

A Jigsaw of Services

Inspection of services to support disabled
adults in their parenting role

The Social Services Inspectorate (SSI) is part of the Social Care Group in the Department of Health. SSI assists Ministers in carrying out their responsibilities for personal social services and exercises statutory powers on behalf of the Secretary of State for Health.

We have four main functions:

- to provide professional advice to Ministers and central government departments on all matters relating to the personal social services;
 - to assist local government, voluntary organisations and private agencies in the planning and delivery of effective and efficient social care services;
 - to run a national programme of inspection, evaluating the quality of services experienced by users and carers; and
 - to monitor the implementation of Government policy for the personal social services.
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A JIGSAW OF SERVICES

INSPECTION OF SERVICES TO SUPPORT DISABLED ADULTS IN THEIR PARENTING ROLE

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Introduction and Summary

1

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- 1.1** Providing support for parents to help them bring up their children better is at the core of the Government's family policy. However, many disabled parents feel that this is still only a pipe dream for them. A number of those we interviewed in a recent inspection spoke of the difficulty of accessing appropriate services to support them in meeting the day to day demands of being a parent. There were services to meet their personal needs and services for their children but there was a lack of flexibility, to bring these all together to support them in undertaking their parenting role.

As one parent said

“Trying to adapt services ... to support me as a parent is like doing a jigsaw where you can almost see the picture, but where the pieces just don't seem to fit together.”

There were some key findings

- 1.2** Local councils with social services responsibilities (councils) recognise they have a part to play, with a range of other agencies, in providing services to support disabled parents in their parenting role. However, usually disabled parents were not identified as a relatively discrete group of service users and in only one authority was service provision for them promoted and backed by a specific policy about their rights (see Appendix C).
- 1.3** Child care teams did not necessarily record that parents had a disability and adult services teams did not record routinely that there were children in the family.
- 1.4** We saw some excellent multi-disciplinary innovative projects, where staff worked with disabled adults and provided a range of services, some of which supported them as parents. Generally, these were planned and developed primarily as multi-purpose centres but services to support disabled parents were frequently their least developed aspect.
- 1.5** Many disabled parents were reluctant to acknowledge their need for assistance in parenting, but once they overcame this, they were satisfied with the services provided and considered that they and their families were helped to stay together.

- 1.6** We were concerned to find that although, according to senior managers, the social model of disability guided the council's work this did not follow through into their staff's actions. The focus of staff appeared to be either on the children in the family or on the impact of the adults' disability on their personal needs. Workers rarely looked beyond this and seldom focused on the whole family and how to support and help the parents in the discharge of their parental duties in their social setting.

A definition of the Social Model of Disability

A social model of disability 'redefines' disability as the disadvantage or restriction of activity caused by society which takes little or no account of people who have impairments and thus excludes them from mainstream activity.

- 1.7** A philosophical and practical shift in the approach to working with disabled parents is required. It needs to be underpinned by:
- a recognition of the right of disabled people, within the bounds of current legislation, to be supported in fulfilling their roles and responsibilities as parents;
 - knowledge of child welfare principles described in the Children Act 1989;
 - staff at all levels in all council directorates and agencies having an understanding of the social implications of disability;
 - a multi-professional shared vision, and system for planning and developing services;
 - holistic needs led assessments, which, when necessary, incorporate the views of a range of professionals;
 - protocols, practical arrangements and strategies to improve inter-divisional/corporate/inter-agency work at an individual and strategic level.

Holistic Needs Led Assessment

An Holistic Needs led Assessment:

- covers the needs of all the individuals within families against eligibility criteria;
- gives access to a range of services, once the needs have been identified;
- is not service led.

Context

- 1.8** The exact number of disabled parents in the UK is not known. Estimates range, according to how they are calculated, from 1.2 to 4 million parents, and numbers are thought to be increasing.

Further definitions

The term 'disabled' for the purpose of this inspection:

Covers learning, physical and sensory impairments. It also includes chronic sickness and deteriorating illnesses.

Mental illness, drugs and alcohol are specifically excluded except where they are additional to another disability.

'Parent' has been defined as somebody who exercises parental responsibilities (even though these might not be confirmed in law) and has their child living with them for at least part of the year.

'Child' has been defined as somebody up to the age of 18 years.

- 1.9** Best practice suggests that a disabled adult's care plan arising from a multi-professional needs-led assessment would include service provision for parenting tasks if appropriate and services would be provided from the relevant sources, including dedicated/skilled workers or agencies. (In December 1998 the Department of Health produced a training pack 'Crossing Bridges: Parental illness and its implications for children', for working with parents with mental illness.)
- 1.10** An alternative route for disabled parents to gain services to support them in their parenting role is through the child care route. Councils have a responsibility under Part III of the Children Act to provide services to children in need and their families. As a result of research summarised in the Department of Health publication 'Child Protection: Messages from Research', there has been encouragement to refocus children's services nationally. It is intended that services should promote and strengthen family ties and be delivered in partnership with them. Following on from this the Quality Protects Programme aims to transform children's social services. One of its sub-objectives (3.4) is 'To ensure that children whose parents have specific needs arising out of disability or health conditions enjoy the same life chances as all other children in the locality.'
- 1.11** The Social Services Inspectorate undertook inspections of services to support disabled adults in their parenting role in eight councils between November 1998 and July 1999. We looked at the experiences of 621 disabled parents who had received support services and studied 90 cases in detail. The inspection's purpose was to evaluate the way in which councils with other agencies, managed and planned services for disabled adults

which enhanced their ability to parent. It centred on the experience of the service users, bearing in mind that they often receive services from a variety of sources. It sought to establish that the essential social services responsibilities were being met.

- 1.12** This inspection was based on standards drawn from legislation and guidance. The design team developed the standards in consultation with a multi-disciplinary reference group, which included representatives from local councils with social services responsibilities, voluntary organisations and other professionals in health and education. (See Annex A for standards and criteria).
- 1.13** Prior to undertaking the fieldwork a questionnaire was completed by each of the councils to provide basic data about the service in relation to SSI standards and criteria. Questionnaires were also sent to 380 parents receiving services. Their responses have been used to inform the fieldwork discussions and this report.
- 1.14** This report gives guidance for the managers about how to ensure that families are offered appropriate and effective support. We have also produced a summary report that identifies good practice and suggests how staff can improve their work with children and families.
- 1.15** This inspection clearly demonstrates shortcomings in the assessment of the needs of children and their disabled parents. The Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000) provides Government Guidance on assessing the needs of children and their parents within their broader family context and deciding what types of services are required to ensure optimal outcomes.

Summary of Main Issues

- 1.16** The inspection findings are summarised under the following chapter headings.

The Experience of Service Users

- 1.17** Eighty per cent of disabled parents who responded to the SSI survey considered they were consulted about their services and were treated with respect, with their religious and language needs being taken into account.
- 1.18** In all the councils we met some disabled parents and some young carers known to other agencies, including young carers groups, who did not wish to be referred to social workers. There were a variety of reasons for this. The two main ones appeared to have been: that they were scared that the children would be taken away; and/or they were concerned that there would be a difference of view about what was an appropriate level of caring to be undertaken by children.

-
- 1.19** We did not find evidence to bear out either of these fears. Over 60 per cent of respondents actually in touch with social workers employed by the council reported that services had helped them to stay together whereas parents known to other agencies were quite fearful of social work help.

Effectiveness of Service Delivery and Outcomes

- 1.20** A range of services was being provided to disabled parents to support them with their children. Providers included the voluntary, independent and ‘in house’ sectors, other council directorates and Health. Considerable variation was seen between the councils in the number and type of services disabled parents received to support them in their parenting role.
- 1.21** Disabled parents particularly commended:
- specialist services that took account of the needs of the whole family;
 - multi-purpose centres where a range of services were located in one building;
 - direct payment schemes;
 - young carers schemes.
- 1.22** We found that although disabled parents were generally satisfied with the services there were numerous examples, in all councils, of a lack of co-ordination of services provided, time delays and limited appreciation of the necessity for services to meet the needs of the whole family.

Fair Access

- 1.23** We considered that councils could be more active in promoting services for disabled parents. Only one council had publications targeted at disabled adults about services to support them as parents. The lack of relevant information hampered councils in achieving equality of access to services.
- 1.24** Eligibility criteria and priority matrices further hindered access to services because those for adults services did not recognise the potential impact of being a parent and for children’s services parental disability was not an important factor.
- 1.25** Councils recognised the importance of equality and social justice issues and had well promoted value statements. These covered quality of life issues and espoused joint working towards social inclusion for all. However many workers were professional and caring but not fully enabling and empowering of service users. This together with many staffs limited understanding of how disability affected the whole family led in several

instances to issues of lifestyles being compromised. For example, there were instances of the non-disabled parent giving up activities that had been important areas of interest to them, such as being a Councillor, because no support was available to the family during the time they were away undertaking these activities.

Quality of Services, Information and Care Management

- 1.26** It was recognised by councils that information was not always written or organised in the most effective manner for disabled parents. A number of innovative pieces of work were therefore being undertaken to remedy some of the deficiencies.
- 1.27** Holistic needs led assessments were not taking place routinely. It was also rare for young carers to receive a carer's assessment but there were positive results when it did happen. Where assessments and planned work were undertaken by the different specialisms it was often in isolation of each other's input.
- 1.28** We saw some good examples of clearly focused outcome oriented work. However most practitioners were only just beginning to work in this way. Generally care plans were service led and focused only on the services provided through social work. Reviews and evaluations of progress recorded reliability of services but they did not evaluate whether services had enabled the recipient to achieve a better quality of life or develop/ maintain independence.
- 1.29** Learning disability was an area of particular concern in some councils because:
- eligibility criteria for receiving a service were very restrictive and did not take parenting into account;
 - staff who did not have the necessary skills undertook assessments of parenting skills and parenting courses;
 - critical decisions about the children of learning disabled parents (being placed on or remaining on, the child protection register and / or being removed from the family) could be made on inappropriate or inadequate information.

Organisation and Management Arrangements

- 1.30** A minority of councils had recognised and started to address the difficulties for planning and providing appropriate services to disabled parents caused by the internal organisation of their social services responsibilities.
-

- 1.31** Corporate working was developing at a slow rate. Collaborative work with housing was better than with education where there were several demarcation issues that required resolution. A simple example of this was services to enable children to get to school. Both children's and adult services appeared to have reasonable relationships with Health although these were variable in the different councils.
- 1.32** In the majority of councils there was both poor management information about this client group and inadequate information about the prevalence in the area of the need for services to enable disabled adults to parent their children effectively. There were appropriate multi-agency planning arenas such as Early Years. However generally the opportunities provided by these forums were not being maximised because their importance for services to disabled parents were not recognised.
- 1.33** Clear budget information, supervision, customer satisfaction questionnaires and other efficiency and quality control tools were used in most councils. However, as yet these were not sufficiently developed to give an effective overview of the quality of the work done or of the services provided.
- 1.34** The eight councils were at different stages in developing staff deployment, supervision and training. We urge departments to make sure that staff are fully conversant with the practice of both the social model of disability and of undertaking with others holistic assessments and packages of services.

Improving Services

2

2.1 This chapter sets out a series of questions that can be used by managers to evaluate their own services. They arise from the inspection findings. If used in conjunction with the statement of standards and criteria to be found in Appendix A of this report, they represent a comprehensive auditing tool for operational managers.

2.2 The Experience of Service Users

- Are you able to identify disabled adults receiving services to support them in their parenting role?
- How do you ensure that the views of all the members of a family are considered?
- How do you ensure that your staff are sufficiently knowledgeable and skilled to:
 - be aware of the impact of different disabilities on a persons' ability to work in partnership with social services?
 - take account of the differing needs of all the family members?

2.3 Effectiveness of Service Delivery and Outcomes

- Do you require your staff to set for their work objectives that are linked to expected outcomes?
- Do you monitor the achievement of objectives and expected outcomes?
- If you have a Direct Payments scheme does it cover services to support disabled parents in their parenting role?
- How do you ensure that the services provided by your local Young Carers scheme augment, and are not instead of, the services to support the disabled parent?
- Is service provision based on needs-led assessment?
- Are you able to provide, in a timely way, a wide range of services based on assessed need?
- Do the services provided promote and safeguard the welfare of children who have disabled parents?

-
- Does your Young Carers Scheme provide services for which other agencies have statutory responsibility?

2.4 Fair Access (the Principles for Supporting Disabled Adults)

- Do you have a policy that confirms the right of disabled people, within the bounds of current legislation, to be supported in fulfilling their roles and responsibilities as parents?
- How do you ensure that your policy intentions about equality issues are championed and promoted throughout the range of services provided?
- Do your eligibility criteria for both children and adults services take account of disabled parents' needs?

2.5 Quality of Services, Information and Care Management

- Do you have a multi-agency information strategy that includes services to disabled parents?
- Do your staff have a good understanding of their role as information providers?
- How do you ensure your workers' needs led assessments cover all the relevant issues?
- How do you ensure that disabled parents and their children are seen as a family with an holistic plan that addresses the family's needs?
- How do you ensure that care plans include contingency plans to meet the changing needs of disabled parents?
- How do you ensure that reviews evaluate whether the objectives in the care plan are still based on the desired outcomes?
- How do you ensure that reviews evaluate whether packages of services have enabled the recipient to achieve the objectives in the care plan effectively?
- How do you ensure that there is a clear focus on the welfare of the child?

2.6 Organisation and Management Arrangements

- Do your organisational structure and management arrangements facilitate efficient delivery of services to support disabled parents?
 - Do you have robust inter-team protocols that support joint working at all levels?

