

Agenda Item	21.
Report No	PEO 22/17

## HIGHLAND COUNCIL

**Committee:** People Committee

**Date:** 23 August 2017

**Report Title:** Self Directed Support (Children)

**Report By:** Director of Care and Learning

### 1. Purpose/Executive Summary

- 1.1 The purpose of this report is to recommend changes to the process and procedure used by Care & Learning to assess the needs and outcomes for children who are eligible for consideration as per The Social Care (Self-directed Support)(Scotland) Act 2013 implemented on April 1<sup>st</sup> 2014.
- 1.2 The report makes recommendations to the assessment and approval process and introduces an appeal process, together with clarification on how complaints will be managed.

### 2. Recommendations

- 2.1 Members are asked to:
  - i. Agree the use of the Child's Plan to replace the current Resource Allocation System (RAS) and support plan sheet.
  - ii. Agree the use of the eligibility criteria for disability services as the eligibility criteria for consideration of Self-directed Support packages.
  - iii. Agree the changes to decision making processes as outlined.
  - iv. Agree the appeal process and complaint response responsibilities as outlined.

### 3 Background

- 3.1 The introduction of the Social Care (Self-directed Support)(Scotland) Act 2013 meant all Local Authorities had to review, plan and implement for service user choice-led provision of services for the people they work with to maximise choice and control for the individual on how their needs are met. This remains a relatively new policy area and the national picture is changing as councils endeavour to deliver support flexibly in line with the expectations of the legislation.
- 3.2 A number of reports on this subject have been brought to the Education, Children's and Adult Services Committee previously. Changes were agreed which enabled the area budgets for SDS to be increased by reducing Highland Council direct provision. This was aimed at bringing the budget back into line whilst offering more flexibility for families.
- 3.3 In spite of these changes, continued growth in demand has led to a current position of a projected overspend in 2017/18 of £100,000. In some areas, the demand for assessments has required a waiting list for the initial assessment. It was also recognised that the method of assessing needs and developing a support package was cumbersome and did not align with the Highland Practice model used across Children's Services, which is based on the Child's Plan. For all these reasons, further detailed work was carried out to scope the changes required, including contacting other Scottish councils. The practice in Highland had, to some extent, lost sight of the premise that the basis of the assessment should be that the child/young person requires social care support, which can then be taken in a more flexible way. The changes proposed are designed to re-inforce this.

### 4. Current arrangements

- 4.1 The Resource Allocation System (RAS, **Appendix 1**) is used to identify a support budget, along with a support plan calculator sheet (**Appendix 2**). Support packages up to £2,000 pa are presently approved by the District Manager, and a screening panel approves more expensive packages, along with reviewing existing packages. The current limit is £21,000pa.
- 4.2 A recent review of other Local Authorities (16 returns) indicated that of all those that initially adopted a RAS method in 2013/14, only one was not reviewing this system or had not already moved over to an assessment model to identify needs/outcomes. Two Local Authorities reported no upper budget limit, but an expectation that the screening panel would be fiscally responsible when agreeing budgets, and the two highest budget limits other than Highland were £8,000.
- 4.3 The process of identifying an indicative budget through the RAS has led to families often viewing the indicative budget as an entitlement, not a replacement for Council Services, meaning they spent it all when this was not always necessary to meet identified needs and outcomes. In addition, some elements of the RAS process tended to overstate the needs of a child. For example, a three or four year old scores the same in safety (adult supervision) as a teenager with supervision requirements, potentially leading to over scoring and higher than required budgets to meet outcomes.
- 4.4 The current eligibility criteria for Self-Directed Support does not match the eligibility criteria for qualification of a service from the Disability Services within Care and Learning (**Appendix 3**).

- 4.5 The other decision making tiers, of the screening panel for awards below £21,000, and the Area Care and Learning Manager above this level, also creates difficulty in managing complaints regarding any decisions, as the Area Care and Learning Manager cannot deal with a complaint regarding their own decision.
- 4.6 Children's Services are collaborating with Adult Services in NHS Highland to procure a pre-paid card system which will allow service users to pay for elements of an approved support package, and will alleviate the need to provide regular monitoring returns. This will also enable the services to retract unspent monies at the end of the year and to identify any unapproved spending. This is in line with recommendations made following an Internal Audit report.

