

Early help, care and support and transition for disabled children

Ceredigion County Council

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Introduction

The purpose of this inspection is to explore how well local authorities, including integrated services, are providing early help, care and support and seamless transition for disabled children and their families. The inspection identifies practice that drives good outcomes for children as well as areas for improvement and barriers to progress.

We focused on the experience of disabled children and their families as they came into contact with social services and received advice, were signposted to community services, participated in assessments and received care and support. We also considered care experienced disabled children and how young people were helped to transition to adult services.

The Social Services and Well-being (Wales) Act 2014 (SSWBA) was intended to bring together and modernise social services. The Act imposes duties on local authorities, health boards and Welsh Ministers to work together to promote the well-being of those who need care and support, and carers who need support. The principles of the Act are:

- To support people who need care and support to achieve well-being
- People are at the heart of the system and should have an equal say in the support they receive
- Partnership and co-operation drives service delivery
- Services should promote the prevention of escalating need and should ensure the right help is available at the right time

'A Healthier Wales' explains the ambition of bringing health and social care services together, so services are designed and delivered around the needs and preferences of individuals, with a greater emphasis on keeping people healthy and promoting well-being. A Healthier Wales describes how a seamless whole system approach to health and social care should be co-ordinated.

Care Inspectorate Wales (CIW) led this inspection, with assistance from Healthcare Inspectorate Wales (HIW).

Strengths and priorities for improvement

CIW draws the local authority and local health board's attention to strengths and areas for improvement. We expect strengths to be acknowledged, celebrated and used as opportunities upon which to build. We expect priorities for improvement to result in specific actions to deliver improved outcomes for people in the local authority area, in line with the requirements of legislation and codes of practice.

Well-being	
Strengths	<p>Ceredigion has clearly set out its positive ambition for disabled children. This vision is committed to corporately, has been clearly communicated, will be used to inform revised operational structures and procedures in due course.</p> <p>The local authority is committed to transforming its social care operating model in order to fully meet the requirements of Social Services and Well-Being Act (SSWBA).</p> <p>Disabled children and their parents valued the positive and supportive relationships developed with professionals.</p> <p>'Porth Gofal', the Information, Advice and Assistance (IAA) service has a clear pathway which provides a timely and efficient response to enquiries.</p>
Priorities for improvement	<p>There is a need to ensure all assessment and care planning processes are fully aligned with the principles of the Social Services and Well-Being Act and clearly focus on positive personal outcomes for all people. (Person led as opposed to service led).</p> <p>The local authority need to ensure carers are more effectively identified and supported. Carers cannot be confident they will receive an assessment of their needs in a consistent or timely manner.</p> <p>In order to be compliant with the Code of Practice, the local authority needs to revise its current arrangements for maintaining a register, in order to cover all eligible disabled children. This will also inform future planning.</p>
People – voice and choice	
Strengths	<p>The 'Active Offer' in relation to the Welsh Language is routinely made, ensuring the linguistic needs of children and parents are considered and acted upon.</p> <p>Staff are well-supported by colleagues and managers to do their job, and have good access to training.</p>

<p>Priorities for improvement</p>	<p>Ensure the 'voice of the child' is fully reflected in the assessment and care planning documentation. This aspect requires strengthening. Effective audit and managerial oversight is required to ensure the elements of good practice are embedded and shared.</p> <p>The local authority needs to develop an effective quality assurance framework, underpinned by embedded and effective managerial oversight of its core functions and processes.</p> <p>Improved service delivery would be enhanced by more comprehensive feedback from parents, other partner agencies, and the systematic mapping of gaps and currently unmet needs.</p>
<p>Partnerships and integration</p>	
<p>Strengths</p>	<p>The co-location of different professions was viewed very positively by practitioners and partners.</p> <p>Many disabled young people had access to a good range of further education, employment and social activities to pursue their interests and maximise their independence.</p>
<p>Priorities for Improvement</p>	<p>For some disabled children with very complex needs, there was little evidence of joint working or reference to significant professional health involvement in their care, where we would have expected to see this in place.</p> <p>The local authority should continue to satisfy itself that all staff undertaking certain designated tasks are appropriately experienced and qualified to do so, in line with point 43 of Part 3 Code of Practice expectations.</p> <p>The local authority and the health board need to jointly review and develop existing commissioning arrangements to ensure they are fit for purpose in meeting the needs of disabled children with complex needs.</p> <p>Sufficiency of resources remains a challenge and there are acknowledged shortages and delays in the provision of care and support, in particular relating to short breaks and respite facilities. Local authority managers told us they were intending to review their short break / respite offer.</p>
<p>Prevention and early intervention</p>	
<p>Strengths</p>	<p>On first contact with the local authority, parents are provided with a comprehensive range of information about services which may be of interest or assistance to them.</p>

