

<i>item:</i>	5
<i>report:</i>	CYP02/08

## **REORGANISATION OF DISABILITY SERVICES**

### **by Bill Alexander**

#### **Summary**

This report updates members on the outcomes of the recent consultation on children's disability services, and the recommendations that are being presented to the Housing & Social Work Committee of the Highland Council on 16 January 2008.

#### **1. Introduction**

- 1.1 The Highland Council agreed at Strategic Committees in January and March 2007 to introduce an organisational structure that reflected the new operational management Areas within the Highland Council.
- 1.2 These reports noted the need to address at a later date the organisation of social work disability services for children. This was to take account of the experience of the introduction of a dedicated specialist team for disability services across the inner Moray Firth area, and whether this model might be extended across the authority. This is a multi-agency team, including Community Learning Disability Nurses as well as social work staff.
- 1.3 This new specialist service has been generally welcomed by families, as providing focussed, dedicated and more empathic support for children affected by disability. However, there needed to be further consultation about whether the model could achieve comparable benefits across the extent of the Council geography.
- 1.4 More recently, it became necessary to include specialist advice and support to children on the autistic spectrum as part of this process, as it was agreed with the Scottish Society for Autism to conclude this service from them, as it was both difficult to sustain and came at an unacceptable cost.
- 1.5 Accordingly, a consultation took place in November and December 2007 on the future model for social work disability services. This involved questionnaires to 400+ families of children with disabilities receiving a Social Work Service and a series of meetings with parents, carers and professionals. A total of 55 Questionnaires were returned and there was a reasonable attendance at the consultation events. A full account of the consultation is provided below.

#### **2. Background**

- 2.1 An extensive audit and limited consultation process over the summer 2007 resulted in an extensive report clarifying the issues to be addressed by the restructuring, the challenges for Highland and recommendations on the possible options to meet the challenge.

- 2.2 The report was summarised for the more extensive consultation process in November and December 2007. This involved questionnaires to all families of children with disabilities currently receiving a Social Work Service (400 plus and excluding those using the Deaf and Hearing Support Services).
- 2.3 This was followed by a series of meetings with parents, carers and professionals in some areas of Highland.
- 2.4 55 Questionnaires were returned. There was a reasonable turnout at the consultation events.
- 2.5 At the consultations and in the questionnaires additional information was shared and many other issues raised which will be followed up upon but not covered in this report. Many examples highlighted good practice, in particular, of productive collaboration between schools and social work staff which is highly valued by parents, the support from social work and nursing staff in the Central Highland Team to both parents and to schools and input from the Social Work Staff in the Raigmore Child Health Social Work Team.
- 2.6 The point was repeatedly made at all the consultations regarding how much parents and young people valued the input of Support Workers, sometimes regarded of as much value as the input from the Social Workers themselves.

### **3. Feed back – main points**

- 3.1 With regard to the questions 1 and 2 regarding specialised services versus enhanced generic children and family services and specialist management versus local management there was an overwhelming preference expressed at the consultations and through the questionnaire for a specialist social work service for children and families affected by disability with specialist management.
- 3.2 There was almost no support for it being provided as part of generic children and family services, although some practitioners thought this the best option if children and family teams were adequately staffed to the level that enabled them to support children with disabilities. The point was also made that Children and Families Teams are required to maintain their skills in assessing children with disabilities regardless of the outcome of the restructuring.
- 3.3 The preference for a specialist service by parents and carers was based on poor experiences with the generic service, difficulty in accessing a social work service, dissatisfaction with the level of knowledge of some of the current specialist social work practitioners and a belief that it will be a better service.
- 3.4 There was almost equal preference expressed for a stand alone social work service and the alternative of part of an integrated multi agency service. This may reflect that many people answering the questionnaire did not fully appreciate that the Central Highland Team is a multi agency service and that the Raigmore Child Health Team is a similar model, based as it is at the Child Development Centre.
- 3.5 Professionals expressed a strong desire for a specialist service which is sufficiently staffed and resourced, can be pro-active rather than reactive, responding to crisis much of the time, and which has a robust, valued identity.