-
- Are there good formal and informal communication channels between teams and across divisions?
 - Are there established channels for negotiating who arranges/ provides and pays for services?
 - Do you have effective systems for resolving inter-team disputes?
 - Are teams able to use budgets in a flexible manner?
 - Do you have clearly defined roles and levels of delegated responsibility at each tier of management?
 - Do you have shared databases on users (parents and children)?
 - Do you give your staff a clear message about the importance of case recording issues by: requiring clear cross referencing between information on different files about the same family, regular summaries and file audits?
 - Are staff in different teams able to access easily each other's records?
 - Does your training programme take account of the increasingly complex multi-disciplinary aspect of the work being undertaken, with families and at the level of service?
 - Do you have a range of multi-disciplinary, and multi-agency training courses for staff working with disabled parents?
 - How do you ensure that best value reviews recognise and take account of disabled parents' needs?
 - Do your performance management systems cover work with disabled parents?
 - Is there clear information about the role and remit of different planning groups?
 - How do you ensure that, where appropriate, adults' and children's specialists are both involved in the commissioning of services?
 - How is your local authority measuring progress on the achievement of the Quality Protects sub-objective 3.4?

The Experience of Service Users

3

Context

3.1 This chapter describes the service users that we had contact with during the inspections. It looks at the views and involvement of disabled adults in planning developing and receiving services to support them in their parenting role.

Who are the Disabled Adults Receiving Services to Support Them as Parents?

3.2 Prior to the inspections none of the eight councils inspected had a database able to identify disabled adults receiving services from social services workers to support them in their parenting role. Three quarters of the councils had considerable difficulty in providing the case list information required because childcare teams did not necessarily record that parents had a disability and adult services teams did not record routinely that there were children in the family. In these councils there was some suggestion that the information given to SSI might not be a totally accurate picture of who was receiving these services. Some of the councils recognised this as a deficit and instituted a data base from the data set created as part of the pre-inspection information.

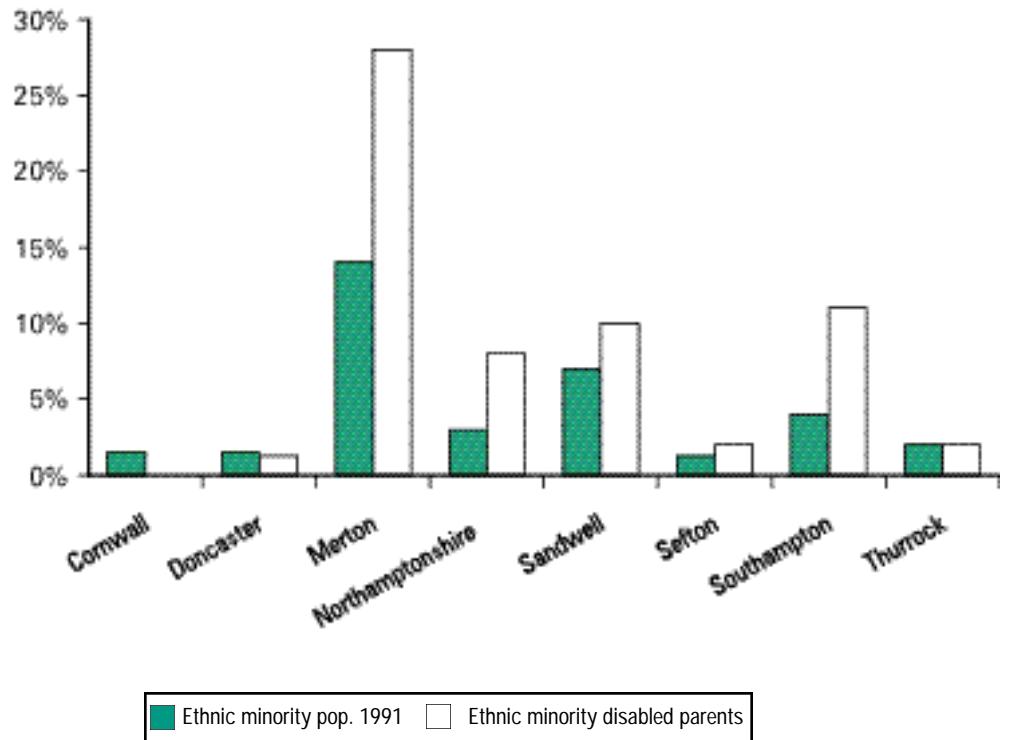
In order to plan appropriately for disabled parents it is important to be able to identify them

3.3 From the eight areas we collected information about 621 disabled parents. Seventy three per cent were female, and only twenty two per cent male. (In five per cent of the cases the gender of the disabled parent was not stated.) Two possible explanations were given for this:

- parenting is seen primarily as a female role;
- lone parents are usually female.

3.4 Six per cent of the disabled adults receiving services in our study population were from black and minority ethnic groups. However as can be seen from figure1 below there were considerable differences between the councils. In certain areas, such as Merton the numbers were significantly higher than might be expected from the 1991 Census return. Overall the ethnic origin of seven per cent was not recorded. This reflected the fact that some of the social services workers were not routinely undertaking ethnic monitoring.

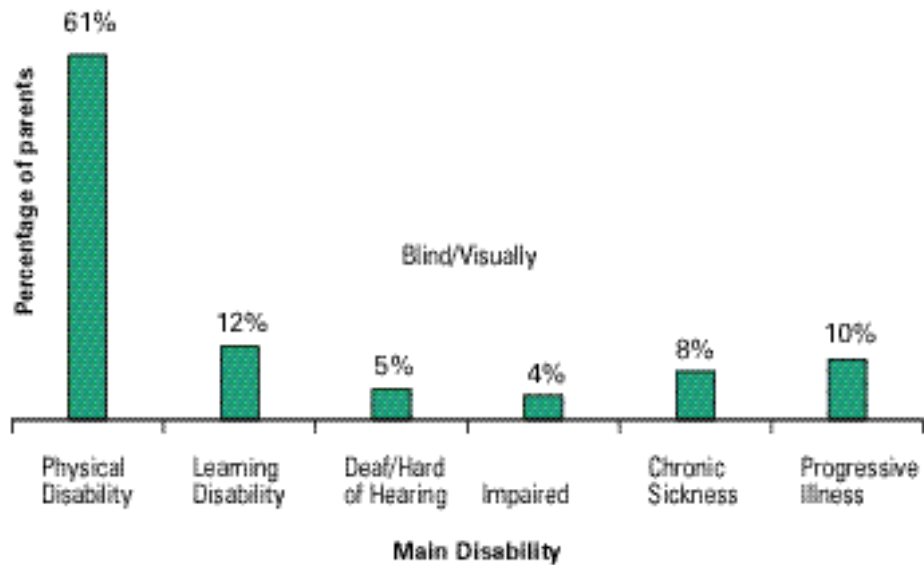
Figure 1: Percentage of ethnic minorities in council area and in sample of parents



Source: Caselist analysis

- 3.5** Social services staff were asked to specify the primary disability of each disabled adult. Figure 2 shows the main disability for the 621 disabled parents in the eight areas. There was considerable variation between the councils. One recorded only one parent with learning disabilities receiving services while 87 per cent of parents on their case list had physical disabilities. In another, 42 per cent of parents had learning disabilities and only 27 per cent physical disabilities.

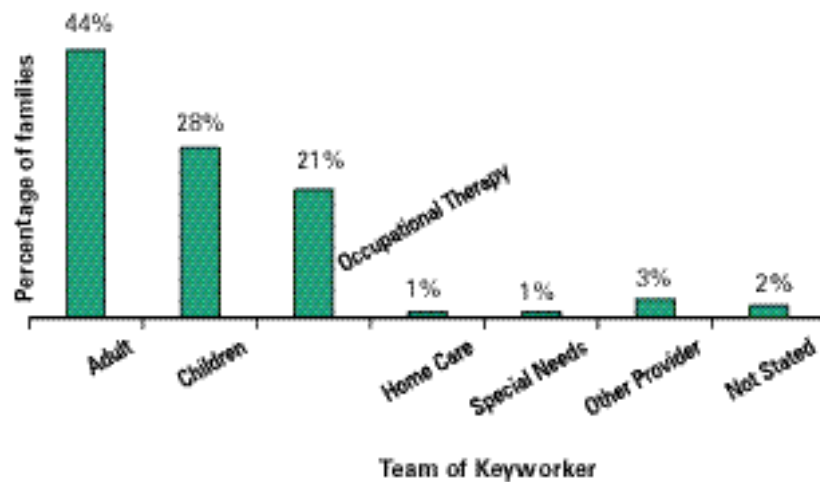
Figure 2: Main disability of parent



Source: Caselist Analysis

- 3.6** The key workers for these families came from adults', children's and specialist teams (see Figure 3). Some families received services from more than one division. Due to poor internal communication this led on occasions to families having more than one key worker.

Figure 3: Keyworker team of families

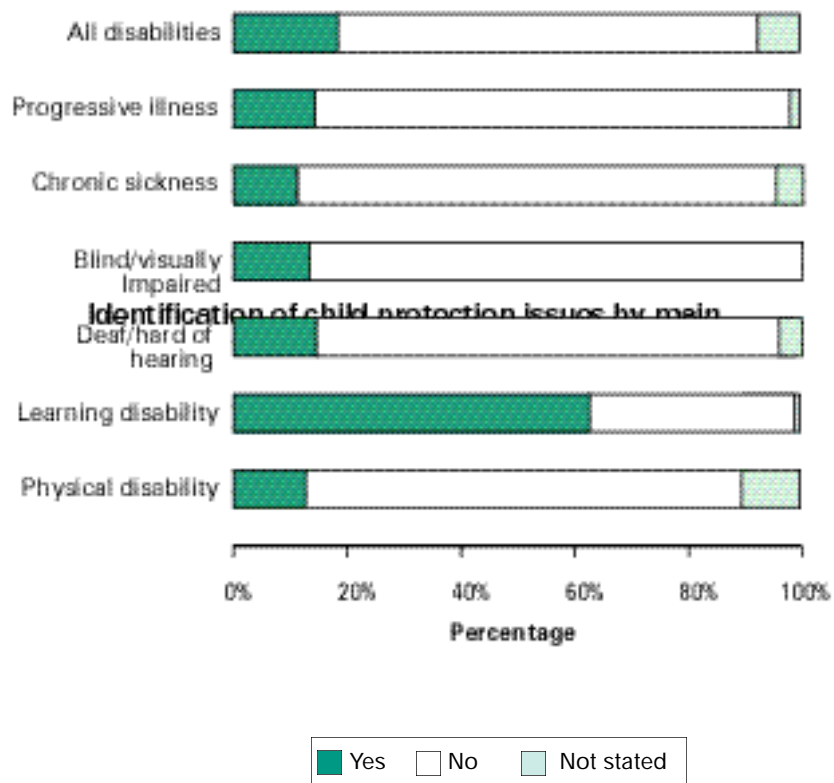


Source: Caselist Analysis

Child Protection Issues

- 3.7 In the study population there were families where staff were offering support and services intended to help protect children from abuse or neglect, although not all of these cases met the criteria for the children being registered on the child protection register.
- 3.8 It is important to note that there were considered to be child protection issues in less than 20 per cent of all cases. However, this rose to almost two thirds of the families receiving services where the disabled parent had learning disabilities. Eighty-four per cent of these cases had children's services staff as key workers.

Figure 4:
disability of parent



Source: Case Records Analysis

The Service User Speaks:

Parents' View

I was involved in all aspects of decisions.

What I may say seems to be dismissed and I have to agree with what they offer which is not a lot.

I have always understood that I have options and any adaptations will only be carried out with my agreement.

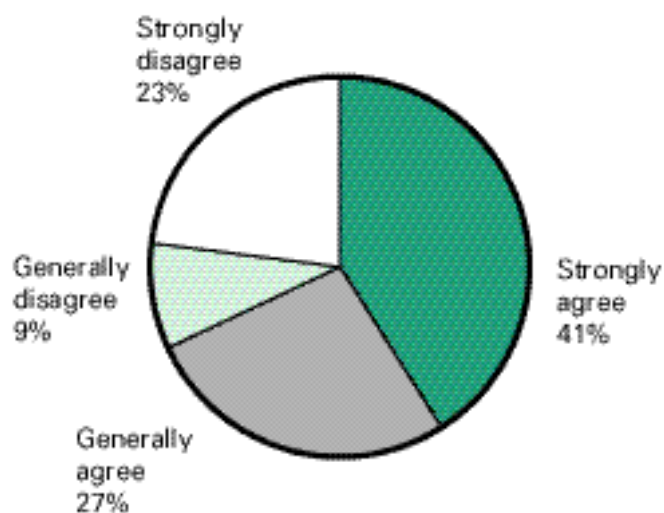
Level of Satisfaction

- 3.9** The majority of disabled parents expressed high levels of satisfaction with services.

Families Felt Supported

- 3.10** Almost two thirds of the 113 disabled parents who responded to our questionnaire told us that services had helped them to stay together as a family, and that they got the services they needed when they needed them.

Figure 5: This service has helped my family to stay together



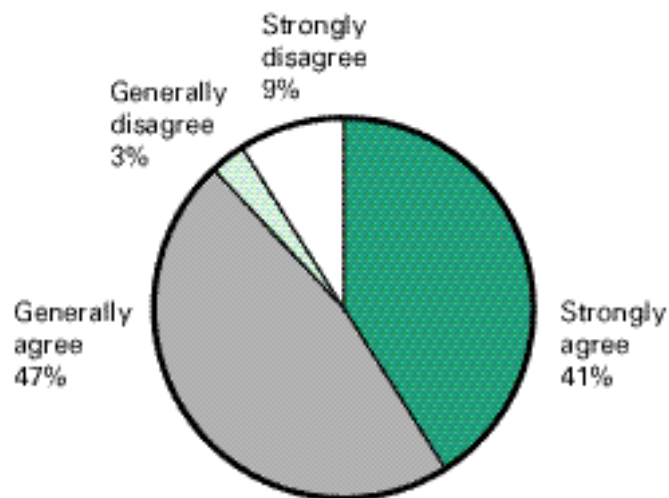
Source: Parents' Survey

3.11 Dissatisfactions were predominantly around lack of recognition of their need for support services to enable them to fulfil their parenting role. Disabled parents with key workers from children's services teams frequently mentioned the limited awareness of disability of those workers and the effect this had on whether relevant services were provided. Families with adult services key workers considered that the needs of their children were not understood and therefore not catered for appropriately. On the whole disabled parents had low expectations of what councils could provide and therefore accepted that there would be minimal provision and that all their family needs would not be met.

