feed into Stage 3 Benchmarking.

Data analysis from the SWOT exercise demonstrates balanced feedback and a commitment to looking for opportunities and solutions where there are currently perceived weaknesses or threats.

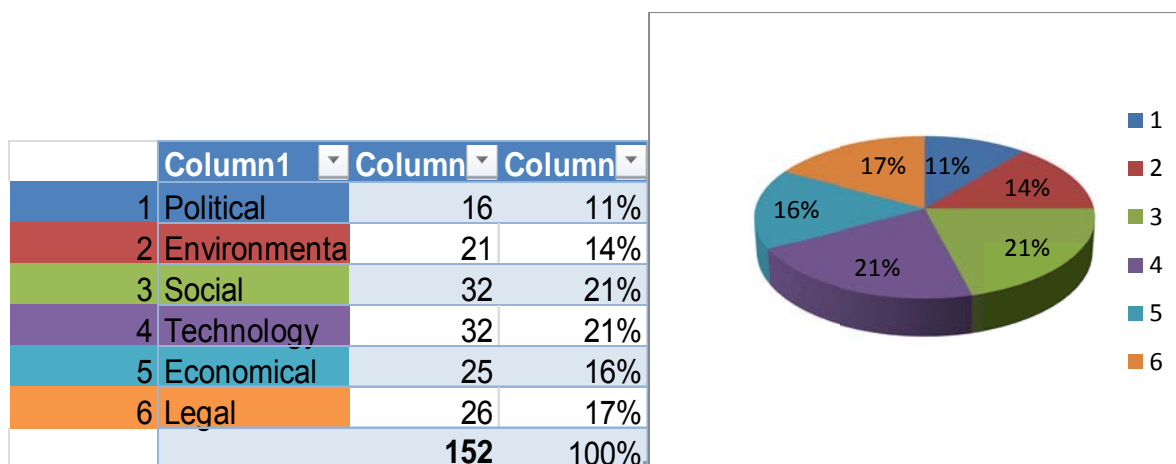


Communication between services in C&F and P&P within the scope of the review was highlighted as a key weakness, a great opportunity for us to develop the continuum through increased collaboration, co-production and shared best practice but a threat if it is not improved. There was extensive discussion about establishing clear interfaces between services to enable better communication and minimise duplication for service users ‘telling their story’.

Linked to communication priorities was the weakness of ICT support to enable sharing of information. The inconsistency and incompatibility of ICT systems was a point of clear frustration across all services represented.

The use of the person / child centred approach runs as a thread through the SWOT analysis reinforcing the link to outcomes.

Data analysis from the PESTEL workshop highlights social concerns, predictably, as the main anticipated influence given the social wellbeing context in which the service model is delivered.



Technology is also highlighted as a key factor. This was raised in the context of how rapid technological developments are now inextricably linked to social interactions and the risks this brings to our more vulnerable children in the form of social media platforms, internet grooming, sexting, trolling etc. There is anxiety in this area that as professionals we are at least one step behind the rapidly evolving technology and identification of the risks it can pose to the fabric of families’ social interactions and wellbeing.

4.0 STAGE 2 – SERVICE ASSESSMENT

4.1 The purpose of Stage 2

At Stage 2 data is collated to evidence:

What we currently do? Do we deliver the Outcomes we need to deliver?
How much does current service delivery cost?

4.2 How much does the Current Service Model Cost?

At a Service Level spend the figures are captured in the table below:

Service Area	Budget 2015/16	Actual Spend 2015/16	Variance	Core Budget	Grant Budget
C&F					
P&P					
Housing					
Total					

These figures demonstrate the level of spend by the Council is a significant investment in family support services across the continuum of need. The importance of getting the review right however is not limited in its financial impact to the services in scope but impacts critically on Council spend of C&F statutory services, adult social services and education department.

Attached at **Appendix 1** is the detail of the financial breakdown by Service area for detailed consideration.

PART 2 – COMMISSIONING STAGES CHECKLIST

(Review Lead and Team to complete, please provide rationale or evidence to your responses below)

There are guidance templates available as part of the Commissioning Principles & Process and these can be found on the commissioning webpages??

<u>Stages & Key Questions</u>	<u>Yes/No</u>	<u>Appendix **</u>
Stage 1 - Define Outcomes		
Arranged and identified a facilitator and held workshop to start the engagement and development for the Stage 1 Process.	Yes	<u>Appendix 3</u>
Did you identify and engage with initial key stakeholders to achieve Stage 1? <i>(This included cross section managers, frontline staff, Members and other interested staff)</i>	Yes	
Has the review produced the tools defined in the Principles (SWOT & PESTEL)	Yes	
Developed Statement of Vision and Outcomes	Yes	
Stage 2 – Service Assessment <i>(guidance available)</i>		
Have you identified how you measure performance, effectiveness and innovation and evidenced this as part of the Gateway report?	Yes	
Do you know what customers (in particular), staff, Members, partners etc say about the current model?	Yes	
Have you gathered all the financial data and know what is the current cost of the service we provide and do we know if this provides value for money?	Yes	
Do you work with other departments to achieve your service outcomes (e.g. SLA's, existing contracts, partnerships etc)	Yes	

** All appendixes are to be provided with the Gateway review report for reference purposes. The Commissioning Process has templates that can be provided for guidance to use or the Service Review can develop their own templates in their required format (if necessary).

PART 3 - Gateway Review Approval (to be completed by Gateway Review)

The Gateway Report will provide an overall status of the Review at the Gateway it's being assessed at Stage 2 and Stage 4. A RAG system will be used to highlight the overall recommendations made by the Gateway Review definitions below:-

RAG	Gateway Decision	Definition
Red	Stop	The Gateway identified significant issues that require immediate action before the Review can proceed onto the next stage.
Amber	Conditional Approval	The Gateway identified issues that must be actioned before next Gateway Review.
Green	Approved	Review to proceed onto the next Stage of the process, but to address any recommendations from the Gateway Review.
Recommendations (if applicable)		Overall RAG
		Red <input type="checkbox"/> Amber <input type="checkbox"/> Green <input type="checkbox"/>
Sign off		
Chief Executive :		
Lead Director/Sponsor:		
Review Cabinet Member:		
Date:		

Commissioning Review - Scoping Template

Review/Service Area: People Directorate - Family Support Services Continuum from Poverty & Prevention through to Child & Family Services.	Budget Savings anticipated : £ unknown
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Complexity (H, M, S) – Medium Complexity (across Service areas)

Scope of Service Review	Rationale?	Key Issues; Constraints; Interdependencies	Allocated Resources (agreed) <i>(Service Area, BC, Corporate Services etc)</i>
<p><u>In-Scope:</u> <i>Services whose stated purpose and remit is to provide Family Support to citizens in Swansea to positively impact their Wellbeing, Safety and Improve Life Outcomes. To include services that may currently target single elements of the family but are to the benefit of the whole family structure, dynamic, and integral to delivering Wellbeing Outcomes.</i></p> <p>C&FS:</p> <ol style="list-style-type: none"> 1. Family Support <ol style="list-style-type: none"> a. Intensive Team b. Family Engagement Team c. Parenting Support d. Flexi Home Support e. Child Minding Service 2. Foster Swansea <ol style="list-style-type: none"> a. Short breaks scheme b. Parent and baby placements 3. Short Breaks Child Disability Service 4. Direct Payments 	<p>Crosscutting rationale:</p> <ol style="list-style-type: none"> 1. Review of existing Family Support Services to identify gaps or duplication of service the key vulnerability areas and risk factors that most impact our service users 2. Realignment of services across the Directorate to evidence a clear continuum of family support services targeted at the areas of identified need. 3. Collective responsibility of a whole family approach (team around the family). 4. Compliance with the Social Services and Wellbeing Act, its ethos of prevention, empowering citizens to achieve positive wellbeing outcomes and its Requirements. 	<p>Interdependent Strategies:</p> <ul style="list-style-type: none"> - Early Years - Child Disability - Safe LAC Reduction - Sustainable Swansea <ol style="list-style-type: none"> 1. Need to demonstrate cost effectiveness across all areas 2. Staffing implications 3. Appetite for change and transformation to improve outcomes for children and families 4. Change of service delivery model 5. Consultation exercises with stakeholders who can be difficult to engage 6. Change management to consistent performance indicators for evidence based practice demonstrating positive outcomes 7. Shared IT systems 8. Working practices to support local delivery of services 9. Significant financial benefit at risk 10. Interdependency across the People Directorate plus with Housing and Supporting People. 11. Link with other commissioning reviews as appropriate 12. Link with Senior staffing review 	<ol style="list-style-type: none"> 1. Lead: Karen Benjamin (C&FS) Agreed 2. C&FS (as required) <ol style="list-style-type: none"> a. Sandra Doolan (Family Support Manager) b. Teresa Mylan Rees (Wellbeing Service Manager) c. Sarah Thomas (foster Swansea) d. Michelle Apthorpe (CDT) e. Nichola Rogers (SCP Principal Officer) f. Lorraine Williams (IFSS) 3. Poverty and Prevention (as required) <ol style="list-style-type: none"> a. Sian Bingham (EI Services Manager) b. Gavin Evans (YP Services Manager) c. Chris Griffiths (Level 3 Manager) d. Sharon Llewelyn (Flying Start) e. Mark Gosney (Families First Co-ordinator) f. Lynda Hill (Parenting Manager) g. Sue Peraj (TAF Manager/ Level 3 Pilot Manager) h. Allison Williams (Family Centres and Information Service) 4. Education / Supporting People / Housing – as appropriate.

- 5. IFSS (local fit)
- 6. DA Hub (Joint Continuum Project with Poverty & Prevention)
- 7. Townhill Pilot (Joint Continuum Project with Poverty & Prevention)
- 8. Breaking the Cycle (Joint Continuum Project with Barnardo's: Grant Funded)

Poverty & Prevention:

- 1. Family Support Services (Families First Funded)
 - a. Parenting Support
 - b. Play Team
 - c. Family Information Service
 - d. Family Support Team
 - e. Eastside Family Support project (Faith in Families)/Communities First funding
 - f. Smart Steps
 - g. TAF
 - h. Cwtch Project/Teen Start
 - i. 4-10 team
 - j. Youth Service (Levels 2 & 3)
- 2. Child Disability Services
 - a. Young Carers Project
 - b. Buddies
 - c. Stepping Stones
 - d. Early Living development worker (Action for Children)
 - e. Family Support with SNAP
 - f. Play disability grants
- 3. Family Centres
 - a. Mayhill
 - b. Clwyd

- 5. Significant budget reductions required.
- 6. Sustainability of grant funded projects as opposed to core funded.
- 7. Pooled budget efficiencies to be explored.
- 8. Existing service model is unsustainable given the corporate financial delivery targets projected over the next 3 years.
- 9. Perception / reality of service duplication across the Directorate.
- 10. Perception / reality of gaps in support services across the Directorate.
- 11. Perception / reality of operational inefficiencies across the Directorate.
- 12. Extend the existing evidence based outcome focussed practice, which is required to sustain funding for service delivery.
- 13. Identify opportunities for collaboration internal and external to Directorate and Local Authority. To the benefit of improved service delivery and cost reduction.

- 13. WG funding requirements – grant terms and conditions
- 14. On-going reduction in Welsh Government funding for Families First/ or changes to the WG funded programme requirements.

- 4. Family Substance Support
 - a. Sands
- 5. Services provided to support families under the Early Years Strategy (as above), and through Flying Start.

Education:

- 1. Non- teaching staff targeted at family support such as EWOs.

Housing & Supporting People

- 1. Tenancy support needs of families and children involved with statutory services or at risk of involvement with statutory services.
- 2. Support for victims and families of domestic abuse.

Out of Scope: (reason why)

- 1. 16+ Service (scrutiny of own Board & work programme)
- 2. Substance Misuse (scrutiny of own Regional Board & work programme)
- 3. Youth Offending Prevention Services (scrutiny of own Regional Board & work programme)
- 4. SEN & ALN (subject of separate scoping document)

14. Greater collaboration with other councils and local organisations, community groups and residents. To the benefit of service delivery and cost reduction.

15. Identify stopping services that do not fit need or demonstrate good and improving wellbeing outcomes.

16. Identify any gaps in capability and capacity with regards to the preferred service model.

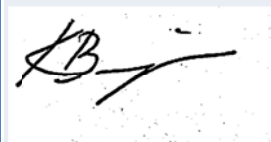
17. Develop approaches that will help us understand the external market.

18. Consistent performance indicators that cross-cut the continuum and evidence outcomes.

19. Review of management in line with the senior staffing review.

**Sign off
Director
Lead Cabinet Member
Review Lead**

Signature



Date

**Family Support Commissioning Review
Focusing On Children with Additional
Needs and Disabilities**

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1. Background - What is the purpose of the Review?

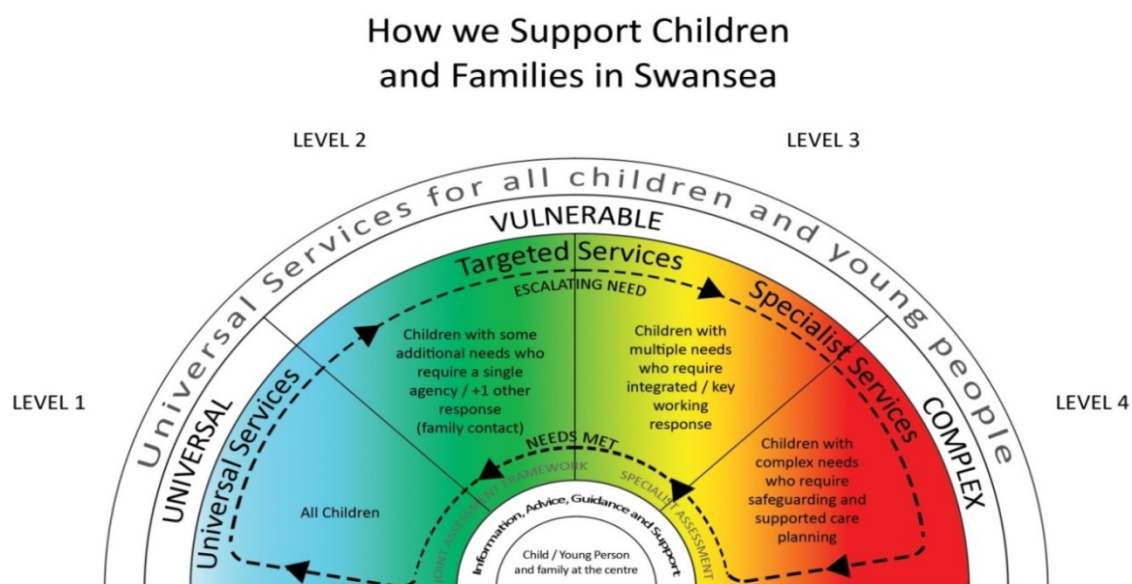
This Review of services supporting children with a disability and their families is a strand of the wider Family Support Commissioning Review. It is a cross-service review between Child & Family Social Services and Poverty & Prevention, but there are clear interdependencies with other service areas, principally with Education and the Abertawe Bro Morgannwg University Health Board (referred to hereafter as ABMUHB).

As a group, disabled children and their families are among the most vulnerable people in our community. Their needs can be highly complex, and they, along with their families are at high risk of poor outcomes such as social isolation and economic disadvantage. Secure, loving family units are key to achieving positive outcomes, but caring for a disabled child can be a stressful experience that places considerable pressure on a family. It is for this reason that we need to ensure we have an effective range of family support services.

The Family Support Commissioning Review has adopted the following definition of family support:

“Family support is both a style of work and a set of activities; combining statutory, voluntary, community and private services, primarily focused on early intervention across a range of levels and needs with the aim of promoting and protecting the health, wellbeing and rights of all children, young people and their families in their own homes and communities, with particular attention to those who are vulnerable or at risk, and reinforcing positive informal social networks”.

Swansea has also developed and adopted the following diagram to illustrate how family support should be provided proportionately across the continuum of need.



Swansea's **Vision** is that through early identification of need and early intervention, targeted services working with a whole family approach will empower families to problem solve, build resilience and sustain change. The services will be delivered through collaborative multi-service and multi-agency working, supported by co-location and shared ICT systems, in a proactive, timely way to prevent escalation of need and to de-escalate existing need. This Review is just one piece of the jigsaw to achieving this ambitious Vision.

The specific **Outcomes** identified for this Review are:

- Improved outcomes for children and young people by working together effectively across the continuum of need, a requirement of the Social Services and Wellbeing Act 2014.
- Provide timely support to families that promotes resilience, independence and engagement with their local community.
- Prevent or delay the need for more intensive interventions.
- Where it is clear needs are escalating, we will ensure that families move up the continuum to receive the co-ordinated support necessary to meet their needs, (a 'step-up' arrangement). For those families who are demonstrating an ability to meet their children's needs following more intensive support, a 'step down' arrangement, to an appropriate level (and eventually to universal services if possible) would be followed. By maintaining a focus on the child we want to make sure that there will always be someone who is able to identify when things are not going well for them and know what to do and where to get help or advice about possible next steps.
- Make best use of resources by identifying and realising the efficiencies that can be made by coordinating existing support services (e.g. duplication, overlaps).
- Prioritise and roll out new models of service delivery.
- Strengthen the early intervention and preventative services that already exist within the City and County of Swansea, and where necessary realign them, to support the prevention /wellbeing of vulnerable children and families at a time of identified need.
- Develop a commissioning strategy across the continuum of need.
- Provide a consistent approach across the authority that is understood by families, and service providers across the continuum and includes a proportional joint assessment, performance management framework, threshold document.
- Consistent I.T. and performance management arrangements.