## 5. Proposed changes

- 5.1 Proposals for changes to the current process and procedure were presented to a Members' seminar on 11 August.
- 5.2 Reports from families, both at individual level and at parents' groups, indicate that although alternative options are not always available dependent on where they live, they are reassured with the Council's inclusive interpretation of the legislation. Families have also reported they would like more assistance with managing their budget, with brokerage options being available. Development of brokerage is not covered within this report.
- 5.3 The proposal for change in process/procedure therefore encompasses the above points, to move from a budget identifying process to a disability outcome identification process, based on: the use of the Child's Plan; changes to authorisation levels and complaint/appeal structure; matching of eligibility criteria; and clearer guidance on appropriate spending to families (**Appendix 4**).
- 5.4 The Child's Plan is proposed to be used for the purpose of recording the assessment and analysis discussion between the applicant, the child if able, and the worker. The worker should ensure that the assessment reflects:
- 1) Personal disability outcomes for the child as an individual
  - 2) Outcomes for the family/carer considering the resilience of the family/carer and the impact this has on the child
  - 3) Disability outcomes about the child and family's engagement with and support from the community.
- 5.5 The initial assessment by the worker should identify clearly if eligibility criteria for disability services are met (**Appendix 3**) and if met, should concentrate on identification of needs associated with disability which will then be recorded as provisional disability outcomes in the Child's Plan. If eligibility criteria are not met, the child/family should be advised to discuss other supports with the Named Person.
- 5.6 The District Manager will cost the provisional disability outcomes in the Child's Plan. If this is under £8,000pa and the proposed spends are considered appropriate to meet disability outcomes, it can be authorised locally by the District Manager. If the cost is more than £8,000pa, it will be presented to the screening panel for consideration.
- 5.7 In the event of this not being approved, the reasons should be recorded and shared with the assessing worker within 7 days to discuss with the child/family to try to agree an amended Child's Plan. If agreement cannot be reached, there would be two options for appeal:

- the child/family should be offered the opportunity to appeal to the screening panel if decision was at District Manager level, or
- the Area Care and Learning Manager if decision was at screening panel level.

5.8 If the child/family wished to complain using the Council complaints procedure, this would need to be about the quality of service offered, not the decision. This would be directed to the Area Care and Learning Manager where the original decision was made, or to the Head of Children's Services where the original decision was made by the Area Care and Learning Manager.

5.9 A copy of the guide on *Spending Personal Budgets including direct payments (Appendix 4)* should be given to all children/families being considered for Self-directed Support.

5.10 A rolling Highland wide and local training programme will be arranged for staff and families. This will include written information about all the proposed changes, and local advice sessions, where children and families will have the opportunity for questions and discussion.

## 6. Implications

6.1 **Resource** - The proposed changes require no change to present resourcing. The proposed training for staff and information sessions with families can be met by present staffing levels.

6.2 **Legal** - This proposal has been compiled and confirmed as being within reference, and consideration of, the current relevant legislation.

6.3 **Community (Equality, Poverty and Rural)** - The aim of these changes is to ensure that resources are directed towards meeting identified disability outcomes by supporting and encouraging informed choice by families.

6.4 **Climate Change / Carbon Clever** - A neutral impact is predicted given no additional forms or resourcing are required to implement.

6.5 **Risk** - No risks have been identified.

6.6 **Gaelic** – There are no specific implications

Designation            Director of Care and Learning

Date                     11 August 2017

Author                  Sandra Campbell, Head of Children's Services

## Section 8: Resource Allocation System

**Desired outcome; how much support is needed for any of the following outcomes identified in the Child's Plan?** (Consider child, family, then community.)

Please refer to guidance.

Use these scores when completing the tables below.

- A.** Outcome met
- B.** Family are able to meet this outcome
- C.** Small amount of support required
- D.** Medium amount of support required
- E.** High level of support required
- F.** Exceptional level of support required

The level may vary because of the complexity of the support required or because of the frequency of support required.