Families Felt That They Were Treated with Respect

3.12 Eighty-eight per cent of the disabled parents who responded to the questions in the SSI survey said that they were treated with respect and that their religious and language needs were also respected.

Figure 6: My family's religious and language needs are respected



Source: Parents' Survey

Families were Consulted

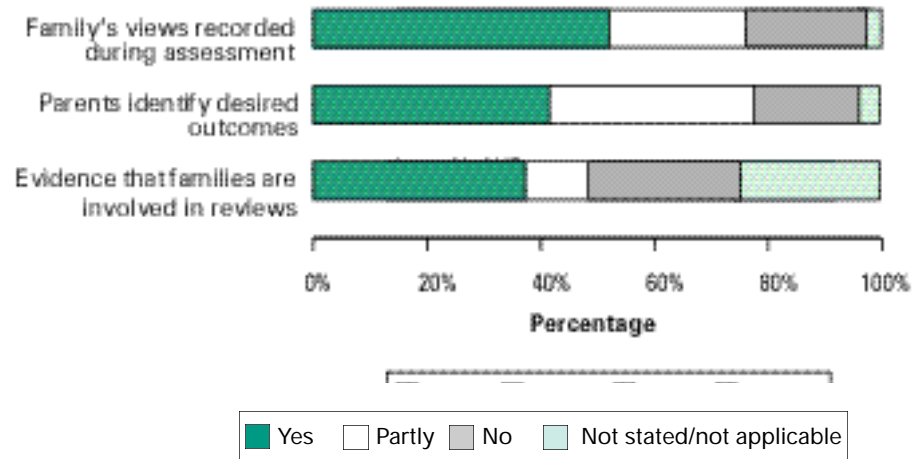
Parents' Views

I am extremely satisfied because all the services I receive allow me to voice my opinions with assistance of an interpreter.

I had a lot of help from one staff translating letters I needed.

3.13 This was an area of relatively good practice. In all eight councils the importance of working in partnership with the service user was recognised and was reasonably well developed. The survey of parents indicated that over 70 per cent felt that they had been helped to express their views and had been involved in assessing what they needed. Most of these also considered that they had been involved in deciding what services the family received.

Figure 7: Level of parental involvement in care management processes



Source: Case Records Analysis

3.14 The inspection included analysis of 169 case records across the eight councils. Figure 7 confirms that around 70 per cent of parents had their views fully or partially recorded during assessment and were involved in identifying desired outcomes. Nevertheless in a fifth to a quarter of cases, no evidence of parental involvement was found.

The feedback from disabled parents highlighted the importance of staff:

- **obtaining the views of all the family members;**
- **being sufficiently knowledgeable and skilful to engage effectively;**
- **being sufficiently aware of the impact of different disabilities on a person's ability to act as a 'partner';**
- **continuing to discuss issues with family members as part of the review.**

Effectiveness of Service Delivery and Outcomes

4

Context

- 4.1** This chapter describes the type and quality of support services that families were receiving and looks at how far these services promote independence and support disabled parents in making the most of their own capacity and potential.

Parents' Views

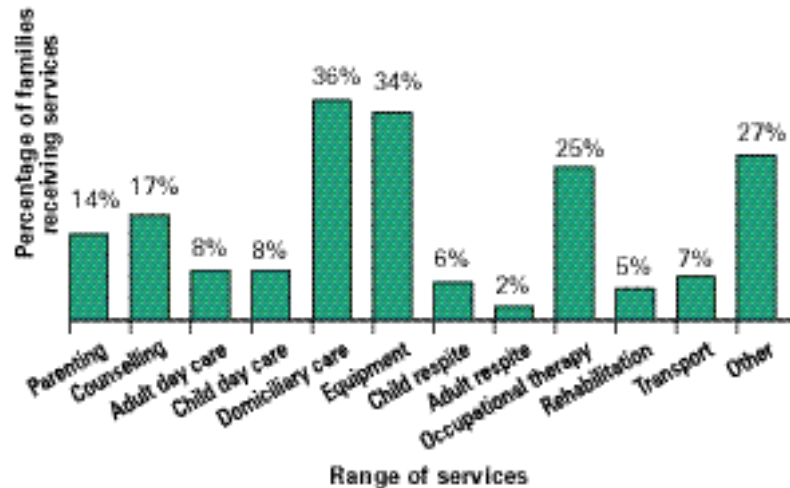
We are very pleased with the support, service and the care and help we have received.

I only received services for myself and not for my child which left me dependent on my parents for that support.

Range of Services

- 4.2** Initially many councils had difficulties in identifying the services they provided to disabled parents to assist them with their children. However it became clear that they were providing a wide range of such support services (See Figure 8 below). These services were supplied by a range of providers: voluntary, private and 'in house'.
- 4.3** Social services staff were working collaboratively (see chapter 7) to provide appropriate services. However there was still considerable work to be undertaken to enable disabled parents to physically access many of the mainstream activities undertaken by other parents. A simple but important example of this was that many parents were unable to attend school functions with their children.

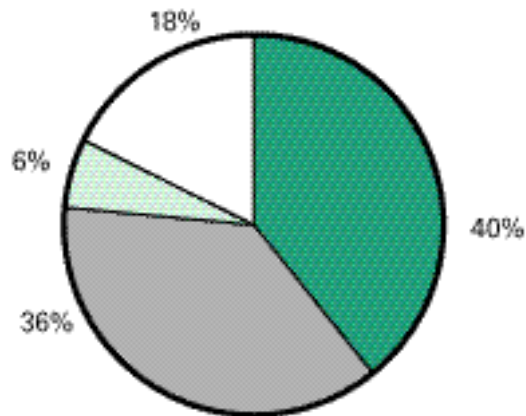
Figure 8: Range of services provided to disabled adults and their children



Source: Caselist Analysis

- 4.4** There were considerable differences in the amount and range of service provision between local councils. The use of particular services in different areas appeared to be built on what already existed in the authority and the historical use of these services. In one council 95 per cent of disabled parents had been provided with equipment (virtually all the parents on this list had physical disabilities). In the only council where parents with learning disabilities had been identified as the largest group 44 per cent received parenting courses. In contrast, another provided no parenting courses.
- 4.5** On the whole, social services staff responded better to practical needs but were less receptive to emotional needs. However, there were some interesting variations with one council providing twice as many parents with counselling as with domiciliary care. Receipt of occupational therapy varied from one per cent to 61 per cent of families between the eight councils. One council provided no respite or day care for children of disabled parents. Case file data showed that family needs were fully met in a third of the cases and in a further 48 per cent partially met.

I was involved in deciding what service my family received



Source: Caselist Analysis

- 4.6** Considerable variation was seen between the councils in the number of services disabled parents received to support them in their parenting role. Receipt of three or more services varied from five per cent to thirty five per cent (Figure 9).
- 4.7** Both sensory loss teams and occupational therapy teams were particularly praised by disabled parents. They considered that their needs were more fully met by these teams because the staff generally took a more holistic view of the family's needs. Welfare Rights services were also particularly appreciated in those councils where they existed.
- 4.8** In four areas many of the in house services for younger disabled people were traditional and building-based and not relevant to disabled parents' needs. It was anticipated that future best value service reviews would provide the opportunity to re-align these and commission new services based on needs led care planning.
- 4.9** Domiciliary care was problematic in several areas for a variety of reasons including:
- demarcation issues between teams particularly about budgets;
 - inflexibility of the service;
 - the high number of different workers who were sent to the family;
 - the unreliability and limited skills of many workers;
 - lack of staff to cover peak times.

Good Practice

| | |
|-----------|--|
| Sefton | There was a range of innovative centres for disabled people. |
| Sandwell | Family centres undertook a wide range of services to support disabled parents, including family assessments parenting skills courses and respite care. The centres were highly praised by the families using them. Walley Leisure and Enabling Services were a major provider for people with learning disabilities. Their parent support service was particularly well regarded by families and other professionals. |
| Doncaster | Intensive support was given by the sensory team to families to deal with a range of difficulties in the field of education, employment, income, maintenance and housing. |

- 4.10** Managers were aware that the range of services and source of their current services needed further development in line with their needs led care planning. Best value reviews and improved commissioning should be used constructively to change this pattern.

Direct Payment Schemes

- 4.11** In all the councils inspected direct payments schemes had or were in the process of being established. Generally disabled parents were positive about the idea when it was discussed with them and the majority considered that it would be an appropriate route through which to meet their parenting needs. However the number of disabled parents using the schemes was low. There were a number of reason for this including:

- numbers of users were low overall;
- the schemes were not well publicised to the public, potential users were selected from current service users. As many disabled parents were reluctant to go to social services' workers and had low expectations of what might be possible they did not know about these schemes;
- parenting needs were rarely assessed and therefore could not be part of any package under the scheme;
- many staff were unclear, and far from positive, both about parenting needs being part of community care and the usefulness of direct payments schemes.

Good Practice

In Sandwell, Southampton and Thurrock direct payment schemes were considered by the majority of disabled parents to be the most appropriate responsive way through which to meet their needs.

Young Carers' Schemes

- 4.12** Schemes often ran activities to support young carers to make up for a deficit in service provision by other agencies. For example, extra teaching was provided in school clubs because the young carers had missed education through, for example, lack of assistance in getting to school or lack of help in the evenings to give them time to do their homework. Young Carers Schemes should consider very carefully when plugging gaps in statutory services as responsibility may be shifted from a mainstream universal service with more secure funding to a targeted service often with less secure funding. While many of the young carers organisations kept data about their work it was not produced in a format that indicated outcomes.

Good Practice

Sandwell

Sandwell Young Carers' is a registered charity that runs a range of services. It is financed through grants and joint funding from the HA, education and community, and social services. In 1998 it was successful in obtaining a grant from the Henry Smith's charity to purchase a property which, once renovated, will become the 'Young Carers Centre'. The project was still evolving and defining and shaping the type of support that best responded to the needs of young carers. A 'charter of the needs and rights of young carers' had been drawn up and included the right to be a child.

Northamptonshire

Northamptonshire supported 4 local young carer's projects. The projects are young carer led. They have two main aims; raising the awareness of young carer needs and issues by identifying and working with young carers, assessing their needs and providing appropriate support.

At the Young Carers Conference held just prior to this inspection, the Director of Social Care and Health gave a commitment to more clarity by October 1999 about how to make a referral for an assessment on behalf of a young carer and how it would be dealt with.

Co-location of Services

- 4.13** Multi-purpose centres (the co-location of services in one building) was facilitating multi-agency/diciplinary working and was particularly well regarded by disabled parents.
- 4.14** The role of family centres in four councils was being extended to meet the need of some disabled parents to learn parenting skills. This was a positive increase of service provision. There were particular training aspects linked to it. (See training and equal opportunities sections). However in only a few instances were the boundaries extended so that both the disabled adults and the child's needs were attended to within one building. Case record analysis showed that joint assessments were carried out in only 30 per cent of cases.

Good Practice

In Sandwell, Southampton, Sefton and Thurrock disabled parents considered that the co-location of services in one building made a tremendous difference to their lives.

Co-ordination, Flexibility and Timeliness of Services

- 4.15** There were numerous examples in the councils inspected of a lack of co-ordination of services provided, time delays and limited appreciation of the needs of the whole family.

Parents' Views

Now I know where to ring if things suddenly worsen, I feel much more confident in my caring role.

My son is now nearly three months old. Help through a care agency is only just starting.

- 4.16** Examination of case records and the parents' survey indicated that there was delay in provision of services in almost a third of cases after assessment.
- 4.17** The majority of disabled parents where their service package had been adjusted considered that this was often later than required. No council consistently produced care plans that contained contingency plans or flexible service provision for families where the needs of the disabled parents fluctuated. There was limited evidence in some areas of increasing flexibility. Staff frequently cited resource limitations.

Good Practice

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| Sefton | Workers and disabled parents praised the home from hospital scheme (offering a service following hospital discharge) for its timeliness and responsiveness. |
| Cornwall | A single parent with a degenerative disorder (with emergency admissions to hospital becoming more likely) had a sensitive, flexible care package that allowed for her childcare needs to be met at short notice. |

- 4.18** Services were therefore often inflexible and not responsive to the changing needs of disabled parents because of:
- the passage of time and the changing developmental needs of children;
 - the deteriorating nature of the disabled parent's impairment;
 - changes in the family's circumstances;
 - the parent's ability to recognise and accept their strengths and areas of limitation.
- 4.19** In all but one council disabled parents were aware of the Out of Hours services and knew how to contact them. Families considered these services generally operated in a manner that was responsive to emergencies.

