



Cardiff Council Children's Services

Accommodation for Children and
Young People with Complex Needs



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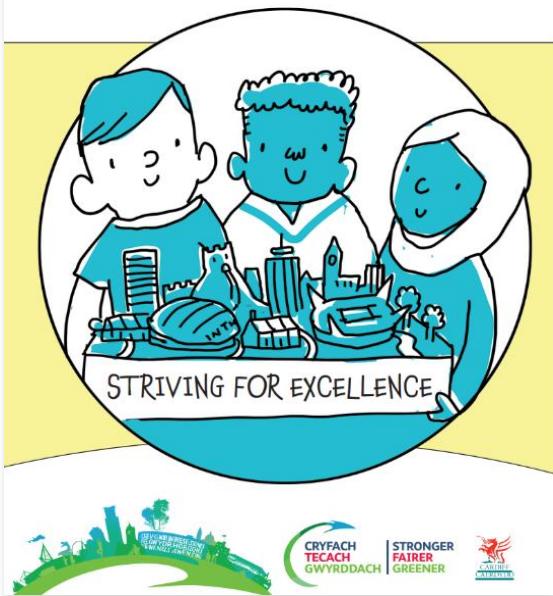
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Cardiff Children's Services Strategy 2023-26



Introduction

- Our new Children's Services Strategy was published in 2023 which included our new accommodation strategy for Cardiff.
- The Accommodation Strategy details ambitious plans to increase our in house residential provision across Cardiff.

Cardiff's Right Place Accommodation Strategy & Capital Plan

Appendix 3



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Current Pressures and Challenges



- Currently seeing an increasing number of children and young people with complex needs including mental health, emotional well-being and challenging behaviours.
- This has resulted in an;
 - Increase in demand for solo placements
 - Increase in demand for therapeutic support
- Examples of 3 case studies in Cardiff. The 3 young people were all originally in unregistered provisions as a result of placement breakdowns due to their complex needs. They are now all settled in registered provisions.
- Two of these young people have been supported by our Goleudy Service .



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Goleudy Service

- Goleudy is a regional Service for Cardiff and Vale local authorities.
- The term Goleudy was chosen by young people and means Lighthouse in Welsh. The young people involved in the consultation liked the symbolism as Lighthouses have traditionally been viewed as symbols of hope and security particularly during difficult or 'stormy' times.
- Goleudy is a specialist clinical team made up of Clinical Psychologists, Graduate Mental Health workers, Occupational Therapists and specialist education co-ordinators who are the education link in each authority.
- In Cardiff we have a CAMHS Social Worker who works closely with Goleudy.
- The model of care focuses on a trauma specialist approach which is formulation driven and attachment focused.



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Case Study 1



- 10 year old female who was admitted to hospital presenting with complex and challenging behaviours including self-harm.
- This young person spent 4 months in hospital, it was clear the clinical setting was not suitable.
- Due to the significant needs of the young person, a traditional placement could not be identified and an urgent bespoke home was required. A multiagency team was needed to support a safe discharge for the young person.
- Working with Housing colleagues we identified a suitable council property and worked closely with hospital staff who had been looking after the young person on the ward as well as the social worker to draft a schedule of works required to allow the home to meet the needs of the young person.
- The Occupational Therapist was also consulted to advise on equipment and environmental factors for the home which would support better regulation and progression towards participation and independence
- The Goleudy service became involved to prepare a psychological formulation along with providing support to the staff team looking after the young person. This would involve continuous containment, reflection and support surrounding understanding the psychological formulation. The clinical psychologist provided initial training to the staff supporting the young person followed by weekly meetings with staff.



