THE CITY OF EDINBURGH COUNCIL

Item no 10
Report no

Social Work Services for Children with Disabilities

Education, Children and Families Committee

15 March 2011

1. Purpose of report

1.1 The purpose of this report is to update the committee on the progress made in the service area of disability.

2. Background

2.1 The Children (Scotland) Act 1995 was a critical force in legislating for the needs of disabled children and their families. The Local Authority has duties and powers within the Act to:

- minimise the effect on a disabled child within the authority's area
- give these children the opportunity to lead lives as normal as possible
- carry out an assessment (Section 23) of the child and family and a Section 24 assessment for carers.

2.2 In 2008 there was an organisational review which was influenced by outcomes of inspections by the Social Work Inspection Agency (SWIA), Her Majesty's Inspectors of Education (HMIe) and the views of Edinburgh families with children affected by disability. The review led to a dedicated, centralised social work team being formed with a clear line management structure and accountability in December 2008.

2.3 The Occupational Therapy Team and the Social Care Workers Team (mainstream and disabled children) were also included in the 'wider' disability team accountable to the Children's Practice Team Manager who reports to the Service Manager (Disability).

2.4 There are currently 1,611 children in Edinburgh who have a disability impairment which was recorded at their last health screening assessment. While the number of children and young people in Scotland is predicted to decrease over the next 10 years it is clear that the number of children with severe and complex disabilities is increasing. Many children with profound and multiple disabilities are now surviving through childhood to adulthood.

2.5 Children affected by disability are 3 to 4 times more likely to be abused than non-disabled children. Research has shown that children with communication impairments, behavioural disorders, learning disabilities and sensory impairments are particularly vulnerable (Sullivan and Knutson 2000). Many children with profound and multiple disabilities now survive due to the advances in medical intervention. We are aware of a growing number of children born to families with substance abuse issues. Some of these children are affected by disability due to the impact of substance abuse during the gestational period.

3. Progress

3.1 The Social Work Disability Team consists of 13.5 FTE qualified Social Workers and one Social Work Assistant. The team provides a service to

- children with a disability who are looked after or on a statutory order
- children who are looked after and accommodated
- children who are involved in Child Protection processes
- children who are involved with the Children's Hearing system
- young people who need assistance with the transition to adult services.

3.2 The Social Work Disability Team, the Occupational Therapy Team and the Social Care Workers will all be accommodated together in the future. They are currently dispersed throughout the city which presents staff and their managers with many operational challenges.

3.3 The Disability Practice Team holds 412 cases at present. The visibility and profile of the team has led to more robust Child Protection reporting. In December 2008 there were no child protection cases, 55 of the 412 cases have child protection involvement currently.

3.4 The Disability Practice Team carries out many of the Section 23 assessments. This assessment enables families to be considered for targeted services. Section 23 assessments are then prioritised using a priority rating tool (see Appendix 1). Family circumstances are given a score which then informs the level of service they might access. The priority rating tool ensures an equitable and transparent process for all families.

3.6 Families can be considered for day services, youth groups or residential short breaks (see Appendix 2). Families can also ask to be considered for a direct payment enabling them to arrange similar services to meet their needs.

	Receiving Service	Waiting for Service
Day Services	**272**	**52**
Youth Clubs	**20**	**4**
Residential Short Breaks	**163**	**70**
Direct Payments	**13**	**0**

There is a significant pressure for requests for residential short breaks. We currently have a waiting list of 70 families and we have an average of up to 12 vacancies in a year. We are exploring ways of building capacity residentially and in other creative ways to try and meet families' needs in a more realistic timescale. See 4.3 and 4.4.

3.7 The Occupational Therapy Team provides a community based service to families who require aids and adaptations at home for their child/young person. The team also provides a paediatric occupational therapy service to children who attend Child and Family Centres.

Despite this the Occupational Therapy Team has had some difficulties in recruiting staff. Creative ways of working has led to a service improvement.

Waiting List	Urgent Cases	High Cases – Longest Wait	Centre Waiting
March 2010	1	35	31
February 2011	0	27	2
Reduction	100%	20%	93.5%

3.8 The Social Care Workers Team provides a service to families with children some of whom have a disability. The team can support and work with families in the home, monitor child protection concerns and also supervise family contact. The team offers a service to 98 families and has 16 on their waiting list.