Overall we concluded that for councils to provide services that are responsive to disabled parents' assessed needs and choices to enable them to fulfil their roles and responsibilities as parents it is necessary:

- **for all council directorates and other agencies to facilitate access to their mainstream services;**
- **for all council directorates and other agencies, to increase their range of services in line with needs led care planning;**
- **for staff to be innovative and creative;**
- **for new and existing services to be able to support contingency plans for those whose conditions and needs vary;**
- **for councils to consider how to ensure their direct payments schemes can cover this aspect of service provision;**
- **for the needs of this service user group to be recognised when best value reviews in relevant areas are undertaken;**
- **clarification of the role Young Carers' Organisations.**

Fair Access (the Principles for Supporting Disabled Adults)

5

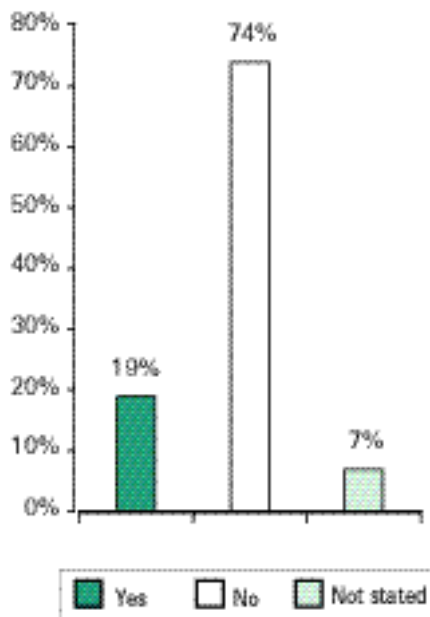
Context

5.1 This chapter looks at how far support for disabled parents was based on clearly agreed principles and eligibility criteria. It also covers more general equality issues and how these are monitored.

Signposting

5.2 From our discussions with disabled parents and professionals we found that a number of disabled parents were fearful of admitting that they needed assistance in parenting. Their anxiety was generally focused on children's services because they thought that their children might be taken away. They considered that workers in children's services were only concerned about child protection issues. We understood this anxiety but did not find that it was borne out in practice in the vast majority of cases.

Figure 10: Percentage of families where child protection issues identified



Source: Caselist Analysis

- 5.3** Although all the councils inspected recognised that they provided services to disabled parents only one had a specific policy, which they promoted through a leaflet. Generally there was no information for disabled parents explaining to them what services might be available, the eligibility criteria or how to access them. This clearly was not helpful in lowering parents' fears or in achieving equality of access to services.

Good Practice

Southampton The council had a policy statement that confirmed the right of disabled people, within the bounds of current legislation, to be supported in fulfilling their roles and responsibilities as parents. This was being promoted through a publicly available leaflet that had been written in conjunction with some service users.

- 5.4** It was also noticeable that there were a number of instances of young carers and their parents not wishing to be referred to social services' workers. Young carers and parents therefore sometimes underplayed the caring role that the child undertook. There was a variety of reasons for this, but the two main ones appeared to have been, fear that the children would be taken away, and/or concern that there would be a difference of view about what was an appropriate level of caring.

Eligibility Criteria

- 5.5** Criteria for getting an assessment and services varied between care groups in adult services but for the majority being a parent was not part of the eligibility criteria nor the priority matrix. In children's services parental disability was one of the indicators of a 'child in need' case. However many councils were doing very little work with children in need cases. Other pressures meant they did not reach the necessary priority.
- 5.6** Eligibility criteria for receiving a service in many of the adult learning disabilities service teams were very restrictive. In these councils some learning disabled parents were recognised by children's services teams as having limited parenting ability did not reach the criteria for receiving services from the adult services teams. This resulted in totally inappropriate provision. It appeared that in some areas access to specialist staff and appropriate services was overly restricted.

Good Practice

Sandwell Eligibility criteria for learning disabled adults were influenced by the presence of children within the family.

- 5.7** Councils in the future will need to follow the the Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000) and the forthcoming policy and practice guidance on Fair Access to Care Services.

Charging

- 5.8** Charging policies confused many disabled parents and led to considerable debate between staff from different teams. For example disabled parents usually had a financial assessment and were charged for services, such as home care, when they came in through the adult services route but not when they came in through children's services.

For councils to confirm the right of disabled people, within the bounds of current legislation, to be supported in fulfilling their roles and responsibilities as parents a number of fundamental issues need to be addressed:

- **all council directorates, together with other agencies, need to adopt and promote a policy statement that confirms this right;**
- **the development of protocols, procedures and practice guidance to support the policy;**
- **eligibility criteria for both children and adults services must take account of this client group.**

Equality Issues

- 5.9** Equality and social justice principles were integrated in the policies of all the Councils. They had well promoted value statements that recognised the particular needs of individuals, covered quality of life issues and espoused joint working towards social inclusion for all.
- 5.10** The delivery of services should follow the disability equality principles of choice and consultation in active partnership with the disabled parent. Many disabled parents considered that some workers expected them to adapt their expectations and lifestyles quite radically to meet their families needs. There were many instances of the non-disabled parent changing their employment, or giving up work altogether, as this was the only way of keeping their family together.

- 5.11** The knowledge and skill base of staff was extremely variable within all the councils. All staff were caring but many were not enabling and empowering of disabled parents. This, together with many workers' limited understanding of how disability affected the whole family led in several instances to issues ignored. The lack of resources to meet, appropriately, disabled parents' needs (for example a request for a male carer, a carer from a minority ethnic background, or somebody to take the children to school) also meant it was not always possible to be sensitive to disabled parents' lifestyles. Staff attempted to address these issues and frequently turned to specialist agencies to help them.
- 5.12** In two of the eight councils staff had a good knowledge and understanding of the ethnic minority population in their areas. We saw some particularly sensitive and creative work by staff in specialist teams such as sensory loss and occupational therapy. As stated earlier these teams generally took a more holistic approach to working with families and were well regarded by those receiving their assistance.

Good Practice

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| Thurrock | Each team or service unit with social services responsibilities within the council was required to develop equalities statements and action plans. The latter had to contain at least one substantial and achievable initiative. |
| Northamptonshire | The community Access and Language service plays a key role in helping ethnic communities to access services. It provides professional face to face interpreting and translation services. It also provides a 24 hour telephone interpreting service with over 150 telephone points across the county. |
| Sefton | A Disability Etiquette, a guide on meeting, working and communicating with disabled people had been issued to all staff. |

- 5.13** Disabled parents were enabled through a variety of appropriate means to access social services provision.
- All but one council had a number of agencies that provided advocacy and representation for service users. The majority of these were funded, at least in part, by the council. We found there was reluctance on the part of some staff to use advocates and to engage with user led and controlled organisations. Even when advocates were used there were still difficulties, in some areas, in getting recognition of some disabled adults' additional needs as parents.

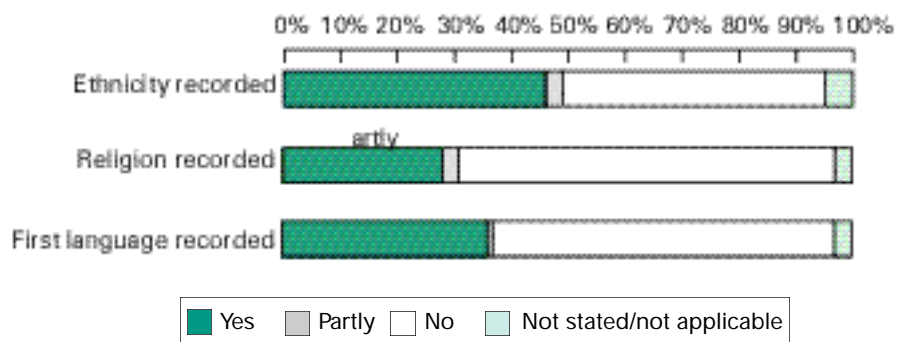
- Young carers’ workers frequently acted as advocates for young carers. They attempted to address their needs through the parents’ care plan. This often reduced the need for children to carry inappropriate levels of caring. However there was no systematic way of doing this in any authority and the process was therefore very ad hoc.
- All councils could access interpreting and translating services. Disabled parents with hearing and language impairments particularly valued Doncaster’s interpreting service.
- Most councils had technology to enhance/enable access by disabled parents to the social services office.

Monitoring Arrangements for Equality Issues

| Good Practice | |
|---------------|---|
| Sandwell | Ethnic monitoring was completed in almost a hundred per cent of cases. |
| Sefton | An auditing process on all service user records was being undertaken and deficiencies in the recording of ethnicity were being made good. |

5.14 All the inspected councils were doing some ethnicity monitoring but the recording of this was inconsistent. Even less usual was the recording of language, and religion. Neither of these was done consistently in any council. Other monitoring arrangements existed such as individual case reviews, service reviews, satisfaction questionnaires but they were not being applied consistently.

Figure 11: Case recording of ethnicity/religion/first language



Good Practice

Thurrock The council was undertaking a workforce census across all council departments to improve information held about the workforce. This information was to be fed into departmental action plans and used in recruitment profiling.

- 5.15** Clear equal opportunities statements underpinned the recruitment and selection policy in the majority of councils. Some were having general recruitment problems in teams with social services responsibilities or specific difficulties in more specialist areas of work.

If councils aim to meet the needs of disabled adults in their parenting role in respect of race, religion, language, culture, sexuality, gender and disability it will be necessary:

- for social services workers to collect data on gender, disability, ethnicity, religion, and language of service users;
- for all council directorates and their partner agencies to ensure that information collected is compatible;
- for staff to:
 - develop a better understanding about the potential impact of disability on family life;
 - adopt an enabling style of working.

Quality of Services, Information and Care Management

6

Context

- 6.1** This chapter looks at the ways in which councils provide public information about support services to disabled parents. It also describes how far disabled parents benefit from convenient and family centred care management arrangements that support them in fulfilling their parenting role.

Information

Parents' views

We have never been sure of what services are available and what our entitlement is.

Everything seems to be on a need to know basis.

- 6.2** In over half the inspected councils there was a wealth of information about services although only one had information specifically for disabled parents. It was recognised by the majority of councils that their information was not always written, organised or promoted in the most effective manner. A number of innovative pieces of work had been undertaken to remedy some of the deficiencies.

Good practice

Doncaster The young carers group had met with ethnic minority groups representatives to ensure they were aware of the service provision.

Cornwall Service users, carers, other agencies and staff have been involved in reshaping the content and format of public information.

Sefton Exhibitions had been arranged to inform groups about services. An example of this was the Care and Disability Exhibition held in Crosby.

Sefton
Thurrock These councils were developing information that was accessible to people with learning disabilities.

- 6.3** In all the councils there were individual staff who had good networks with their colleagues in a number of departments and a variety of agencies. However in the majority there were no guidelines or expectations of staff as information providers. Information sharing between professionals was reliant on informal networks and therefore variable. A consequence of this was that although many statutory and voluntary agencies had good information products available their value was limited to those who knew where to go and look.

Good practice

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| Merton | Specialist workers were generally knowledgeable about resources or would use Care Connect (Merton's community care joint funded, information centre). |
|--------|---|

- 6.4** Over half the councils had, or were in the process of developing a multi-agency information strategy. These reflected the councils' values of sharing information across directorates and with other agencies. We commend this and consider that for all councils more formal communication structures to underpin the informal networking are needed to ensure consistency.

Good practice

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|----------|---|
| Cornwall | <p>As part of the development of a multi-agency information strategy:</p> <ul style="list-style-type: none"> • a scoping study was undertaken that surveyed the residents of Cornwall to ascertain their information requirements; • a distribution system was being set up in conjunction with Cornwall's Rural Development Council. |
|----------|---|

For disabled parents and staff in relevant agencies to have clear and understandable information about social service provision and other agencies' services that support disabled adults in their parenting role it will be necessary:

- **to promote information that reflects the council and partner agencies values and procedures, together with relevant information about access to services and support for disabled parents;**
- **to ensure that disabled parents have sufficient information on which to make choices;**
- **for consideration to be given to the promotion of the role of staff as information providers;**
- **to establish formal communication structure to underpin informal networking.**

Care Management

Parents' Views

The services of the various professionals don't appear to interconnect.

I don't know why they can't all work together.

The different teams argue all the time about who is responsible (for providing the assessment/service), I think it is about who will have to pay.

Assessment

- 6.5** Councils were all working to procedures and practice guidance that promoted the requirement to undertake needs led assessments but they did not, in all cases, require the identification of objectives or desired outcomes. Many were waiting for the new DH Assessment Framework before writing procedures and practice guidance for children in need cases. At the time of inspection there was therefore a void in the guidance given to workers in this area of their work. It will be important in the future for councils to work within the Framework for the Assessment of Children in Need and their Families and the forthcoming policy and practice guidance on Fair Access to Care Services.
- 6.6** There was clear evidence that staff were not routinely considering undertaking holistic assessments. If disabled parents entered the system through adults services (community care) there was usually a needs led assessment of the personal needs of the individual. If the family entered through children's services by the 'child in need' route there frequently was, in practice, no real assessment.

A clearer approach to service provision based on an assessment of the needs of all family members and how they inter-relate and impact on each other is needed.

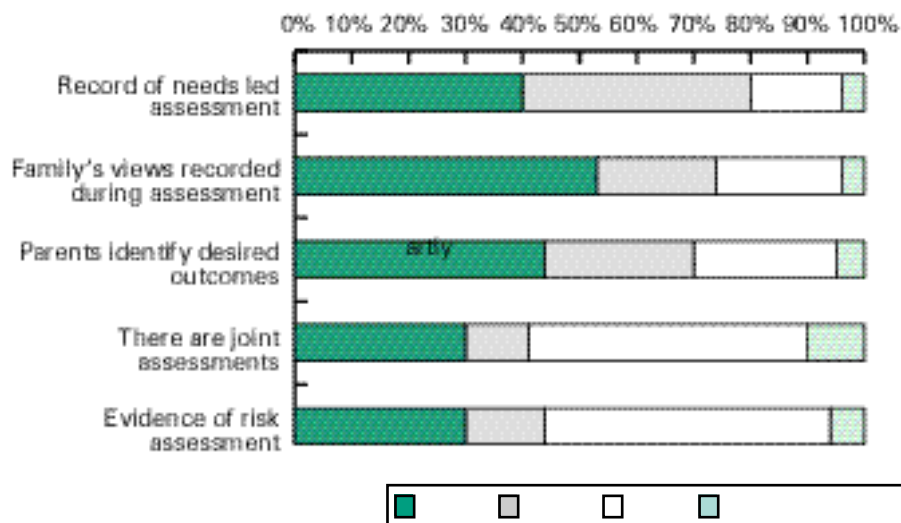
- 6.7** Even where it was recognised that a multi-disciplinary approach was needed, assessments and on going work, was undertaken in the different specialisms in isolation of each other's input. Analysis of case records showed that in only a third of the 152 cases, where multi-disciplinary assessments were considered necessary, had they been undertaken.