	<p>Parents were positive about the successful interventions that early intervention workers based within Tim Plant Anabl (TPA) had provided with their disabled children.</p> <p>Ceredigion is focused on strengthening prevention and early intervention and the Chief Executive clearly acknowledged the need to review current models of practice.</p>
Priorities for improvement	<p>The local authority acknowledges it is not presently maximising the use of assistive technology to support parent carers or to promote independence for disabled young adults, and should consider means of promoting this more widely.</p>

1. Well-being

The local authority must ensure;

- **Disabled children and families receive the right care and support at the right time**
- **Children feel safe and are protected and safeguarded from abuse, neglect and harm**

Evidence at the individual level:

- 1.1 Most parents responding to our survey were positive about their child's key workers ongoing input, although the feedback was more mixed in relation to the range of services available to their disabled child(ren). This is reflected in the following observation made by one parent: *"Whilst our key worker does make an effort on our behalf, their hands are somewhat tied by lack of resources"*.
- 1.2 Some of the parents we spoke with directly told us about their unresolved, often long-standing issues, in attempting to access services providing effective long term support for their disabled children. Lack of, or restricted access to respite care / short break provision was the shortcoming most frequently identified by parents.
- 1.3 We saw few requests for aids and adaptations amongst the individual case files considered, although those we did see were quickly responded to and appreciated by disabled children and their families.
- 1.4 We were not assured disabled children and their parents were consistently given an opportunity to explain what mattered to them, in order to help determine their personal outcomes. We found care and support plans were not sufficiently focused on outcomes and were too often couched in service related terms. Examples of these included: "To continue to receive all the support X can"; "To be healthy and monitor X's medical / health needs"; and "Referral to Tim Plant Anabl" (TPA).
- 1.5 Reviews of care and support plans were undertaken within expected timescales and a review was conducted before a file was closed. Some reviews of care and support plans reflected a multi-agency approach, with education, health and careers representatives present alongside social care professionals. We saw good examples of individual communication needs and preferences being noted, alongside comprehensive consideration of needs set out as a 'typical week in my life'. However, this was not seen in all cases, which underlines the need for the local authority to improve both the consistency and overall quality of assessments and care and support plans.
- 1.6 We found some risk assessments completed within care and support plans and reviews, and saw examples of proactive action being taken to mitigate harm / potential for harm. These were shared with other agencies as appropriate,

although there was little evidence of contingency planning, or exploration of what would happen in the event of unforeseen or changed circumstances.

- 1.7 Pathway planning undertaken in anticipation of young people leaving care was mapped out in many instances at ages 14/15 years. Concrete steps to put arrangements into place were not routinely undertaken until age 17. One young person told us they valued the relationships they had built up with their personal advisor, and appreciated the advice and support they provided in relation to financial planning, facilitating access to educational training opportunities and accommodation.
- 1.8 Person-centered planning, and the signs of safety / well-being approach being promoted by Ceredigion, were more embedded in the pathways planning documentation and reviews of care experienced disabled children. We saw, and were told about positive collaborations and supportive relationships which were clearly having a beneficial impact on the day to day lives of young people. Regular reviews, contacts and visits were clearly documented within case files.
- 1.9 Documents considered and people spoken with confirm that carers' assessments were not routinely offered or completed, in line with legislative expectations. This was also reflected in parental survey responses, where two thirds of people informed us they had not been offered a carers assessment. One carer told us of that when they had initially asked for a carers assessment, they had been told their child's needs would need to be assessed first, and only if their needs were considered to be eligible, would a carers assessment then be undertaken. This clearly contravenes the principles underlying the SSWBA.
- 1.10 We heard from senior managers that very limited 'When I'm Ready' options - aimed at extending foster-care arrangements for disabled children were currently available.
- 1.11 We saw instances of considerable delay in confirming transition arrangements for some disabled young people. In one instance, the Community Mental Health Team (CMHT) wanted confirmation from the Adult Learning Disability Team that the young adult did not have a learning disability before they would agree to support them post 18 years old. This assessment took a number of months, during which opportunities were lost to co-work the case with TPA and work towards building a positive working relationship with the young person. Only shortly before the young person's 18th birthday had the CMHT confirmed they would be supporting the person post 18 years old.