Although Child & Family Services and Poverty and Prevention are both facing very challenging budgetary pressures, this review is not being asked to meet any saving targets. The review is instead seeking to clarify whether we are spending our money as effectively as possible. However, that being said, should the Review achieve the above outcomes then it should, in the medium- to long-term, ease financial pressures by helping the authority to avoid costs attached with late intervention.

2. Executive Summary

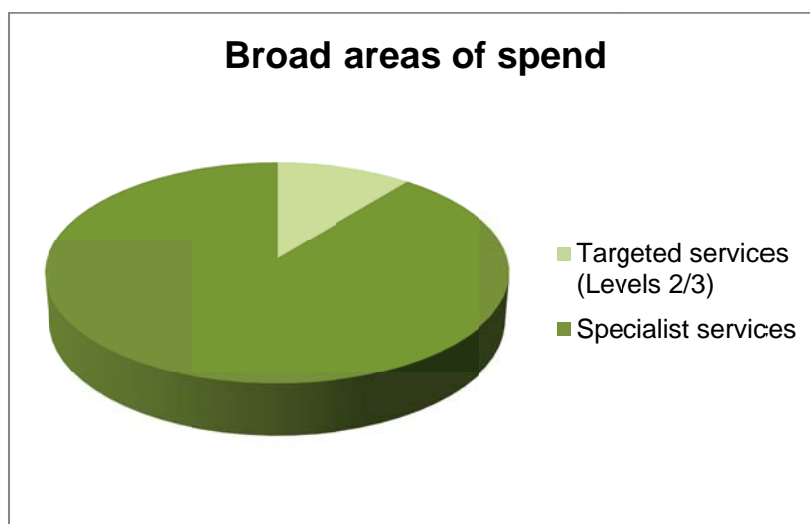
2.1 Scope

Services delivered by Poverty & Prevention predominately sit in the middle of the continuum at Tiers 2 and 3. Their focus is on prevention and early intervention. Examples of the services within the scope of this Review include various play services (Local Aid, Interplay, etc.).

Specialist services working at Tiers 3 and 4 include the **Child Disability Team** within Children's Services. This team supports families of children and young people whose disability or illness impacts upon their lives or the lives of their family significantly and is the overriding issue that requires support for the family. The team do not work with all disabled children therefore, but only those with the greatest need. Children accessing the Team may have a severe learning difficulty, physical impairment, sensory impairment or life limited condition. Families open to the Team include overnight and community based short breaks; family support (home care, group activities); Direct Payments¹ and Facing the Challenge².

In addition to those children open to the Child Disability Team, there is a separate cohort of children with additional needs / disabilities open to the other teams in Child and Family Services. While their disability does not meet the criteria of the Child Disability Team, it is recognised that it can make them very challenging for social workers less familiar with disability case work. How we respond to tackle this issue will be undertaken within the wider Family Support Reviews and the restructure of frontline social work teams that is due to take place in Spring 2017.

As the chart below illustrates, the vast majority of the spend is currently concentrated on specialist services.



¹ A financial payment in lieu of a service so that families can take control in purchasing the support they need and have greater choice over how this is delivered

² An ABMUHB team that works with children who have a diagnosis of Severe Learning Disability, coupled with a low IQ and significant challenging behaviours

Not directly within the scope of this Review, there are a number of other key services supporting this group of children and families: for example-

- **Overnight Short Breaks** commissioned by Child and Family Services for children and families open to the Child Disability Team. Overnight breaks provide parent / carers with respite and can promote the wellbeing outcomes of children. This provision will not be considered within this review but will be considered separately and in partnership with Education.
- **Accommodation Services** for children who become looked after as a consequence of family breakdown. Thankfully, there are only a small number of individuals, but when it does happen the personal and financial implications are considerable. The cost of providing accommodation to roughly 30 looked after children and young people each year (circa £3 million) is equal to the total spend on family support services for disabled children.
- The **Education Inclusion Unit** within Education. This department works with children who have additional needs to provide assessment via Education Psychologists, a team of Behavioural Support Officers to support Schools and bespoke packages of support for individuals to improve their development and learning.
- The **ABMUHB Child Disability Team** consists of Specialist Health Visitors who advise and support families with a range of parenting issues. They run clinics and sessions for families with a recent diagnosis and have a rolling programme supporting families whose children have a diagnosis of Autistic Spectrum Disorder and support families managing with physical disabilities as well.
- **Child and Adolescent Mental Health Services (CAMHS)** hosted by Cwm Taf University Health Board. CAMHS provides specialist mental health services to children and young people, including community mental health services and a specialist in-patient facility for young people with more complex mental health needs at Ty Llidiard in Bridgend.

The authors quickly identified capacity issues with regards to:

- the support available to promote the emotional resilience of parent / carers; and
- specialist support to manage challenging behaviours.

These are important issues but this Review does not propose how we will address them. This is intentional as they are both particularly complex areas with multi-agency responsibilities. Further work is required to ensure any future family support services are delivered in line with developments in ABMUHB and/or Education. Clear proposals regarding behavioural support for example, can only properly be taken forward as part of the ongoing work led by Education to develop a Wellbeing and Behaviour Strategy for Swansea.

Work has nevertheless begun to address these issues, where appropriate. One recent initiative includes the securing of additional grant funding to roll out training for staff across the continuum on the subjects of Trauma Recovery (Skuse and Matthews 2014) and Positive Behavioural Support.

Families with disabled children and young people should still be seen as an intrinsic part of the wider family support continuum, and not perceived as being an entirely separate subject area. The local authority's approach to (i) early years support; (ii) parenting; and (iii) early help teams are all subjects that will be explored within the other reviews under

the Family Support Commissioning Review umbrella. Those responsible for those reviews must be mindful of the specific needs of disabled children and their families when designing or commissioning all services.

The authors of this review nevertheless have strong opinions about these subject areas and would welcome the opportunity to be a part of any conversations about their future development in Swansea. One service we were particularly impressed by from visiting Newport was the **Children with Additional Needs Service (CANS)**. Speaking to the manager of the Service, and later with the manager of their Child Disability Team, it was clear that this was a highly valued service. A subsequent independent evaluation by the Institute of Public Care (IPC) has since endorsed our initial views.

“The IPC evaluation found that CANS workers demonstrate highly effective engagement skills with families and deliver outcomes-focused and well-judged plans of support often enabling more effective parenting strategies that, in turn, maximise child potential...”

“In terms of the impact on demand for Care and Support Services, there has been a significant decline in the number and percentage of children with a disability who require a statutory (Child in Need) Plan since this service began in around 2011-12. By 2014, the proportion of children in need with a disability in Newport was 14% compared with a 27% average across Wales.”

IPC estimated it to be highly cost effective and cited some very positive outcomes in terms of the families it had worked with: 91% of cases are closed successfully; 97% of families demonstrate an improvement on outcomes; 100% families rate the service as good or excellent; and only 6% of cases were escalated to Child & Family Services. We would be very keen to know whether this is a service that we could develop in Swansea as believe it would be hugely beneficial?

A copy of the IPC evaluation is available below:-

<https://ipc.brookes.ac.uk/publications/Effective%20Early%20Help%20for%20Children%20with%20Disabilities%20Evaluation%20in%20Newport%20June%202016.pdf>

2.2 Mapping of the Provision

Using the Signs of Safety Methodology we use in Children’s Services - which is a strength based model – the Child Disability Team has mapped out current provision identifying areas to address and improve upon; see overleaf.

SIGNS OF SAFETY ASSESSMENT AND PLANNING

What are we worried about	What's working well	What needs to happen
<p>There are no clear pathways agreed between partner agencies (Child and Family Services, Health, Education, Poverty and Prevention and the third sector) that enable us to better work together.</p> <p>A Child Disability Strategy has not been maintained for several years. Had there been an ongoing strategy then it would have been expected to have tackled many of the issues highlighted within this Review.</p> <p>The relationship between the authority and families is not as positive or productive as it could be. Greater participation would help families to feel valued and listened to, and make it easier to do a lot of our work.</p> <p>We are missing opportunities to maximize our resources via joint commissioning between Departments and agencies.</p> <p>There is a difference in performance monitoring and management between Departments. It is thought that there is potential merit in developing an enhanced understanding of outcomes across the Directorate via the creation of a shared outcomes framework.</p>	<p>There appears to be an emerging awareness amongst professionals of the need for multi-agency work.</p> <p>Many families are beginning to understand the benefits of an outcomes focused approach.</p> <p>Some of the targeted services funded by Poverty and Prevention do some excellent work with some of our most complex children with surprisingly small amounts of money.</p> <p>Although there isn't the level or coordination of services required to meet demand, if families are able to gain access to services they are often said to be highly valuable. For example:</p> <ul style="list-style-type: none"> • Parent/carers report being well supported by SCVS and the Child, Young Person and Family Development Worker in particular. • Parent/carers appreciate the training events run by the carers centre. 	<p>We need to have improved partnership working and agreed pathways with the buy-in of all relevant agencies.</p> <p>All agencies must ensure that they respond to family crises in a spirit of wanting to cooperate with one another as opposed to trying to pass on the burden to someone else.</p> <p>Staff are working closely between agencies at an operational level, but there needs to be more collaboration between Managers, decision-makers and purse holders.</p> <p>More support needs to be offered to families at the point of diagnosis so that they are supported from this point onwards.</p> <p>Families need to be supported to move away from a model of dependency and supported to build a skill base where they are able to meet the needs of their children within their own resilience, networks and communities as far as is possible.</p> <p>The Child Disability Strategy needs to be re-developed to tackle a number of issues including Direct Payments, Transition, Parent/Carer and Young Person participation, Carers assessments, etc.</p>

What are we worried about	What's working well	What needs to happen
<p>Not all families receive the support they need at the point when their child receives a diagnosis. This is a reflection of the absence of proper pathways.</p> <p>The number of cases open to our Child Disability Team is high compared to many comparable authorities. Our universal and early intervention services are not sufficient to prevent many families needlessly escalating to the Social Work Team to access services.</p> <p>Our current arrangements are better described as reactive as opposed to preemptive. For example, families with children with challenging behavior can often only access specialist support when they are at the point of crisis points, by which time we are often faced with a breakdown of their school placement or family. We are not getting to work with families early enough to give them the strategies to help families manage more effectively.</p> <p>Agencies and services need to be equipped to respond to different needs at various periods of transition on the child's journey to adulthood. We also need to be working with children earlier to assist them with managing transitions. For example, travel training should not wait to be delivered when a young person reaches 16 or 17, but should instead be introduced gradually from a younger age.</p>	<ul style="list-style-type: none"> • The Carers Centre is also proficient at supporting families with completing financial forms for benefits that can be difficult and highly detailed. • Although a small provision currently, families report the benefits of holiday club provision at Ysgol Creg Glas. The summer holidays can be a very challenging time for families. • The ABMUHB Child Disability Team is regularly reported to provide useful parenting advice, and those accessing their Next Steps Group (for families with a recent Autistic Spectrum Disorder Diagnosis) regularly state that they have found the group to be very useful – they would though like consideration to be given to the timing of sessions and the possibility of some childcare provision as that can make attendance difficult. • Families often feel empowered and supported by Facing the Challenge in terms of strategies to manage challenging behaviours. 	<p>We need to have improved partnership working and agreed pathways with the buy-in of all relevant agencies.</p> <p>All agencies must ensure that they respond to family crises in a spirit of wanting to cooperate with one another as opposed to trying to pass on the burden to someone else.</p>

What are we worried about	What's working well	What needs to happen
<p>There is an absolute lack of some forms of provision, there are capacity issues with others and geographical problems with other provision. For example,</p> <ul style="list-style-type: none"> • the afterschool and holiday club provision is patchy and insufficient; • there are a shortage of domiciliary care agencies registered to work with children in Swansea; and • there is a lack of specialist childcare provision available to families so that they are able to take up educational or employment opportunities. <p>There is insufficient keyworker / leadworker resource to prevent families escalating to, and stepping down from, the Child Disability Team.</p> <p>Services provided by statutory services are not always addressing the root cause of problems. For example, a short break may provide a family with respite from challenging behavior, but the family is not equipped with the strategies to manage the behavior more successfully long-term. The child and family have a break, but the next day they are back to managing the same problems.</p>	<ul style="list-style-type: none"> • Many families report the benefit of receiving Short Breaks when caring for a child with disabilities. Families are particularly keen on the family based fostering model, but recognise there is a place for residential provision as well. • Direct Payment packages help many families to have control over the care that they need. • Families report the benefits of group work activities for their children across the Continuum of Need. Services are well attended. • When disabled children become looked after, it is increasingly within a shared care arrangement which helps to ensure the child remains central to their family unit. 	<p>Children and Young People need to have a range of opportunities whereby they are able to work towards outcomes that meet their wellbeing. Provision for them must be meaningful and have a purpose. Services must support children achieve their outcomes by working in an outcome focused approach. Services and care plans must be regularly monitored and reviewed.</p> <p>Children and Young People need to be promoted to work towards building their capacity as far as is possible for them so that they are able to live as independently within their communities.</p> <p>We need to do more to ensure that the voice of the child is heard and responded to in planning for services.</p> <p>We need to improve our working relationships with parent carers so that they are able to shape and commission services going forward in partnership with agencies.</p> <p>We need to build the capacity of our keyworker / leadworker teams so they have the skills and confidence to hold child disability cases.</p>

What are we worried about	What's working well	What needs to happen
<p>Historically, services have been put in place long-term without specified outcomes being worked towards. This creates a dependency on a service and does not improve family or community resilience.</p> <p>Direct Payments are not being used creatively enough to meet the needs of families. There are not enough people to take up Personal Assistant roles or agencies to assist.</p> <p>Families often request a large support package from social care because their child has been excluded or is receiving a reduced number of hours of schooling. Only by working with families and agencies in partnership, to bring a consistency of approach across environments, will we be able to effectively manage challenging behaviors.</p> <p>We have had problems providing a reliable short break residential provision over the past year. This has particularly impacted upon some families who depend on their breaks. We have therefore had to spot purchase more expensive options at short notice for some children.</p> <p>Children who are in need of being looked after by the Local Authority are having to be placed further away from Swansea as there is a lack of suitable placements available locally to meet their needs.</p>		<p>The city centre is the most easily accessible location for those using public transport and yet it has limited options for disabled children.</p> <p>We need to improve after-school and holiday provision for children and young people.</p> <p>We need to build upon childcare provision to enable families to partake in employment and for children and young people to have the same opportunities as their counter parts.</p> <p>Not all services available to families need to be gate kept by the Child Disability Team. Many could foreseeably be available lower down the continuum to of care, making them more accessible.</p> <p>We need to build links with residential childcare providers to enable children from Swansea who cannot be cared for by their families to be placed as close to Swansea as possible.</p>

Complicating factors

To surmise, there are a number of the things that 'need to happen' that are dependent on the buy-in from other partners. Even if there is provisional agreement between partners regarding the need for change, many of these items will be complicated to deliver and cannot be addressed within the short timeframe and scope of the current exercise. Paramount amongst the complicating factors:

1. There is a risk that political sensitivities associated with this service area may constrain opportunities to change.
2. It is difficult to review the services for children with Disabilities without clear pathways or other agreements in place between partner agencies. It is important in the current climate of change and austerity to be co-developing provision that meets the needs of children and families affected by disability.
3. A few well established third sector agencies who work with this client group depend on grant monies from the Welsh Assembly Government. If the criteria for these grants were to change then it could be a risk to our providers and by extension, our families. Moreover, many charitable funding streams (BBC Children In Need for example) have changed their criteria as well. We are going to have to consider how we support such agencies to remain viable in such a vulnerable market and consider some of these costings within the current pot of money that we have.
4. Guidance and Legislation from the Welsh Assembly expects partner agencies to support children and young people through a cradle to grave service. Other authorities are supporting the transition between the worlds of children's services and adult services by developing a Disability Team for those aged 0 to 25 years. This would be extremely difficult to implement. To properly evaluate the complex issues, merits and feasibility of such a significant change would require a separate review.

2.3 Preferred Options

There are a range of family support services within the City and County of Swansea that respond to the needs of children and families who are managing with additional needs or disabilities. Many of the services have been in place for a number of years, decades in the case of some. Even at the outset of the Review, it was strongly suspected that the fact there had not been a comprehensive review of the arrangements for so long, would mean they would be out-of-date and ill-equipped to meet current and future need.

No decisions have been taken about the future make-up of services but the following are the preferred options put forward following a multi-agency workshop. These preferred options are deemed to be entirely consistent with the Outcomes for the Review and the fundamental principles of the Social Services and Wellbeing Act 2014 ("the Act").

Fundamental principles:-

Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them

achieve well-being.

Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need.

Well-being – supporting people to achieve their own well-being and measuring the success of care and support.

Co-production – encouraging individuals to become more involved in the design and delivery of services.

The preferred options are:-

1. If we are to maximise our resources, it is suggested that **play services and community short breaks** are amalgamated and jointly commissioned by Poverty and Prevention and Child and Family Services.

The preferred service model is to jointly develop a grant scheme similar to that operated in Wiltshire to much success and acclaim. This model essentially means providing a financial grant to eligible families which can then be used to help the disabled child to access the play / leisure activities / community short break of their choice.