Good Practice

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| Sandwell | Within adults services there were good assessment forms with prompts guiding workers to undertake a holistic assessment. |
| Doncaster & Southampton | There was a draft protocol for handling inter-divisional assessment issues involving disabled parents. |

- 6.8** Case file analysis indicated that risk assessments were undertaken in only half the cases where it was considered that this should have been an important element of the assessment of need. Where there were thought to be child protection issues parenting skills were sometimes, but not always, covered and occasionally parenting skills assessments and/or courses were offered. Frequently these assessments took no account, or only limited account, of the parent's disability.
- 6.9** There were many examples of staff who did not have the necessary skills leading parenting courses and assessments of the parenting skills of adults with learning disabilities. This led to the possibility of decisions about the children of learning disabled parents being placed on, remaining on the child protection register and / or being removed from the family, being made on inappropriate or inadequate information.

Figure 12: Assessments



Source: Case Records Analysis

Carers Assessments

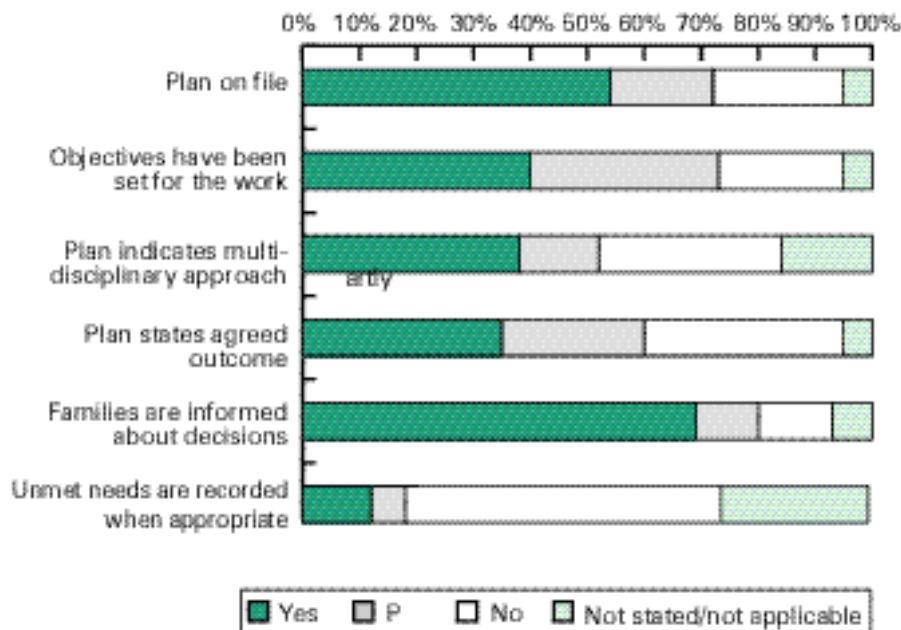
- 6.10** Staff closed many of the cases immediately after an initial assessment that led to a referral of a young person to the young carer's organisation. It was rare for young carers to receive an assessment as a young carer or for

the parents care plan to be reassessed. However, both disabled parents and their children were both positive about the results of these assessments when they did happen.

Care Plans

6.11 The majority of cases had a care plan but around a quarter did not. Recording showed a difference in the way of working between adult and children's services. Many of the cases held by staff in the child and family division of the councils did not have care plans while the majority of cases in the adult service division did.

Figure 13: Care plans



Source: Case Records Analysis

6.12 We found that the quality of joint work between adult and children's services was extremely poor in the majority of cases. However, a multi-disciplinary approach to service provision was taken more frequently than in assessments work.

Good Practice

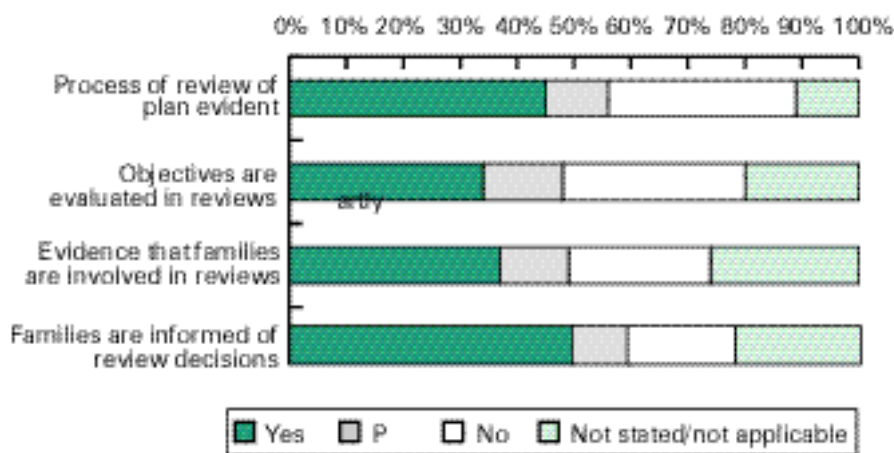
Thurrock Person centred planning was being introduced into learning disability services.

6.13 Overall care plans were usually service led and frequently lacked any objective setting. This led to a lack of outcome focused work. Alongside this the necessity for contingency planning of service provision was seldom recognised.

Review

- 6.14** Care plans were not routinely reviewed. Even where there were reviews and evaluations of progress they were service led and recorded the efficiency of the service (e.g. they were reliable). They did not evaluate whether they had met the need of the recipient and enabled the person to achieve a better quality of life or develop/ maintain independence.

Figure 14: Reviews



Source: Case Records Analysis

- 6.15** Due to the lack of contingency planning services were often inflexible and not responsive to the changing needs of disabled parents brought about:
- simply through the passage of time and the changing developmental needs of children;
 - because of the deteriorating nature of the disabled parent's impairment;
 - by changes in the family's circumstances;
 - by the parent's ability to recognise and accept their strengths and areas of limitation.

For disabled parents and their children to be seen as a family, with an holistic plan it is necessary to:

- **raise staff's awareness of the need to engage with others throughout the care management process;**
- **systematically co-ordinate work with a family;**
- **have clear protocols covering areas of responsibility for funding and meeting service needs at inter divisional/departmental/ agency level;**
- **have increased sharing of experts' advice (from all disciplines) on how best to handle situations.**

Organisation and Management Arrangements

7

Context

- 7.1** An agency's internal organisation, structure and staff deployment affects its ability to facilitate effective multi-agency planning and delivery of services.
- 7.2** This chapter looks at management arrangements and strategies that ensure effective service delivery and the systems for supporting staff. This is a particularly important set of issues for disabled parents because they are not recognised as a discrete care group and can receive services through a variety of routes.

Leadership, Structure and Organisation

- 7.3** Like all local councils with social services responsibilities, the eight in this series of inspections were in the process of introducing a change agenda based on government initiatives. Their organisation and structures were designed to promote and facilitate core work and the necessary changes. This led to inherent internal difficulties to providing efficient services for disabled parents, a small service user group who cross all the usual service boundaries.
- 7.4** In addition, in some councils, there was evidence that structures and procedures in adults' services were devised primarily to promote working with elderly people. Consequently this priority overwhelmed work with other care groups particularly younger physically disabled people. In some councils structures and staff deployment in their child and family division did not facilitate work with children in need cases.

Good Practice

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| Sefton | Joint protocols had been established. |
| Southampton | There were draft procedures and guidance to facilitate inter-divisional working. The establishment of a multi-disciplinary group to take the issues forward for disabled parents. |
| Thurrock | A draft inter-divisional protocol had been established. |

-
- 7.5 Only some of the councils had recognised and started to address the difficulties caused by their structures and management arrangements. In all of them there was still considerable work to be done to facilitate inter-divisional working particularly in the areas of eligibility criteria, budgets, sharing expertise and other demarcation areas.

Senior managers need to recognise the difficulties for staff in working across disciplines/divisions and devise strategies to facilitate it.

Management Information

- 7.6 All the councils recognised that they need better management information about disabled parents. In the majority, there was poor management information about both who was already receiving these support services and exactly what services were being provided. There was limited information about where the gaps were in service provision. Little was known of likely prevalence of disabled adults' need for services to enable disabled them to parent their children effectively.

Quality Assurance

- 7.7 Most councils used approaches such as supervision and customer satisfaction questionnaires to address quality issues. These were not used in a systematic or consistent way to give an effective overview of the quality of the work done or the services provided.

Case Records

- 7.8 Case recording was problematic in all eight inspected councils and presented a raft of issues:
- lack of auditing of cases;
 - decisions not consistently recorded;
 - no, or limited, cross-referencing between files;
 - lack of basic information on files.
- 7.9 These issues were not particular to the case records about services to disabled parents, although the cross cutting nature of the work threw some of the difficulties into relief. All of the matters highlighted have been brought up in the SSI report 'Recording with Care'. We recommend that managers audit their case recording guidance and files bearing in mind the questions set out in chapter two of that report.

Staffing Issues

Supervision

7.10 It was commendable that all eight areas had supervision policies and some form of staff appraisal system that linked into a departmental training plan. For many staff, supervision fell short of an overall good practice standard: The primary reasons were the supervisor's own lack of knowledge and experience of working with disabled parents and pressures of work.

Training

7.11 The majority of staff were pleased with the training offered to them. They considered that it generally met their needs. Some form of equal opportunities training/awareness was part of the training in all councils. However disability issues did not appear to figure highly in this and staff had only a limited understanding how to practice within a social model of disability. Alongside this for many staff there was a need for a cultural shift from their present style of intervention to working with people by enabling and empowering them.

7.12 There was an increase in the use of NVQ. This form of training was being used in a positive manner by a number of councils particularly, though not exclusively, to train provider staff.

Good Practice

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| Northamptonshire | The development of core competencies and core training for all key posts. The introduction of a new management competence framework to include opportunities for managers to demonstrate through achievement of NVQ awards. |
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For councils to plan and organise resources and expertise in a manner that ensures that the needs of disabled adults arising from their parenting role are effectively met it is necessary:

- to address a range of training issues;
- to address case recording issues so that information is:
 - easily transferred between individuals working with individual families;
 - monitored by management for quality;
 - aggregated to form part of the management information system.

Collaborative Working

- 7.13** To make appropriate use of all the available resources, the provision of services by the council needs to be seen as one element in an overall package of services provided by a range of agencies that enable the individual and their family to live independently. One of the issues raised by disabled parents was their frustration at not being able to participate in 'normal' parenting tasks, including leisure activities. For many councils transport was a major barrier.
- 7.14** We found that corporate working was improving: several of the inspected areas were developing a more corporate approach to service developments and delivery. Generally work with housing was better than work with education where there were several demarcation issues that still required resolution. Both children's and adult services appeared to have reasonable relationships with Health although these were variable in the different councils.

Good Practice

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| Southampton & Thurrock | Staff, at all levels, demonstrated a good understanding of and a willingness to work in a corporate manner. |
| Doncaster | The joint adults with physical disabilities and sensory impairment team. had delivered significant developments, such as the creation of Disability Doncaster, a joint equipment store, a disability outreach team and the launch of the direct payments scheme. |

- 7.15** A good example of collaborative working was young carers' schemes. All the eight councils had such projects. Of the eight all but one was funded by a variety of agencies and the majority were linked to a voluntary agency. They were at different stages of development. The majority of the schemes were clear about their remit and many came under the overall Carers umbrella. However, it was very unclear how these schemes fitted into a disability strategy. For most it was still too early to evaluate their effectiveness at addressing the needs of young carers, in a manner that complemented the disabled parents care plan and reduced the need for children to act as carers.

Planning

- 7.16** Because this group of service users was rarely recognised as a group and because there was limited information about them services were not being developed for them in a planned way. There were appropriate multi-agency planning arenas such as Early Years, but the opportunities provided by these forums were not being maximised because they were not recognised.

Good Practice

Sefton Sefton had established a planning and development section. Part of its remit was to improve communication between divisions.

Disabled Parents Participation in the Design and Planning of Services

7.17 The majority of councils had a number of mechanisms for consulting with service users and potential service users. However two important issues were raised:

- because disabled parents were not seen as a discrete group there was no specific consultation on planning of specific services for them;
- in the majority of areas disability groups felt marginalised and did not see themselves as key participants in the planning process.

Good Practice

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| Sefton | The physical disability care-planning group had a strong service user presence and was influential in shaping and developing services. |
| Thurrock | The director and senior managers had met with disabled people to discuss a wide range of access and service issues. |
| Doncaster | A clear practice guide for the involvement of users and carers had been published. |
| Cornwall | Representatives of an organisation of disabled people had been fully involved from the conception in the planning and development of the direct payments scheme. |

Services to disabled parents need to be included and promoted in the collaborative work undertaken by social services with others. To facilitate this:

- **senior managers need to give consideration to how they can ensure that best value reviews recognise this service user group;**
- **protocols and other strategies to facilitate inter-agency working should be developed with the appropriate agencies;**
- **services to disabled parents need to be explicitly included in all the relevant planning arenas;**
- **disabled parents and organisations of disabled people need to be enabled to play a central role in planning and developing appropriate services.**

Standards and Criteria

A

STANDARD 1: PRINCIPLES

The SSD actively promotes the policy that disabled adults should receive appropriate support to meet their needs as parents.