3.9 The Family Focus Team works intensively with families who have children with a significant disability. They provide emotional support to families who have a new diagnosis and will work alongside children with very high care needs. Family Focus also works with children with challenging behaviour in the community and in the home. The team offers a service to 32 families currently and has a waiting list of 13.

3.10 There are three short break residential units within Edinburgh, Caern (Barnardo's), Seaview our in-house and resource and Gilmerton Road (Action for Children) which is part financed by Health. Families can request Family Based Care if they want to access a short term residential break in a family setting.

3.11 The units all provide very valuable short breaks to families. The standard of care offered to the children is high and can be evidenced in their Care Commission Reports. Feedback from the families and children who use the service is very good and the only consistent criticism is that they would like more residential respite time.

4. Developments

4.1 Some families who ask and are assessed for a day service appear to be moving away from requests for an individual worker for their child. Families ask more for a social group experience for their child. We have commissioned two youth club type services in the last year to meet this need and we have two disability all day clubs which are open Saturdays and Sundays.

4.2 Seaview, short break residential unit is going to have a new build which will be operational by 2013. The new build will deliver a building fit for purpose and will increase capacity. The unit will also have a small suite of rooms which can be used for the emergency care of children who require aids and adaptations.

4.3 The Scottish Government gave Edinburgh some additional funding to provide more residential short breaks. The funds given would not have bought many residential bed nights. In negotiation with the Scottish Government we have used the funds creatively to provide a fortnightly all day service (9.00am – 5.30pm) at the weekend for families who had been waiting for a short residential break. Eight children currently receive this service and families have appreciated this new approach. We will be evaluating this service with the involved families in the next few months.

4.4 Many families have difficulty coping with children who have challenging behaviour alongside other family life pressures. Children with disability often need different and more specialised approaches to managing their behaviour compared with other children. We have commissioned the Caern Project (Barnardo's) to provide an early intervention service to families who come to our attention as requiring a period of intensive behavioural support. This work involves staff from the Disability area and has consultation support and direction from the Child and Family Mental Health Team. The work is being evaluated and refined by using an assessment process (the Sheffield Questionnaire) identified by the Psychology Service.

4.5 The Caern behaviour service is on a small scale so we have discussed with the Big Lottery Fund the possibility of additional funding. The Big Lottery Fund has expressed interest in the work and has invited us to progress to the next stage of an application for funding which would last for 5 years and would increase the staffing by 50%.

4.6 Some children have had to be accommodated outwith Edinburgh in residential schools when the demands of their care needs have resulted in family breakdown. We will be opening a new respite service for children with disabilities in September 2011. The new service will enable children to stay in their local community, keep their link with their family and aid the successful transition to adult services.

5. Equalities Impact

5.1 This area of work is highly important to the duties of the Equalities Act 2010. The Equality Diversity and Human Rights Commission will publish guidance to Scottish Local Authorities at the end of February 2011 after which we shall carry out an equalities analysis of the services we provide.

6. Financial Implications

6.1 There are no financial implications arising directly from this report.

7. Environmental Impact

7.1 There are no adverse environmental impacts arising from this report.

8. Recommendations

8.1 That the committee:

a) notes the content of the report

b) notes the new respite service for children with disabilities which will open in September 2011

c) requests an annual report from the disability service area.

Gillian Tee
Director of Children and Families

Appendices
1. Disability Services Priority Rating Chart
2. Services Delivery Model for Children with Disabilities