By effectively making our families the commissioners of their own services, it means they will have much greater control. The proposal would involve the grant being administered by Poverty and Prevention as it would not be necessary for a family to have a social worker in order to access the service. In Wiltshire's experience it has allowed them to support far more families than the traditional service models. It is thought that if the same could be achieved in Swansea then this would address one of the biggest issues with the existing services.

Perhaps the biggest risks with this model are the challenges posed to existing third sector providers. Instead of relying on a contract with the local authority, they would be reliant on the popularity of their services amongst families. This should motivate providers to listen to what families want. However, it is important that we do not jeopardise an already vulnerable group of organisations. If taken forward, it is suggested that this option would need to be implemented in a phased approach. There are several ways this could be achieved, for example, the use of vouchers (instead of money) that can only be redeemed in certain locations.

A phased approach would, moreover, allow the opportunity for greater parent carer consultation and co-production so providers have a sharpened sense of what it is parents actually want. This will help to ensure that when the grant scheme comes into full effect, provider organisations are not wasting their resources delivering services which suffer from poor take-up.

2. This last point leads into the issue of **Parent Carer Participation**. The preferred model is that Swansea launches an independent parent carer council to incorporate the voice of parent carers in future planning and commissioning activity.

At an operational level there are many professionals who are very skilled at engaging parent carers. Where we trail behind the best performing authorities is in ensuring it is systematically and consistently embedded at all levels of our work.

At the heart of the Act and the emphasis on prevention and early intervention is the requirement for every authority to have an information, advice and assistance service. The aim of this particular service being to make it easy for everyone to access relevant, clear information and advice about all of the services available in the area. In time it would be worth considering the merits of locating the information service, in so far as it relates to children with a disability, with the parent carer forum.

The parent carer forum should, moreover, be delegated responsibility for the child disability index. The index has been a statutory requirement for a number of years but it has proven difficult to maintain. A productive and well-resourced forum should be ideally placed to keeping it accurate and up-to-date.

3. For a small number of families in crises there is a need for intensive packages of support to keep the family from breaking point. These packages often involve the input of **Home Care / Domiciliary Care**. There is currently only 1, very small, independent domiciliary care agency registered to work with under 18's in Swansea. This and previous agencies have often struggled because they simply do not have the capacity to provide the level of consistent care required for our children. In some instances these issues have led to children receiving substandard quality of care. Moving forwards, the preferred options were to increase resources within our in-house Flexible Support Service. This is an approved domiciliary care agency and has the advantage of a positive care standards inspection (CSSIW).

3. Comparison and Benchmarking

3.1 Background

Benchmarking one authority against another is important to help inform service delivery and policy development. Deciding which authorities we should benchmark ourselves against is complicated though. The comparable authorities tool developed by the Local Government Data Unit has allowed us to determine which authorities in Wales are most similar to Swansea based on a combination of variables.

- Number of people
- Number of people 0-15 years
- Population density (population count/area in Sq Km)
- % Ethnic group other than white
- % of working age people claiming Job Seeker's Allowance
- % of working age people claiming Disability Living Allowance, Attendance Allowance or Industrial Injuries benefits
- % of people whose day-to-day activities are limited
- Number of children looked after by local authorities at 31st March
- Number of children on the Child Protection Register
- % of households with no access to their own vehicle

Three authorities were calculated as being most similar to Swansea: Bridgend, Newport and Caerphilly. Of these three, we focused our benchmarking activity on **Bridgend** and **Newport**. The reasons for this decision being:

- Like Swansea they have urban centres which are located on the M4 corridor.
- Bridgend is also contained within the same Health Board footprint so this immediately raises some interesting questions; for example, are there any differences in how ABMUHB operates between authorities.
- Another consistent feature between Swansea and Newport is that we share the same common approach to social work practice, Signs of Safety.
- We were aware that Newport's Child Disability Team are co-located with Health and were interested to know more about the arrangements and implications.

In addition to the Welsh authorities most similar to Swansea, we thought it would be useful to explore whether there was anything we could learn from our counterparts in England. When looking to identify suitable English authorities, the motivation was to find interesting or best practice which we could potentially learn from. We were not necessarily worried whether these authorities had a similar profile.

We know from consultation exercises with parents and carers - but also from speaking to professionals within the authority – that there is often some confusion and uncertainty about the services available for disabled children and young people in Swansea. Of the 59 parent / carer questionnaires returned, the vast majority explained that caring for their children was stressful and challenging, however, the number reporting to access any of the targeted or specialist services we currently commission was relatively low (33%). There are several possible reasons behind the low uptake including a potential lack of awareness. We were nevertheless keen to identify means to improve how we communicate and engage families.

In March 2011, the Department for Education published a paper advising local authorities on the delivery of short breaks; titled 'Short breaks for carers of disabled children'. The paper described 'key areas of good practice' emerging from the Aiming High for Disabled Children programme in England. The first example of good practice highlighted was the introduction of a Local Offer by **Wiltshire** (and Enfield). Although the paper was primarily concerned with short breaks, the Local Offer as it now stands in England, encapsulates the full range of family support services.

A Local Offer is a means of providing information to families about the support services available in their area from a number of agencies. Principally accessible via the internet, the local authority must also make sure that people without access to the internet can also see the Local Offer.

The local authority is required to use feedback from families on its Local Offer to determine how they are going to make changes or improvements to their services going forwards. The English Government was so impressed by the Local Offer concept that it has recently made it a statutory requirement for all English authorities. Having helped to pioneer the concept, Wiltshire is still widely recognised as an area of good practice for child disability services.

In their last inspection of Wiltshire, OFSTED noted:-

"Parents and carers of children with disabilities have access to good quality information about services and sources of support. Staff within the children with disabilities teams work in a very child- and person-centred way...."

“Suitable arrangements are in place to commission services for children and young people. Health and social care priorities are aligned, with an emphasis on early intervention which will inform the redesign of community health services for children and young people. Consultation with children, young people and families underpin arrangements to commission services. One notable success has been the Special Educational Needs and Disabilities (SEND) service, which was designed with the active participation of the Wiltshire Parent Carer Council.”

The fourth local authority to be chosen is **Hampshire**. One of the best performing Children’s Services in England, Hampshire has achieved an OFSTED score of Good but with some Outstanding aspects. In terms of disability specifically, the inspection notes:-

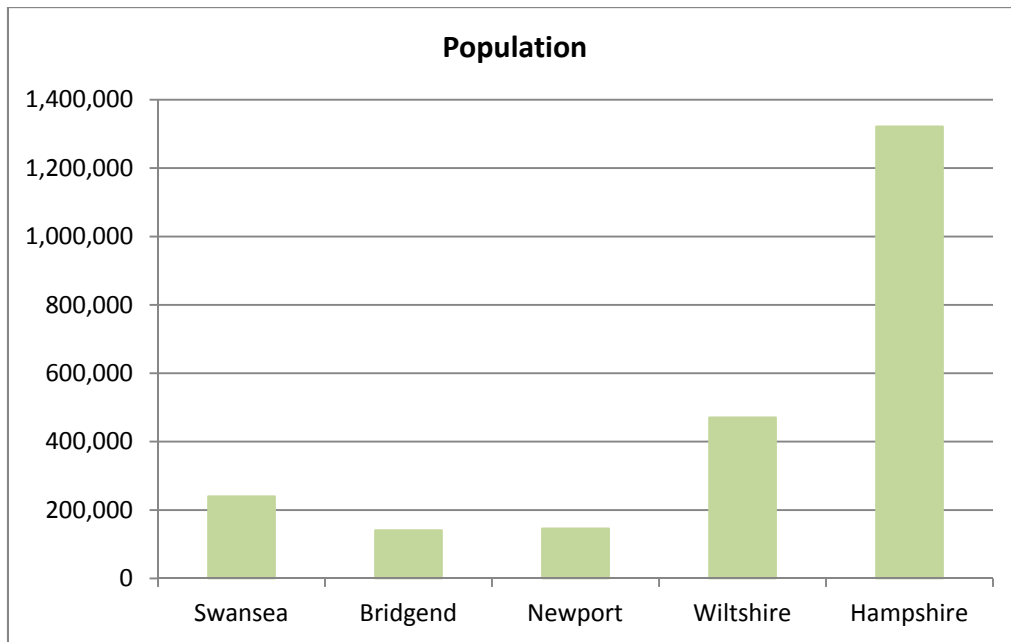
- The high quality of social work practice for children and families.
- The robust commissioning arrangements which include mechanisms for engaging families in the development of services.
- The Council’s priorities for children and their families are set out in a clear strategy which is based upon a thorough needs analysis.
- Commissioning and partnership arrangements are described as being robust and effective which helps to ensure the priorities are addressed.
- They have made good progress in developing ‘early help’ services which avoid the unnecessary escalation of need.

The Short Breaks Partnership also celebrated the Hampshire’s Parent Carer Forum in terms of its influence in local decision-making (Bulletin 1).

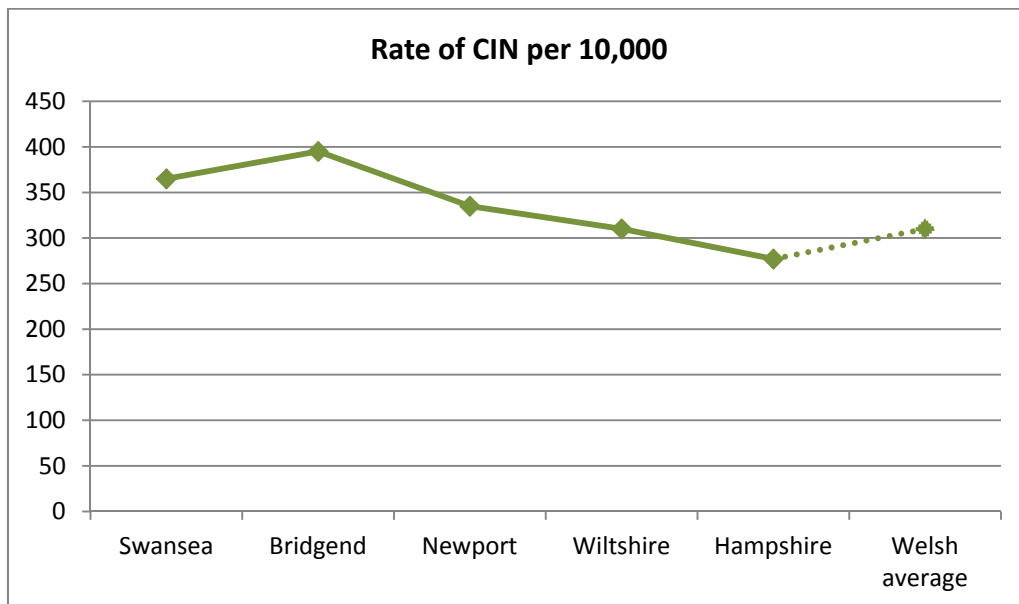
Additional information regarding other local authorities is included within the report where it has been possible to obtain.

3.2 Context

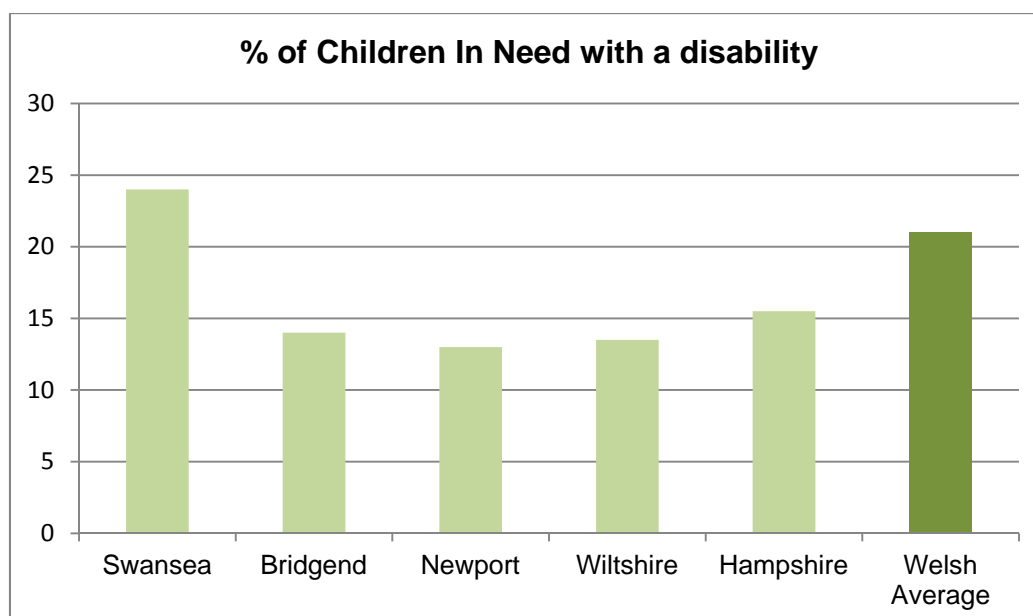
The first thing to note is that the size of the authorities differs enormously. This is most striking when looking at the two English authorities, but there is a significant difference amongst the Welsh authorities even though they were selected on the basis of their similarities.



The numbers of Children In Need (referred to as Children In Need of Care and Support in Wales since the introduction of the Social Services and Wellbeing Act 2014) also differs considerably. This is to be expected given the difference in the population sizes. However, an examination of the rate of children in need reveals that the Welsh authorities have a higher incidence rate than their English counterparts. Factors contributing to this disparity include the varying demographic, social and economic profiles of each authority. Key factors influencing their profiles include population size and density, the proportion of households that are lone parent families, and the levels of poverty and wider deprivation.



The following graph examines the percentage of the Children In Need population who have a disability (as of March 2015):-



Swansea has a considerably higher percentage than any of the other local authorities. There are a number of potential reasons for this difference. One possible explanation or factor could be that there is an issue with the level or quality of universal and targeted services available for children with a disability meaning more are escalated to Child and Family Services for support.

3.3 Summary of findings from visits

The visits were extremely informative. Every authority has their own characteristics of course but there was a definite common theme to some of the challenges. Overall, Wiltshire was viewed to be the most progressive of those visited in terms of developing an effective continuum and managing some of the common challenges.

Strengths	
Bridgend	The Child Disability Strategy Group has been replaced by the Child Disability Programme Board. Chaired at a more senior level, the programme board is thought to be providing good strategic leadership.
	They have a high quality, (in-house) residential short break provision that delivers good value for money.
	The short break provision is situated in the grounds of Heronsbridge Special School. This means there is easy access and better continuity for those children attending both the school and short break service. The proximity also promotes the effective working relationship of the school and short break service.
	Heronsbridge School is highly valued by parent carers and professionals.
	Bridgend does not have any disabled children in 52 week residential provision at the current moment in time. Such placements cost Swansea and

	ABMUHB several £million each year. The lack of such placements in Bridgend is understood to be, in part, due to the options and provision available at Heronsbridge.
Newport	Early intervention, social care and health services are co-located at the Serennu Children's Centre. This is intended to be a 'one-stop-shop' for children with a disability in Newport and surrounding area. The centre has reportedly improved communication and working relationships between professionals and makes the process (accessing information, attending appointments etc.) easier for parents to navigate. ³
	<p>There are a large range of specialist facilities on offer at the Serennu centre:</p> <ul style="list-style-type: none"> • Multiple consulting rooms for paediatricians to run clinics • Purpose built hydrotherapy facilities • Physio gym facilities for individual and group treatment • Large treatment rooms for football and bike skills groups • Specialist technology room • Specialist audiology and Speech and language facilities • Family and sibling facilities • State of the art sensory room • Plastering, splinting and orthotic facilities • ADL suite to assess potential for supported and independent living. This is effectively a training flat, which can be used for independent skills training, contact and parenting support. It provides a venue for a weekly Independent Living Skills club. • Small treatment rooms for individual treatment • Wheelchair training facilities • 3D Medi-Cinema • Leisure and play facilities including a Multi-Use Games Area (MUGA).
	The Centre is delivered in conjuncture with the disability charity, Sparkle. The charity appears to work in an integrated approach and delivers a large number of services for families. The vast majority are delivered at no cost to the authority.
	Newport has an Early Help Team that provides a key worker function, Children with Additional Needs Service (CANS). Situated alongside the Child Disability Team in the Serennu Children's Centre, CANS is said to be a cost-effective means of preventing escalating need.
As a result of CANS - and their other early intervention services - Newport has seen a sizeable reduction in the number of children and young people supported by the Child Disability Team: -40% since 2012.	

³ It also brings risks though, e.g. the Child Disability Team being distanced from their colleagues in Child & Family Services who have greater day-to-day child protection experience.

