

**Glasgow City
 Integration Joint Board
 Finance and Audit Committee**

Report By: Mike Burns, Assistant Chief Officer, Children's Services

Contact: Susan Orr, Head of Children's Services (South)

Tel: 0141 427 8235

SELF-DIRECTED SUPPORT IN CHILDREN'S SERVICES

Purpose of Report:	Following the request by the IJB Finance and Audit Committee on the 7 th February 2018 this report is to inform the Committee about the implementation of self-directed support in Children's Services and report on the number of families taking self-directed support.
---------------------------	--

Background/Engagement:	Self-directed support was established following the implementation of the legislation in 2013. Throughout the implementation families and third sector organisations were involved in the development and the implications of the implementation of the legislation. Families participated in two workshops and a conference to assist with the development of the implementation. There were two third sector provider events.
-------------------------------	---

Recommendations:	The IJB Finance and Audit Committee is asked to: a) note the contents of the report; and b) agree the strategic direction.
-------------------------	--

Relevance to Integration Joint Board Strategic Plan:

<p>The IJB Strategic Plan outlines 5 key priorities that apply to all HSCP services including those that support young people and children:</p> <ul style="list-style-type: none"> • Early intervention, prevention and harm reduction. • Providing greater self-determination and choice.
--

- Shifting the balance of care.
- Enabling independent living for longer.
- Public protection – including keeping vulnerable people safe from harm.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Relates to a number of outcomes: <ul style="list-style-type: none"> • People who use health and social care services have positive experiences of those services, and have their dignity respected • People using health and social care services are safe from harm • Resources are used effectively and efficiently in the provision of health and social care services
Personnel:	There are Children’s Health and Disability Social Work teams in each of the three localities within the HSCP. It is primarily but not exclusively this group of staff who assess and deliver services to children affected by disability.
Carers:	Carers of children and young people affected by disability are offered Carers Assessments when working with Children and Families services. The needs of siblings are also considered where they have a caring role. Glasgow is committed to reducing the caring role of children and where required children will be assessed in relation to their caring role and a young carers statement produced.
Provider Organisations:	There are a range of provider organisations that deliver services to children and families affected by disability. The Framework Agreement for the provision of these services is under review.
Equalities:	An EQIA was completed in relation the implementation of the legislation for the City.
Financial:	The committed costs for 2018/19 are currently £1,959,174.
Legal:	The Children (Scotland) Act 1995, Section 23 outlines the duty to assess children affected by disability. The Self Directed Support (Scotland) Act 2013 applies to children and their families in terms of offering access to the 4 options to obtain support. Carers (Scotland) Act 2016

Economic Impact:	Supporting families with children affected by disability allows opportunities for employment both directly for families and for them to employ others via direct payments.
Sustainability:	Not applicable
Sustainable Procurement and Article 19:	Not applicable
Risk Implications:	There is a risk in relation to the possibility of increasing demand and costs of the provision of services to children and their families affected by disability. There is a further risk that the market is overstretched and cannot cope with the demand.
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	None

1. Background

- 1.1 At any one time Children and Families Health and Disability teams work with approximately 500 children and young people.
- 1.2 Most of these children come to the attention of the service due to their complexity of need, often their families are unable to cope and require support.
- 1.3 Social Work Services has a duty to assess this group of children and young people when requested to do so under section 23 Children (Scotland) Act 1995.
- 1.4 Traditionally once assessed and needs identified, families were provided with support from services with whom social workers had direct relationships and with whom the service had negotiated a level of provision which would be provided on a 'spot purchase' basis.
- 1.5 The context for delivering services to children and their families is unchanged in that there remains an expectation that Local Authorities provide social care and support as part of a wider policy and practice framework for children and young people. This framework – Getting it Right for Every Child – emphasises the importance of:
 - promoting the upbringing of children and young people within their families so far as this is consistent with safeguarding and promoting their welfare;
 - giving children and young people the opportunity to become more independent in the future;
 - working in partnership with families;
 - recognising that children and young people are individuals with their own wishes and feelings;

- listening to children and young people and taking into account their views;
- actively involving children, young people and parents in assessments and decision-making; and
- having regard to issues of race, language, religion and culture.

1.6 As with all other care groups, children and their families are affected by the introduction of the Self Directed Support (Scotland) Act 2013 who are entitled to access the 4 options for support.

1.7 The four options are:

Option 1, a direct payment: the definition of the direct payment remains unchanged from its previous incarnation under Section 12B of the 1968 Act.

Option 2, "Directing the available support": this option should provide greater transparency and control for the supported person without the requirement to take this support as a direct payment. There is a degree of discretion for the local authority in how it can develop and deliver this option. However the authority should take steps to ensure that Option 2 differs in nature from both Option 1 (the direct payment) and Option 3 (arranged services).

Option 3: "Services arranged for the person by the authority" – this is where the authority arranges any services on the person's behalf.

Option 4: A mix of the first 3 options for different aspects of the person's support.