Criteria

- 1.1** The SSD has policies and procedures which recognise the particular needs of disabled adults who are parents and these include reference to risk-taking and enhancing quality of life.
- 1.2** Disabled adults are supported to enable their families to stay and succeed together where this is possible and in the interests of the child.
- 1.3** Services to young carers support them and complement, not replace, the services to the disabled parent.
- 1.4** The SSD consults with representatives of and/ or groups of disabled adults about their parenting needs and takes these views into account in service development and design.
- 1.5** Disabled adults understand how to make representations or complaints about any part of the assessment, care planning, reviewing or service delivery processes and they are supported in doing this.

STANDARD 2: RESPONSIVE SERVICES (OUTCOMES)

Disabled adults receive services which are responsive to their assessed needs and choices to enable them to fulfil their role as parents.

Criteria

- 2.1** A range of services are available to a standard appropriate for users' needs and preferences and are sensitive to their cultural and disability perspective.
- 2.2** Services are accessible in respect of geography, location and buildings.
- 2.3** Services are provided in combination to meet the individual identified needs of users.
- 2.4** The SSD meets the needs of individual families using both specialist staff for disability and staff from other specialisms as appropriate in individual cases.
- 2.5** Services are available in crises and in emergencies.
- 2.6** Service users express satisfaction in the services they receive.

STANDARD 3: IDENTIFICATION, ASSESSMENT AND CARE MANAGEMENT (PROCESS)

Disabled adults are involved with all relevant professionals in identifying and assessing their needs as parents, and then deciding what services will be provided, who will arrange them and how changes can be made.

Criteria

- 3.1** There is a consistent and efficient process for receiving referrals of children or disabled adults to enable disabled adults' parenting needs to be identified.
- 3.2** The SSD has a prompt and efficient process for deciding eligibility and determining the appropriate level and speed of response.
- 3.3** Disabled parents are fully involved in a needs-led assessment which takes account of family needs and leads to a needs-led outcome focused care plan.
- 3.4** The SSD working with disabled parents decides who is the most appropriate worker to undertake the assessment, care planning and reviewing, and incorporates the contribution of relevant others. (Adult/ special needs/ childcare worker or a combination of these.)
- 3.5** The outcome of planning decisions, resource allocation, reviews and changes in service delivery are notified to and understood by service users.
- 3.6** Procedures used to review and plan the service with the service user are applied regularly and include an evaluation of progress against stated objectives/expected outcomes.

STANDARD 4: EQUAL OPPORTUNITIES

The SSD aims to meet the needs of disabled adults in their parenting role in respect of race, religion, language, culture, sexuality, gender and disability.

Criteria

- 4.1** The outcome of service provision indicates that they have received a sensitive service and experienced no disadvantage in respect of race, religion, culture, language, sexuality, gender and disability.
- 4.2** Equal opportunities principles and action plans are clearly stated in Service Plans, policy and procedures.
- 4.3** The SSD has monitoring arrangements to ensure that services are reaching and being responsive to all potential users and user groups.
- 4.4** Staff understand that the social implications of disabilities vary depending upon the cultural and social backgrounds of individuals, and they provide appropriate services in ways that respect and take account of individuals' lifestyles.
- 4.5** Specialist assistance and resources are known about, available and are accessed to meet the diverse needs of individuals.
- 4.6** Service users can choose and are given the opportunity to have assistance from a relative, friend or other person to support them or speak on their behalf.
- 4.7** In implementing its recruitment policy, the SSD takes full account of the ethnic, gender and disability, etc. composition of the population which it serves and the staff profile reflects this.

STANDARD 5: INFORMATION & COMMUNICATION

Disabled parents and staff in relevant agencies have clear and understandable information about the SSD's and other agencies' services that support disabled adults in their parenting role.

Criteria

- 5.1** The SSD has an effective information strategy which includes providing information with other agencies which is appropriate for disabled parents.
- 5.2** Users have been consulted on the content and format of information about services to support them in meeting their parenting role.
- 5.3** Information is available for users and staff in a form which is accessible, understandable and useful, and positively promotes and addresses the needs of users whose first communication language is not English.
- 5.4** Social services staff are knowledgeable and informed about the care management procedures, eligibility criteria, and the range of family support and parenting services available.
- 5.5** The SSD has arrangements to communicate effectively with disabled adults.

STANDARD 6: MANAGEMENT ARRANGEMENTS

The Social Services Department plans and organises its resources and expertise in a manner which ensures that the needs of disabled adults arising from their parenting role are met effectively. This includes arrangements for the supervision, support, development and training of its staff.

Criteria

- 6.1** The SSD has an organisational structure which provides clear leadership for co-ordinating and managing inter-divisional issues.
- 6.2** SSD procedures, practice and budgets are organised in ways which facilitate adults, and children's services to work together to support disabled adults in their parenting role from joint assessment, to joint service delivery and review.
- 6.3** The SSD works corporately and in partnership with health and independent sector organisations to plan and deliver services to support disabled adults in their parenting role.
- 6.4** The SSD regularly collects and distributes aggregate information about the numbers and needs of disabled people with children and about resources, budgets and expenditure on services for them.
- 6.5** The SSD with other agencies draws on a variety of sources of information to evaluate the quality and effectiveness of services, against agreed criteria, including value for money.
- 6.6** The SSD ensures effective systems for staff supervision through written guidance and skilled managers and through monitoring compliance.
- 6.7** SSD training plans and programmes derive from policies, practice and developments in the disability field and take account of race and cultural dimensions, and assessments of staff training needs.
- 6.8** Case recording gives a clear indication of work undertaken with disabled adults and their families, balancing economy with sufficient information to ensure accountability, and summaries to make the work accessible to managers and service users.

Inspection Method

B

- B.1** This national inspection of services to support disabled adults in their parenting role consisted of eight individual inspections in Councils in England between November 1998 and July 1999. The inspected departments are listed in Appendix E. The findings and analysis from all the individual inspections were published and then further analysed and compared with each other to produce this national overview report.
- B.2** The purpose of this inspection programme was to evaluate the way in which social services with other agencies, manage and plan services to disabled adults which enhanced disabled adults' ability to parent. It involved how professionals from health and other agencies improve the disabled person's ability to parent and how any young carers in the family were protected and supported.
- B.3** The main objectives were:
- to establish the extent to which social services were meeting the needs of service users;
 - to evaluate social services' response to service users once it had decided that they meet its eligibility criteria for service;
 - to identify the extent to which services facilitated good parenting, enabled families to stay together and reduced any likelihood of significant harm to children;
 - to establish the extent to which social services collaborated in service delivery with its own internal divisions, other local authority departments, statutory authorities and independent sector agencies;
 - to evaluate the extent to which social services made a sensitive response to families' individual lifestyles;
 - to identify the ways in which social services established the effectiveness of its services and considered value for money.
- B.4** Each inspection had a team of two or more inspectors and (usually) a disabled parent assessor, and undertook up to nine working days of fieldwork in each SSD. Each team used the same set of standards and criteria to evaluate the SSD (see Appendix A).

B.5 In each inspection the following activities were typically undertaken:

- reading case files and information about local services;
- visits of observation to local services; and
- interviews and meetings with:
 - service users
 - carers
 - the director of social services
 - managers and practitioners with social services responsibilities
 - members of multi-agency planning teams
 - representatives of voluntary organisations
 - representatives of the independent sector.

B.6 We also undertook a questionnaire survey of fieldworkers with social services responsibilities and service users.

Legislative Background

C

C1 Disability Discrimination Act 1995

Part III of the Act deals with discrimination in the provision of goods, facilities and services. Since December 1996, it has been unlawful for a service provider to refuse unjustifiably to provide a service to a disabled person on the same terms as available to other people. From October 1999, services providers have to take reasonable steps to change policies, practices or procedures which make it impossible or unreasonably difficult for disabled people to use a service. Further provisions coming into force from 2004 state that service providers will have to take reasonable steps to remove, alter or provide reasonable means of avoiding physical features that make it impossible or unreasonably difficult for disabled people to use a service.

A circular (LAC(99)25) was issued to all Directors of Social Services drawing their attention to the further provisions under Part III of the Disability Discrimination Act 1995.

C2 Children Act 1989

Part III is the framework for the provision of services to children in need and their families. Section 17 requires local authorities to provide services to safeguard and promote the welfare of children as far as possible within their own families. Services may be provided to the children or to their parents (section 17(3)). Volume 2 of Children Act Regulations and Guidance gives examples about the kinds of assistance which may be offered. Paragraph 2.5 is particularly relevant for children whose parents may be ill or disabled. This paragraph includes the following:

‘Children should not necessarily be identified as in need because one or both parents is disabled, although this could of course be a factor. It may be that the provision of services to the parent, either under adult disabled persons legislation or under 17(3) of the Act may safeguard the welfare of the child sufficiently to enable the parent to continue looking after him at home’.

C3 National Assistance Act 1948

Section 29 gives social services authorities power to promote the welfare of disabled people; ‘persons who are substantially and permanently handicapped’.

C4 NHS and Community Care Act 1990

Provides the legislative base for the provision of community care services, and in particular section 47 places a duty on authorities to assess the needs of people who may be in need of community care services.

C5 Disabled Persons (Services, Consultation and Representation) Act 1986

Section 4 states that a local authority shall decide whether the needs of the disabled person call for the provision by the authority of any services in accordance with section 2(1) of the 1970 Act.

C6 Chronically Sick and Disabled Persons Act 1970

Section 2 places authorities under a duty to arrange non-residential services for individual disabled people where they are satisfied that that is necessary to meet their needs. The services concerned include practical assistance in the home; assistance in arranging adaptations to the home, or the provision of additional facilities designed to secure greater safety, comfort or convenience; and the provision of a telephone and any special equipment necessary to enable the disabled person to use it.

C7 Community Care (Direct Payments) Act 1996

Empowers authorities to provide cash payments for those assessed as needing community care services. For example, a disabled parent may use a direct payment to purchase Personal Assistance to enable them to get up in the morning in time to take their children off to school.

Revised Policy and Practice Guidance has been published and is available on the DH website. A user guide ‘A guide to receiving direct payments’ is also available.

Inspection Reference Group and Design Team

D

Inspection Design Team

Lead Manager: Bill Riddell
Assistant Chief Inspector
SC(ID) North West Inspection Group
Manchester

Lead Inspector: Sara Goodinge
Inspector
SC(ID) West Inspection Group
Bristol

Analytical Inspector David Horne
Inspector
SC(ID) West Inspection Group
Bristol
until September 1998

Lesley Hoyes
Inspector
SC(ID) West Inspection Group
Bristol

D**Reference Group Members****Inspection design team members, plus:**

| | |
|-----------------|---------------------------------------|
| Ann Barwood | Inspector |
| David Ellis | Inspector |
| Peter Smith | Inspector |
| Phil Levick | Royal Borough of Kingston upon Thames |
| Ann Mullins | NCH Action for Children |
| Andrew Holman | Values Interaction |
| Sheila Walker | Gloucestershire County Council |
| Peter Coysh | Somerset County Council |
| Dr Sue McGaw | Special Parenting Services |
| Angela Milne | Disabled Parent |
| Richard Olsen | Nuffield Community Care Unit |
| Michael Shenton | SPEAR |
| John Keep | Parents Too! |
| Amanda Bell | Gloucestershire Young Carers Project |
| John Thorn | ACPC, Nottinghamshire |
| Saul Becker | Loughborough University |
| Chris Dearden | Loughborough University |

Councils Inspected and Where to Get Reports

E

Inspections took place in the councils listed below. Reports of individual inspections are available from the SSI, Department of Health, at the following addresses:

Cornwall, Northamptonshire,
Sandwell and Southampton

West Inspection Group
2nd Floor
40 Berkeley Square
Clifton
Bristol BS8 1HP
Telephone: 0117 9416500

Thurrock, Merton

London Inspection Group
6th Floor
Eileen House
80-94 Newington Causeway
Elephant & Castle
London SE1 6EF
Telephone: 0171 972 2846

Sefton

North West Inspection Group
11th Floor
West Point
501 Chester Road
Old Trafford
Manchester M16 9HU
Telephone: 0161 876 2400

Doncaster

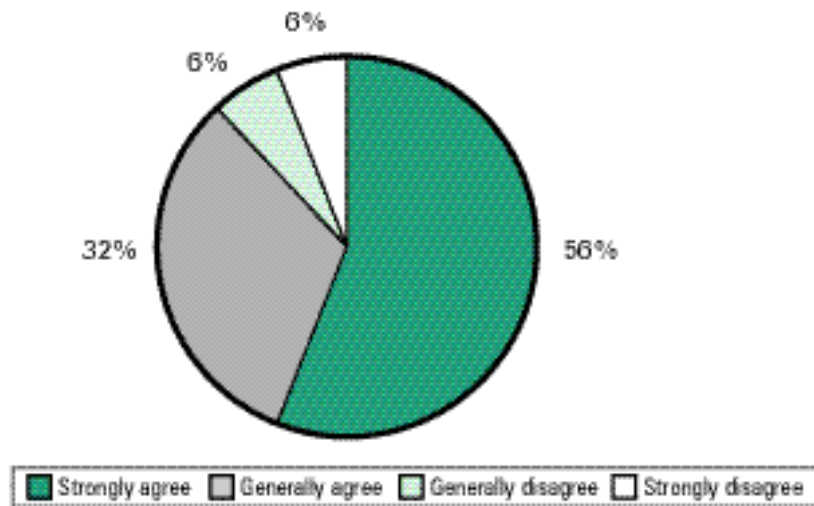
North East Inspection Group
Tyne Bridge Tower
Church Street
Gateshead
Tyne & Wear NE8 2DU
Telephone: 0191 490 3400