Wiltshire	<p>Wiltshire has a strong and active parent carer forum, Wiltshire Parent Carer Council (WPCC). The WPCC has approximately 2500 members, and provides a specialist participation service that enables parents and carers to engage with all aspects of commissioning. By working so closely with parents, Wiltshire maintain that they are able to make more informed decision-making as to what works well, what needs improving and what's missing. A further positive reported is that it is easier to implement necessary but potentially difficult changes.</p>
	<p>The WPCC is recognised as the first point of contact for any family with a child with a disability in the area. It is therefore utilised successfully to coordinate the Local Offer; acting as an effective family information service for this particular cohort.</p>
	<p>Families do not need to access the Child Disability Team to access the Short Breaks Scheme which reduces demand on social workers. The number of families being supported to access play and community breaks had risen from 100 families to 1200 as a result of introducing the scheme.</p>
	<p>A report by the Council for the Disabled into Short Breaks commended the work of the WPCC and the Short Breaks Scheme. It acknowledged that, while Short Break Services had previously been perceived to be of a poor standard, they now received very positive feedback:</p> <ul style="list-style-type: none"> • 97.8% said that the payment had made access to short breaks for their child easier. • 98.5% said that the short breaks were good or excellent. • 98.4% said the Short Breaks Scheme itself was good or excellent.
	<p>They have a coherent and seemingly robust continuum of case management / coordination services and arrangements. They have designated lead professionals at Level 2 and a keyworker service that helps to manage services at Level 3.</p>
	<p>Of the authorities visited they are most closely aligned with their counterparts in Health. They have the advantage of a Joint Health and Wellbeing Strategy, a Children's Trust Commissioning Board to advise on joint commissioning activity, and a Joint Associate Director for Children's Services Commissioning.</p>
	<p>They were able to provide an example of having successfully de-commissioned a Level 4 service that was not delivering value for money, in order to reinvest the savings in services that were more effective, i.e. they had closed one of two residential short break services and used the money to pay for behavioural support and fostering short break provision.</p>

	<p>The Child Disability Team can support young people up until the age of 25. The rationale being it is better to transition people when they have the right plan in place as opposed to when they happen to turn 18/19/21 etc.</p>
	<p>They have a healthy third sector market place which brings a lot of additional services to the area at little or no cost to the authority.</p>
<p>Hampshire</p>	<p>Like Newport and Wiltshire, they have a keyworker service to safely manage cases and prevent or delay escalation to the Child Disability Team.</p>
	<p>They seemingly have good (staff) resources for strategic planning. Hampshire has already undergone numerous commissioning reviews in order to deliver major rounds of saving cuts in 2010, 2013 and 2015. They are now implementing changes in time for cuts in 2017 and there are advanced plans for cuts anticipated in 2019. The fact they have been able to manage these cuts whilst maintaining positive feedback from the inspectorate, suggests their planning arrangements have serviced them well.</p>
	<p>Following a pilot, they are now re-commissioning their residential short breaks to be much more outcome focused. Future services will include an intensive service to promote independent life skills for those aged 16 and 17 and another working with children who experience particularly challenging sleep patterns.</p>
	<p>There is reportedly a good working relationship between early intervention services, social care, central education and local schools.⁴</p>
	<p>The need for overnight residential breaks has fallen by a third in recent years.</p>

3.4 Key Lessons

Clear pathways and partnership working

Delivering services for children and young people with disabilities is extremely complex as they have such a wide range of needs that require the involvement of a number of agencies. Managers and commissioners increasingly recognise the importance of developing clear 'pathways' to ensure a whole system approach.

A pathway is intended to map the journey undertaken by a child or young person, e.g. from pre-diagnosis through to the provision of an integrated package of care and subsequent review or from adolescence to adulthood. A proper pathway should secure multi-agency

⁴ There are a number of academy schools in the area though and the relationship with these is more inconsistent.

agreement to the aims and objectives identify areas of responsibility and timescales for completing actions. To give some context, common examples of care pathways are:

- transition pathways to adulthood;
- learning disability pathway;
- challenging and concerning behaviour pathways;
- cerebral palsy pathway; and
- autism pathway.

There are very few pathways or other multi-agency agreements in place in Swansea. While this Review will hopefully improve the authority's own support services, without multi-agency buy-in, there will continue to be issues of unmet needs or needs not being met at the earliest possible opportunity.

Participation

The commissioning framework adopted by Welsh Government to guide commissioning in social care and devised by the Institute of Public Care (IPC), Oxford Brookes University, identifies four core activities to the commissioning cycle – Analysing, Planning, Doing and Review. One of the key lessons that emerged from the benchmarking exercise is the importance of creating the mechanism for including parent carer and children participation in each of these activities.

The overlap between Short Breaks and Play

Swansea, like many authorities, has seemingly struggled with the imprecise nature of the phrase Short Breaks. While Child and Family Services are responsible for delivering Short Breaks, Poverty and Prevention is responsible for play activities. However, the community short break service (funded by Child and Family Services), is very similar in its specification and outcomes to many of the play services. Expenditure on community short breaks is approximately three times the total spend on child disability play services.

Our aspiration is to see the development of communities in which a child with a disability has a choice over the play and social activities they access; including the opening up of local community settings to make them more welcoming and contribute to the children feeling included. It is suggested that if we could get to the point where there was a real variety of accessible play provision accessible then there would be much less demand from families for a formal short break. In this scenario, a disabled child would be enabled to access the local activity of their choice - youth club etc. – and the parent carers would, by extension, receive a break for the duration of their child's attendance.

However, meeting this aspiration is difficult when so much of our current spend is allocated to a relatively small number of children who are open to the Child Disability Team. If our communities are going to grow greater capacity then we need to revisit how we spend our money across the continuum.

Other authorities, like Wiltshire and Hampshire, have taken a more flexible approach and this has facilitated more creative and innovative solutions. We should strive to follow their example where possible.

Where there is a more obvious distinction between short breaks and play is in relation to overnight breaks. Some of the children receiving an overnight provision will be 'looked after' as a consequence. It therefore seems right that these services continue to be the responsibility of Child and Family Services.

Transformation takes time

Many families (and agencies) have grown accustomed to the existing arrangements as they have been in place for such a long period of time. Families will often rely, even depend, upon the services. They may, therefore, find change to be difficult and, especially at first, unwelcome.

We must work with our families so they understand why we are proposing to make changes and that we are being driven by a motivation to improve their situation and not to make savings. Only by working together to recognise each other's expert knowledge will we deliver the best possible outcomes for disabled children and families. This kind of transformation will take time and no little sensitivity.

3.5 Financial benchmarking

Even those reviewing less complex service areas will encounter difficulties when financially benchmarking. Local authorities are not always forthcoming with the relevant information and there are usually variables attributable to the profile of the authority; for example, (i) larger authorities may have greater purchasing power; (ii) prices vary according to local property and staffing costs. Comparing the price of complex child disability services is beset with additional complications however.

Examples of the complexities of benchmarking financial information

1. There are a variety of family support services in scope. Even when comparing two seemingly similar and simple services - e.g. youth clubs - there are often considerable variations in their specifications. Differences may include:
 - a. how long it runs for,
 - b. the nature of the activity delivered,
 - c. the number and profile of the children; and
 - d. staffing levels.
2. Many of the third sector organisations rely on a variety of funding sources, e.g. local authority, charitable grants such as Big Lottery Programme, charity shops and other sources of fundraising. If a third sector already has a lot of its overheads paid for by other means, then the price paid by a local authority for a particular service may appear artificially low.
3. Properly comparing the costs of services between different areas would also require an analysis of the costs associated with commissioning and accessing the service (referral and assessment). This is a particular issue with services only available via Child and Family Services as this invariably entails considerable (and costly) social care activity.

As a result of these complexities, there are enormous variations in costs between authorities. Where financial information has been received, it would appear, at first glance, that Swansea is paying a lower price compared to others for some services and more for others. Examples of the varying unit costs paid by other local authorities associated with a range of community activities:-

Day care	£99.21 – £204.83 per child per session (8 hours)
Domiciliary home care Home support	£16.74 – £25.60 per family per hour
Home sitting	£17.54 – £25.60 per family per hour
General groups	£10.98 – £26.07 per family per hour
Afterschool clubs	£296.68 - £430.61 per session
Weekend clubs	£239.77 - £331.17 per session
Activity holidays	£296.68 - 324.17 per session
	£113.38 (for a 2 day break) - £3,701.15 (7 day break)

The services provided in Swansea are within the parameters identified - as are the services delivered by the benchmarking authorities. However, as previously stated, given the complexities of benchmarking, a great deal of caution needs to be taken when judging whether we are receiving value for money or not.

Rather than judging the value for money of our own services, the information from the research (and from other authorities) is potentially more useful for is gaining a sense of the potential costs for different service types. This can help commissioners when determining what to commission and approximately how much they might be able to deliver within their budgets.

Something else that has been of real value has been to explore the differing costs between services commissioned within Swansea. As we know more about the profile of children accessing, the service specifications and outcomes, it is possible to make a more informed judgement on their cost effectiveness relative to one another. It is interesting to note that there are some notable variations in the unit costs which suggests we are not consistently maximising our financial resources.

4. Future Options

The tables below explore future options surrounding provision of play and leisure opportunities, parent and carers participation and holistic home care for children and young people with additional leaving needs and disabilities and their families.

Play And Leisure Opportunities (including Community Short Breaks)

There are many organisations and groups providing play and leisure opportunities for disabled children within Swansea; most do not depend on the authority for funding. Examples include: Swansea City Bravehearts Disabled Football Club; Swansea Stingrays; soft play at Ty Hapus; Limitless Trampoline Park on a Sunday; SNAC; Surfability; Circus Eruption; Glantawe Gulls Swimming Club; Open Aqua Swimming (children with disabilities up to 5 years); Bikeability group; Mixed up group; Diversity group for disabled children and their siblings; Deaf Club; and Inside Out.

There are also a number of targeted and specialist services delivered by virtue of funding from Poverty and Prevention and Child and Family Services. Most of the funds for these services comes from the portion of Welsh Government Families First Programme that is ring-fenced for child disability. One of the risks going forward is that the size or conditions of this grant may adversely change. Many of the third sector agencies working in this area are financially struggling due to tightening public sector budgets and, even more critically, changes to the funding criteria adopted by the Big Lottery and BBC Children In Need. It is not the responsibility of the authority to keep organisations afloat but it can consider how its commissioning of services impacts on the third sector. These organisations ease some of the pressure on the local authority, offer choice for families and bring in additional money to the City. We only have a limited number of providers as it is and do not want to see them reduced any further if we can help it; especially as it is likely to result in more families approaching Children's Services for support.

Child and Family Services commissions community short breaks (POPS) from Action For Children to provide fun and leisure activities for those open to the Child Disability Team. Although the service works with some very complex children and young people, the unit costs appear to be high. A further issue reported is the difficulty recruiting and retaining appropriate staff which again impacts on service level delivery.

Wiltshire has co-produced a Short Breaks Scheme with the parent carers. When they were asked what they wanted from community short breaks, parent carers said that they wanted them to be:

- Positive, enjoyable and appropriate experiences for their children and young people.
- Interesting and relevant to their child.
- Accessible.
- Flexible and person centred.
- Regular and reliable and run when parent carers and their children and young people want them e.g. during weekends and school holidays.
- Give children and young people an opportunity to be away from their parents.

For most parent /carers respite was not the primary purpose of a short break, but it was recognised that it could be a positive by-product for some.

All local authorities visited were already, or in the process of introducing, a small parental charge for accessing services that the authority subsidises.

In practice this typically means parents are asked to contribute fees that they would pay if their child did not have a disability.

	Option 1 (As is)	Option 2	Option 3
	<p>Child and Family Services and Poverty and Prevention continue to commission services separately and contract with a number of providers for a variety of different services:</p> <ul style="list-style-type: none"> • Action For Children for POPS • Local Aid • Interplay • Ysgol Pen-Y-Bryn Playscheme. • Play and Leisure Opportunities Library 	<p>Continue to contract a range of different services but look to do so on a joint basis between Poverty and Prevention and Child and Family Services, with the former taking the lead.</p>	<p>Develop a Short Breaks Scheme akin to that in Wiltshire.</p> <p>This means providing a financial grant or vouchers to eligible families which can then be used to help the disabled child to access the play / leisure activities / community short break of their choice.</p> <p>To be effective this might require the local authority to provide a small amount of grant funding to some of the providers, at least initially, so they have the time to adapt to this new model of funding.</p>
Financial Impact	Cost neutral.	Cost saving. Some of the existing commissioned services are more expensive than others. By introducing greater standardisation there are opportunities to make savings of around £50,000.	Cost saving. Assuming we are paying excessively for some services then it is possible to reduce the budget by £50,000. The savings realised will then be utilised on supporting greater Parent / Carer Participation and Home Care.
	<p>Benefits</p> <ul style="list-style-type: none"> • Continuity for families and staff. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Encourages the escalation 	<p>Benefits</p> <ul style="list-style-type: none"> • Avoids unnecessary escalation of need. • Future contract(s) could be streamlined with clear focus on delivering a more consistent and equitable range of (i) holiday play schemes, (ii) afterschool 	<p>Benefits</p> <ul style="list-style-type: none"> • Avoids unnecessary escalation of need. • Gives families control to access the services they wish rather than those designed by the authority or others. • If parents are free to spend their money

	<p>of need as families have to be open to C&FS to access many of the services.</p> <ul style="list-style-type: none"> • Unsustainable. Many organisations are already having to reduce/withdraw services because of lost funding. • There would likely be some change even under this option. Both Departments would still need to undertake some re-procurement activity or risk failing to meet the requirements of the Public Contract Regulations. • Does not address concerns regarding the difference in unit costs between services. • The majority of funding is tied up in community short breaks which support a relatively small number of families open to the Child Disability Team. • Does not address equity issues for families not accessing services. 	<p>clubs; and (iii) Saturday clubs etc.</p> <ul style="list-style-type: none"> • An opportunity to develop a consistent outcome focussed approach. • Opportunities to ensure we receive value for money on a more consistent basis. • Could potentially revive the market place. • Families do not need to escalate to Level 4 of the Continuum to receive a service. <p>Issues and Risks</p> <ul style="list-style-type: none"> • A change for families who use the existing service. • Potential impact to staff in existing services (though there are opportunities for staff in struggling organisations). • Challenge of managing a change programme. 	<p>where they wish then it may stimulate the market place to develop innovative and high quality solutions.</p> <ul style="list-style-type: none"> • Families do not need to escalate to Level 4 of the Continuum to receive a service. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Challenge of developing a legally appropriate eligibility criteria. • The current providers will struggle to adjust to delivering services without any certainty that parents will choose to spend it with them. The authority will need to build in some core funding for key organisations to address this income issue. • There will be administration costs of implementing the Scheme. • A highly complex change programme would be required for the authority, partners and providers. • Risk of public money being spent inappropriately if parent/carers do not spend the money as hoped.
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Parent Carer participation

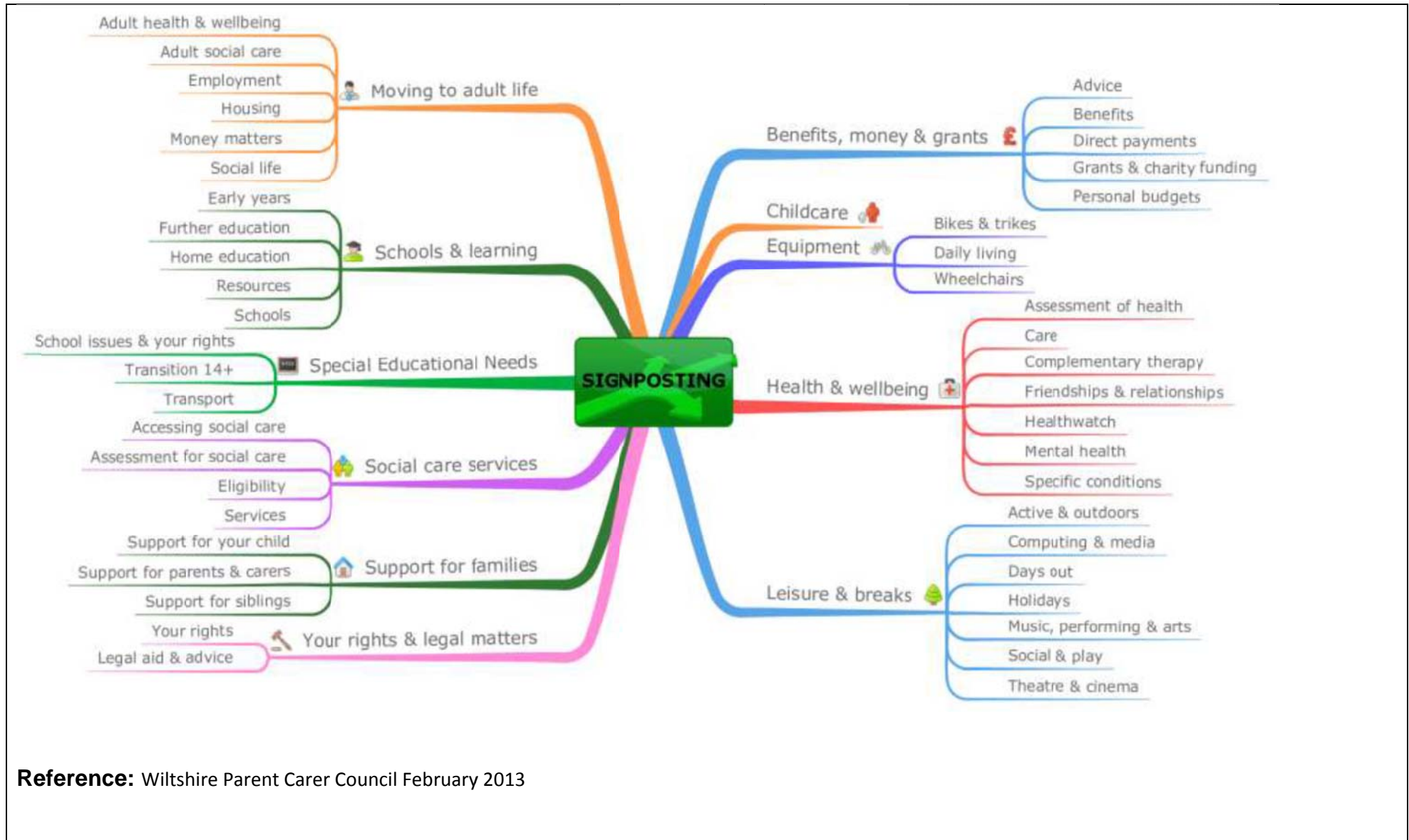
Anyone who provides care and support to a child under 18, who is ill, has a disability or any additional need is considered to be a parent/carers. Caring for a disabled child can take a huge toll on parents' health and wellbeing. Because of this, local authorities have a duty to promote the wellbeing of parent/carers when they look at the needs of families with disabled children. There are a number of provisions available in the City and County of Swansea, whereby parent/carers can get information, advice and support including:

- Swansea Carers Centre.
- Swansea Council for Voluntary Services (SCVS) facilitate the Parent Carer Forum which aims to be a focus for the participation of parent/carers of children and young people with disabilities. It also gives carers the opportunity to meet other parent/carers of children with a disability living in Swansea.
- Support Worker for Parents/Carers of Children and Young People with ASD or ADHD - The worker runs group sessions which are both supportive and educational and supports parents on a one to one basis.
- Autism Lead For Swansea co-ordinates and leads on working towards the Local Authorities Autism Action Plan. This role works closely with parent/carers and partner agencies.