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CASE STUDY 1 – Accommodation



- A number of changes we made to the property to make safe for the young person, including:
 - Removing any potential ligature points including covering all banister spindles,
 - Removing ceiling pendants and fitting safe lighting
 - Fitting the shower curtain rail to the ceiling
 - Fitting easy fit blinds that were stuck to windows so non hazardous
 - Fitting locks to cupboards in the kitchen so utensils could be safely stored away whilst dedicating some cupboard space to the young person
 - No electric plug sockets in the YP bedroom
 - Radiator covers where necessary
- The young person was consulted in hospital about the property which helped inform the spaces. This included the young person picking the colour to paint her bedroom and her love of animals and soft toys was a theme throughout the property
- The recommendations from the occupational therapist were also important. As well as physical building changes, there was also an abundance of soft pillows, cushions, throws, scatter cushions, sleeping bags and teepee tents which were important to the young person and provided safe areas that she could withdraw to and access deep pressure activities to help her sooth. Access to blankets were important to cocoon self and be rolled into a ‘hotdog’



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CASE STUDY 1 - Pictures



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Young Persons
theming throughout



Stair spindles removed



Young Persons colour choice.
Radiator covered. No electric
points/sockets in bedroom.
Essential items of fan and
nightlight were USB
rechargeable, and all charged
by staff during the day
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Privacy film on
windows and stick-
up blinds.



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CASE STUDY 1 – Outcomes



- Physical changes were important but it was also the '*holding of the staff team*' by the Clinical Psychologist in Goleudy, helping staff to understand the young persons behaviours.
- After being discharged safely from hospital with a 3:1 staff team, this was quickly reduced to 2:1 after just 8 weeks.
- Having a strong trauma informed and supported staff team that was '*held*' by the Goleudy Service was vital for this young person.
- After a 4 months stabilisation period, a therapeutic placement was found where the young person has been happy and settled since.



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CASE STUDY 2



- 11 year old male who has had significant involvement with Cardiff Children's Services for the last 7 years
- The young persons behaviour became unmanageable and he was unable to remain at home and became looked after in 2023.
- This young person has physical health issues requiring hospital treatment to prevent sight loss
- Since birth this young person has moved 57 times – between family members and during periods of accommodation
- He entered one of our small inhouse residential provisions however expressed extreme and challenging behaviour including significant damage to the home and setting a fire in his bedroom. As a result of this residential placements wouldn't come forward to care for him as they felt the level of risk was unmatchable and he was cared for in un-registered provision.
- A DOLS was put in place as this was the only way he could be safely managed and cared for.
- This young person was then prioritised for a bespoke solo placement home. Cardiff Children's Services purchased a new build 2 bedroom property and made some minor changes to meet the young persons needs.
- Despite being in a solo placement this young persons behaviour continued to be dysregulated, unpredictable and a danger to others including staff.
- Goleudy have been involved with this young person and work has included mapping out this young persons life in the hopes of supporting his carers to understand his life experiences. This has been key to the success of the placement.



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CASE STUDY 2 - Accommodation



A number of changes were made to the property in readiness for this young person however we underestimated the extent of damage particularly to the plasterboard in a new build property. The damage was not only unsightly but dangerous uncovering wires and pipes in the walls.