Evidence at operational level:

- 1.12 We saw that referrals to Porth Gofal - the Information, Advice and Assistance (IAA) service in Ceredigion County Council (CCC) - had a clear pathway which provided a swift and efficient response. This had been assisted by the recent introduction of a new Referral, Information, Advice and Assistance Record (RIAAR) that helped to ensure enquiries were responded to appropriately. Either by signposted to other organisations or transferred to other services within the authority, including TPA, where necessary.

- 1.13 Porth Gofal and the duty team within TPA provide leaflets bilingually and in easy read, large print or audio format. Some of these are readily available, whilst others are provided on request. Details about TPA are also available on the DEWIS website. TPA distribute a bilingual user information leaflet, and other more specialist information leaflets or guides are available from TPA and the Community Learning Disability Team (CTLD), including some easy read formats. Much of CCC's on-line information relating to services for disabled children was in the process of being reviewed at the time of CIW's inspection.
- 1.14 We were told Porth Gofal staff have been appropriately trained to start every conversation with the 'what matters' conversation. We saw a timely example of contact with IAA that had gathered the relevant information and been referred on to TPA for a comprehensive assessment. Contact was made with parents and a visit subsequently arranged within two days of the initial referral.
- 1.15 However, we also found instances of IAA being passed through to TPA unnecessarily, or where alternative approaches could have been undertaken as a more appropriate response. There were other disabled children presenting with apparently complex needs who did not remain with TPA. These anomalies suggest the local authority needs to make the oversight and monitoring of some key aspects of its core functions and processes more robust.
- 1.16 We were told of one parent's experience who only heard about TPA and the range of other services available after their disabled child had moved to secondary school. The authority needs to be more proactive in providing detailed information in a timely manner to as wide a range of parents and interested others as possible.
- 1.17 There had been very few recent safeguarding cases involving disabled children for CIW to consider. We were advised by managers that the new RIAAR has improved clarity on recording outcomes of Multi-Agency Referral Forms (MARF's) / IAA enquiries for recent cases.
- 1.18 Ceredigion have a clear safeguarding pathway, and an experienced management team overseeing positive links with multi-agency partners.
- 1.19 In one instance case notes reviewed did not sufficiently record the actions, decisions taken, or a clear rationale for outcomes determined in relation to the safeguarding issues raised. The shortcomings identified here related to specific elements of the recording of the decision-making and safeguarding outcomes. We did not identify instances where disabled children or young people themselves had been subject to harm as a result of shortcomings on the part of the local authority.
- 1.20 The authority advised it had introduced new procedures with immediate effect in response to these shortcomings, with a view to ensuring clarity of recording of all actions, risk analysis and decision making in relation to MARF's. We were advised that outcomes from a recent internal review of children's services were

facilitating the introduction of more streamlined documentation and other procedures linked to the safeguarding process.