Parent/Carer's are further entitled to a social work assessment or for their needs to be considered in a holistic assessment of their child.

We have recognised that within current provision we are not reaching enough parent/carers and that they are not consistently provided the platform to have a strong influence on service planning and commissioning. There are many personal opportunities that they are missing out on including building social support networks, having the right information at the right time, having an identity and sharing experiences. We need to do more to support parent/carers in recognising the contribution they make to the community through their caring roles, we need to empower them to participate in partnership with agencies.

The example below taken from Wiltshire, evidences the vast number of areas of information that parent/carers need to access to complement their role.



Reference: Wiltshire Parent Carer Council February 2013

	Option 1	Option 2
	<p>Provision of a Development Worker with Children, Young People and Families impacted upon by Disability.</p> <p>There are also a number of other parent / carer groups that have formed with little or no input from the Council.</p>	<p>Provide additional resources for the development of an independent Parent/Carer Council (as Wiltshire model describes). Working in partnership with the local authority, the Parent Carer / Council will be managed by a Development Worker but with much of the work undertaken by volunteer Parent / Carers. It shall have a number of roles:</p> <ul style="list-style-type: none"> • Provision of a Parent/Carer support group that reaches out to a large number of parent / carers. • Provides the means for parent / carers to communicate with a clearer and stronger voice. • Parent / carers are given the vehicle for working in partnership with the Council to regularly review provision to children with disabilities and meet changing need together. • Developing a number of volunteer parent/carers representatives. • Providing information, advice and assistance (see above diagram). • Organising training / development workshops • Facilitating improved social outcomes – developing social networks etc. • Influencing services at Strategic Level. • Building relationships with partner agencies. • Assisting with the creation of clear pathways to ensure agencies are coordinated and accountable in decision-making. • Exploring funding opportunities not available to the local authority that can enhance the lives of parent / carers in Swansea.

Financial Impact	Cost neutral.	Increase funding of approx. £20,000 required for participation and information sharing and maintaining a register of carers.
	<p>Benefits</p> <ul style="list-style-type: none"> • Well established, already in place. • No further costs. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Doesn't routinely capture the views of a high proportion of parent/carers. • Limited opportunities for parent/carers to engage in shaping future services. • Risk of marginalising parent/carers. 	<p>Benefits</p> <ul style="list-style-type: none"> • We will be working in collaboration with parent/carers - very much in line with the ethos of the SSWBA 2014. • Parent/carers will have an opportunity to shape services of the future. • It may support an improvement in the relationship between parent/carers and the Council. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Using volunteers to run large elements of the Parent Carer Council could be a risk in terms of the commitment of time and resources required to perform the role fully. • Costlier provision.

Home Care / Domiciliary Care

Children and young people with disabilities and complex needs vary on a continuum. By providing the right intervention at the right time we can help families to prevent needs from escalating. For a small number of families, where their child has particularly complex needs, the right intervention to prevent family breakdown is Home Care. More typically used to support adults, Home Care is a valuable option where a child has very high personal care and other needs which test their carers resilience.

At present the market place for Home Care for children and young people is very underdeveloped. Including our own in-house service there is one other CSSIW Registered agency. Both of these services are presently too small to meet the demands of Child and Family Services.

	Option 1 (As is)	Option 2	Option 3
	<p>A very small external provider has capacity to deliver a maximum of 1 - 2 packages.</p> <p>Our in-house Flexible Home Support Service provide short term intervention of up to 12 weeks to families who are at risk of breakdown.</p>	<p>Changes to the Flexible Home Support Service: -</p> <ul style="list-style-type: none"> • A change in the criteria to enable provision to be provided for up to 12 months to families who are need of support. • Secure additional staff to be able to offer more personal care assistance and/or sitting service in family home or venue. 	<p>Focus on facilitating the independent home care market to increase their capacity to work with children.</p>
Financial Impact	Cost neutral.	Small additional cost – circa £30,000.	Cost neutral.
	<p>Benefits</p> <ul style="list-style-type: none"> • Services are already established and in place. • No further costs. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Short term provision from Flexi isn't always able to meet need. • Insufficient capacity to meet demand. 	<p>Benefits</p> <ul style="list-style-type: none"> • Builds upon an already well established provision. • Provision can be delivered more flexibly to better meet needs. • Increased capacity. • Help to stop/reduce spend with external Home Care providers. <p>Issues and Risks</p> <ul style="list-style-type: none"> • We would need to ensure that the Flexi Support Service doesn't create dependency. • Additional cost. 	<p>Benefits</p> <ul style="list-style-type: none"> • This option may generate greater capacity if it was successful. <p>Issues and Risks</p> <ul style="list-style-type: none"> • Our experience of independent agencies is that they often lack the capacity to provide a reliable or consistent service.

5. Options appraisal

5.1 Methodology

On 10th October 2016, a multi-agency workshop was convened to critique the options and assess the best model to deliver the desired outcomes. A delivery model matrix has been completed and scored based on criteria corresponding to five core themes - Outcomes, Fit with priorities, Financial impact, Sustainability and viability and Deliverability. Every option was evaluated on its ability to meet each of the criteria.

Outcomes	Fit with Priorities	Financial Impact	Sustainability/Viability	Deliverability
Prevent or delay the need for more intensive interventions	Safeguarding vulnerable people	Make more effective use of it's staff resources	Depends on clear pathways/partnership working	Be implemented within the set timescales
Meet it's service vision, mission and core outcomes (Stage 1)	Improving pupil attainment	Achieve MTFP savings/target savings for next 5 years	Be implemented within the legal constraints	Limited resources to be implemented
Develop a better service integration and joined up services	Creating a vibrant and viable city and economy	Achieve income opportunities	Be implemented with limited risk to staff transfer	Can be implemented within cost constraints
Promotes children's needs to be met by their families/communities	Tackling poverty	Have limited to no set up costs	Be implemented with limited risk to buildings for equipment transfer	Can deliver the service area expectations within the challenges
Develop better services and options	Building sustainable communities		Creates a culture of resilience amongst families and communities	

Depending on how effectively the option was judged to respond to the criteria, it was then awarded a score of between 0 and 5.

Score	Description
4 or 5	Meets criteria. Major improvement likely. Potential for substantial advantages. Best Outcome.
2 or 3	Partially meets the criteria. Some improvements. Potential advantages outweigh potential disadvantages. Acceptable Outcome.
0 or 1	Does not meet the criteria. No improvement is likely or could be worse off. Potential disadvantages outweigh any potential advantages. Worst Outcome.

5.2 Scoring

The main results of the workshop are summarised below with a full breakdown of the scores attached as Appendix A.

Following a further consultation exercise these scoring matrix will be revisited to add in the findings from consultation and engagement and further exploration around the financial implications will also be carried out.

Play and Leisure Opportunities - The preferred option for play and leisure opportunities is to incrementally develop a grant scheme similar to that run by Wiltshire (Option 3), however Option 2 scored very similar.

Parent and Carer Participation - The preferred option would be to build upon the existing good work undertaken by key practitioners by the formation of a Parent Carer Council.

Home Care - The preferred option is to increase the capacity of the in-house Flexible Home Support Team (Option 2).

6. Legal Implications

Legal advice will be needed as proposals are developed and shaped. It is clear that there will be Employment, contractual and property law issues associated with a wholesale change in service provision. It is important that assessments focus on whether any proposed service provision will be sustainable and enable the Council to fulfil its obligations to families and children under the Social Services and Wellbeing Act.

7. HR Implications

The Review broadly describes a move towards greater in-house provision. However, where there is any restructuring required and potential for redundancies then it will be subject to all HR procedures and guidance. This will include sufficient consultation with staff and unions. Any potential risk to employees will be minimised and mitigated as much as possible.

8. Financial Implications

It is very difficult to complete a full and accurate financial analysis at this point in time as further consultation and joint planning with ABMUHB and Education to develop options is needed.

It is estimated that we spend approximately £560,000 on the service areas in scope. The intention is to deliver the proposed options on a cost neutral basis. In the longer term, as the general approach advocated by the Preferred Options is towards greater prevention and early intervention, it is intended that the changes will enable cost avoidance and/or savings to be achieved.

It is acknowledged that this paper does not provide specifics in terms of finance. The reasons for this are: -

- Most of the services within the scope of the review have been in place for several years, if not decades. Despite increasing demand as the population of disabled children increases and mounting expectations of the local authority to provide support, there has been little change in the funding levels or work completed in ensuring services are joined up and effective.
- Some initial investment may be necessary to kick start the transformation and modernisation of our services. As the general approach is towards a more early intervention preventative approach, this will enable cost avoidance and/or savings to be achieved in future years. Two obvious budgets which would be influenced by this area of work are (i) looked after children accommodation budget; and (ii) the education budget for children educated out of area.

9. Consultation

A separate consultation plan is appended.

In developing the plan we have sought to follow the Government Consultation Principles (2016) that consultation should:

- **Be clear and concise** – using plain language and avoiding acronyms. Make questions easy to understand and easy to answer.
- **Have a purpose** – ensure you take consultation responses into consideration when taking plans forward and ask for consultation at a formative stage of the process.
- **Be informative** – give enough information to ensure that those consulted understand the issues and can give informed responses.
- **Last for a proportionate amount of time** – Take into account the nature and impact of the proposal. Ensure that there is the right balance to get the quality of responses.
- **Be targeted** – Consider the full range of people, business and voluntary bodies affected by the proposal and whether representative groups exist. Ensure they are made aware and can access it. Consider how to tailor consultation to the needs and preferences of particular groups that may not respond to traditional consultation methods.
- **Take account of groups being consulted** – Consult stakeholders in a way that suits them. Charities may need more time to respond than businesses, for example.
- **Be agreed before publication** – Seek collective agreement before publishing a written consultation.
- **Facilitate scrutiny** – Explain consultations that have been received and how these have informed the proposals going forward.

New Delivery Models Scoring Matrix

Play and Leisure

Narrative/Discussion: WHAT WILL YOUR CHANGES LOOK LIKE TO YOUR SERVICE USERS?

External Model	External Model	External Model (Outsourcing)
Continue 'As Is'	Continue to commission a range of different services and look to rationalise solutions to ensure we deliver value for money, sustainability and clearer outcomes.	Develop a short breaks scheme - clear eligibility criteria with 6 monthly reviews. May require small grants to assist the third sector in this transition.

Outcomes	Criteria	Weight	External Model		External Model		External Model (Outsourcing)	
			Score	Weighted	Score	Weighted	Score	Weighted
	Meet it's service vision, mission and outcomes (stage 1- see handout)	#####	#####	10	#####	20	3	15
	Prevent or delay the need for more intensive interventions	#####	#####	10	#####	20	3	15
	Develop a better service integration and joined up services	#####	#####	5	#####	20	3	15
	Promotes Children's needs to be met by their families/community	#####	#####	5	#####	10	5	25
	Develop better services and options	#####	#####	5	#####	20	4	20
	Total	#####	#####	35	#####	90	#####	90
	Score			1.4		3.6		3.6

Fit with Priorities	Criteria	Weight	Option 1		Option 2		Option 3	
			Score	Weighted	Score	Weighted	Score	Weighted
	Safeguarding vulnerable people	#####	#####	20	#####	20	3	15
	Improving pupil attainment	#####	#####	9	#####	12	3	9
	Creating a vibrant and viable city and economy	#####	#####	3	#####	3	3	3
	Tackling poverty	#####	#####	6	#####	12	3	9
	Building sustainable communities	#####	#####	10	#####	15	3	15
				0		0		0
				0		0		0
				0		0		0
				0		0		0
	Total	#####	#####	48	#####	62	#####	51
	Score			2.8		3.6		3.0

Financial Impact	Criteria	Weight	Option 1		Option 2		Option 3	
			Score	Weighted	Score	Weighted	Score	Weighted
	Make more effective use of it's staff resources	#####	#####	10	#####	20	5	25
	Achieve MTFP savings/target savings for the next 5 years	#####	#####	5	#####	10	3	15
	Achieve income opportunities	#####	#####	0	#####	3	3	9
	Have limited to no set up costs	#####	#####	15	#####	9	2	6
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
	Total	#####	#####	30	#####	42	#####	55
	Score			1.9		2.6		3.4

Sustainability/Viability	Criteria	Weight	Option 1		Option 2		Option 3	
			Score	Weighted	Score	Weighted	Score	Weighted
	Be implemented within the Legal Constraints (this could be covernants etc)	#####	#####	25	#####	25	5	25
	Be implemented with limited risk to staff transfer	#####	#####	6	#####	9	4	12
	Be implemented with limited risk to buildings for equipment transfer	#####	#####	15	#####	15	5	15
	Depends on clear pathways for partnership working	#####	#####	10	#####	5	3	15
	Creates a culture of resilliance and independents among families and communiti	#####	#####	5	#####	15	4	20
				0		0		0
				0		0		0
	Total	#####	#####	61	#####	69	#####	87
	Score			2.9		3.3		4.1

Deliverability	Criteria	Weight	Option 1		Option 2		Option 3	
			Score	Weighted	Score	Weighted	Score	Weighted
	Be implemented within the set timescales	#####	#####	12	#####	9	2	6
	Limited resources to be implemented	#####	#####	4	#####	3	2	2
	Can be implemented within cost constraints	#####	#####	5	#####	15	3	15
	Can deliver the service areas expectations within the challenges	#####	#####	5	#####	20	3	15
				0		0		0
				0		0		0
	Total	#####	#####	26	#####	47	#####	38
	Score			1.9		3.4		2.7

New Delivery Models Scoring Matrix

Parent Carer Participation

Narrative/Discussion: WHAT WILL YOUR CHANGES LOOK LIKE TO YOUR SERVICE USERS?

Partnership Model

Hybrid Model

Continue 'As Is'

Develop a parent/carer forum which enables parents and carers to have a voice and work in equal partnership with future service design/commissioning.

Outcomes	Criteria	Weight	Score	Weighted	Score	Weighted
	Meet it's service vision, mission and outcomes (stage 1- see handout)	5	2	10	5	25
	Prevent or delay the need for more intensive interventions	5	1	5	5	25
	Develop a better service integration and joined up services	5	1	5	5	25
	Promotes Children's needs to be met by their families/community	5	1	5	5	25
	Develop better services and options	5	1	5	5	25
	Total	#####	6	30	25	125
	Score			1.2		5.0

Fit with Priorities	Criteria	Weight	Option 1		Option 2	
			Score	Weighted	Score	Weighted
	Safeguarding vulnerable people	5	3	15	5	25
	Improving pupil attainment	3	2	6	5	15
	Creating a vibrant and viable city and economy	1	1	1	5	5
	Tackling poverty	3	1	3	5	15
	Building sustainable communities	5	1	5	5	25
	Total	#####	8	30	25	85
	Score			1.8		5.0

Financial Impact	Criteria	Weight	Option 1		Option 2	
			Score	Weighted	Score	Weighted
	Make more effective use of it's staff resources	5	2	10	5	25
	Achieve MTFP savings/target savings for the next 5 years	5		0	5	25
	Achieve income opportunities	3	0	0	0	0
	Have limited to no set up costs	3	5	15	1	3
	Total	#####	7	25	11	53
	Score			1.6		3.3

Sustainability/Viability	Criteria	Weight	Option 1		Option 2	
			Score	Weighted	Score	Weighted
	Be implemented within the Legal Constraints (this could be covernants etc)	5	3	15	5	25
	Be implemented with limited risk to staff transfer	3	5	15	1	3
	Be implemented with limited risk to buildings for equipment transfer	3	5	15	1	3
	Depends on clear pathways for partnership working	5	1	5	5	25
	Creates a culture of resilliance and independents among families and communiti	5	2	10	5	25
	Total	#####	#####	60	17	81
	Score			2.9		3.9

Deliverability	Criteria	Weight	Option 1		Option 2	
			Score	Weighted	Score	Weighted
	Be implemented within the set timescales	3	5	15	1	3
	Limited resources to be implemented	1	5	5	1	1
	Can be implemented within cost constraints	5	3	15	2	10
	Can deliver the service areas expectations within the challenges	5	1	5	5	25
	Total	#####	#####	40	9	39
	Score			2.9		2.8

Total

185

383

New Delivery Models Scoring Matrix

Home Care

Narrative/Discussion: WHAT WILL YOUR CHANGES LOOK LIKE TO YOUR SERVICE USERS?