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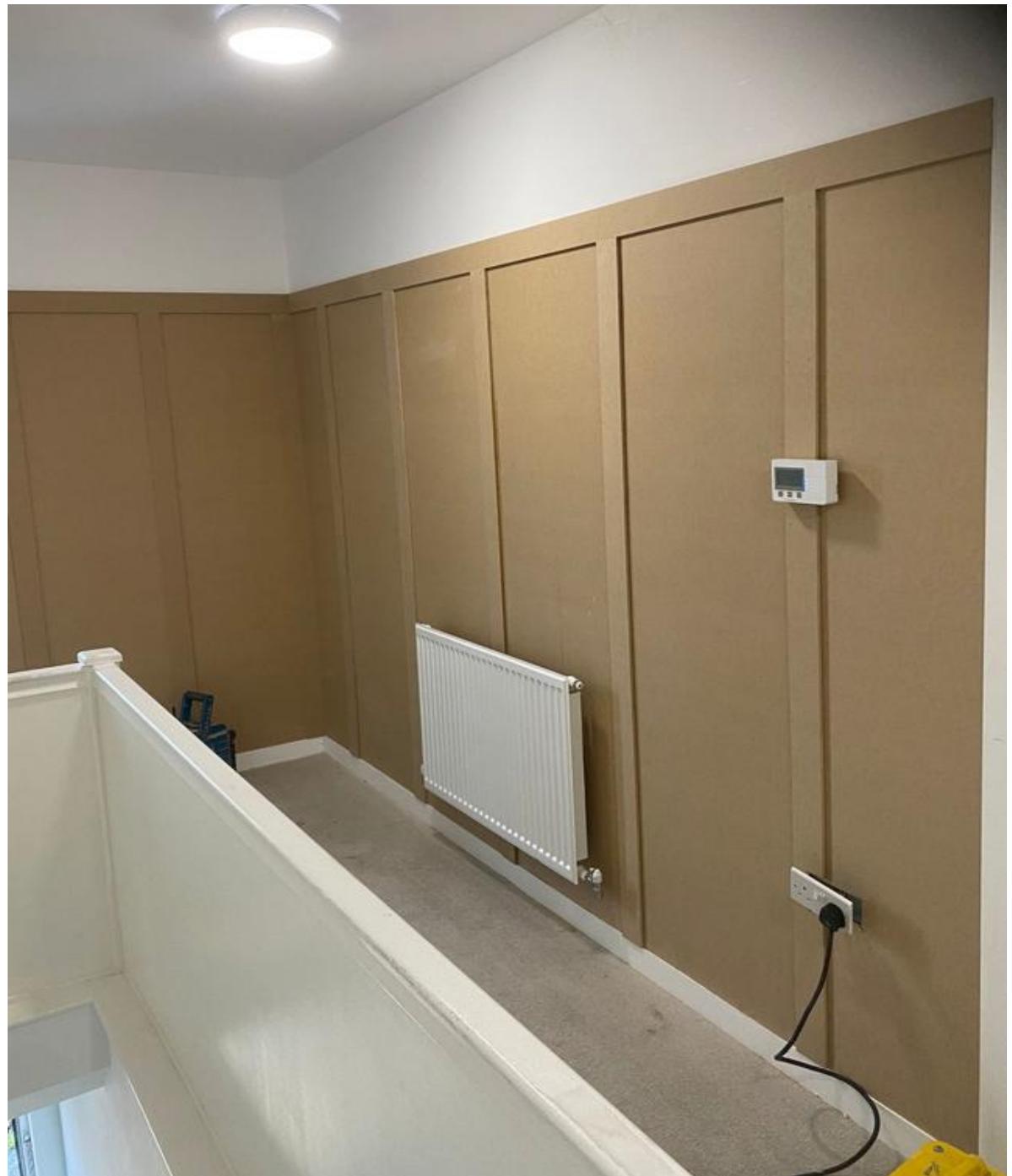
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CASE STUDY 2

Accommodation

Our solution was to fit wooden panels, two thirds of the way up the walls to stop the damage to the plasterboard and also prevent the young person from injuring themselves which has proved a real success.



CASE STUDY 2 - Outcomes



- This young person has remained on a DOLS order however over time we have slowly been having less and less frequent incidences of unpredictable and challenging behaviour. We have experienced shorter times required for him to calm and less times of him being restrained.
- This has taken a lot more time than expected and staff have left due to his high demands and violent behaviour.
- He has now successfully been incident free for almost 3 months which wasn't believed possible. This has resulted in us declining a secure offer and withdrawing our application.
- This young person is now attending education 3 times a week with an aim of integrating him back into a school like setting and he is successfully having weekly contact with siblings and mum, something that previously was a trigger to behaviours.
- Aspirations of being able to make a planned transition to a placement with other children, which felt unachievable some months ago is now a realistic future goal.



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Case Study 3



- 16 year old male who became looked after when he was just a few months old
- Has been in a number of placements including residential and a stable foster carer where he remained for 7 years however these have all broken down due to his challenging behaviour.
- This young person has a diagnosis of global developmental delay, moderate learning difficulties and has some traits of ASD. He is not able to fully communicate his needs/wants due to limited vocabulary. During his life he has experienced significant trauma.
- After his last placement served notice unfortunately, no alternative placements were identified
- Emergency arrangement at our inhouse residential home for respite were set up.
- The young person struggled as it was not equipped to meet his needs
- The home had to close due to damage caused and resulted in significant costs to repair.
- Other children and families in desperate need of short breaks were not able to access the service and we were operating outside of our Statement of Purpose causing challenge from CIW.
- We looked to create a solo bespoke placement for this young person.



