

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?

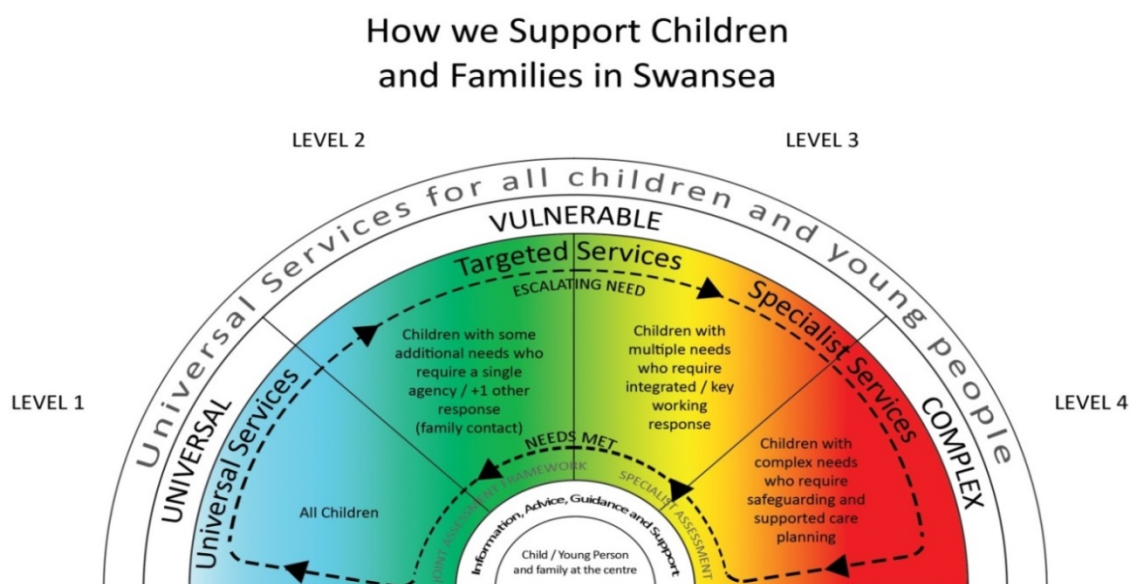
This Review of services supporting children with a disability and their families is a strand of the wider Family Support Commissioning Review. It is a cross-service review between Child & Family Social Services and Poverty & Prevention, but there are clear interdependencies with other service areas, 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