In-House	In-House	External Model
Continue 'As Is'	Increase staff resource within our in-house flexi support team to provide domiciliary care and/or sitting service. Provide group activity sessions for parent/carers to equip them with various coping strategy's. Reduce dependency on external providers.	Develop the market place for agencies to be registered to work with children within the City and County of Swansea.

Outcomes	Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted
	Meet it's service vision, mission and outcomes (stage 1- see handou	5	3	15	4	20	2	30
	Prevent or delay the need for more intensive interventions	5	3	15	5	25	1	15
	Develop a better service integration and joined up services	5	3	15	5	25	1	15
	Promotes Children's needs to be met by their families/community	5	2	10	4	20	2	20
	Develop better services and options	5	3	15	4	20	2	30
	Total	25	14	70	22	110	8	110
	Score			2.8		4.4		4.4

Fit with Priorities	Criteria	Weight	Option 1		Option 2		Option 2	
			Score	Weighted	Score	Weighted	Score	Weighted
	Safeguarding vulnerable people	5	5	25	5	25	5	25
	Improving pupil attainment	3	3	9	4	12	3	9
	Creating a vibrant and viable city and economy	1	3	3	4	4	3	3
	Tackling poverty	3	3	9	5	15	2	6
	Building sustainable communities	5	3	15	5	25	2	10
	Total	17	17	61	23	81	15	53
	Score			3.6		4.8		3.1

Financial Impact	Criteria	Weight	Option 1		Option 2		Option 2	
			Score	Weighted	Score	Weighted	Score	Weighted
	Make more effective use of it's staff resources	5	3	15	5	25	1	5
	Achieve MTFP savings/target savings for the next 5 years	5	3	15	5	25	1	5
	Achieve income opportunities	3	1	3	5	15	0	0
	Have limited to no set up costs	3	5	15	2	6	1	3
	Total	16	12	48	17	71	3	13
	Score			3.0		4.4		0.8

Sustainability/Viability	Criteria	Weight	Option 1		Option 2		Option 2	
			Score	Weighted	Score	Weighted	Score	Weighted
	Be implemented within the Legal Constraints (this could be covernants etc)	5	5	25	4	20	4	20
	Be implemented with limited risk to staff transfer	3	5	15	5	15	0	0
	Be implemented with limited risk to buildings for equipment transfer	3	5	15	4	12	2	6
	Depends on clear pathways for partnership working	5	3	15	4	20	2	10
	Creates a culture of resilliance and independents among families and commu	5	3	15	5	25	2	10
	Total	21	21	85	22	92	10	46
	Score			4.0		4.4		2.2

Deliverability	Criteria	Weight	Option 1		Option 2		Option 2	
			Score	Weighted	Score	Weighted	Score	Weighted
	Be implemented within the set timescales	3	5	15	3	9	1	3
	Limited resources to be implemented	1	5	5	3	3	1	1
	Can be implemented within cost constraints	5	3	15	5	25	1	5
	Can deliver the service areas expectations within the challenges	5	3	15	5	25	1	5
	Total	14	16	50	16	62	4	14
	Score			3.6		4.4		1.0

Total

314.00

416.00

236.00

Family Support Commissioning Review Focusing on Children with Additional Needs and Disabilities

Consultation and Engagement Plan

1 Purpose

To outline the plan for consulting with stakeholders and service users on the proposals set within the Family Support Commissioning Review – Child Disability Team Gateway 2 report.

2 Background

As a group, disabled children, and their families, are among the most vulnerable people in our community. The needs of these children are highly complex, and they, along with their parents and siblings, are at high risk of poor outcomes (social isolation, and economic disadvantage etc.). Secure, loving family units are key to achieving positive outcomes, but caring for a disabled child can be a stressful experience that places considerable pressure on a family. It is for this reason that we need to ensure we have an effective range of family support services.

With the commencement of the Social Services and Wellbeing Act 2014 in April 2016, the expectations upon the Council (and health board) regarding the manner it supports disabled children and their carers has changed considerably. Our support must now ensure it adheres to the following fundamental principles of the Act:-

Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.

Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need.

Well-being – supporting people to achieve their own well-being and measuring the success of care and support.

Co-production – encouraging individuals to become more involved in the design and delivery of services.

At the same time, the Council is facing significant reductions in its budgets during the coming years. Based on our budget assumptions and the experience of councils in England, the Council will have to undergo radical change in terms of the services it continues to deliver and how it delivers them. While this Review is not being asked to meet any saving targets, it must clarify whether it is possible to spend our money more efficiently and/or effectively. Moreover, should the Review achieve its stated outcomes then it will, in the medium and long-term, ease financial pressures by helping the authority to avoid costs attached with late intervention.

The Gateway 2 Report completed as part of this Review has identified a series of options for three service areas which will require consultation: (i) play and leisure opportunities; (ii) parent carer participation; and (iii) home care /

domiciliary care. It is now recommended that we undertake further consultation and engagement around the options and the principles behind them with key stakeholders and service users to inform the decision-making required to complete the Review.

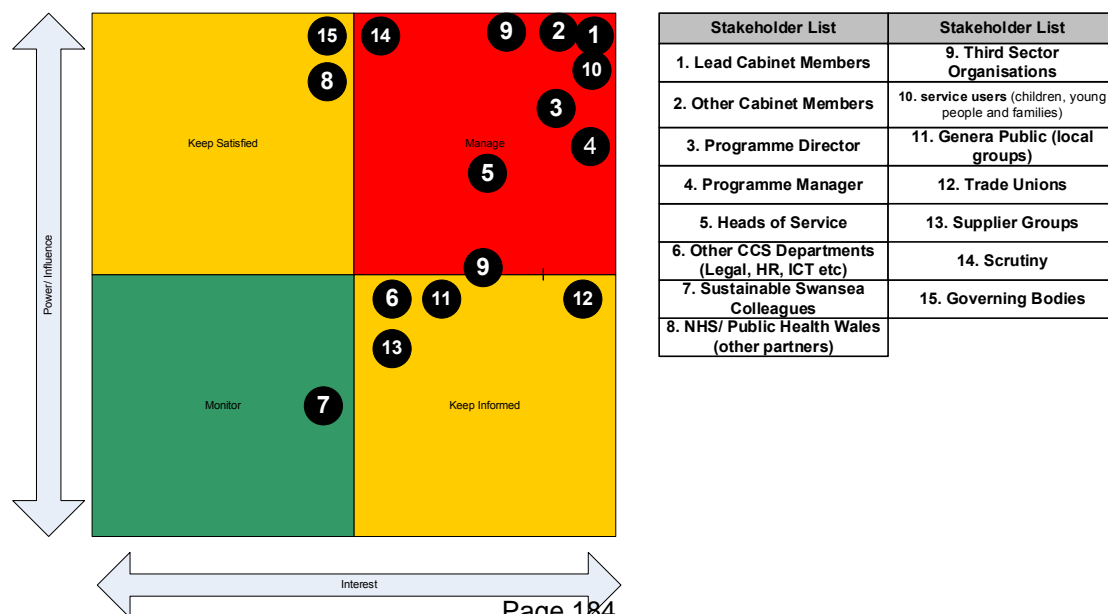
3 The Consultation Principles

We have followed the Government Consultation Principles 2016, Consultation should:

- **Be clear and concise** – using plain language and avoiding acronyms. Make questions easy to understand and easy to answer.
- **Have a purpose** – ensure you take consultation responses into consideration when taking plans forward and ask for consultation at a formative stage of the process.
- **Be informative** – give enough information to ensure that those consulted understand the issues and can give informed responses.
- **Last for a proportionate amount of time** – Take into account the nature and impact of the proposal. Ensure that there is the right balance to get the quality of responses.
- **Be targeted** – Consider the full range of people, business and voluntary bodies affected by the proposal and whether representative groups exist. Ensure they are made aware and can access it. Consider how to tailor consultation to the needs and preferences of particular groups that may not respond to traditional consultation methods.
- **Take account of groups being consulted** – Consult stakeholders in a way that suits them. Charities may need more time to respond than businesses, for example.
- **Be agreed before publication** – Seek collective agreement before publishing a written consultation.
- **Facilitate scrutiny** – Explain consultations that have been received and how these have informed the proposals going forward.

4 Stakeholder Engagement

At the beginning of the process a stakeholder engagement exercise identified the key groups of people who had a visited interest in this review. A copy of the findings is below.



During the course of the Review there have been various engagement exercises undertaken to capture the views of stakeholders. It is important that when we undertake this round of consultation, we provide feedback that the previous exercises have not been ignored and have influenced the options we are now putting forward for their consideration. Should we fail to acknowledge their past input then there is a risk that many will feel disenfranchised.

5 Approach to Engagement

Those individuals impacted by this Review the most are disabled children, young people and their families. Former and current service users have a particularly useful insight into how we can improve existing services. However, this is not a generic cohort of individuals, and they will all have vastly different experiences of using the services depending on the nature of their needs and disability. It is important to give this critical group of stakeholders an equal opportunity to take part in consultation to shape future delivery of services so that we can learn from their experiences.

Both corporately and within the Departments leading this Review (Child & Family Services and Poverty and Prevention), there is a strong commitment to listen and learn from the views of the service users especially around the needs of children and young people. As a Council we are committed to embedding the United Nations Convention on the Rights of the Child (UNCRC). Therein, Article 23 specifically states that a child or young person with a mental or physical disability should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate their active participation in the community. We therefore recognise that the participation of children and young people is key to improving the quality of our services.

Some groups and individuals in Swansea have expert knowledge to contribute to certain subjects, whilst others have strong opinions on certain issues they would like to make known. There are already several different means for stakeholders to have a say in the way services are provided and developed and these will now be accessed to comment on the Review.

A wide range of methods can and will be used to engage with stakeholders. It is suggested that a combination of methods are utilised to provide a rounded and robust set of results that properly acknowledge the issues of accessibility for hard to reach groups and individual preference.

6 Stakeholders and engagement methods

The methods and groups of consultation have been outlined below:-

Stakeholders	Engagement methods
Cabinet and Councillors	Briefings, officer meetings and email updates
Senior Managers	CMT, DMT, officer meetings and email updates
Unions	Options Appraisal Workshops, Briefings and online survey*
All staff	Staffnet, CEO blog, team meetings, C&FS Staff Day and online survey
AMs, MPs	Email updates and online survey

ABMUHB and partners	Email updates, ABMU Children and Young People Emotional and Mental Health Planning Group and online surveys
Providers and third sector organisations	Email updates (and the sub-group for local providers), online survey and provider contract liaison meetings
General Public	Website, social media and online survey
Media	CCS communication and press releases (where required)

While the most important group of stakeholders are the children, young people and families who use the services in question, many are difficult to reach and require a considered and tailored approach.

Stakeholders	Engagement methods
Parent / Carers	<p>Online survey. A range of approaches will be taken to encourage take-up by as many parent / carers as possible:-</p> <ul style="list-style-type: none"> • Information on how to access the survey will be circulated via relevant social media groups. • Emails asking parent / carers to complete the survey will be sent to all those registered on the Child Disability Index. • Professionals and parent carer representatives on the Child Disability Strategy Group, play network and other pertinent groups will be asked to promote the survey amongst parents. • The Special Schools will be asked to circulate the information and reminders. • Social workers in the Child Disability Team will follow up with parent carers during visits to families.
	<p>Focus groups completed with parents whose children access the following short breaks or play activities: (i) the Diversity Group (this will also allow us to capture the views of siblings; many of whom will be impacted by the disability), (ii) Swansea Short Breaks, (iii) Interplay and/or Buddies groups; and (iv) Stepping Stones parent group (to capture the views in respect of younger children). Separate briefing notes will be required for these groups</p>
	<p>A focus group on behavioural support for parents attending the Facing the Challenge parents group. Separate briefing notes will be required for these groups.</p>
	<p>The SCVS Parent Carer Representative Group.</p>
	<p>Carer and Young Carer Event</p>
	<p>ASD Parent Carer Group</p>
Children and Young People	<p>Online survey.</p>
	<p>We will work in partnership with both Special schools and specialist teaching facilities in Swansea to ensure the views of children with a range of severe and profound disabilities are heard. This will be completed via small focus group discussions that are facilitated with the use of various communication tools</p>

	(Makaton, PECS, and sign language) and professionals skilled in their use to ensure views are accurately captured.
	We will run a focus group / workshops at some of the Special Teaching Facilities in Swansea.
	We will run focus groups with a range of children and young people at events for families accessing (i) play and leisure services and (ii) Interplay or Buddies groups . This will be conducted utilising appropriate consultation tools, e.g. Tops and Pants.

7 Conclusion and Issues to Consider

This is an important piece of work and there is a detailed programme to ensure engagement. Public consultation / engagement is expected to take place over a 12 week period.

The plan has been put together on the basis that Senior Managers in both Departments are committed to releasing staff resources to participate in the consultation where required.

The role of Scrutiny: Discussions will take place at an early stage with the Service Improvement and Budget Performance Scrutiny Panel to agree Scrutiny's role.

Responding to feedback: We will need to be clear at the outset how we will respond to stakeholder feedback. By using the channels mentioned above we will proactively respond to feedback gathered throughout the consultation period.

Have your say – a review of services to support children and young people impacted by disability

This consultation is about how services for children and families impacted by disability should be provided in Swansea in the future to ensure the right support at the right time in the right place to the children, young people and families who need it.

This document gives you a summary of the options the Council is considering for redesigning these services in the future.

If you require more information head to <???> (web address) or contact (phone number)

What services are we talking about?

This consultation is about some of our services supporting children and families impacted by disability.

Approx. 6% of children and young people in Swansea have a disability or impairment that limits their day-to-day activities.

They and their families are potentially vulnerable, have complex needs, and are at higher risk of social isolation, and economic disadvantage.

Services include play services, direct payments (which enable families to purchase care independently) and home care.

Services are provided by us, sometimes jointly with the NHS and sometimes by other organisations such as charities.

Why are we doing this?

Swansea Council is modernising to provide the services our residents need not just today, but in the future too.

We have been talking with the parent carer forum, staff, partner departments and organisations about what is working and what we could do better to improve services and other options for children with disabilities and their families.

To get better outcomes we need to redesign services to meet modern needs and work better with partners to improve children's pathways through care.

We recognise that we've been responding to crisis and we need to tackle the shortage of services which prevent families needing higher levels of care, and embrace the latest national guidance and legislation.

Although the Council is facing challenging budgetary pressures, this review is not being asked to meet any saving targets. We just want to make sure we spend the money we have in a way that makes the most positive difference to children and their families.

What are the options?

We are letting you know our preferred options which have been developed out of our discussions with the parent carer forum, staff, partner departments and organisations. We also reviewed services provided in other parts of Wales and England.

We are telling you about the options we considered to reach our preferred way forward so you can have your say on whether that is right.

No decisions have yet been made. This consultation will inform the recommendations made to the Council's Cabinet, which is responsible for making decisions.

We have asked ourselves questions like: Which options get the right results for children and their families? Can we do them? Are they financially viable and sustainable? Do they help us offer the right support to the right groups at the right time in the right place? Do they reflect national guidance and/or good practice?

1. Play and Leisure Opportunities (including Community Short-breaks)

What is it?

Play and leisure opportunities for disabled children are aimed at improving the health and wellbeing of children, allowing them to enjoy the right to play, to socialise, to exercise and have fun. Some of them may also provide parent/carers with some respite during the day. Examples include activity clubs, afterschool clubs and child sitting services.

What do we do now?

The majority of the money we spend is on specialist services for a relatively small group of children who have been assessed by a social worker as in need of care and support. Most other children access activities that are not directly funded by the council such as Swansea City Bravehearts Disabled Football Club, Swansea Stingrays and Surfability.

Why are we considering change?

We want to ensure that we are spending our money as fairly as possible, reaching as many families as possible to improve the quality of life and outcomes for disabled children, giving them choice, and enabling them to be part of their communities.

We need to look at what we do again because many of the organisations we use already have had to reduce what they can offer because of lost funding due to changes in what charities are asking for. This presents a risk of reduced services in some areas and increased travel and transport issues for families.

Option 1: Continue with what we do now.

Option 2: The Council continues to jointly work with a range of different agencies as they do now but ensures it supports them to be able to financially provide services that consistently meet the needs of children and their families, working towards outcomes for them, and ensuring services are value for money.

Option 3: The council jointly develops a grant scheme to give money/vouchers to eligible families to access play/leisure activities or a community short break for disabled children that is of their choice. This approach is a model used by Wiltshire Council that gives children and families greater choice and control and has proved to be very successful. This model could mean that family's needs are met in the community without the need for a social worker.

Our preferred Option is Option 3.

2. Parent/Carer Participation

What is it?

Ways parent/carers can get information, advice and support and have a valid say in how services are developed, shaped and moved forwards.

What do we do now?

The Council provides a Family Information Service to offer advice, information and signposting to all families in Swansea, whether they have a disability or not.

The Council funds Swansea Council for Voluntary Services (SCVS) for a Development Worker. Among their responsibilities is to run a parent carer forum to encourage participation of parent/carers of children and young people with disabilities.

Why are we reviewing these services?

Many parent carers report not knowing what support and activities are available and have difficulties finding their way through some of the complicated processes. There are also reports that parent/carers do not believe they have a strong voice in decisions about the shape of services. The Council is also mindful that the number of parent/carers who currently engage in consultation activity is low.

Options

Option 1: Continue what we do now.

