A GUIDE TO THE DELIVERY OF SOCIAL CARE SERVICES TO CHILDREN AND YOUNG PEOPLE WITH A DISABILITY OR SPECIAL EDUCATIONAL NEEDS

for staff in Children and Families

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1. Introduction

1.1. This document is intended to support all staff working with children and families (within the county council and its partners) and the parents/carers of children with disabilities, to understand how the Children with Disabilities Team (CwDT) functions in Warwickshire.

1.2. Where children have disabilities which are considered to be severe or profound, it is recognised that a specialist service is likely to be required and these children and young people should be referred to Multi-agency Safeguarding Hub (MASH), so that an assessment can occur if the threshold for this service is agreed. The criteria includes children who have a severe disability:

- either learning or physical disability
- sensory impairments
- complex and enduring health needs
- life limiting illness
- mental health needs, in combination with other disability factors
- Autism together with a learning disability/significant communication needs

1.3 Warwickshire's Children with Disability Team (CwDT) - criteria for allocation sets out the criteria for providing support for children and young people from social care services. Warwickshire's Children with Disability Team (CwDT) - criteria for allocation is an internal document to clarify when the Children with Disabilities Team are allocated the case and when area teams are allocated the case.

1.4 Warwickshire County Council adopts a one family - one social worker approach. This means that if one child within a family has a severe or profound disability, then Children with Disabilities Team will be the Social Care Team responsible for all siblings within the family group.

1.5 Children with Disabilities Team currently holds case responsibility for approximately 750 children, this may increase or decrease depending on the needs of our population and the development of our service. This delivery model needs to be flexible so that the team can respond to the needs of the families they work with.

1.6 The aim of this document is to explain the specialisms of the service and the services offered to children & young people.

1.7 This document should be read in conjunction with:

- Warwickshire Thresholds for Services;

- Child in need policy
- Strengthening Families Practice Guidance
- WSCB procedures;
- The Stepped Approach;
- Single Assessment Process
- Children's Social Care Quality Standards
- Transfer Protocol
- Young carers protocol
- Transitions

2. Children with Disabilities Team (CwDT) Delivery Model

2.1 Children with Disabilities Team is a frontline children's team with a specialism in disability/additional needs and is based across two sites, one in the north of the county and one in the south.

2.2 The team offers a social work service for children and young people, 0 - 18 years, with complex additional needs, their siblings, and parent/carers. They deliver services to enhance the life experiences and improve outcomes for children and young people with a disability. The team focuses on the strengths/abilities of children and their families to enable children and their family members to achieve the aspirations and their identified outcomes, meet their full potential, and maximise their independence.

2.3 The team includes specialist Disability Family Support to provide support to children and their families where there are identified support/parenting needs within a family related to the child's disability.

2.4 The team ensures that the child and their parent/carers are central to the planning process. They act for all the family to promote inclusivity, to enable access to all Warwickshire's' services, including Family Focus (e.g. solution focused family therapy, family group conferencing, and specialist support); early help and universal support services.

2.5 The team also works closely with health, education, adult services and a wide range of specialist services to ensure that joint planning occurs. For continuity, the review of child in need plans will be aligned to Education Health and Care plan reviews wherever possible.

2.6 The team will support children with disabilities, their siblings and families through the regular review of support plans. These plans will be SMART

(specific, measurable, achievable, realistic and timescales). The plans will explicitly detail:

- The outcomes to be achieved;
- The actions required to achieve the outcome;
- Timescales for actions to be completed, either a target date or frequency;
- Who is responsible for the implementation of the action.

2.7 The team is committed to ensuring that the right people get the right support at the right time. This has required some restructuring to move towards a more responsive service to ensure that the right support is provided at the right time, to provide a flexible and proportionate intervention.

2.8 Children with Disabilities Team consist of 3 hubs, which remain under the umbrella of this team as follows:

- Safeguarding & Support, Social Work Hub which will undertake all initial single assessments and Section 47 enquiries for children identified as needing a specialist social care service.

  This hub will hold case responsibility for child in need provision where the child is assessed as being at risk of, or requiring a Child Protection Plan, or being at being at risk of, or requiring to be looked after. See section 3. [Tier 3-4 of the WSCB Threshold for Services];

- Strengthening Families Hub for child in need provision where risk is assessed as low to medium, where issues within a family are primarily in regards to disability and specialist support is identified as required. See section 4.
  [Tier 3 of the WSCB Threshold for Services];

- Review & Intervention Hub for child in need provision where risk is assessed as low, who receive a level of service provision, for example ongoing direct payments, which meets identified needs and the package is stable and well managed by family members, See section 5.
  [Tier 2 of the WSCB Threshold for Services];

2.9 Once a child is allocated to the Children with Disabilities Team then the team is structured to enable a proportionate and timely response which provides continuity as the needs of the child or their parents/carers changes. This will occur in consultation with the child/young person and their family to ensure that their views are fully considered and central to our planning.