- 1.21 Other safeguarding examples reflected a sensitive consideration of a range of complex issues over a period of time, with instances of risk being appropriately assessed and managed. In common with our findings in relation to some aspects of the assessment and care planning and review processes, consideration of and planning for contingency was not always evident within safeguarding procedures.
- 1.22 Services for carers in Ceredigion are facilitated by a Development Officer employed by the local authority, supported by input from third sector organisations. We found many parents were clearly appreciative of the support they had been offered, and a majority of those who'd responded 'yes' or 'no' to our survey indicated they had received support from the local authority in response to requests for a respite or short break service.
- 1.23 The local authority need to ensure carers are routinely informed of their rights to an assessment and this is understood and actively promoted by all staff. Ceredigion should also consider monitoring the number of carers declining an assessment, and wherever possible capture the reasons for this, to inform future developments.
- 1.24 We found carers assessments were routinely completed on the standard National Assessment and Eligibility Tool (NAET) form rather than one specifically designed for this task. This resulted in assessments rarely being completed with sufficient detail relating to the carers role, needs of siblings, and other critical factors. This in turn meant evidence for determination of eligibility and reasons why an assessment was required were frequently incomplete or flawed. This frequently culminated in a lack of clarity about specific outcomes, carers wished to achieve, and the extent to which the carer is able and willing to provide care / continue to provide care.
- 1.25 Whilst we did see a few good examples of what matters conversations and personal outcomes being recorded, overall the quality of carers' assessments was poor, with limited exploration of potential person-centred outcomes.
- 1.26 Direct Payments (DP) were used extensively within Ceredigion and whilst clearly valued by many parents and carers, some parents told us of the extreme difficulties and frustrations they faced in recruiting personal assistants to fulfil the hours of support approved by their DP agreement. We also heard from parents of unreasonable restrictions sometimes being placed on how flexibly their direct payments which had already been approved could be utilised.
- 1.27 Most parents surveyed also felt the siblings of their disabled child (ren) would benefit from additional support because of the impact on the family of caring for a disabled child. There were very few instances of this being considered in the documented assessments or care and support plans we considered, although many of the social workers and other practitioners spoken to clearly recognised this as a legitimate area of need.

- 1.28 Local authority managers told us they recognised many of these difficulties, and were aware of disabled children and parents with identified eligible needs sometimes waiting long periods for the service to begin. We heard how in one particular instance, a business case has been completed, with a view to providing a bespoke in-house service in response to a particularly complex set of circumstances. Otherwise, we saw very little evidence of practitioners routinely supporting and discussing contingencies with families to improve the particular difficulties they faced.
- 1.29 The quality of carers assessments viewed was variable; some of the assessments evidenced a sound gathering of pertinent background information, family history and the involvement of other agencies. A few also reflected a comprehensive consideration of the child's communication and language needs. However, these were the exception, and in too many instances, an incomplete setting out of the family and community factors led to a limited exploration of wider topics that could helpfully have been considered as part of the 'what matters' conversation. This in turn, meant the strengths and capacities elements of the assessment were too often underdeveloped, resulting in more creative or effective opportunities for resolving presenting issues being lost or not fully explored.
- 1.30 In common with our findings in relation to assessments, outcomes from care and support plans tended to be written in the form of tasks or services, rather than reflecting outcomes based on 'what matters' conversations undertaken from the child / families perspective. This lack of a uniformly strength-based approach informed by coproduction meant even otherwise sound assessments and care plans frequently lacked the informed analysis required to identify and set out appropriately individualised personal outcomes.
- 1.31 This led to difficulties in being able to effectively review progress against specific personal outcomes, resulting either in drift, and / or confusion about exactly what services and support providers and others should be delivering. We also saw instances in case recordings of activities being undertaken which were not reflected in the care and support plan, meaning these plans were not always accurately setting out of the full range of care and support services being received.
- 1.32 Many of our conversations held with keyworkers around individual disabled children reflected their sound knowledge and professional approach, suggesting that some of these identified shortcomings may be more prominent in relation to case file documentation and recording, than day to day practice.
- 1.33 We also saw examples of re-assessments being undertaken unnecessarily, and some instances where cases remaining open to TPA keyworkers could appropriately have been placed within a review process, transferred elsewhere, or even closed.
- 1.34 CIW's review of the documentation and discussions with social workers and other staff led us to conclude that, in relation to the assessment, care planning

and to a lesser extent the pathway planning processes, current practice in Ceredigion is not fully aligned with the principles of the Social Services and Well-Being Act (SSWBA).