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CASE STUDY 3 - Accommodation



- Once the urgent need had been identified a potential property was selected to be viewed by the Social Worker and Manager of the staff team that were caring for the young person.
- Concerns were raised about how we were going to make the property safe and meet the needs of the young person.
- The property was thoroughly inspected to look at the risk in each room and how these could be mitigated. The young person likes to take apart pipes and appliances causing significant damage and risks to themselves however has a love for water which helps them regulate and so we needed to ensure that water was readily available for play but that it could be managed safely.
- A number of safety features were implemented in the property to allow this.



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CASE STUDY 3 – Accommodation



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Robust showerhead installed – all pipes chased and hidden in the wall



Nova-Flo fitted. Will automatically turn taps off when water runs into the overflow even if they are still turned on

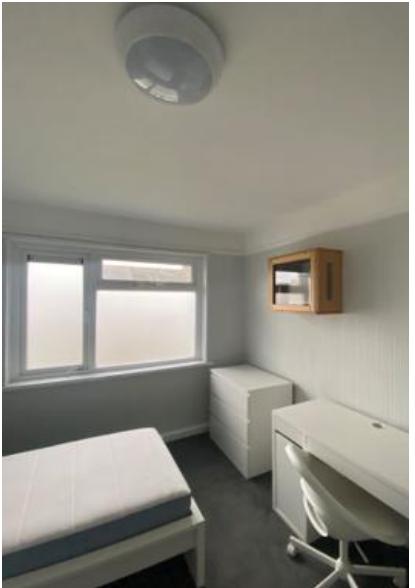


Drain fitted to bathroom floor to help prevent flooding. Wet room flooring installed and run up the sides of the bathroom



Extra water stop taps installed throughout property so staff could quickly access and turn water off when required

CASE STUDY 3 – Accommodation



Privacy film fitted to young persons bedroom windows



Kitchen cupboards with locks
Induction cooker installed to keep top temperature low



Television kept in safety cupboard and decorated to match surroundings
Calm neutral colours



Low surface temperature radiators installed in every room.
All pipes throughout the property boxed in and not accessible.



All electrical sockets fitted with on or off control with key. Allowing staff to control which sockets are in use.



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CASE STUDY 3 – Outcomes



- The young person appears to feel comfortable and stable in the house referring to it as his home and his behaviours have reduced significantly.
- The young person will now request to go out into the community with the staff team and achieves this daily. Not only does he enjoy going for drives and woodland walks but his confidence has built to where, with the teams support he is able to sit inside KFC to get his takeaway or go into the shop and pick out some sweets to buy with his pocket money which is a huge step.
- No more restlessness during the night and now has a good sleep pattern and is no longer taking one of his medications to aid sleep.
- No longer anxious about making small choices which we are slowly building on.
- The young person had not been in any form of education for years. We recently transitioned him back into school creating a bespoke transition plan allowing him time to acclimatise to the school team slowly within the safe home environment. Since the transition he has attended every education session since. Initially these lasted only 10 minutes however this has increased over time, and we are up to 90 minutes as of last week.



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CASE STUDY 3 – Registered Managers Comments



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‘The modifications to the home have significantly enhanced our residents daily living experience and overall well-being.

The wet room design allows for easier and safer access providing a more suitable and comfortable environment for our young person to continue his hygiene routines.

The new layout reduces his overall anxiety and helps him feel more secure during shower / bath times as due to his sensory needs the average shower / bath time can be quite lengthy. Our resident also likes to block sink holes out of curiosity and fun.

In addition to the changes made to the bathroom area, other measures were also taken to seal and board away all pipe work throughout the house. This change was crucial in preventing our resident from accessing and potentially damaging these areas which pose a safety risk.

The concealed pipe work not only enhances the safety of our home but also contributes to a calmer more structured environment eliminating the distraction and possible sensory overloads.

I cannot overstate the importance of these adaptations and improving our resident’s quality of life the conversion of the whole to suit his needs has been a transformative step in ensuring that he has the best possible environment to thrive in’



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