Contact/tel/Email Carol.chalmers@edinburgh.gov.uk

Wards affected

Single Outcome Agreement

Background Papers

Revised April 2006

Appendix 1: Priority Scoring Card

The Child

Concept	Level 1	Level 2	Level 3	Level 4	Level 5	Examples
Physical Health	Good health.	Requires regular assistance from health professionals.	Chronic condition but stable. Requires emergency medication.	High dependency on medical intervention. Unstable condition with frequent re-evaluation needed.	Terminal or life limiting condition. Frequent and predictable assistance required during the night.	▪ Physical Illness, physical disability, epilepsy, enteral Feeding. ▪ Specialist equipment needed. ▪ Regular medication. ▪ Sensory impairment. N.B. Management of waiting lists will take into account limited life expectancy.
Mental and Psychological Health	Good mental health or GP intervention.	Specialist intervention i.e. CLDN/ Spectrum/ VTSS	CLDN intervention and psychology and / or psychiatry consultation and/ or intervention in one setting.	Psychology and / or psychiatry intervention in more than one setting.	Intense, prolonged and multi-professional intervention. Crisis intervention.	▪ Attention deficit hyperactivity disorder. ▪ Autistic spectrum disorder ▪ Bereavement. ▪ Mental illness. ▪ Chaotic family life. ▪ Severe learning disability.
Social Support Networks	Family and social support in place.	Either family networks or social networks limited.	Family and social networks limited, additional support required.	Specialist support required for integration.	Specialist support required but unavailable. Social exclusion issues for child.	▪ Extended family support. ▪ Cultural / ethnic minority / language barriers. ▪ Other services involved. ▪ Single parent.
Supervision & level of care required (mobility)	Age appropriate.	Mobile, can be unsteady / clumsy.	Impaired mobility, direct prompting required, may use physical aids or supporting person.	Fully dependent. Requires 1:1 support. Physical, cognitive or sensory impairment.	Fully dependent. Requires 2:1 support. Physical, cognitive or sensory impairment.	▪ Wheelchair user. ▪ Surgery to help mobility. ▪ Non-weight bearing. ▪ No sense of danger. ▪ Sensory impairment. ▪ Hyper-activity /impulsiveness.
Supervision & Level Of Care To Meet Activities Of Daily Living	Age appropriate or care needs can be met with minimal prompting, supervision.	Care needs can be met with significant prompting, supervision.	Fully dependent and co-operative with 1:1 support.	Fully dependent and co-operative with 2:1 support.	Fully Dependent and/or un co-operative requiring 2:1 support	▪ Continence Care. ▪ Dressing / undressing. ▪ Eating / drinking. ▪ Showering / bathing.
Behaviour	Age appropriate.	Behaviour can be managed most of the time.	Difficulties managing behaviour e.g. rigid routines.	Significant difficulties managing behaviour e.g. rigid, impulsive and unpredictable behaviour.	Significant difficulties managing behaviour, which includes regular, sleep disturbance.	▪ Challenging behaviour. ▪ Communication difficulties. ▪ Involvement of specialist services regarding behaviour. ▪ Sleep disturbance.