### Safe

Child: to be aware of danger	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Child: to be or feel safe	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Family: to be safe at home	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Community: to be safe accessing community resources	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>

### Healthy

Child: to be fit and healthy	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Child: to have good mental health	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Family: to have a healthy family life	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Community: to access specialist medical care needed	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>

<b>Achieving</b>	
Child: to be able to learn new skills and knowledge	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Child: to enjoy hobbies and other interests	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Family: to have learning or working opportunities	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Community: family to be active in the community	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
<b>Nurtured</b>	
Child: to be able to play with people I like	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Child: to feel loved and secure	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Family: to have strong and positive family life	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Community: to feel connected to and supported by people locally	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
<b>Active</b>	
Child: to be physically able to get out and about	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Child: to manage in an age appropriate way when out and about	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Family: for the family to be able to get out and about and do things together	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>
Community: for family members to access local activities of their choice	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>

**Respected and Responsible**

Child: to feel respected

**A**  **B**  **C**  **D**  **E**  **F** 

Child: to behave as well as I can

**A**  **B**  **C**  **D**  **E**  **F** 

Family: to feel respected and take responsibility

**A**  **B**  **C**  **D**  **E**  **F** 

Community: for family to feel respected and able to contribute

**A**  **B**  **C**  **D**  **E**  **F** **Included**

Child: to be able to communicate with others

**A**  **B**  **C**  **D**  **E**  **F** 

Child: to be able to join in and feel included

**A**  **B**  **C**  **D**  **E**  **F** 

Family: to feel included and involved in the care of their child

**A**  **B**  **C**  **D**  **E**  **F** 

Community: for family to be included in the community

**A**  **B**  **C**  **D**  **E**  **F**

<b>Client Name:</b>		<b>CareFirst ID:</b>	
<b>Case Worker:</b>		<b>District Manager:</b>	Greg Maclachlan

<b>Total Cost of Current Package:</b>	<b>£0.00</b>
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Type of Support	Desired Outcome (Including what this means to the Child & Family)	Cost over 12 Months (Include Calculations)	
1			
2			
3			
4			
5			
6			
7			
8			
<b>Total Cost Over 12 Months</b>			<b>£0.00</b>

Client Name:	0	CareFirst ID:	0
Case Worker:	0	District Manager:	Greg Maclachlan

Indicative Budget:	<b>£17,960.00</b>	Total Package Cost:	<b>£0.00</b>
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	Desired Outcome (Link to SHANARRI)	What this Outcome means to the Child & Family	How this will be Achieved	Who will it Involve	Cost over 12 Months (Include Calculations)		Option	Option 1 (DP)	Option 2 (ISF)	Option 3 (Traditional)	One Off (Include Option)		
					Calculation	Cost							
1	Safe ,Healthy, Active, Achieving, Included						1	£0.00			FALSE	1	
2	Safe, Healthy, Active, Achieving, Included, Nurtured						1	£0.00			FALSE	1	
3	Safe, Healthy, Active & Achieving,						1	£0.00			FALSE	3	
4							One Off				£0.00		
5											FALSE		
6											FALSE		
7											FALSE		
8											FALSE		
<b>Totals:</b>							<b>£0.00</b>		<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>	<b>One Off</b>

Weekly    Weekly    Weekly    One Off

**Children and Families – Eligibility Criteria.**

A child would be considered for a specialist disability service if he/she has a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to do any normal day to day activities.

Critical Need/ Risk	Substantial Need/Risk	Moderate Need/Risk	Low Need/Risk
<ul style="list-style-type: none"> <li>● Children with a high level of special needs or disability requiring constant supervision, which results in a high risk of family breakdown.</li> <li>● Child whose parent's carer's are no longer able to manage the child's behaviours and who requires to be accommodated</li> <li>● Children with severe challenging behaviour which results in serious risk to the child or others, which parents are unable to manage and which results in a high risk of family breakdown.</li> </ul>	<ul style="list-style-type: none"> <li>● There is a significant risk of the child suffering ill health or impaired development. There is a significant risk of family breakdown and of the child requiring to be accommodated. The child and family may be in need of intensive support and this might include respite care or daytime care. There is a need for urgent assessment, but may not require a same day response.</li> </ul>	<ul style="list-style-type: none"> <li>● There is some risk of impairment to health and development. Without support considerable deterioration is likely; there will be a risk of family breakdown or of harm befalling the child. The child may move to the substantial category without the provision of services.</li> </ul>	<ul style="list-style-type: none"> <li>● There is not an immediate or foreseeable risk of the child suffering harm or impaired health and development, but the provision of additional services would significantly improve the child and family's life chances and quality of life. The child's needs may not be consistently met. Improvements are desirable, but there are no acute risks present. Social work help is not essential to the monitoring or maintenance of the child's well-being, but this requires additional support from universal services.</li> </ul>