3. CwDT – Safeguarding and Support Hub

3.1 This hub will consist of qualified social workers and their team managers. They will provide the statutory assessment and safeguarding and support service for children and young people with complex disabilities and/or learning needs and their siblings. This will include:

- All single assessments coming into the service from MASH.
- All single assessments when children held within Review and Intervention Hub have a change in circumstance and need increases, meaning that an updated assessment is required;
- Some single assessments if children held within the Strengthening Families hub have a change in circumstance and need increases, meaning updated assessment is required;
- Managing all safeguarding processes, including section 47 and strategy discussions;
- Formulation of all initial child in need plans;
- Managing all complex child in need children where need is identified in addition to the needs resulting from the child's disability
- Managing all children who are on a child protection plan, or deemed to be at risk of requiring a child protection plan
- Managing all children who are looked after and children deemed to be on the 'edge of care';

3.2 These social workers may be supported by a family support worker in the Strengthening Families Hub to complete specific identified pieces of work (see Section 4).

3.3 The child in need plans managed within the Safeguarding and Support Hub (CwDT) will be reviewed no less than 6 weekly. The visits to the child will be at least 6 weekly, unless management agreement for less frequent visits. Where appropriate, a review may be combined with the EHC Plan review. These reviews will ensure that the plan remains SMART and effective.

3.4 If the single assessment recommends that that further support is required, but it does not meet the above criteria, then it will be reallocated to the appropriate hub at their initial child in need review (CIN). If the criteria for this team are no longer met, then the allocation can transfer to the more appropriate hub at any point, at or following the CIN review agreeing this.

3.5 A new post has been created to progress countywide leadership for improving social care contributing to Education, Health, and Care plans.

4. CwDT - Strengthening Families

4.1 This hub will mirror in design other strengthening families teams who provide family support alongside the district based safeguarding and support teams. It will consist of family support workers, social work advanced practitioners and their team managers.

4.2 This hub will provide support to a child/sibling/parents and carers, if required to safeguard and promote the child's welfare. This will include:

4.2.1 Providing specific support tasks for children whose needs have been assessed as requiring allocation to a qualified social worker in the Safeguarding and Support hub. This will be to complete specific support tasks, for example:

- direct work with children and young people
- Parenting programmes/support work to individuals or groups
- Supervising family contact sessions
- Signposting support services
- Contributing to any other family assessments being undertaken

The family support worker will be an attached worker.

4.2.2 Providing support under CIN where complexity of disability need requires active coordination of plan and direct support. These children will be allocated to a social work advanced practitioner who will be responsible for oversight of the direct family support, through reviewing the child in need plan on at least a 3 monthly basis. Where appropriate, a review may be combined with the EHC Plan review. These reviews will ensure that the plan remains SMART and effective.

The frequency of seeing the child should be within the plan, this will usually be at least 6 weekly, unless management agreement for less frequent visits.

Due to the complex nature and longevity of disability need, this is commonly a much longer term involvement than the non-specialist strengthening families model, and hence requires less frequent reviews.

The family support worker will be the assigned worker.

4.3 The capacity and demand on the services of this group is not fully understood. It is anticipated that the social work advanced practitioners will be allocated up to 50 children in need, as the majority of the direct work will be undertaken by the assigned family support workers.

4.4 If risk/need increases during the course of the progression of this child in need plan then the team manager will ordinarily assign an updating single assessment to the allocated social work advanced practitioner. However, the capacity of the worker may require that the single assessment is assigned to a social worker within the Safeguarding and Support Hub. If this assessment deems that more social work involvement is required, then the team managers will agree that allocation will transfer to the Safeguarding and Support Hub.

4.5 If the need/risk decreases, then the team managers will agree that the allocation may transfer to Review and Intervention Hub, this could occur at any point at/following the CIN review agreeing this.

4.6 A new post has been created to progress leadership within the team around Family Group Conferencing. The volunteer coordinator post will be managed within this hub.

5. CwDT - Review & Intervention Hub

5.1 The purpose of this hub is to provide an appropriate level of support to children and their families when ongoing needs are solely due to a child's disability and identified needs are met by the provision of a support package (direct payments or short breaks). The child's holistic needs are fully met by their parents and there are no identified concerns about the parent's ability to safeguard and promote the child's welfare. These children are currently considered under a child in need framework.

