

REPORT TO: SOCIAL WORK COMMITTEE - 15th JANUARY 2007

REPORT ON: EVALUATION OF PILOT ASPIRe SERVICE

REPORT BY: Director of Social Work

REPORT NO: 47 - 2007

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to welcome the publication of the report on the Independent Evaluation of the ASPIRe (A Shared Planning and Information Record) pilot undertaken by Liz Irvine, Clinical Governance Facilitator NHS Tayside and the Development Officers for Children with Additional and Complex Needs, Dundee.
- 1.2 The report acknowledges the benefits of the ASPIRe process to children, their families and the involved professionals and their agencies.
- 1.3 A full copy of the Evaluation Report has been passed to each of the Group Secretaries and is available for inspection in the Members lounge.

2.0 RECOMMENDATIONS

It is recommended that the Social Work Committee:

- 2.1 endorses the findings of the ASPIRe Pilot Evaluation Report,
- 2.2 recognises the launch of the service for children in Dundee age 0-3 years with additional and complex needs; and
- 2.3 supports the continued development of the ASPIRe Service and Care Coordination.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The revenue costs of this Project have been funded over the period 2003-2007 through the Changing Children's Services Fund (CCSF).

4.0 SUSTAINABILITY POLICY IMPLICATIONS

- 4.1 Information is gathered and held within a single ASPIRe document, shared with all relevant professionals and agencies working in the 'Team around the Child'. This achieves a reduction in intrusion and duplication of effort for families.
- 4.2 A Lead Person is identified for each family in the ASPIRe Service. The Lead Person is chosen by the family, coordinates the initial information gathering, supports the family and keeps the ASPIRe document updated. They aim to listen to the family, value their views and create a platform for them to be heard.

4.3 Anti-Poverty

The chronic disability of a child often affects the parents' ability to maintain paid employment. The ASPIRe service delivers a specialist service to families who are more likely to be in financial need.

The Lead Person role assists the family to obtain resources, through representation and supported advocacy of the child and the parent's voice being heard. The Lead Person also provides a Welfare Benefits check to ensure the families are receiving all their entitlements.

The ASPIRe focuses on families advocating for their child, The Information Pack developed by the Development Officers enables all families, at the point of diagnosis, to receive current information regarding all relevant agencies services and supports. This facilitates equality in provision of information.

4.4 Social Inclusion

The ASPIRe directs families to be integrated within their community provisions. It encourages Lead People to promote mainstreaming for children according to their interests, with extra support where needed.

Parents have identified that since having Co-ordination and the ASPIRe they have had more opportunities to participate in decision making about their child's future and they feel more empowered to communicate in meetings.

5.0 EQUAL OPPORTUNITIES IMPLICATIONS

5.1 The ASPIRe was developed and reshaped with parents input. The ASPIRe Evaluation, through consultation, clearly states parents' views on the way forward for the service. The ASPIRe Advisory Group is committed to continue to consult with parents in groups and individually.

5.2 The ASPIRe brings equality for siblings and parents of children with additional and complex needs, to be heard and have the opportunity to a Carers Assessment of their needs. The children are also valued as children first then addressing their additional needs thereafter.

6.0 BACKGROUND

An integrated framework of assessment is recommended in several current Scottish Executive published works: *Getting it right for every child (2006)*, *The Additional Support for Learning Act (2004)* and *Every Child Matters (2005)*.

In Dundee, research carried out in 2002 ('How agencies can effectively involve parents of disabled children as key stakeholders in the planning of children's services' by J.Tocher) found that parents requested consistency of information provided by all professionals; and a Lead Person to guide them through services and support them.

Nationally, the development of a "keyworker" in a coordination role is recommended within two Papers (*The National Framework for Change in the NHS in Scotland - report of the care in local settings action team -annex D (children with complex needs) 2005*; and *The Additional Support for Learning Act 2004*).

- 6.1 Social Work, Education, Health and Voluntary Sector partners jointly support the ASPIRe service. They are developing joint policies in information gathering, assessment and planning for children with additional and complex needs.
- 6.2 The ASPIRe was developed to gather core information once and to circulate this to all agencies involved with the child, with the parents' consent. Care Co-ordination was developed to provide families with a Lead Person amongst the 'Team around the Child.'
- 6.3 Joint working has enabled closer working relationships to develop between partner agencies, with multi-disciplinary training encouraging greater understanding of roles. The sharing of information has reduced the amount of time professionals spend gathering this from different sources, allowing them to be more focused on the children and families' needs.
- 6.4 The ASPIRe service has been piloted, the Evaluation information analysed and views of the professionals and parents responded to.
- 6.5 The ASPIRe service is being launched for children aged 0-3 years with additional and complex needs in Dundee in the DCA on 24th January 2007. The Social Work Convener will be joined by representatives of parents, the Social Work Department, Care Coordination Network UK, Education Department and NHS Tayside in endorsing the ASPIRe.

7.0 CONSULTATION

The Chief Executive, Depute Chief Executive Support Services and Depute Chief Executive Finance, Social Work Department, Education Department, NHS Tayside, Dundee Voluntary Action (representing Voluntary Organisations in Dundee) and Parents/Carers have been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

Reference has been made to the Anti-Poverty Strategy, the ASPIRe Evaluation Report 2006 and also the Information Pack for Parents/Carers of children with additional and complex needs.

'How agencies can effectively involve parents of disabled children as key stakeholders in the planning of children's services'. J.Tocher 2002.

Alan G Baird

DATE: 8 January 2007