Revised April 2006

Priority Scoring Chart

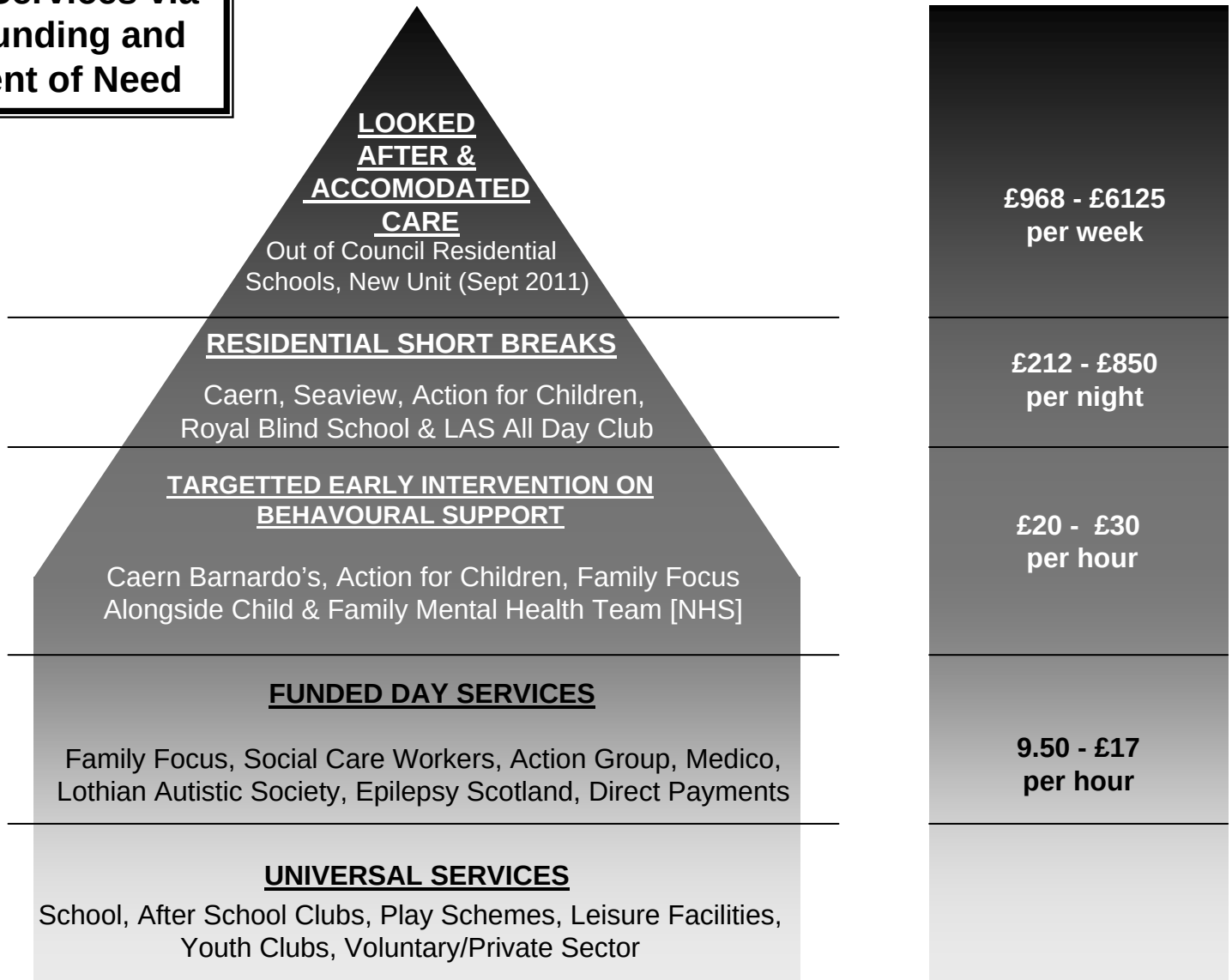
The Family

Concept	Level 1	Level 2	Level 3	Level 4	Level 5	Examples
Physical Health	Good physical health.	Occasional visits to the GP.	Has ongoing medical condition or physical disability or pregnant.	High dependency on medical intervention.	Unstable health care needs requiring regular or emergency treatment, e.g. terminal care / chronic condition.	▪ Physical illness. ▪ Physical disability. ▪ Pregnancy. Applies to immediate family in the household only.
Mental and Psychological Health	Good mental health.	Depression / stress.	Mostly stable condition with medication compliance. Parent with Learning Disability.	Unstable or chronic mental health condition including alcohol / substance abuse.	Crisis intervention, Hospital admission.	▪ Mental illness, stress, bereavement, domestic violence. ▪ Alcohol or substance abuse. ▪ Chaotic lifestyle. ▪ Learning disability.
Family Dynamics	Stable family environment.	Family coping mechanisms reduced having difficulty managing. Unable to provide age appropriate time for siblings.	Parenting skills and / or parental resilience affected by life experience e.g. adversity.	Significant change in family dynamic.	Other caring roles including other sibling with a disability or dependents.	▪ Chaotic lifestyle. ▪ Chronic defaulters. ▪ Resistance to using services. ▪ Child protection concerns. ▪ High risk of family breakdown. ▪ Parents who have been in care. ▪ Unstable family relationships. ▪ Parenting skills, number of siblings.
Housing / Economic Factors	Appropriately Housed. In receipt of full benefits.	Housing concerns e.g. aids and adaptations. Financial concerns.	Overcrowding. Adverse change in financial circumstances.	Adverse housing conditions impacting on welfare of child, i.e. dampness, no heating, no safe play area.	Significant Housing Issues. Income insufficient impacting on welfare of child / family.	▪ Poor housing. ▪ Unemployment, low income. ▪ Poverty. ▪ Housing adaptations. ▪ Environmental factors. ▪ Threat of eviction / debt.
Coping Skills	Parent / carer coping well.	Coping well but difficulty out with familiar setting.	Difficulty coping impacting on quality of family life, including siblings.	Parental capacity to cope deteriorated impacting on welfare of child.	Parent / carer unable to cope most of the time and difficulty meeting own and / or child's needs. Risk of family breakdown.	▪ Ability to cope on a daily basis.

*This chart was compiled in consultation with East Lothian Children Affected by Disability Group. (This group comprises representation from health, social work and voluntary organisations)

Appendix 2: Services Delivery Model for Children with Disabilities

Targeted Services via Council Funding and Assessment of Need



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*** LAS = Lothian Autistic Society**