2. Progress to Date

2.1 Prior to full implementation Children's Services were involved in testing out a process with a group of 21 children and their families to allow families to access the above options and ensure an equitable approach to the allocation of resources.

2.2 The learning from the process was useful and provided a robust way forward for children affected by disability.

2.3 As with all children in Glasgow, assessments on these children and young people are undertaken using the GIRFEC assessment and Child's Plan.

2.4 A Resource Allocation System was developed in conjunction with 'In Control,' a third sector organisation, and was influenced by work undertaken in Highland Council and Newcastle City Council. The system allows the generation of a score and a subsequent associated budget.

2.5 Training was been provided to all staff in the Children's Health and Disability teams alongside family members to develop knowledge and understanding of the processes.

2.6 Two events for providers of children's services took place. The first one setting out the Glasgow position, the second focusing on what providers needed to know and what to do to prepare for the changes.

- 2.7 A Resource Allocation Screening Group is well established and is chaired by Service Managers. All children and young people who meet the criteria for self-directed support are discussed at this group in order to identify a budget to access the support they need.
- 2.8 The budgets allocated via this process range from £500 to £17,500 although there are some families where budgets are greater than this due to the complexity of need. These budgets are approved by the relevant Head of Service in line with the scheme of delegation.

3. Current Position

- 3.1 Glasgow now has 209 children who have packages of support via the self-directed support process. This includes children with life limiting conditions and those in need of palliative care.
- 3.2 104 of these have families have opted for Option 1 a direct payment. This allows for the maximum flexibility for families and is primarily utilised to employ personal assistants to support the family.
- 3.3 88 of these families have opted for Option 2 and supports are purchased from the 2015 Social Work Framework Agreement with providers. 17 families have opted for building based respite only and 6 families have accessed option1 and 2.
- 3.4 The total financial commitment associated to providing this level of support to this group of families currently sits at £1,959,174.
- 3.5 The majority of families report that they are very satisfied with the service and by the opportunities provided from accessing self-directed support. A parent testimonial is appended to this report (Appendix 1).

4. Challenges and Next Steps

- 4.1 Families report that the process to access support takes too long and staff feel that it is overly bureaucratic. It is planned to review the process to attempt to streamline this and make accessing support easier. The imminent introduction of a revised version of the Child's Assessment and Plan will go some way to solving this.
- 4.2 Providers of children's services via Option 2 are limited and the market is overstretched. The providers on the Framework are limited and as this is currently being reviewed there is greater focus on the requirements and needs for children and their families.
- 4.3 Social Workers report greater difficulty in obtaining appropriate support services for those children who display more challenging behaviours or require 1:1 or 2:1 support. Again this will be a focus of the requirement in the revised Framework.

- 4.4 There are currently 8 children and young people in specialist residential services for children with disabilities. These services are provided by the National Autistic Society, Eastpark, Action for Children and Crossreach. In line with the wider Transformation Agenda in Children's Services each of the care plans for these young people are reviewed regularly to consider if alternative packages of care can be considered to allow them to return home or to their own communities. As these young people are looked after and accommodated they are out of scope for SDS.
- 4.5 The planning arrangements for children affected by disability are currently under review to consider more effective delivery within the integrated arrangements of the HSCP to ensure that children and their families can more readily access services to meet their needs.

5. Recommendations

- 5.1 The IJB Finance and Audit Committee is asked to:
- a) note the contents of the report; and
 - b) agree the strategic direction.

Parent Testimonial

My daughter and son both receive self-directed support. Both have been diagnosed with a rare degenerative lifelong neurological illness known as Hereditary Spastic Paraplegia. Hereditary Spastic Paraplegia (HSP) is a genetic disorder that is characterised by progressive weakness and spasticity (stiffness) of the legs, due to the nerves not sending the correct messages. HSP is not a form of cerebral palsy although it does mimic the signs and symptoms of spastic diplegia. There are no cures for this illness.

The impact this has to their daily life is massive, such as pain in back, hips, knees and feet together with swelling and inflammation around this area leading to regular trips and falls without notice. They both require to adhere to a daily physio program to maintain posture, reduce stiffness and swelling and require lots of therapy to maintain their mobility. Regular physical therapy (PT) is important for maintaining and improving range of motion (ROM) and muscle strength, as well as for maintaining aerobic conditioning of the cardiovascular system.

Both children are fully dependent on us for their individual care needs. The challenges of looking after their illness are very demanding to maintain together with also looking after a young family. Their individual care needs vary and can rapidly deteriorate without notice. The assistance we receive from SDS plays a vital role to supporting their care needs. It also allows us to budget both children's individual care needs with flexibility, agility and responsiveness. It has given us the control we need to respond to both individual's care needs when necessary. Without this support it was highly likely both children may have been relying more and more on a wheel chair and their mobility significantly impacted.

We are as a family very grateful for the assistance provided to us from SDS as it allows us to maintain the health and well-being for not only our disabled children but also other family members.