- 3.6 There was a significant preference expressed for a specialist multi agency service for children with Autistic Spectrum Disorder (ASD) and their families, some parents wishing this to be separate from the service for children with disabilities.
- 3.7 The Report also looked briefly at the option of extending the remit of a Team such as the Central Highland Team to include young adults in transitions, i.e. age range up to 25.
- 3.8 This option was not offered in the questionnaire because it could not be adequately costed and was subject to other restructuring in adult services.
- 3.9 However many parents and carers expressed a desire for this to be explored further.
- 3.10 There was a very strong preference expressed at the consultations for a continuation of locally based practitioners, who have sufficient contact with the family to “know” the child, and work in partnership with other professionals.
- 3.11 It seemed to be the case that Social Work practitioners were more easily identifiable in rural areas and in most cases already functioning in a multi agency way.
- 3.12 The third questionnaire question was regarding investment of resources in management of the service for children and families affected by disability versus investment in staff on the ground. Basically, people want both specialist management and specialist practitioners based locally, but if they had to choose, it would be for more specialist staff on the ground.
- 3.13 This question was asked specifically because Option 3 in the Report, namely 3 Area Teams with 3 Senior Social Workers, managed by a Social Work Service Resources Manager could only be afforded by reducing a front line post.
- 3.14 The 4<sup>th</sup> question was regarding investment in services for children with ASD and their families following the withdrawal of the Scottish Society for Autism (SSA) Service which provided an advice and consultancy service, and direct intervention and support to families from two Advisors. This service was valued by those who received it for the ease of access, the level of knowledge and skill available from the Advisors and its independent status.
- 3.15 The information with the questionnaire and given at the consultation meetings emphasised that the proposed restructuring will aim to provide ease of access and the appropriate level of knowledge and skill. As it is many practitioners have significantly increased their ASD Knowledge and skills due to the presence of children with ASD on their caseloads and accessing Social Work Services. Despite the obvious value of the independence of the SSA service, it was difficult to sustain and came at an unacceptable cost.
- 3.16 Most respondents however would be satisfied with an identifiable service from a specialist ASD practitioner for their Area, not necessarily a Social Worker. Many also recognised that this is only sustainable, especially for the more distant parts of Highland, if the practitioner is part of specialist and supportive managed structure.

- 3.17 Parents and carers recognised that there may be recruitment difficulties and were clear that posts should not be held vacant indefinitely if unsuccessful in recruiting Area based practitioners but re-advertised as based centrally but with responsibility for particular Areas.
- 3.18 The outcome in the questionnaire of asking people to rate their choices for the use of the available resources is that by far the next strongest preference was for services which provided more support to children and young people with ASD out with school, in particular in developing skills in social interaction and independence.
- 3.19 Several questionnaires questioned the focus on services for children with ASD and felt that there was an insufficient reflection of the needs of children with complex and profound needs. There was considerable favourable comment on the quality of the specialist social work service provided from the Child Development Centre.

#### **4. Key issues**

- 4.1 The following general principles emerged from the total consultation:
- i) It is difficult to justify continuing to offer the Central Highland Team model in only that part of Highland as it is generally regarded as providing a better service to children and families, thus producing an unintentional inequity of service provision.
  - ii) There was a strongly expressed view that there were insufficient social work practitioners for children with disabilities in both the Central Highland Team Area and beyond. There was therefore no support for a proposal which might reduce numbers and a strong plea for more practitioners.
  - iii) There was some evidence also that several of the Family Key Workers are finding themselves carrying cases of increasing complexity.
  - iv) There were many instances given as evidence of lack of resources in the Areas and a strong plea for more to be available to support families.
  - v) A particular case was made by practitioners at several of the consultations regarding the value of Children's Service Workers and whether their remit could be extended to include children with disabilities and whether this was a better use of the resources available.
  - vi) Although there was no desire to increase the management component of the service there was recognition by parents that practitioners need to be adequately supported and managed and that this should be specialist management.

#### **5. Service implications**

- 5.1 All of the above and the work undertaken before point to the benefit of setting up a social work service for children and families which is Highland wide – an All Highland Team.

- 5.2 It is also clear that it should replicate the Central Highland Team (CHT) model as far as possible and that work should be begun with other services to ensure that it grows into a multi agency service. There is considerable evidence from families and practitioners of the added capacity which comes from such an approach.
- 5.3 An All Highland Team also provides the opportunity to develop an overview of the total workload, address aspects of inequity of service provision and improve policy development and service planning. The same advantage applies for the development and implementation of procedures.
- 5.4 An important illustration of the value of the CHT was that other practitioners remarked on the increased presence of CHT Team members at Liaison Groups, thereby ensuring better coordination of approaches. This was not reflected as well out with the CHT area.
- 5.5 An All Highland Team could potentially be a more powerful entity for increasing the profile for children and young people within all services, and advocating for resources.
- 5.6 There could also be a coordinated approach to improving early recognition and assessment of the needs of families of children with disabilities within Children and Family Teams.
- 5.7 It is also evident that the practitioners out with the current CHT area should remain locally based, supported on a day to day basis by their Children and Family Team colleagues and maintaining close links with other local professionals. This suggests a unique structure which embraces all of the above points, is affordable and allows current staff to basically remain where they are but part of a Highland wide structure.
- 5.8 It requires a management team, able to extend professional supervision and in most cases line management beyond the current CHT staff and include the staff in the Children and Family Teams. The interface with the new Children and Family Team Managers will require to be worked out with Area Managers.