**Factors to be considered in any assessment of need for service:**

- Carer has physical or mental health problems which significantly affects their ability to care for a disabled child
- Actual or potential risk to health or safety of carer
- Carer or other family members suffers sleep deprivation on a regular basis due to needs of the disabled child through the night
- Child's behaviour is a serious risk to self or others and requires a structured behaviour management programme. Parents or carers may be unwilling or unable to implement programme and behaviours may result in the child being excluded from some situations
- Child has been / or is the subject of a Child Protection Plan
- Other Person(s) with disabilities or long-term health needs in the household who needs support
- Sole carer and has a limited support network which may need to physical or social isolation of the family
- Significant pressures in the family e.g. domestic violence, substance misuse
- Risk to the child because of the physical environment
- Risk of the disabled child's care breaking down
- Without support the child is likely to need a specialist residential or educational placement
- The family has difficulties in meeting financial commitments or is on a low income which and this is impacting on the care of the child
- There are stressful family relationships which may be harmful to disabled child
- Impact on siblings e.g. needs of other children in the family at risk



## Spending your Personal Budget including Direct Payments

The process to work out your budget will always be needs and outcomes led using the Child's Plan. A Personal Budget including Direct Payments (option 1) identified in the Child's Plan can be used to meet assessed and agreed outcomes. All care and support can be completely individual and bespoke, so it is important to remember that every support plan is unique. What may be appropriate, approved and acceptable for one person, may not apply to the next person. Additionally, which outcomes are most important for individuals, often change over time as some outcomes are achieved and no longer relevant, some remain on-going and some evolve and develop to become new outcomes. It is difficult to have hard and fast rules in relation to spending a personal budget but it is important to remember that all spend must be in order to meet identified outcomes and the following general rules are intended to be of assistance.

A personal budget can only be spent on outcomes identified and agreed with your worker within the Child's Plan and authorised by Highland Council. If unsure, speak to your Lead professional/worker. This document is a guide to help identify some types of spending and includes examples of what is allowable, what may be negotiable and what is not likely to be agreed or authorised.

**As illustrated below there are 3 areas to consider when deciding how to spend your personal budget including Direct Payments:**

- GREEN** you can spend a budget on these areas.
- YELLOW** you may be able to spend a budget on these areas after conversation and negotiation with your practitioner and there may be a cap on the amount you can spend on these areas.
- RED** spending of a personal budget on these areas is not likely to be agreed or authorised.