Parents' Questionnaire Survey Data

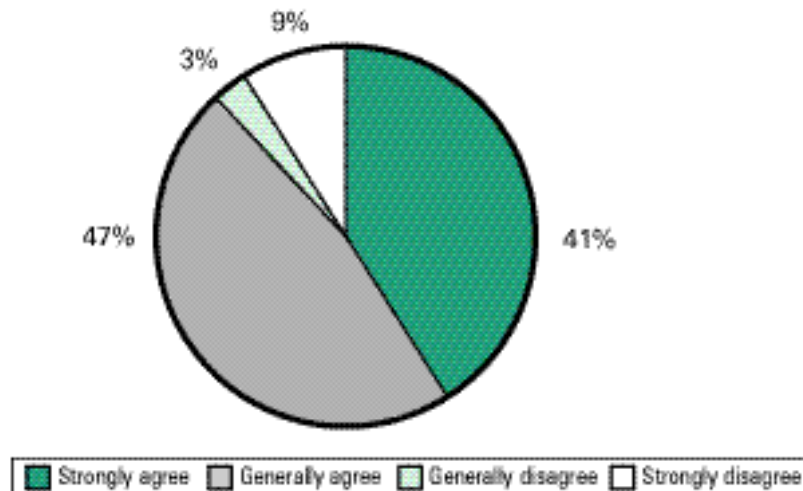
F

Respect for families

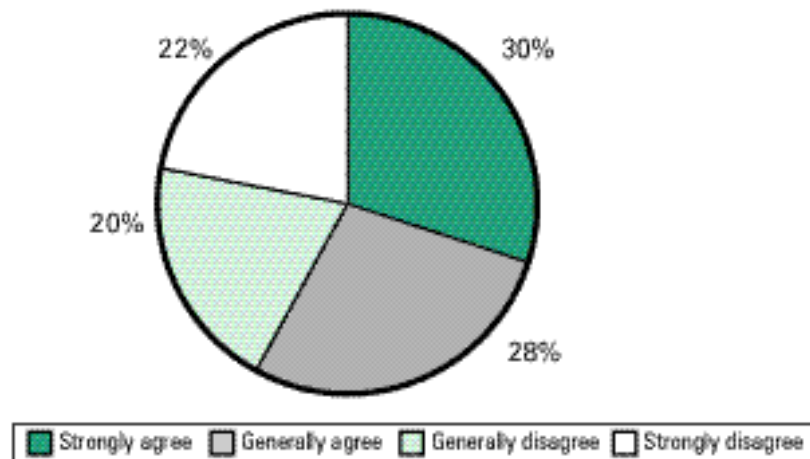
I am treated with respect by social services staff



My family's religious/language needs are respected

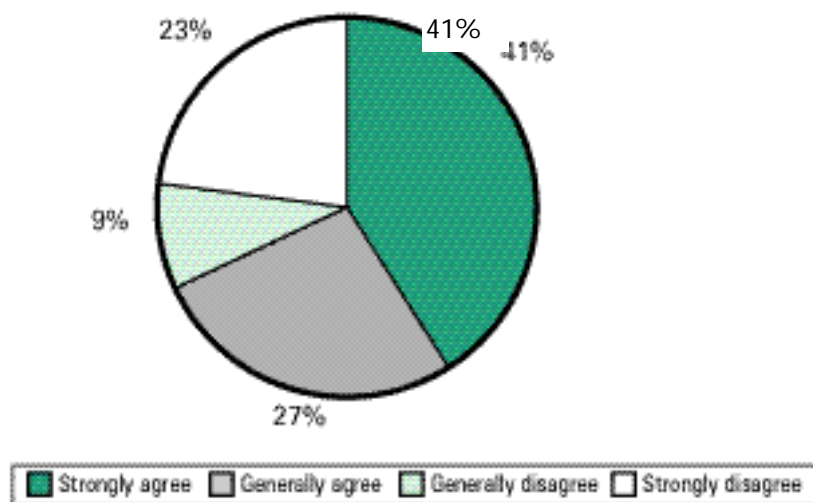


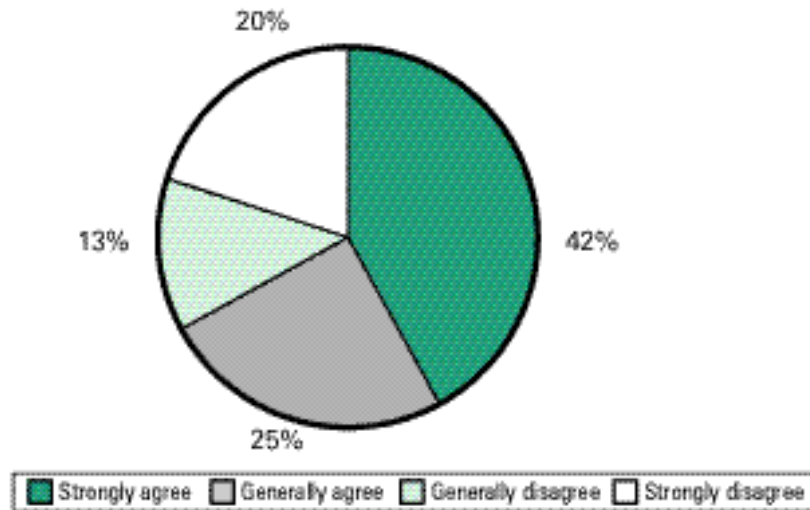
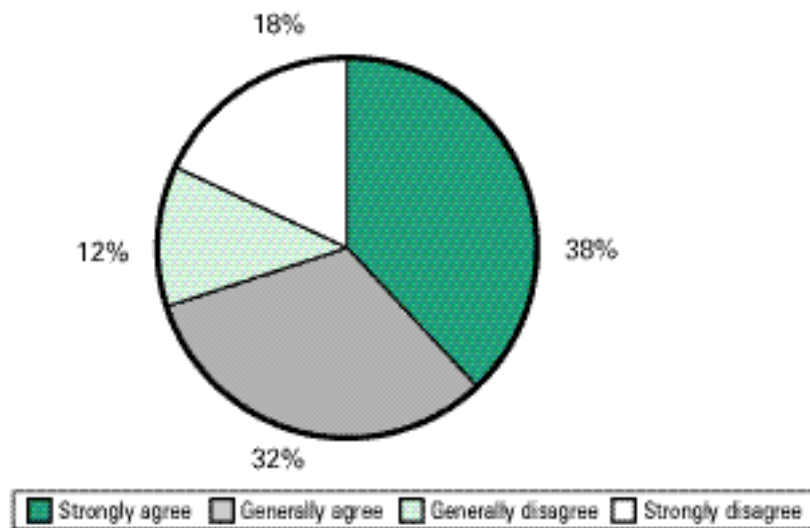
I have been told how to complain if I am not happy



Families satisfaction with services

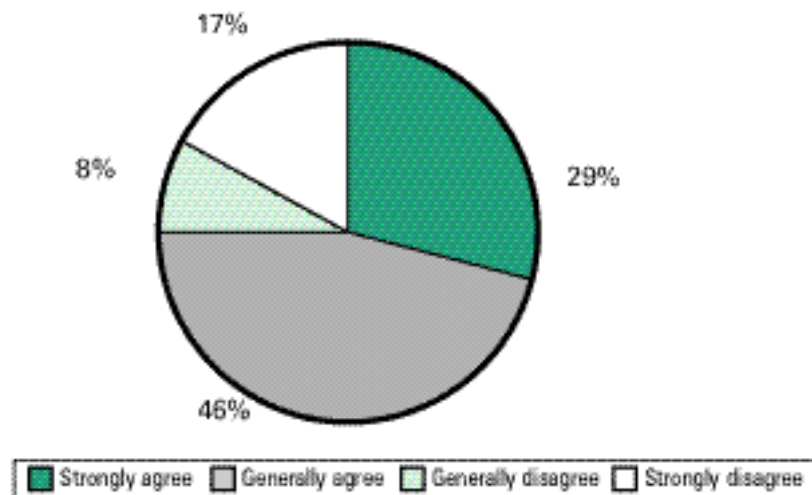
This service has helped my family stay together



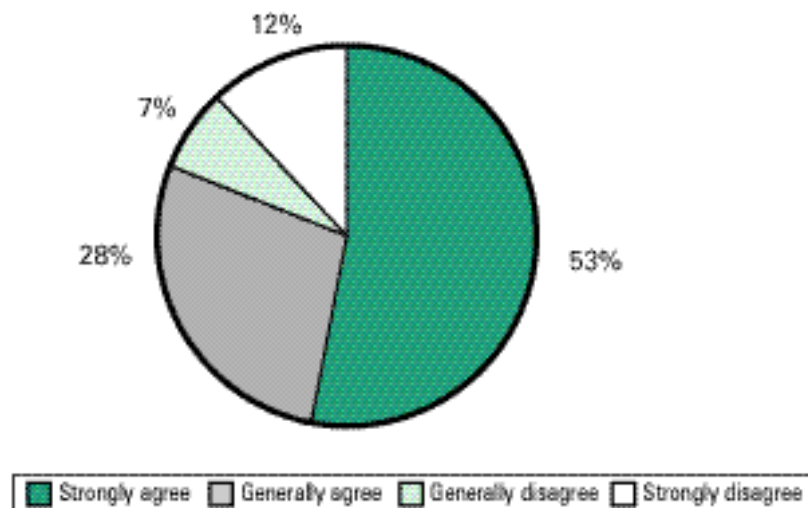
My family received all the services we needed**My family got the services when they needed them**

Families involvement in decision making

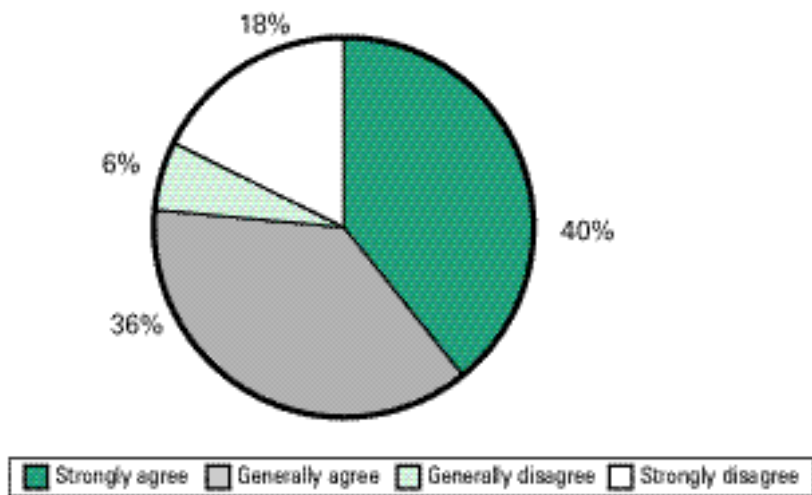
I am helped to say what I think should happen



I was involved in deciding what my family needed

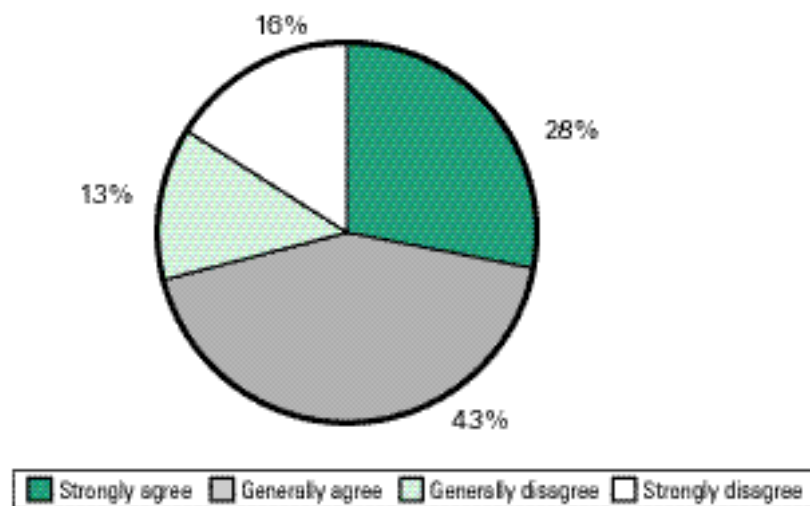


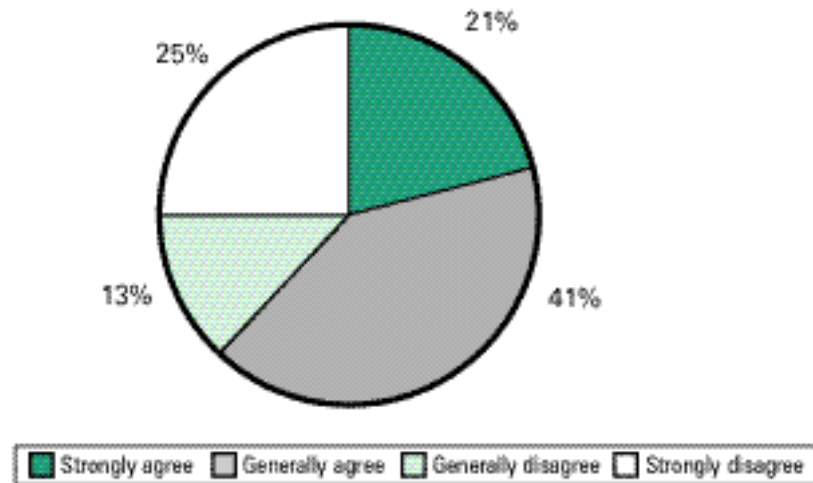
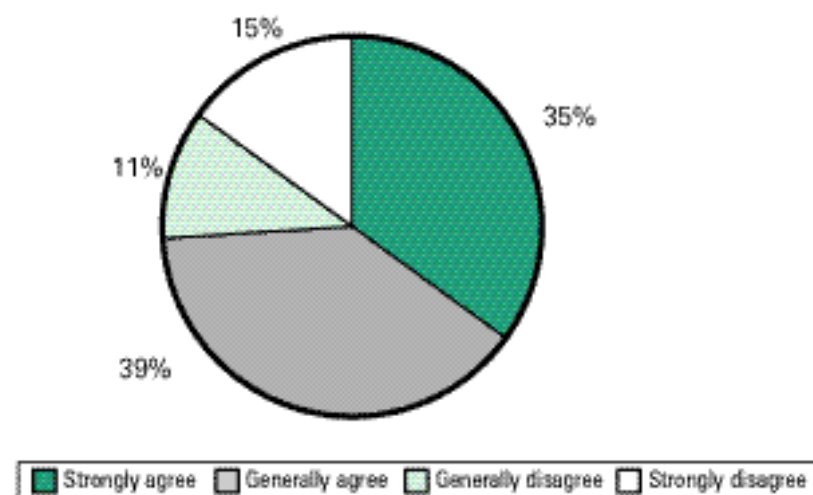
I was involved in deciding what service my family received