5.2 These children will be allocated to a family support worker. The plan will be reviewed at a CIN review at either 6 monthly or 12 monthly intervals (determined on allocation). Where appropriate, a review may be combined with the EHC Plan review. These reviews will ensure that the plan remains SMART and effective.

5.3 The frequency of seeing the child should be within the plan. Children will be visited at a minimum of 6 monthly. This is likely to be a long term allocation.

5.4 Siblings of children with a disability will not be allocated within the Review and Intervention Hub. If need is such that a sibling requires a child in need plan, then the children will not be managed within this Review and Intervention Hub.

5.5 The family support worker will be the allocated worker.

5.6 This hub will respond to some increased need or period of crisis for their allocated children, given the significance of their disability. However, if it becomes apparent that this heightened need is not time limited then management consideration will be given to whether an updated single assessment is required, the child will then be reallocated to a social worker within the Safeguarding and Support Hub. If a safeguarding concern is referred or identified then a social worker from the Safeguarding and Support Hub will be allocated to undertake Section 47, working, wherever possible, with the family support worker known to the child and family.

5.7 This hub has been successfully piloted since April 2018 and the management team are still developing their understanding of the capacity and demand on this hub. At this time, it is anticipated that the family support workers will be assigned up to 50 children or young people.

6. Management oversight of allocation within Hubs

6.1 The 3 hubs will work closely with each other and very much as part of one team. All transitions between these hubs will be overseen by the management team, involving the relevant team managers directly in case transfer discussions.

6.2 For all planned transfers:

6.2.1 The allocated team manager will add the name of the child identified for transfer on the “Children with Disabilities internal transfer”. This will be considered and agreed by proposed incoming manager. All managers will review the transfer list at least once a week.

6.2.2 If transfer is agreed, then a timescale and process for transfer will be identified and agreed between team managers. If transfer is not agreed, the operations manager or Children with Disabilities Service Manager will review the child and make an allocation decision.

6.2.3 If capacity issues delay transfer, then the operations manager, or children with disabilities service manager, will be informed to consider case management in the interim. This is required initially to support the transformation to the new delivery model as capacity issues are more fully understood.

6.2.4 Once transfer is agreed this will be discussed with the child/family.

6.2.5 The allocated worker/team manager will ensure that case recording is up to date and the current child in need plan is SMART, setting clear objectives and outcomes.

6.2.6 The transfer to the new hub will not occur until after introductions to the child, family and carers are complete, or at a planned review meeting.

6.2.7 Once transfer is agreed then the new team manager will allocate/assign the new worker/s and ensure the ending of previous worker relationships.

6.3 For all unplanned changes in need:

6.3.1 It is imperative that a responsive service is provided when there is an escalation of need for a child. When this occurs, the allocated worker must inform their manager who will discuss with the relevant team manager to identify any additional response required and whether there needs to be re-allocation to a social worker to progress/investigate.

6.3.2 If a safeguarding response is needed - as determined either by concerns reported to/identified by a family support worker, or a referral received via MASH, the (acting duty) team manager of the Safeguarding & Support Hub will manage the referral/escalation with reference to safeguarding procedures. All Section 47 and subsequent single assessments will be undertaken by a social worker.

6.3.3 This may lead to the transfer of the child to a different hub, or it may involve a period of joint working to ensure the right support is provided at the right time

6.3.4 If there is disagreement between the team managers or the family then this will be escalated to the operations manager or children with disabilities service manager.

6.4 For specific pieces of family support work on cases allocated to social workers in Safeguarding and Support Hub.

6.4.1 A referral form will be completed by allocated social worker, in agreement with responsible team manager - identifying exactly what support the family need and proposed piece of work to meet need.

6.4.2 All referrals will be considered weekly by the Strengthening Families Team managers and attached to family support workers accordingly. If need cannot be met via allocation this will be discussed with the referring team manager and resolution/alternative to meeting need agreed. If this cannot

happen then it will be escalated to attention of operations manager or Children with Disabilities Service Manager.

7. Continuity for the child and their family

7.1 The team are committed to a relationship-based approach that maximises strengths within the family, whilst ensuring that the child and their family receive the right support at the right time. This provides a child centred service providing continuity of worker to maintain relationships and ensure the full understanding of the young person's communication, behaviour and complex needs.

7.2 All single assessment, child protection or edge of care processes will be completed by a social worker within the team's Safeguarding & Support Hub, but this will be, wherever possible, in collaboration with the assigned/allocated family support workers.

7.3 Other assessments undertaken within the Children with Disabilities team

7.3.1 Carers assessments

- All carers will be made aware of their entitlement to a carers assessment during the single assessment and at review. Best practice is for carers assessments to be carried out at the same time as single assessments.