Evidence at strategic level:

- 1.35 Ceredigion has clearly set out its positive ambition for disabled children. The vision is for more inclusive and accessible services, delivered via a through-age model in which disabled children are seen as children first and are supported seamlessly into adulthood. This vision is committed to at corporate level, has been clearly communicated and is intended to inform revised operational structures and procedures in due course. The ambition of the authority's proposed Porth Ceredigion Integrated Services Delivery Model signalled their commitment to improving both early intervention, statutory services and transition into adulthood for disabled children, young people and their families
- 1.36 The local authority is working hard to transform its social care operating model in order to fully meet the requirements of SSWBA, and align with the Future Generations Act within the broader aims of its Corporate Strategy.
- 1.37 The authority's Transformation Project Board will oversee these developments. The Board sits under the Authority's Corporate Leadership Group and includes the Corporate Lead Officers for Porth Cynnal, Porth Ceredigion and Porth Cymorth Cynnar along with the Chief Executive and two Corporate Directors. This ensures the Council's most senior officers have a direct input into the strategic direction of services within the new integrated services delivery model.
- 1.38 Senior managers acknowledged they had reached a pivotal point on the transformation journey. The process of appointing to key posts within this new structure was underway at the time of the inspection. This included the Corporate Manager for the Extended Support Service, within which the progressively integrated TPA and CTLD (Community Team for Learning Disabilities – adults) will sit.
- 1.39 We found the current eligibility criteria for TPA is restricted to those with 'moderate to severe disabilities' and the authorities current eligibility arrangements could usefully be reconsidered as part of the wider transformation currently underway. This represents a key opportunity to revise wider eligibility criteria, assessment and other documentation throughout the pathway, ensuring practice is fully aligned with the SSWBA.
- 1.40 An internal review of children's services undertaken in October 2019, identified a number of aspects, including The Signs of Safety (SOS) and Well-being Practice Framework, as priorities for further development. It is understood the authority is two years into a five year rollout for the SOS programme. Examples of current practice, including a framework for implementation of SOS within TPA were shared CIW. We would endorse the conclusion expressed in the self-evaluation completed by the authority in advance of the inspection, that more work was required in order to embed this in practice throughout the service.

- 1.41 Many elements of this challenge are recognised by senior management, and key to successful implementation will be the considerable managerial commitment, energy and resource required to bring about this transformation over the coming months and years.
- 1.42 It was of concern that the maintenance of a register of disabled children is currently only applied to those directly receiving a service from TPA. In order to be compliant with the Code of Practice, and also help to inform future planning, the authority needs to revise the current arrangements, to ensure they cover all eligible disabled children within the code.
- 1.43 Further consideration of most effective future means of providing support could usefully be informed by wider population needs assessment findings, aided by the systematic identification and collation of current gaps and areas of unmet need under existing arrangements. More comprehensive collation and analysis of feedback from parents and other partner agencies as to how the authority can improve its services for disabled children would further inform this improvement drive.
- 1.44 Safeguarding is clearly seen as a corporate priority, and senior leaders and cabinet members receive quarterly safeguarding reports, in addition to regular updates on any high-profile individual cases.

2. People – voice and choice

The local authority must ensure;

- **A rights based approach ensuring disabled children and their families have a voice, informed choice and control over their lives**
- **Leadership is effective in ensuring a sufficient, confident and skilled workforce to promote the well-being of disabled children**

Evidence at individual level:

- 2.1 We saw well documented evidence of good communication between key workers and individual disabled children. In the best instances, children's views were actively sought, clearly listened to and respected. These findings were reflected by a number of parents who responded to our survey.
- 2.2 Discussions with individual staff also clearly reflected their commitment to listening to and where possible acting on the views of each disabled child they supported. However, the 'voice of the child' reflecting their individual needs, strengths, interests and aspirations, and how most effectively to communicate with them was not uniformly reflected in the assessment and care planning documentation. This aspect requires strengthening, and more effective audit and managerial oversight is required to ensure the elements of good practice seen are more consistently embedded.
- 2.3 We saw clear evidence of the active Welsh offer being made, and through our discussions with parents and practitioners alike it was clear the linguistic needs of disabled children, their parents and carers are considered and acted upon. We heard from individuals receiving support from TPA how they valued practitioners being able to communicate with them in Welsh.
- 2.4 Similarly, we heard about good access to advocacy services, which are commissioned from a third sector organisation operating both locally and across the region, including the bilingual active offer. This has been accessed extensively recently and local authority practitioners spoke positively about advocacy services being able to match these requests for services in Welsh.
- 2.5 Pictorial communication aids, Makaton training and leaflets were also utilised within the advocacy service, as well as access to a phone line, information relating to the Children Commissioner and a children's rights pack. In contrast to this, we saw little evident of augmented and other alternative means of communication being utilised as part of keyworker / practitioners engagement with disabled children.