Families access to social services support

I am kept informed of what is happening

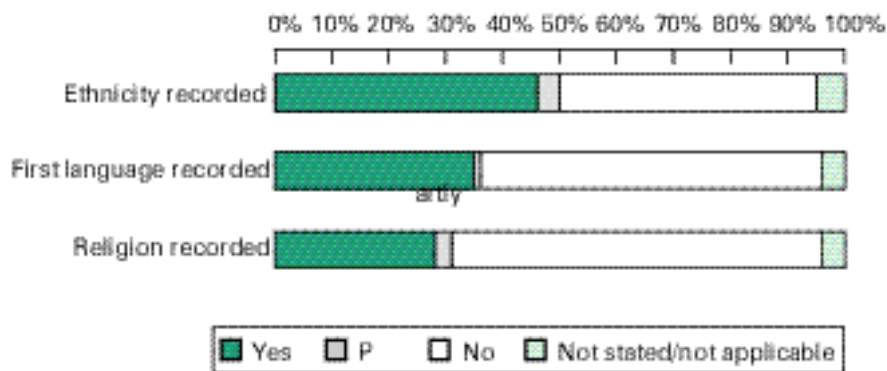


I know what services are available**Staff are easy to contact**

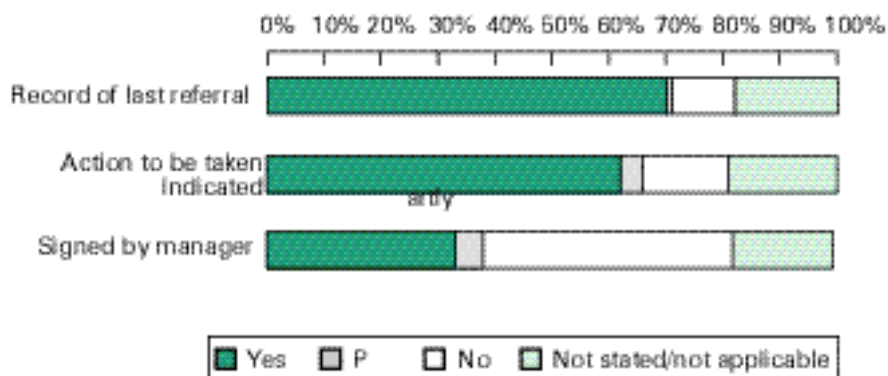
Case Records Data

G

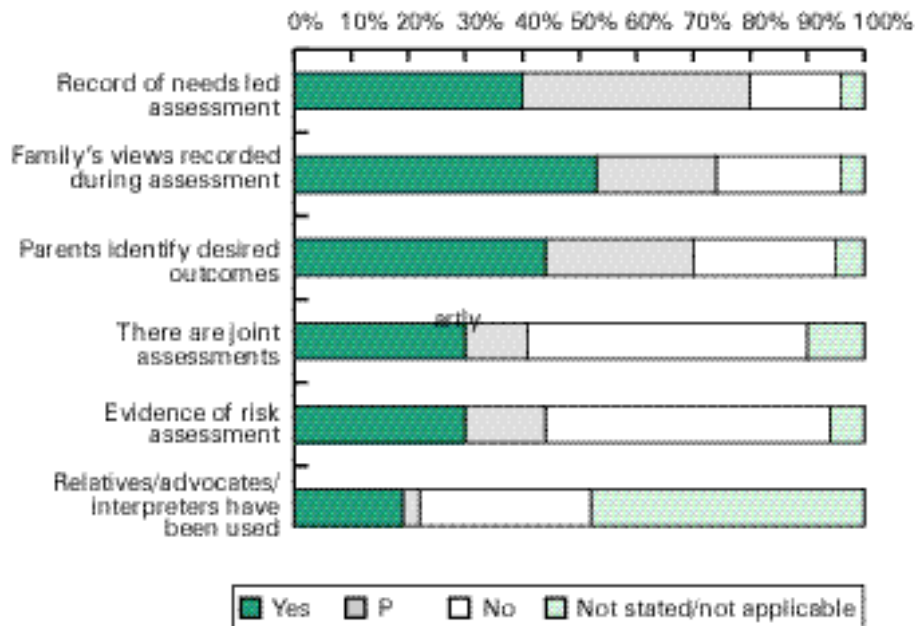
Ethnic monitoring



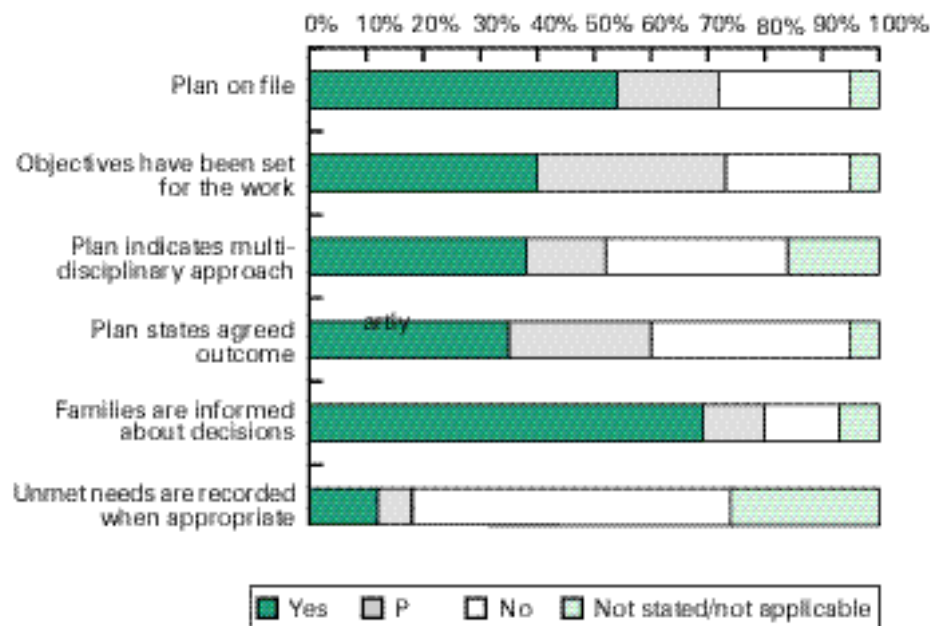
Referral



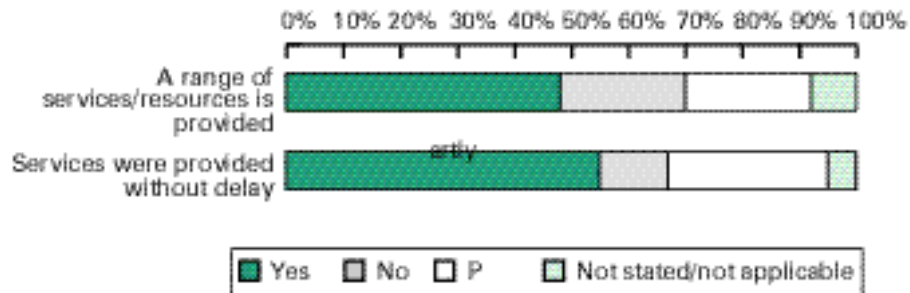
Assessment



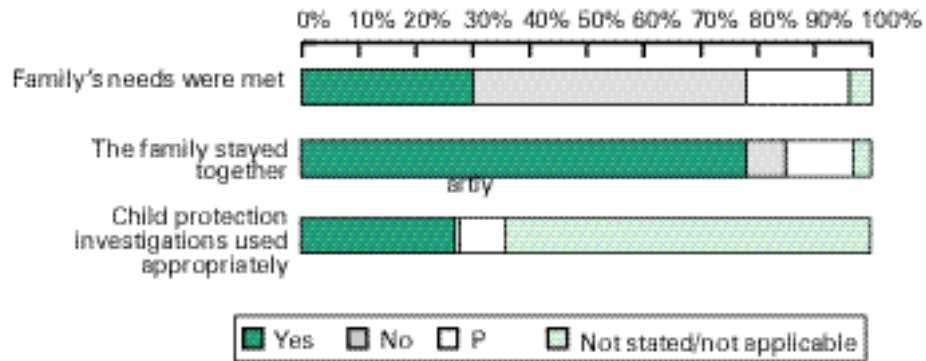
Care planning



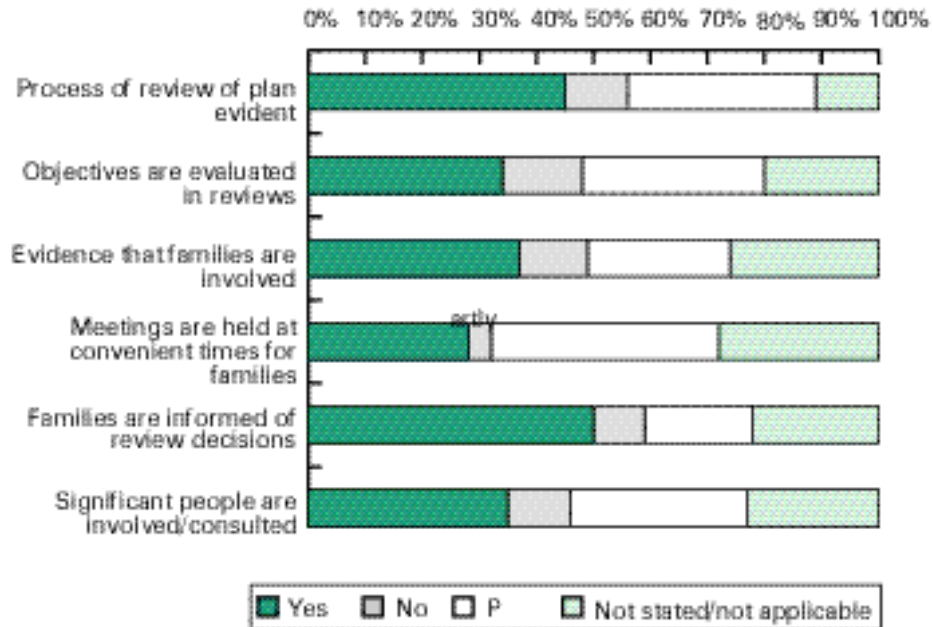
Services provided



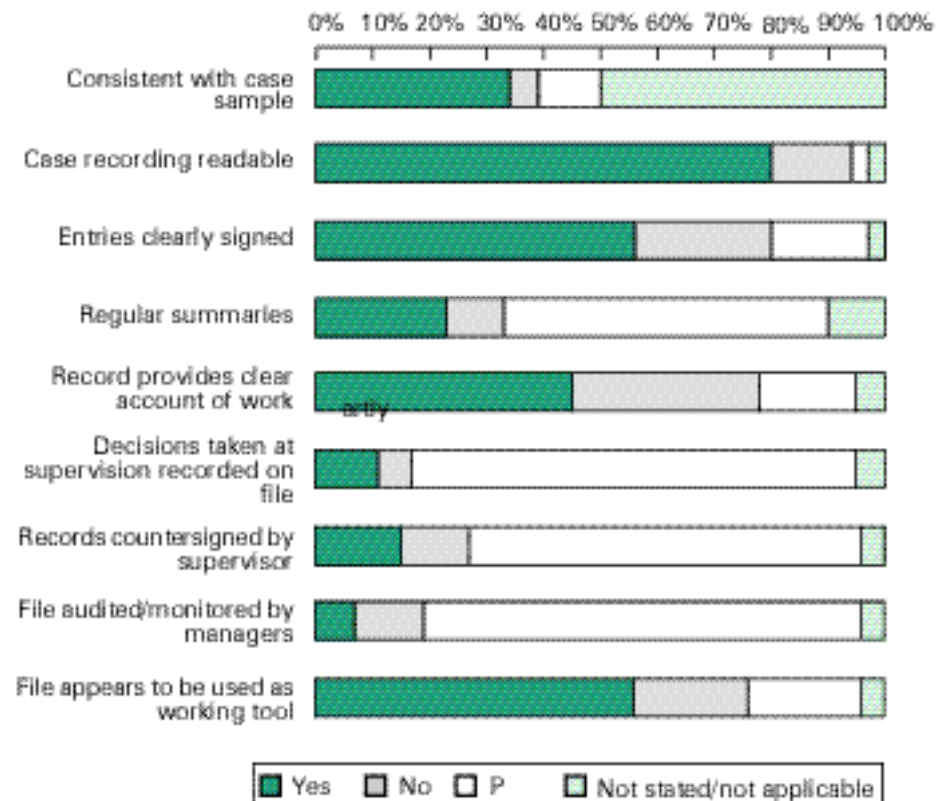
Outcomes for users



Reviews



Evaluation of the record



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