Option 2: Fund an independent Parent Carer Council to perform two key roles:

- 1) Provide a single information, advice and assistance service for families with a child / young person with a disability.
- 2) Energise and manage the development of a more active parent/carers forum. This Parent Carer Council would be expected to capture the views of greater numbers of parent/carers so it could have a more effective voice in decision-making and identification of unmet need.

It would need to have good working relations with the local authority and other partners.

As the central point of contact, a well-resourced Parent Carer Council would be ideally placed to keep the information on the needs of children with a disability and families accurate and up-to-date.

It would be expected to advise parent/carers on the various services and processes they may encounter and provide a comprehensive list of 'what's going on' in Swansea for children and young people with a disability.

Preferred Option 2

3. Home Care

What is it?

Home care or 'domiciliary care' is supportive care provided in the home which may include completing personal care tasks. Only used in a small number of cases involving children and young people, it is much more common in Adult Services for older people living in their own homes. Where provided it's a key service for some families and provides parent/carers with much needed respite.

Why are we reviewing it?

The number and size of the providers who are registered to work with children and young people is currently very limited. As a result, there are concerns that it cannot be considered as an option despite the fact it would have been the best way of supporting the family. Current provision is not always reliable and there can be problems with the same carer(s) not always being available.

What do we do now?

The in-house Flexible Home Support Service is one of two registered providers and offers short term intervention up to 12 weeks to support families who are at risk of breakdown.

Options

Option 1: Continue what we do now.

Option 2: Expand the Flexible Home Support Service and change their criteria so it can support more families and potentially for a longer period of time. We know that by doing this it will address the issues of reliability and consistency of carer.

Option 3: Encourage the independent domiciliary care market to increase capacity and availability for children and young people.

Preferred Option is Option 2.



HAVE YOUR SAY...

Review of Child Disability Services

We are inviting you to have your say on our proposals for Child Disability Services

As part of this consultation, we will also be providing a range of different opportunities for people who may be affected, to share their views about our proposals. We will advertise the dates and times of these events on our web page and at other suitable county wide locations.

Information gathered during the consultation process will be used to influence final decisions which are taken.

Confidentiality

Unless you are responding on behalf of an organisation, you do not have to give us your name and if you do decide to provide your name, you will not be personally identified in any future documentation.

About You

To help us to understand the feedback you give us, please tick the most appropriate box below. Please tick one box only.

- I am someone who receives a child disability service from the City and County of Swansea
- I am someone who receives a child disability service from an external organisation in Swansea
- I am a relative, carer and/or friend of someone who receives a child disability service from the City and County of Swansea
- I am a relative, carer and/or friend of someone who receives a child disability service from an external organisation in Swansea
- My job involves working with children in Swansea
- I do voluntary work with children in Swansea
- I am interested in child disability Services in Swansea for other reasons

Other reasons - please write in

If you are replying on behalf of an organisation, please provide:-

Name of the Organisation:

Contact Name:

Your position in the organisation:

Email Address:

Telephone Number:

Type of organisation*: e.g. Domiciliary care agency / advice / advocacy

***Please note that organisations completing questionnaires will be identified by type in the final analysis and not by name. This is so that we can identify which groups you represent which will help us to determine the different needs within the County.**

Unless you are replying on behalf of an organisation, please complete the equalities monitoring section at the end of this questionnaire. This will help us to prevent people being adversely affected by the decisions we make.

Our proposals

**Please read the document entitled 'Have your say - Review of Child Disability Services for more detail about the proposals
Category 1: Play and Leisure Opportunities including Community Short-breaks**

Preferred Option 3 - The Council develops a grant scheme to give money or vouchers to eligible families which they can then use to help the disabled child to access the play/leisure activities/ a community short break of their choice.

Do you agree that the City & County of Swansea should proceed with option 3?

- Yes
 No
 Don't know

If we did proceed with option 3 how would this impact you?

Is there anything else that we should take into consideration regarding our decision to redesign our Play and Leisure Opportunities including Community Short-breaks?

You may use this space to provide any concerns or suggestions that you may have in relation to our existing Play and Leisure Opportunities including Community Short-breaks services.

Category 2: Parent/Carer Participation

Preferred Option 2 - Fund an independent Parent Carer Council to perform two key roles:

- 1) Provide a single information, advice and assistance service for families with a child / young person with a disability.
- 2) Energising and managing the development of a more active parent / carer forum. The Parent Carer Council would be expected to capture the views of greater numbers of parent/carers in turn for a greater voice in decision-making. This new Council would need to have good working relations with the local authority and other partners.

As the central point of contact, a well-resourced Parent Carer Council would be ideally placed to keep the information on the needs of children with a disability and families accurate and up-to-date. The Parent Carer Council would be expected to advise parent / carers on the various services and processes they may encounter and provide a comprehensive list of 'what's going on' in Swansea for children and young people with a disability. We also want to make sure parent / carers to have the opportunity to play a more active role in decision making regarding the future shape of services.

Do you agree that the City & County of Swansea proceed with option 2?

- Yes
- No
- Don't know

If we did proceed with option 3, how would this impact you?

Is there anything else that we should take into consideration regarding our decision to proceed with option 2?

You may use this space to provide any concerns or suggestions that you may have in relation to how we review the ways parent/carers can get information, advice and support and have a say in services

Do you have any other comments about any of the proposed options?

Category 3: Home Care

Preferred Option 2 - Expand the Flexible Home Support Service and change their criteria so it can support more families and potentially for a longer period of time. We know that by doing this it will address the issues of reliability and consistency of carer.

Do you agree that the City & County of Swansea proceed with option 2?

- Yes
- No
- Don't know

If we did proceed with option 2, how would this impact you?

Is there anything else that we should take into consideration regarding our decision to proceed with option 2?

You may use this space to provide any concerns or suggestions that you may have in relation to how we review the domiciliary care?

Do you have any other comments about any of the proposed options?

Are you ...

- Male
- Female
- Prefer not to say

Is your gender identity the same as you were assigned at birth (i.e. born male and currently living as a man or born female and currently living as a woman)?

- Yes
- No
- Prefer not to say

How old are you ...

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 56 - 65 |
| <input type="checkbox"/> 16 - 25 | <input type="checkbox"/> 66 - 75 |
| <input type="checkbox"/> 26 - 35 | <input type="checkbox"/> 76 - 85 |
| <input type="checkbox"/> 36 - 45 | <input type="checkbox"/> Over 85 |
| <input type="checkbox"/> 46 - 55 | <input type="checkbox"/> Prefer not to say |

What is your sexual orientation?

- Bisexual
- Gay/Lesbian
- Heterosexual/Straight
- Other
- Prefer not to say

Would you describe yourself as... (Please cross all that apply or write in)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Other British (please write in) |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Non-British (please write in) |
| <input type="checkbox"/> English | <input type="checkbox"/> Refugee (please write in current/last nationality below) |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Asylum Seeker (please write in current/last nationality below) |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Prefer not to say |

What is your ethnic group? (Please cross one box)

- White - British, any other White background
- Mixed - White & Black Caribbean, White and Black African, White & Asian, any other Mixed background
- Asian or Asian British - Indian, Pakistani, Bangladeshi, Chinese any other Asian background
- Black or Black British - Caribbean, African, any other Black
- Other ethnic group - Gypsy or traveller, Arab, any other
- Prefer not to say

What is your religion or (non) belief, even if you are not currently practising?

- | | |
|--|--|
| <input type="checkbox"/> No religion/belief | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say |

Do you consider that you are actively practising your religion or belief?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Can you understand, speak, read or write Welsh?

Please mark all that apply

- | | |
|--|--|
| <input type="checkbox"/> Understand spoken Welsh | <input type="checkbox"/> Learning Welsh |
| <input type="checkbox"/> Speak Welsh | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Read Welsh | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Write Welsh | |

Which languages do you use from day-to-day

- | | |
|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Other (please write in) |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> British Sign Language | |

Do you have any long-standing illness, disability or infirmity?

By long-standing we mean anything that has affected you over a period of time or that is likely to affect you over time.

This could also be defined Under the Equality Act 2010 as: "Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities."

- | |
|--|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say |

Does this illness or disability limit your normal day-to-day activities in any way?




- | |
|--|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say |

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

CHILDREN AND YOUNG PEOPLE CONSULTATION

Hello, we are trying to find out about what children in Swansea do and what they like to do, this will help us make sure there are activities and services for you to enjoy.

Name:	
Gender:	
Age:	
Address:	
School:	

Activity	I have been to this!			
		Its great!	Not sure	Don't like it
Bikeability				
Botcha				
Bravehearts (Swansea FC)				
Breakfast or Afterschool Clubs				
Buddies				
Circus Eruption				
Discovery (Swansea University)				
Enabled				

Family Centres (Penlan, Mayhill, Bonymaen, Morryston or Townhill)				
Family Link (Action For Children foster care)				
Friendship house youth club				
Gladiators (Rugby)				
Hands Up For Downs				
Interplay				
Mixup				
Play & Leisure opportunity library				
Play Bus				
POPS (Action For Children)				
Rising Stars				
Soft Play Centre (Playzone / Simply Play, Ty Hapus)				
Spectrum Surfing				
Stingrays (Swimming)				
Surfability				
Ty Laura (Action For Children)				
Whizz Kids				

Youth Centre (Llansamlet, Gorseinon and Blaenymaes				

What is your favourite thing to do?

What other things would you like to do? Here are some examples and pictures to help you think about this....

Sport – swimming, rugby, football,

Gaming – xbox, playstation, Ipad

Seeing friends or making new friends

Going to new places

Going to places you like – the beach, winter wonderland, the park, shopping, playing outside,

Meeting new people

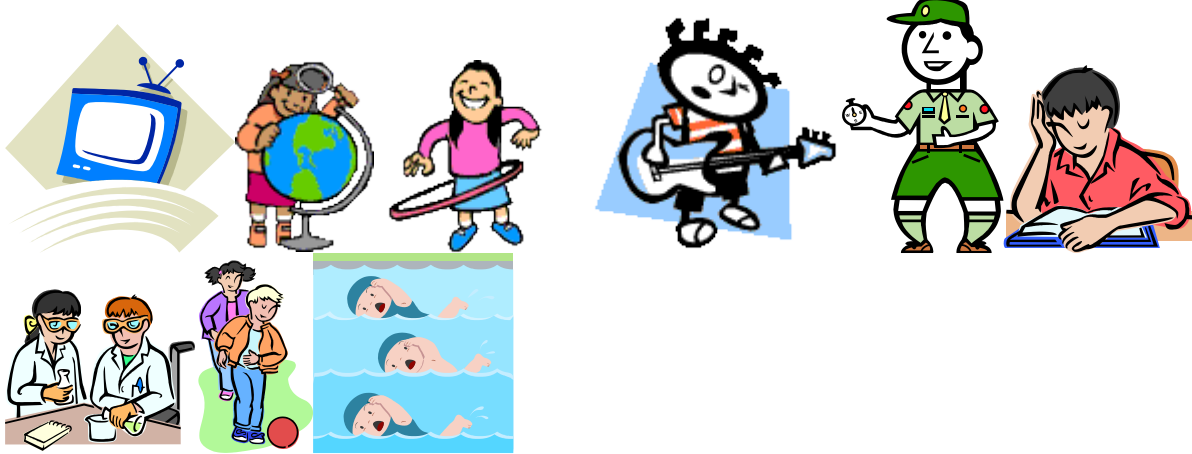
Watching films/cinema

Listening to music

Learning new things – how to catch a bus, baking, gardening, arts & crafts, horse riding, playing an instrument

Sleepovers away from home








What stops you from doing things you enjoy?

When would you like to do these things?

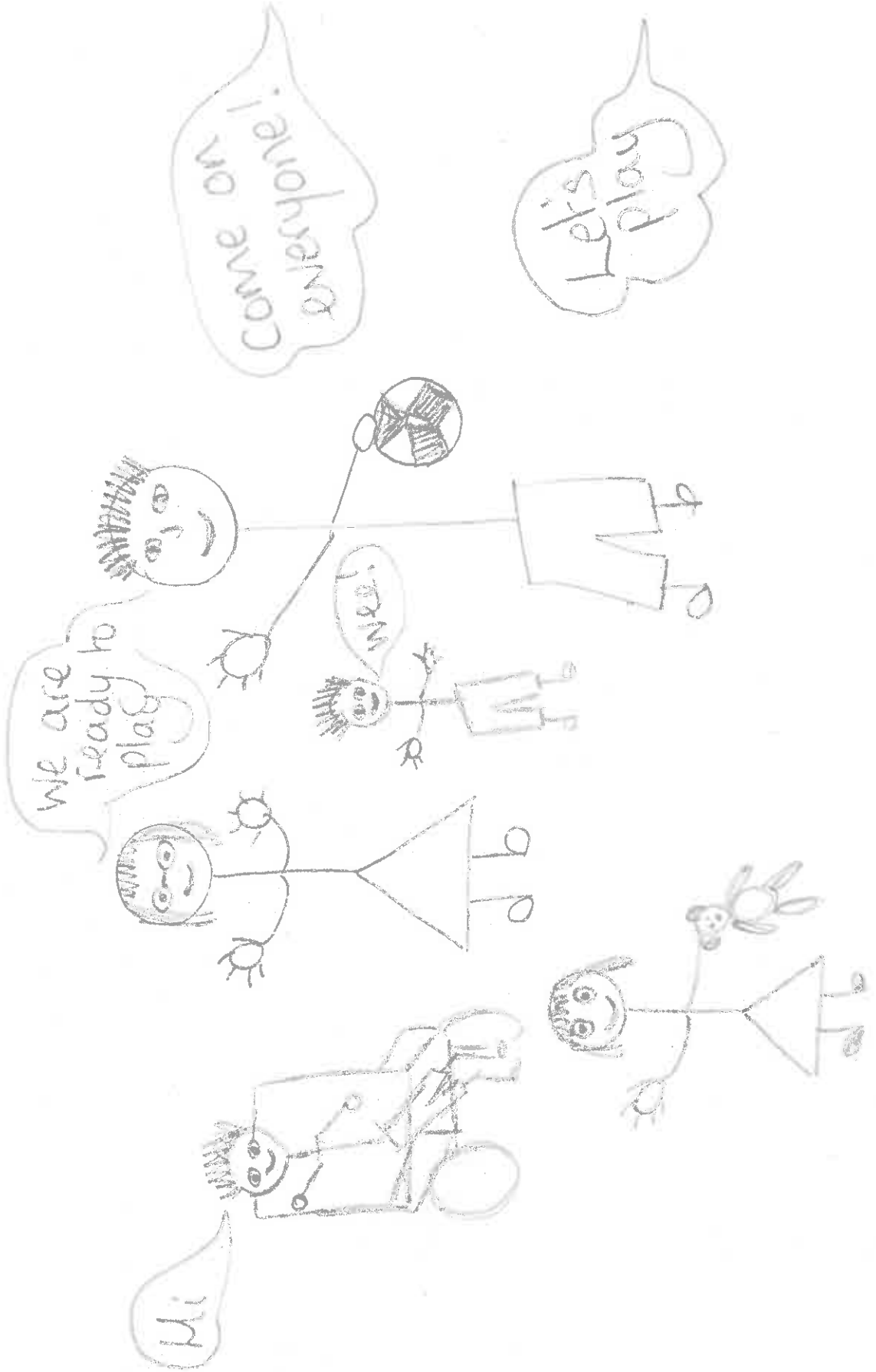


Afterschool	Weekends	School Holidays
		

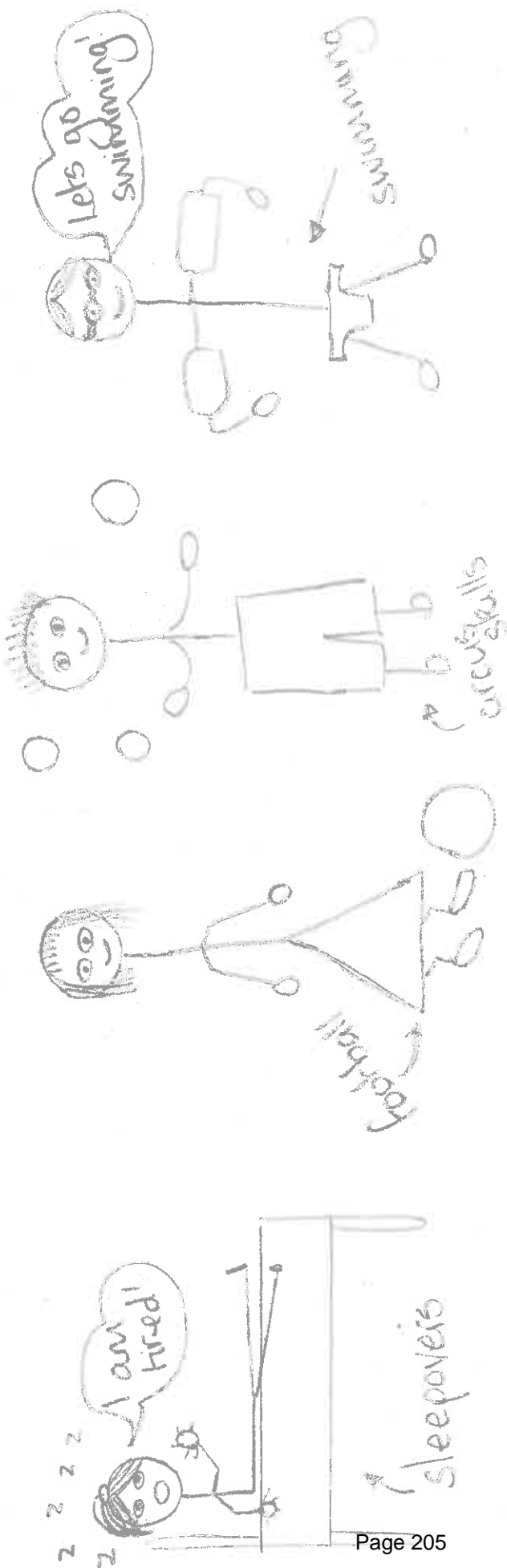
Is there anything else you would like us to know



This booklet is for children and young people who have a disability or need extra help to learn, play or make friends.