Evidence at operational level:

- 2.6 More than three-quarters of staff responding to our survey told us they felt well-supported by colleagues and managers to do their job, and their workload was manageable. Feedback from staff spoken to directly also indicated there was

good access to training, with signs of safety / well-being and collaborative communication cited as recent examples.

- 2.7 Information supplied in advance of the inspection suggests there is a relatively stable workforce, with relatively low rates of turnover, and little use of agency staff over recent months.
- 2.8 We were told by some staff that opportunities to reflect on professional practice with their team manager were part of the supervision arrangements, but that there were fewer chances to do this within the wider team. Managers were well-informed about particular developments within caseloads, and offered effective support to individuals on their team. We heard managers at all levels were knowledgeable, supportive and approachable. It was therefore disappointing to find a lack of evidence of management oversight and confirmation of decision making seen on case files.
- 2.9 We were concerned that apart from an administrative 'exceptions' report, (aimed at ensuring certain key stages within assessment, review and other processes were signed off or otherwise resolved within recognised timescales), there was little evidence of effective audit, structured managerial oversight, or embedded quality assurance mechanisms.
- 2.10 In addition we noted formal staff supervision is undertaken on a monthly basis, with staff appreciative of the opportunities for informal managerial support outside of this process. However we found the recording of supervisions within TPA was generally of a poor quality, and was not in line with the local authorities' own policy, dating back to 2012 through not adhering the set agenda, timescales or using agreed supervision documentation.
- 2.11 Some people also told us they would benefit from enhancing their specialist communication skills, which endorsed our findings in relation to the limited usage of augmented communications, such as PECS and Makaton / sign language throughout.
- 2.12 Through discussions with Independent Reviewing Officers we were informed how they now routinely adopt the SOS approach when formulating plans and reviewing progress. This interactive approach has been welcomed by families and children alike, who respond well to its open approach, with a focus on positives, and what's working well.

Evidence at strategic level:

- 2.13 The local authorities' corporate approach to responding to complaints has recently been reviewed, and is in the process of being approved by the leadership group. It is anticipated this will shortly be implemented, following final sign off by cabinet.
- 2.14 There have been very few recent complaints relating to services for disabled children and their families. Information on all specific social services complaints is regularly shared with the director, and reflected in the annual report.

- 2.15 The current absence of effective managerial oversight on individual caseloads resulted in some cases being left open when there was no eligible need, whilst others with apparently more complex needs were closed. People cannot be assured under these circumstances, that the authority is making the most effective use of its resources. We saw little evidence of a strategic quality assurance framework, and the authority should introduce this as soon as possible so as to ensure effective oversight of all core procedures.
- 2.16 It was encouraging to note senior managers' acknowledgement that the voice of child and of parents and carers in planning and development of the service needs to be strengthened.
- 2.17 The Corporate Parenting Board is proactive in overseeing a range of activities, including advocacy and safeguarding. There is strong scrutiny of and commitment to corporate parenting. Elected members took a proactive approach and regularly ask officers for further details and additional information.
- 2.18 The current director of social services has been appointed on an interim basis, pending the implementation of the new service model over the next twelve months; after this period the intention is to consider where the director role best sits in the revised structure.

3. Partnership and integration

The local authority must ensure;

- **The local authority has effective partnerships and integrated arrangements which commission and deliver high quality and sustainable services that meet the needs of disabled children and their families**
- **Planning for disabled care leavers is based on their strengths, fully involves the young person and maximises their potential for independence**

Evidence at individual level:

- 3.1 There was mixed feedback from parents in response to our survey question about how well professionals from social services, education, health and other agencies had worked together - and with them - to support their child to receive the most positive outcomes. Almost as many felt this had not worked very well / not at all well (23) as felt this had been done well or very well (27).
- 3.2 The picture in response to a question about how well these different agencies had worked together during periods of transition – for example from child to adult services – was similarly split, in terms of how well parents thought agencies had worked together for their disabled child.
- 3.3 We saw some disabled young people had access to a good range of further education, employment and social activities to pursue their interests and maximise their independence. Some of these opportunities are provided via effective partnership working between CCC's youth services, and Disability Sports Wales.
- 3.4 Parents also spoke of positive relationships with independent and third sector organisations, but added that these offered limited opportunities for carer respite or for social activities for their disabled children with more complex support needs.
- 3.5 We relayed to senior managers our concern that for some disabled children with very complex needs, there was little evidence of joint working or reference to significant health involvement in their care, where we would have expected to see this in place.