<p><b>YOU CAN SPEND A PERSONAL BUDGET ON:</b></p>	<p>Meeting your assessed outcomes as outlined in Child's Plan and as authorised by Highland Council.</p>	<p>Employing Personal Assistants.</p>	<p>Purchasing support from a recognised agency.</p>	<p>Contracting Self Employed Carers or Self Employed Support Workers.</p>	<p>Employing someone who is over 16.</p>	<p>Purchasing respite care from a provider.</p>	<p>Paying for a personal assistant to support a young person attending a respite holiday, club or activity.</p>	<p>Paying for activities that require the support of a personal assistant.</p>	<p>Purchasing equipment (assessed as appropriate) to meet specific outcomes - this does not include equipment that can be provided or received to meet health needs or by another service e.g. an occupational therapist, dietician, speech and language therapy.</p>	<p>Highlife Highland card. (alternative gym providers may be authorised but only to the level of a Highlife card)</p>
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<p><b>NEGOTIABLE WITH PRACTITIONER TO MEET A SPECIFIC OUTCOME - THERE MAY BE A CAP ON THE AMOUNT AVAILABLE TO SPEND. MUST BE APPROVED AS PART OF CHILD'S PLAN:</b></p>	<p>Employing someone who is a family member. This requires to be agreed and agreement will only be made if the factors set out in the regulations apply (see appendix 1).</p>	<p>Landmark and Highland Wildlife park cards. GYM membership may be agreed if an outcome is met but will be capped.</p>	<p>Cost of transport to enable access to activities as identified in the outcome plan. this will be capped, see example.</p>	<p>Short breaks or holidays as an alternative to respite. This will be capped. See example.</p>	<p>One off purchases dependant on meeting outcome and considered as an appropriate spend.</p>	<p>Specialist therapy-only if NHS/OT or funding via other sources has been exhausted first.</p>	<p>Purchasing equipment e.g. i-pad, computer equipment notebooks, android or apple equipment to support communication; voice recognition software, touchscreen equipment or sports equipment if agreed in support plan to meet outcome and is an appropriate spend.</p>	<p>Activities with unpaid carer identified in care plan. Please note that the priority is to be given to facilitating the supported person to access the activity.</p>	<p>Cost of a holiday for young person and personal assistant if the YP is not holidaying with family.</p>
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<b>NOT LIKELY TO BE AGREED OR AUTHORISED:</b>	Anything that has not been identified and agreed with your worker and authorised by Highland Council.	For the purchase or maintaining any of any item that would be considered as coming under a benefit such as Mobility allowance or DLA.	Part of or all of family holiday cost. This is a family responsibility.	Employing someone who is a Welfare or Financial Guardian or Power of Attorney or who holds parental rights and responsibilities in respect of who the budget is for.	Gambling including scratch cards, bingo, casinos and slot machines including online gambling	Any service or equipment that can be provided directly by NHSH or the Local Authority i.e. housing, education, occupational therapy, physiotherapy	Tobacco products, e-cigarettes or alcohol or anything that is illegal	Rewards/gifts/pocket money or purchases considered the responsibility of a parent (ie toys)
	Permanent residential care and support	Paying off debts.	Insurance, car purchase or car maintenance or general household items.	Ongoing running/maintenance costs; where the personal budget has been used to purchase a piece of equipment or remodel a garden for example.	Food including restaurant and carry out meals.	Fees for clubs which would be considered as a parental responsibility. ie – scouts, brownies, karate.	Household expenditure; ie - rent or mortgage payments, utility bills, non-specialist furniture, broadband, anti-virus packages, TV packages.	



## Capped Spend examples

There is a limit to how much can be spent in certain cases (example list, not exhaustive):

- Family holidays/short breaks: The cost for the young person during a holiday/short break with family cannot be included in the Child's Plan. This should be funded by the family. If a personal assistant or specialist equipment is required, the cost for these supports can be included. If the young person is going on a holiday/short break without family as part of the agreed Child's Plan then the full cost for the young person can be included although exploration of any charity contribution should also be explored.
- Activities can be agreed as part of a plan but to be funded need to fall outside what would be considered a parental responsibility to pay for.
- Private Gym or club membership will be capped at preferred alternative level, for example, cost of Highlife Highland card.
- One off purchases (cycles, ski boots, computers, laptops etc) can be agreed as part of a plan but should ideally not be fully funded from a budget. However, if agreed as exceptional to meet a need and an outcome, consideration should be given to agree an appropriate parental contribution if it is not a specialist item specific to disability and charity options also explored.
- Cost of transport to activities: reasonable transport costs (not taxis) for personal assistant to transport young person and support the young person attend agreed activities can be included if safe transport is considered an essential part of the Child's plan. Transport costs will not be considered appropriate if transport is a choice or preference but is not considered essential to meet a need.



### **Support Plans and Transition to Adult Services.**

To achieve a smooth transition from a Highland Council Child's Plan to an NHS Adult Plan, transition planning should begin at least 12 months before responsibility is due to be transferred to take account for any adjustment necessary between both plans. Highland Council will only agree support plans and budget spends for young people up to the day before his/her 18<sup>th</sup> birthday. The responsibility from then will be transferred from Highland Council to Adult Services in the NHS.

### **What to do if the supports agreed in the Child's Plan are either unavailable or not working?**

Do not simply choose to spend on something else. Speak to your worker or his/her practice lead as soon as possible, he/she will help you identify likely to be agreed alternatives suitable to meet outcomes which can then be quickly resubmitted in an updated Child's Plan for approval.

### **What if I do not agree with the Child's Plan?**

Speak to your worker and or his/her practice lead as soon as possible, they need to know exactly why and what you do not agree with in the Child's Plan so they can explore with you if an agreement can be reached. However, if agreement cannot be reached at this point your worker will ensure you know how to appeal.