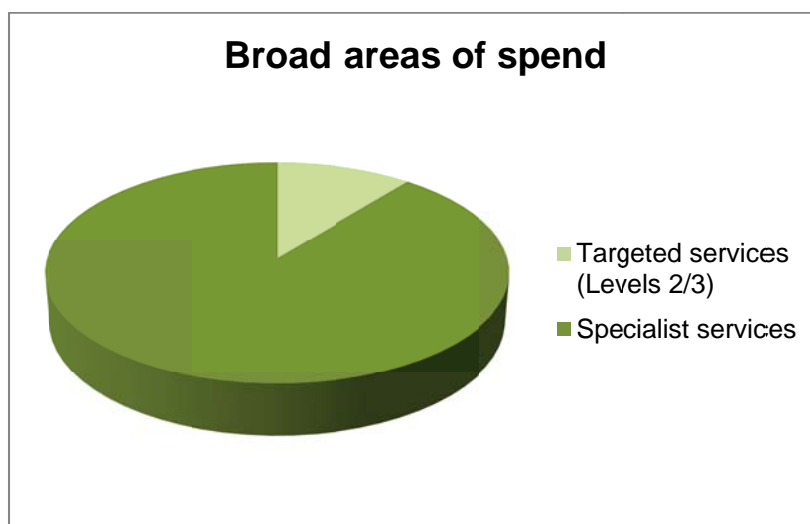
2.1 Scope

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:-

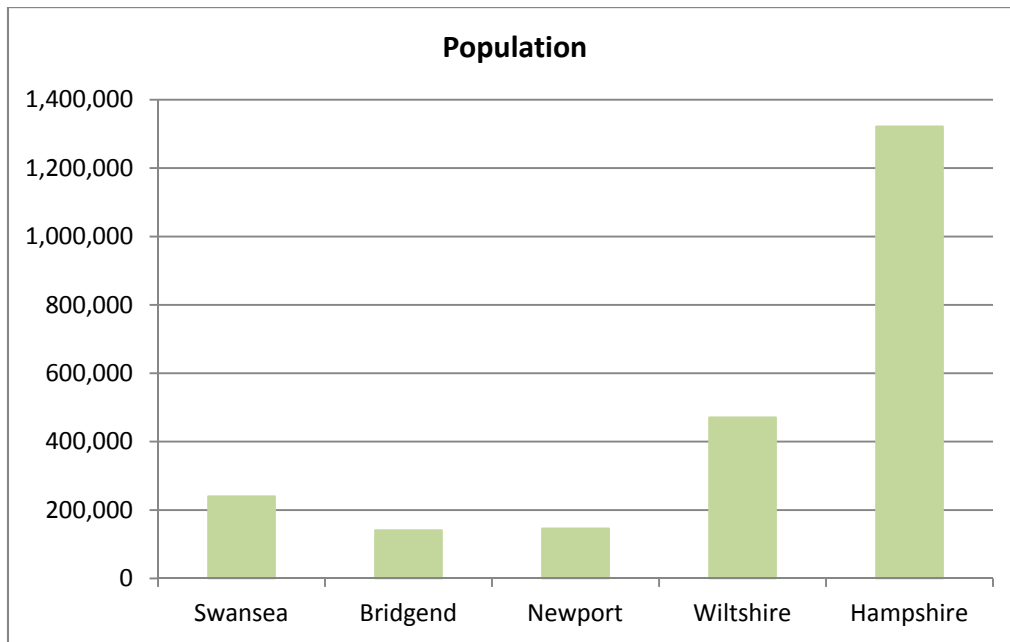
- The high quality of social work practice for children and families.
- The robust commissioning arrangements which include mechanisms for engaging families in the development of services.
- The Council’s priorities for children and their families are set out in a clear strategy which is based upon a 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).

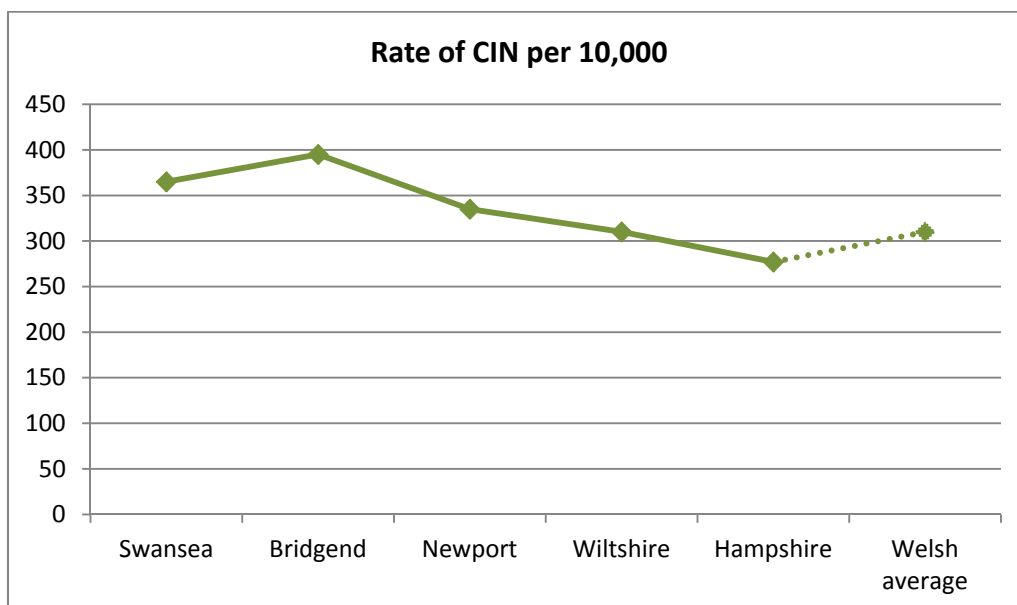
Additional information regarding other local authorities is included within the report where it has been possible to obtain.

3.2 Context

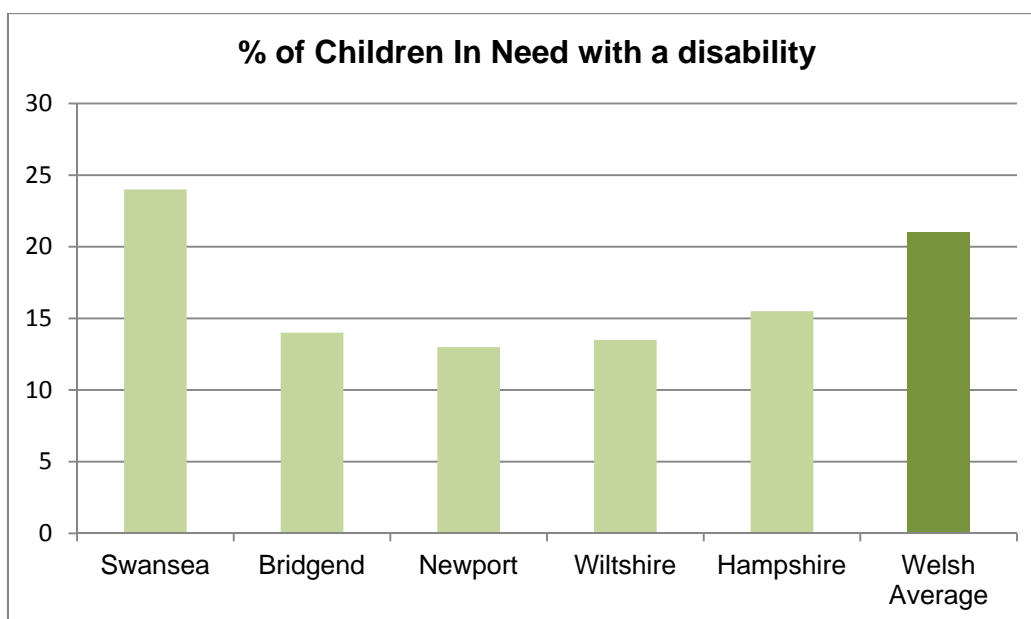
The first thing to note is that the size of the authorities differs enormously. This is most striking when looking at the two English authorities, but there is a significant difference amongst the Welsh authorities even though they were selected on the basis of their similarities.