Evidence at operational level:

- 3.6 TPA is a long-established integrated team, with practitioners from social care, education and health backgrounds working together from a central location. The co-location of different professions was viewed very positively by the practitioners and partners we interviewed.

- 3.7 Whilst the benefits of having these mixed professional backgrounds is recognised, the local authority should satisfy itself that all staff undertaking certain designated tasks are appropriately experienced and qualified to do so, in line with point 43 of Part 3 Code of Practice expectations.
- 3.8 We observed a complex needs panel, and witnessed effective multi-agency working, with a clear focus on how most effectively to meet the needs of disabled children requiring higher levels of input and support. Given our findings in relation to some disabled children with complex needs who were waiting, in some instances for a considerable period of time for a multiagency service. The authority should review its overall approach, to ensure any delays are minimised.
- 3.9 Whilst there are no special schools within Ceredigion, many primary and secondary schools have units or other means of providing support for disabled children, and we saw during a visit how this integrated approach worked well for many individuals. We also saw how regular meetings between TPA and education professionals were effective in sharing information, and ensuring an early response to identified issues.
- 3.10 More specialist educational placements tend to be out of county, and we heard from some parents about the difficulties they faced in finding suitable placements near to home, resulting in a small number deciding that home educating their disabled child was their best option.
- 3.11 The authority has worked hard to reduce the number of disabled children and young people placed out of county, and the Camu Ymlaen initiative for 16-18 years olds, due for completion in September 2020 is an example of social services, housing and education working together to deliver a clearly identified need.
- 3.12 Disabled children and their families clearly benefitted from positive relationships with schools, and the attendance of education staff at their annual reviews in planning for transition resulted in well-informed preparations for this important phase. Some disabled young people were following an alternative curriculum at their secondary mainstream school, with a clear focus on developing their life skills and independence.
- 3.13 We learnt of the joint working between children's services and the local authority housing department through their contribution to multi-disciplinary team meetings for disabled children leaving care. Whilst there is little specialist accommodation presently available, there are plans to purchase a property in the Aberystwyth area where disabled children can be assessed, as well as providing much needed additional respite facilities.
- 3.14 Clear policies and procedures relating to the effective implementation of direct payments are required. These will need effective managerial oversight and monitoring to ensure they are consistently applied.

Evidence at strategic level:

- 3.15 We saw little evidence of joint and / or regional commissioning arrangements. Senior managers in Ceredigion acknowledged they did not have a specific commissioning strategy for disabled children based on up to date information, and which was reflective of their vision for future service provision. The authority need to do more to systematically evaluate current service provision, map gaps and unmet needs, and utilise intelligence and feedback from disabled children and their families, other agencies and providers to inform the delivery of more effective services.
- 3.16 Under recently realigned roles, responsibility for housing now sits with the director in Porth Ceredigion as part of the new through-age service, presenting innovative opportunities for increased alignment of service delivery.
- 3.17 It was clear from our findings in relation to some individual care plans for disabled children with more complex needs, and interviews with senior managers in both organisations that CCC and HDUHB do not have a shared understanding of their financial responsibilities for children with complex needs. There is therefore a need to reach a resolution on the future of joint funding arrangements. New guidance relating to this matter was issued by Welsh Government in January of 2020, aimed at promoting the development of a shared understanding between local authorities and health boards. There is a need to ensure that all staff are aware of this new guidance, and that this is taken into account by managers in CCC and HDUHB in their joint decision-making about the funding of services for individual disabled children with complex needs”.
- 3.18 Governance arrangements of safeguarding arrangements in Ceredigion are overseen by CYSUR – the regional Mid and West Wales Safeguarding Board. The Board has recently been active in its promotion of the Signs of Safety Framework.
- 3.19 The authority acknowledges that care experienced disabled children are best placed in appropriate placements as close to home as possible. Senior managers told us the Regional Partnership Board has recently recognised the need for an increased emphasis on children, and has decided to have a specific work stream for children. The aim is to strengthen regional working and enhance the services offered to meet the future needs of children with complex needs.