- Carers assessments are undertaken to identify any ongoing support needs of carers. The outcomes of assessment will be designed to meet any identified need of parent/carer and to promote wellbeing. These outcomes may include:
  - advice,
  - guidance,
  - signposting,
  - respite support and
  - other support including consideration of small financial package.

- Carers assessments can be undertaken by either a family support worker or a social worker. This support/need should be reviewed/re-assessed every 6 months or 12 months (as agreed).

7.3.2 Transitions assessments

- From the age of 14, young people should be focused on Preparing for Adulthood outcomes of employment, independent living, good health

and friends, relationships and community. As a child/young person supported by the children with disabilities team is approaching 16 years of age, then a referral is required for adult social care to become involved and work alongside the children's team to support the child's transition into adult's services.

- To maximise continuity, this assessment will be undertaken by the current allocated or assigned worker either following an enhanced review or an updating single assessment. This assessment identifies the transitional needs of the child and their family.

- A transitions referral will then be completed by the age of 16, to enable a timely process of transferring towards adult social care services over the next 2 years.

7.3.3. Direct payment/short breaks assessment

- Initial Direct Payment/short break support will be identified during or shortly after the single assessment. If needs change minimally, and a small increase in package would meet changed need, either a social worker or family support worker can use the review process to identify increased need. They can then make a request to Resource Panel for a revised package. If the change in need/increase in package is more significant, an updated single assessment will be required and this will need social worker allocation.

- All requests for overnight respite support must be considered in a single assessment and agreed at Resources Panel.

- Any child with a package of overnight respite care provided by any mechanism other than Direct Payments will be allocated to a social worker (either in Safeguarding and Support or Strengthening Families).

- A child with a Direct Payment overnight package could be allocated within any of the 3 Children with Disabilities Team Hubs as appropriate.

7.3.3 Closure to the Children with Disabilities Team

- If the child no longer requires a service from the Children with Disabilities Team (for example the family move area, family circumstances change and service not wanted, child turns 18), then they can then be closed to children's services.

- This requires the ending of the allocations, workflow and service user group (SUG); the file retention period must be added and then "case closure" completed.

- If the child has an EHC plan, please notify the SENDAR team that outcomes have been achieved and the case is closing to social care as a result.

8. The right support at the right time

8.1 The team is committed to ensure that children with disabilities and their carers receive the right support at the right time. This may require offering some specialist consultation to colleagues to prevent the unnecessary escalation into social care.

8.2 **Supporting other children's Safeguarding and Support Teams, including youth justice / Supporting Families [WSCB risk of level 3-4].** If a case does not meet the eligibility criteria for the Children with Disabilities Team, then the team can provide some specialist advice and support to the allocated team. There is a specific protocol with the Youth Justice Service for young people in youth custody, (Protocol available here)

8.3 **Early Help Support [WSCB risk of level 2]** Not all children with disabilities meet the criteria for the Children with Disabilities Team, some require an early help assessment by a lead professional to identify both universal support and specific support available to the family. Children with Disabilities Team can provide specialist advice to the key worker.

The team may also consult early help colleagues to ensure they are providing an inclusive service to children with disabilities to promote the accessibility of services to families within their locality.

All young carers aged under 22 years can receive needs assessed support from Warwickshire Young Carers Project (WYCP). All WCC must notify the Project via an online referral or by telephone on 024 7621 7740.

8.4 **Universal services [Level 1].** The team promote the inclusion of disabled children and young people in all universal services; this is achieved through working in partnership with these universal services to provide integrated support services to the family.

8.5 **Any consultation should be recorded within the child's file by the Children with Disabilities Team worker providing the consultation**.

9. Monitoring and review

9.1 This delivery model represents the current service demand, where the level of support identified as required is delivered flexibly recognising the changing needs of the child and/or family. (A pictorial representation is attached in section 11).

9.2 The team performance will be monitored on a monthly basis using data produced by the Insight Service and reviewed by the Senior Leadership Team. This is to ensure that services are being delivered effectively and in a timely manner to children allocated within the Children with Disabilities Team. Other reports can be downloaded from Mosaic as required to ensure compliance with our procedures and recording standards.

9.3 Regular qualitative audits will be undertaken by managers within the Children with Disabilities Team in line with the Children's Social Care case audit process.

9.4 It is understood that as the service develops there will be need for flexibility within the service as a whole and some hubs may grow and others may decrease, reflecting service need and confidence in the new delivery model.

9.5 Any significant changes will involve consultation with young people and their families.

9.6 A review is planned in March 2019.

10. Further Information

SEND (Education and Learning) – The Local Offer

Special Educational Needs and Disabilities (SEND)

11. Representation of delivery model