## **6. Proposal**

- 6.1 The proposal is for 2 Team Managers, line managed by the Coordinator, Disability Services. This is preferable to the 3 Senior Social Workers option which would require an additional management post. This requires the upgrade of the current Senior Social Worker post and an additional Team Manager post
- 6.2 There is no ideal geographical split of Highland between two Team Managers maintaining synergy with the new Area boundaries is considered to be valuable. As result one of the Team Managers would be required to manage operations and staff within two Areas.
- 6.3 To meet the outcomes of the consultation it is suggested that each Area has a post of Practitioner (Autism Spectrum Disorder), which may or may not be

filled by a Social Worker. Specialist ASD knowledge and skills would be the key factor and some of this would come from 1 existing capacity.

- 6.4 Given the expressed desire for a coherent disability service, it would appear appropriate to consider transfer of the Autism Specific Disability Post currently in the Raigmore Child Health Team, to the specialist disability team.
- 6.5 This post has a significant commitment to the Assessment and Diagnostic Team at Raigmore, known as ICSAT (Integrated Children's Autism Team) as well as a community based focus supporting families following diagnosis. Some additional capacity would be required to maintain the former remit and to extend the links and support Highland wide. An additional 0.5 Social Worker Post is indicated, to ensure sound links Highland wide.
- 6.6 The Social Work Post for children with disabilities and complex health needs in the Raigmore Child Health Team has a stronger focus of activity within Raigmore and other health based resources and does not as readily fit within the proposed new structure. It should remain hospital based and have close links with a new structure.
- 6.7 A further significant issue highlighted by the consultation was the value to families from support work with children, and the desire to build on this to provide opportunities for children and young people and develop additional skills. To meet this requirement, make the best use of existing support worker resources and achieve more equity across Highland, an additional Senior Community Children's Worker is recommended.

**i) Team Manager 1 covering Inverness, Nairn, Badenoch & Strathspey.**

Social Workers

0.5 Social Worker (Autism Spectrum Disorder)

Practitioner (Autism Spectrum Disorder)

Family Key Workers (Inverness and Badenoch)

Senior Community Children's Worker (10 Support Workers)

Applegrove Social Work Staff

Administrative Assistant

(Also continued management on day-to-day basis of Community Learning Disability Nurse in the South East Community Health Partnership)

This Team would hold the administration, budget management and recruitment etc for the whole Team and gradually tease out a budget for the All Highland Team.

This would require an upgrade of the Clerical Worker to an Administrative Assistant post to reflect the level of administrative responsibilities Highland wide.

The 0.5 ASD Social Work post would also be additional to the current establishment.

This Team Manager would have 7 professional staff plus Applegrove staff to manage.

**ii) Team Manager 2 covering Ross, Skye & Lochaber and Caithness, Sutherland & Easter Ross.**

Social Workers

Family Key Workers (Ross, Skye, Lochaber, Caithness and Sutherland)  
Practitioners (Autism Spectrum Disorder), one each for North and Mid.

Senior Community Children's Worker

Clerical Worker

(Also continued management on day-to-day basis of Community Learning Disability Nurse in the Mid Community Health Partnership, with discussions to take place about a similar post for the North Community Health Partnership)

**This would be a Team Manager, a Senior Community Children's Worker and an ASD Practitioner post additional to the current establishment.**

This Team Manager would have 10 professional staff to manage.

This model ensures that cover to the new Areas remains local and is enhanced by a Highland wide structure. In addition the Team Managers could have responsibility for key areas of practice for example, transitions planning, family support including respite, specialised assessment and intervention, child protection issues etc.

Such an enhanced management structure for an All Highland Team could be managed by the Coordinator, Disability Services with consideration given to the impact on other responsibilities of that post.

### **Recommendation**

The Joint Committee is asked to note the outcome of the consultation, and the recommendations that are being made to the Housing & Social Work Committee.

**Bill Alexander**

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