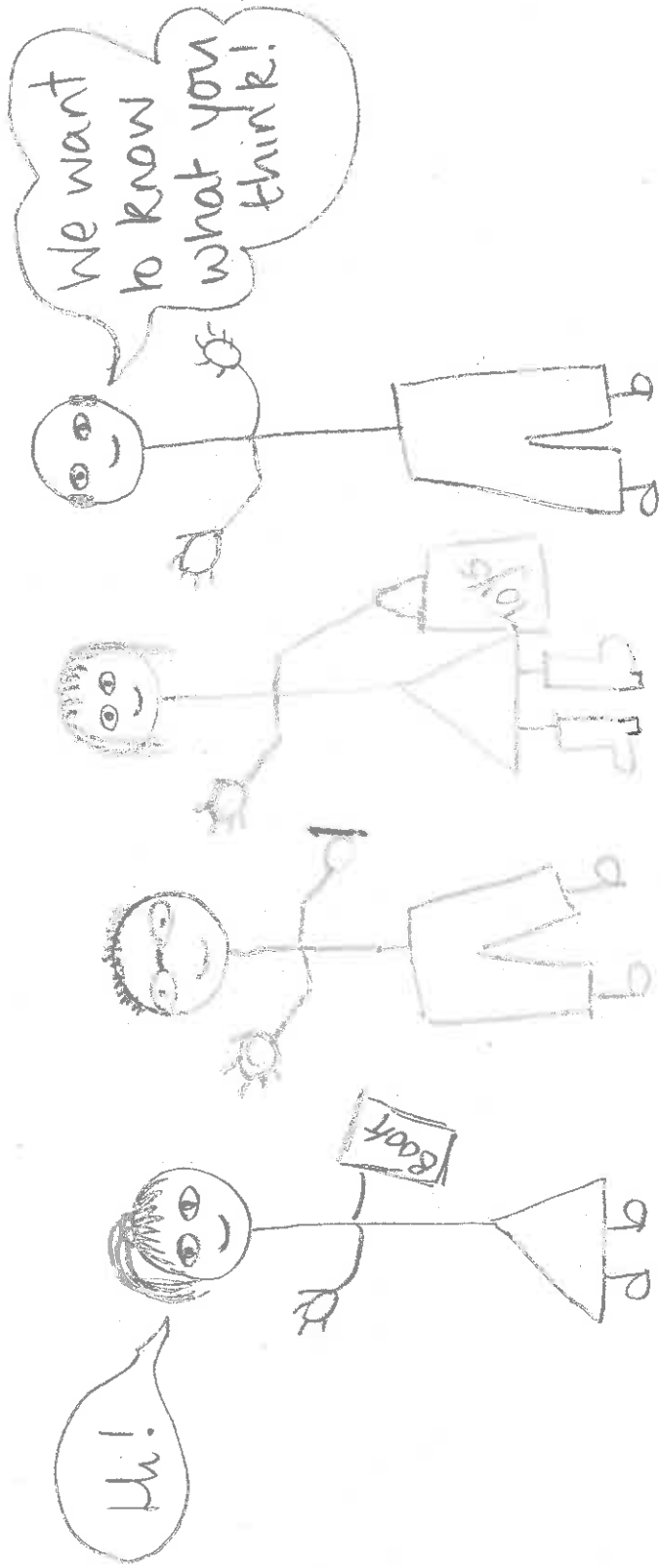


There are lots of different groups or organisations in Swansea where children and young people attend to have fun or get help from an adult.



Some children have sleepovers with Ty Laura or with a carer. Lots of children go to groups with Action for Children or play football at Bravehearts. Some children learn circus skills at Circus Eruption or go swimming or play in the toy library. Other children may have someone to help them and Mummy and Daddy in the house or to take them out after school.

Everyone at the Child Disability Team want to hear what children and young people think about the places they go, the activities that they do and the help that they receive.



Your voice is important to us!

(different colour & bold!)

All about me!

Are you a boy or a girl? (picture of a boy or girl – children can tick!)



How old are you? (number's to go in a line for children to circle – 1,2,3,4,5,6)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

What school do you go to?

Who do you live with? (children can draw a picture of their family or write down their names)

Draw your picture here:

What are your likes and dislikes? (could be pictures as well as lines to write) (or draw pictures)

LIKES ☺

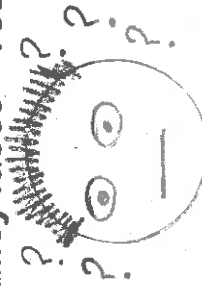
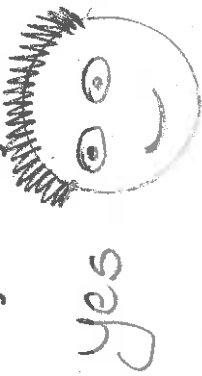
DISLIKES ☹

Sleepovers!

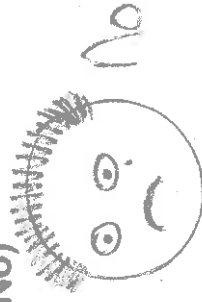
Where do you stay? _____ (children can draw a picture)



Do you like your sleepovers? (smiley faces – Yes, Don't Know and No)



Don't know



What is the best thing about having a sleepover?

What activities do you do when you have a sleepover? (choice of 3)

1. _____
2. _____
3. _____

Do you look forward to your sleepovers? (smiley faces – Yes, Don't Know and No)



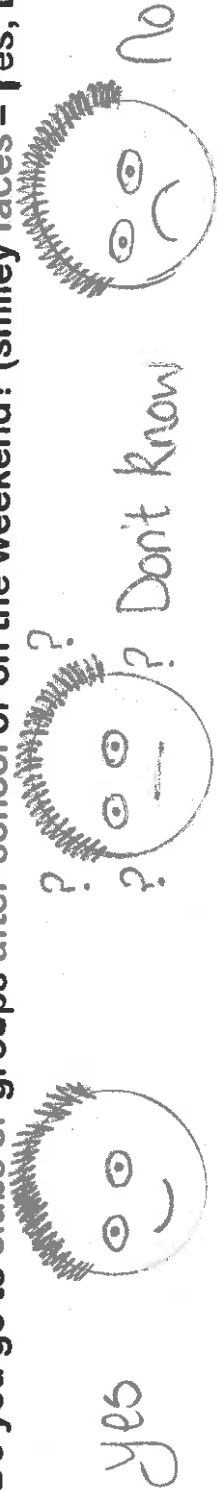
Is there anything that will make your sleepovers better? (smiley faces – Yes, Don't Know and no)



If yes, what changes would you like to see?

Play

Do you go to clubs or groups after-school or on the weekend? (smiley faces – Yes, Don't Know and No)



What groups or clubs do you like going to? (3 choices)

- 1. _____
- 2. _____
- 3. _____

Have you made any new friends at different clubs and groups? (smiley faces – Yes or No)



Do you see your friends in the school holidays? (smiley faces – Yes or No)



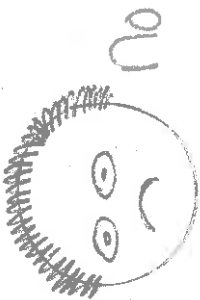
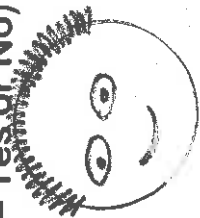
Where do you see them? (3 choices)

- 1. _____
- 2. _____
- 3. _____

Are there any activities or groups that you would like to do but you can't because of time or there isn't such a group?

Would you like to go to more groups or clubs after school, in the school holidays or on the weekend?
(smiley faces – Yes or No)

Yes



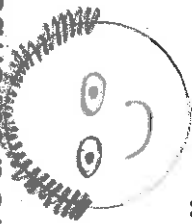
No

If yes, what groups would you like to go to?

Direct payments/flexi-

Do you have a carer/befriender (?) who takes you out? (Yes or No)

yes



No



Can you tell us about that person? (ask to draw a picture of that person)

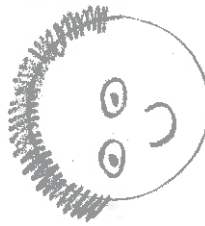
What activities do you do with your carer? Where do you go?

What do you prefer? (children to tick)

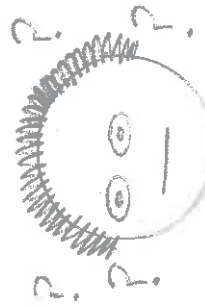
Going out with your carer or going to activities/groups and clubs.

The text will be in different colour

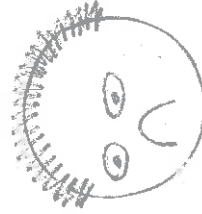
Would you like to have more of a say about the help you have at different groups or activities or when you have your sleepovers? (smiley faces – Yes, Don't Know, No)



yes



don't know



No

Agenda Item 13.

Report of the Cabinet Member for Education

Cabinet – 16 February 2017

LOCAL AUTHORITY GOVERNOR APPOINTMENTS

Purpose of Report:	To approve the nominations submitted to fill L. A. Governor vacancies in School Governing Bodies.
Policy Framework:	Policy and Procedure for Appointment of L. A. Governors as amended by Council on 23 October 2008.
Reason for Decision:	To ensure vacancies are to be filled expeditiously.
Consultation:	Education, Legal, Finance.
Recommendation:	It is recommended that: - 1) The nominations be approved, as recommended by the LA Governor Appointment Panel.
Report Author:	Gemma Chapman
Finance Officer:	Pini Patel
Legal Officer:	Stephanie Williams
Access to Services Officer:	Sherill Hopkins

1.0 The nominations referred for approval

1.1 At the meeting of the L.A. Governor Appointment Panel held on 26 January 2017, nominations were recommended for approval as follows:

1. Blaenymaes Primary School	Cllr June Burtonshaw
2. Craigcefnparc Primary School	Mr Paul Ellement

3. Gorseinon Primary School	Mrs Kelly Roberts
4. Knelston Primary School	Mrs Kathryn David
5. Llangyfelach Primary School	Mrs Glynis Griffiths
6. Morriston Primary School	Cllr Andrea Lewis
7. Newton Primary School	Mr David Cottle
8. Oystermouth Primary School	Mr Stephen Williams
9. Pentrechwyth Primary School	Cllr Victoria Evans
10. St Thomas Primary School	Cllr Clive Lloyd
11. Townhill Primary School	Cllr Cyril Anderson
12. Trallwn Primary School	Ms Sara Cook
13. Birchgrove Comprehensive School	Mr Peter Eglitis
14. Ysgol Gyfun Gwyr	Mrs Susan Rodaway
15. Ysgol Pen Y Bryn	Mr Raymond Brown
16. Ysgol Pen Y Bryn	Mr Edward Pitt

2.0 Financial Implications

2.1 There are no financial implications for the appointments; all costs will be met from existing budgets.

3.0 Legal Implications

3.1 There are no legal implications associated with this report.

4.0 Equality and Engagement implications

4.1 There are no equality and engagement implications associated with this report.

Background papers: None

Appendices: None

Agenda Item 14.

Report of the Interim Head of Legal & Democratic Services

Cabinet – 16 February 2017

EXCLUSION OF THE PUBLIC

Purpose:	To consider whether the Public should be excluded from the following items of business.	
Policy Framework:	None.	
Reason for Decision:	To comply with legislation.	
Consultation:	Legal.	
Recommendation(s):	It is recommended that:	
1)	The public be excluded from the meeting during consideration of the following item(s) of business on the grounds that it / they involve(s) the likely disclosure of exempt information as set out in the Paragraphs listed below of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007 subject to the Public Interest Test (where appropriate) being applied.	
	Item No.	Relevant Paragraphs in Schedule 12A
	15	14
Report Author:	Democratic Services	
Finance Officer:	Not Applicable	
Legal Officer:	Tracey Meredith – Interim Head of Legal & Democratic Services (Monitoring Officer)	

1. Introduction

- 1.1 Section 100A (4) of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007, allows a Principal Council to pass a resolution excluding the public from a meeting during an item of business.
- 1.2 Such a resolution is dependant on whether it is likely, in view of the nature of the business to be transacted or the nature of the proceedings that if members of the public were present during that item there would be disclosure to them of exempt information, as defined in section 100I of the Local Government Act 1972.

2. Exclusion of the Public / Public Interest Test

- 2.1 In order to comply with the above mentioned legislation, Cabinet will be requested to exclude the public from the meeting during consideration of the item(s) of business identified in the recommendation(s) to the report on the grounds that it / they involve(s) the likely disclosure of exempt information as set out in the Exclusion Paragraphs of Schedule 12A of the Local Government

Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007.

- 2.2 Information which falls within paragraphs 12 to 15, 17 and 18 of Schedule 12A of the Local Government Act 1972 as amended is exempt information if and so long as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
- 2.3 The specific Exclusion Paragraphs and the Public Interest Tests to be applied are listed in **Appendix A**.
- 2.4 Where paragraph 16 of the Schedule 12A applies there is no public interest test. Councillors are able to consider whether they wish to waive their legal privilege in the information, however, given that this may place the Council in a position of risk, it is not something that should be done as a matter of routine.

3. Financial Implications

- 3.1 There are no financial implications associated with this report.

4. Legal Implications

- 4.1 The legislative provisions are set out in the report.
- 4.2 Councillors must consider with regard to each item of business set out in paragraph 2 of this report the following matters:
 - 4.2.1 Whether in relation to that item of business the information is capable of being exempt information, because it falls into one of the paragraphs set out in Schedule 12A of the Local Government Act 1972 as amended and reproduced in Appendix A to this report.
 - 4.2.2 If the information does fall within one or more of paragraphs 12 to 15, 17 and 18 of Schedule 12A of the Local Government Act 1972 as amended, the public interest test as set out in paragraph 2.2 of this report.
 - 4.2.3 If the information falls within paragraph 16 of Schedule 12A of the Local Government Act 1972 in considering whether to exclude the public members are not required to apply the public interest test but must consider whether they wish to waive their privilege in relation to that item for any reason.

Background Papers: None.

Appendices: Appendix A – Public Interest Test.

Public Interest Test

No.	Relevant Paragraphs in Schedule 12A
12	Information relating to a particular individual.
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 12 should apply. Their view on the public interest test was that to make this information public would disclose personal data relating to an individual in contravention of the principles of the Data Protection Act. Because of this and since there did not appear to be an overwhelming public interest in requiring the disclosure of personal data they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>
13	Information which is likely to reveal the identity of an individual.
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 13 should apply. Their view on the public interest test was that the individual involved was entitled to privacy and that there was no overriding public interest which required the disclosure of the individual's identity. On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>
14	Information relating to the financial or business affairs of any particular person (including the authority holding that information).
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 14 should apply. Their view on the public interest test was that:</p> <ul style="list-style-type: none"> a) Whilst they were mindful of the need to ensure the transparency and accountability of public authority for decisions taken by them in relation to the spending of public money, the right of a third party to the privacy of their financial / business affairs outweighed the need for that information to be made public; or b) Disclosure of the information would give an unfair advantage to tenderers for commercial contracts. <p>This information is not affected by any other statutory provision which requires the information to be publicly registered.</p> <p>On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>

No.	Relevant Paragraphs in Schedule 12A
15	<p>Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.</p>
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 15 should apply. Their view on the public interest test was that whilst they are mindful of the need to ensure that transparency and accountability of public authority for decisions taken by them they were satisfied that in this case disclosure of the information would prejudice the discussion in relation to labour relations to the disadvantage of the authority and inhabitants of its area. On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>
16	<p>Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.</p>
	<p>No public interest test.</p>
17	<p>Information which reveals that the authority proposes: (a) To give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) To make an order or direction under any enactment.</p>
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 17 should apply. Their view on the public interest test was that the authority's statutory powers could be rendered ineffective or less effective were there to be advanced knowledge of its intention/the proper exercise of the Council's statutory power could be prejudiced by the public discussion or speculation on the matter to the detriment of the authority and the inhabitants of its area. On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>
18	<p>Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime</p>
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 18 should apply. Their view on the public interest test was that the authority's statutory powers could be rendered ineffective or less effective were there to be advanced knowledge of its intention/the proper exercise of the Council's statutory power could be prejudiced by public discussion or speculation on the matter to the detriment of the authority and the inhabitants of its area. On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>

Agenda Item 15.

Yn rhinwedd paragraff(au) 14 Atodlen 12A
o Ddeddf Llywodraeth Leol 1972
fel y'i diwygiwyd gan Orchymyn Llywodraeth Leol (Mynediad at
Wybodaeth) (Amrywiad) (Cymru) 2007.

Document is Restricted

Yn rhinwedd paragraff(au) 14 Atodlen 12A
o Ddeddf Llywodraeth Leol 1972
fel y'i diwygiwyd gan Orchymyn Llywodraeth Leol (Mynediad at
Wybodaeth) (Amrywiad) (Cymru) 2007.

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