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

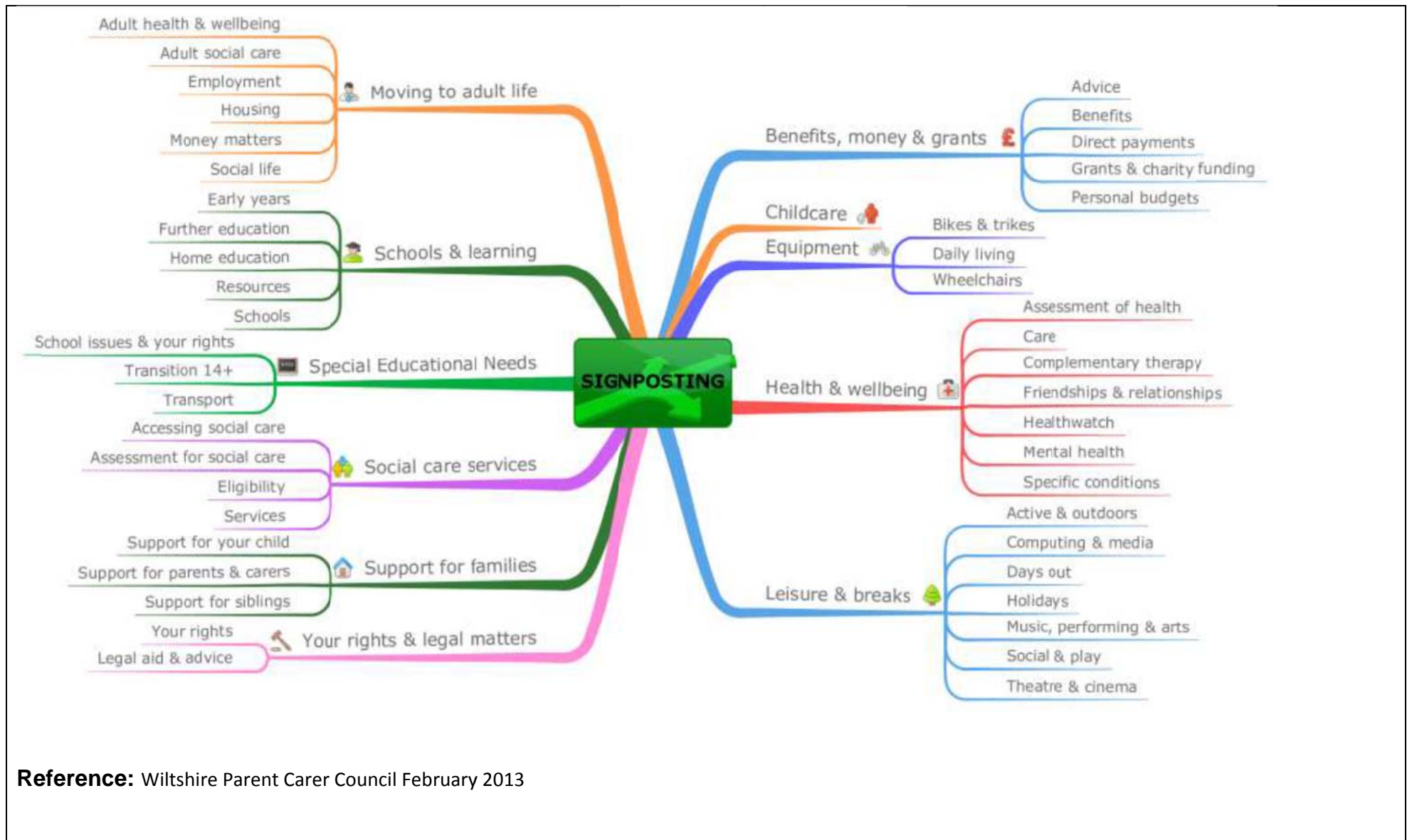
Anyone who provides care and support to a child under 18, who is ill, has a disability or any additional need is considered to be a parent/carers. Caring for a disabled child can take a huge toll on parents' health and wellbeing. Because of this, local authorities have a duty to promote the wellbeing 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.