4. Prevention and early intervention

The local authority must ensure;

- **A planned strategic approach to timely and proportionate early help and prevention**
- **Disabled children are actively supported in resilient communities to reach their full potential; to live, learn, develop and participate in society**

Evidence at individual level:

- 4.1 On reviewing files we noted how on first contact with the local authority, parents are provided with a comprehensive range of information about services which may be of interest or assistance to them. In one instance this included Porth Gofal providing information about local family centres, primary health services, autism assessment team (SCATS), team around the family (TAF), early intervention worker, local nurseries, educational support - educational psychologist / Special Educational Needs (SEN) team, and direct payments.
- 4.2 Individual parents told us about the successful interventions that early intervention workers based within TPA had with their disabled children. These included support with toileting, bedtime routines and behaviour management. Parents and staff also spoke positively about early help team within TAF, who coordinate family support from a range of agencies, focusing on the family's identified goals and wishes, and utilising their strengths to develop new skills and approaches.
- 4.3 We were also made aware of the work undertaken by Tim Teulu support workers, who work directly with parents and young people. The work with parents can be on a 1:1 basis supporting with strategies to build on their parenting skills and enabling them to regain a balance within their family, or alternatively their work may be carried out as part of the group.
- 4.4 Of the small proportion of parents with children under the age of 5 years responding to our survey, only a few felt there were enough childcare facilities - nurseries, playgroups and child minders - available in their local area for their disabled child.

Evidence at operational level

- 4.5 There are currently 4 community connectors working across CCC, and we heard they had established good links with community groups in towns and more populated areas. It has taken much longer to establish and maintain links with facilities based in more rural areas and smaller villages. Transport to and within these areas – and in particular lack of assisted transport – is recognised as an ongoing issue, severely impacting on access to services for some disabled children and their families.

4.6 Access to the DASH (Disability and Self Help) weekends respite facilities and themed away-activity days was appreciated by many parents, although in common with other short break / respite facilities, access to this was considered by many to be too restricted.

4.7 CCC is working hard to reshape and re-design its operational services with a greater focus on maximising the effectiveness of its early intervention and prevention initiatives, in line with the SSWBA. The local authority acknowledges it is not presently maximising the use of assistive technology to support parent carers or to promote independence for disabled young adults. This is an area the authority needs to develop to enhance outcomes for disabled children, their families and carers.

Evidence at strategic level:

4.8 Ceredigion is focused on strengthening prevention and early intervention, with the Chief Executive being clear in his acknowledgement of the need to do things differently. Many elements of the recently implemented early intervention delivery model, such as well-being hubs, were still in the process of development. It is imperative that the council progresses its vision for disabled children's services, so that children and young people benefit from the identified means of improving outcomes.

Method

We selected case files for tracking and review from a sample of cases. In total, we reviewed 45 case files and followed up on 15 of these with interviews with social workers and children and/or their parents. We spoke to parents of disabled children and issued a survey to gather their views. This survey received 55 responses. We spoke to approximately ten children and / or their parents directly.

We interviewed a range of social care practitioners and their managers, elected members and senior officers. We issued a survey to social care staff working with disabled children. This survey received 48 responses.

We reviewed 27 records of line-management supervision from nine practitioners and managers. We looked at a sample of three complaints and related information. We reviewed performance information and a range of relevant local authority documentation. We observed relevant multi-agency panel meetings.

We interviewed a range of operational and strategic staff from the local health board and relevant provider organisations.

Welsh language

There were three Welsh speaking inspectors available, enabling CIW to make the active offer of conducting parts of the inspection process in Welsh.

Acknowledgements

CIW would like to thank all those who gave their time and contributed to this inspection: children, parents, staff, managers, members, partner organisations and other relevant professionals, including colleagues from Healthcare Inspectorate Wales.