

Version 1.2



CHILDREN, FAMILIES AND EDUCATION

CHILDREN'S SOCIAL SERVICES

DISABLED CHILDREN POLICY, PROCEDURE AND PRACTICE GUIDANCE

Document Owner: Policy and Performance Manager Safeguarding CP & CHIN

Authorised:
Review Date:

Date of Equalities Impact Assessment: July 2009
Review Date:

CONTENTS

	Page
<u>SECTION 1 – INTRODUCTION AND CONTEXT</u>	3
Introduction	3
Scope	3
Policy Statement	4
Legal and National Policy Framework	4
Kent Policy framework	5
Definitions	5
Access criteria	6
Service aims and principles	7
<u>SECTION 2 – MANDATORY PROCEDURES</u>	7
Referrals and initial assessment	7
Allocation	8
Core Assessment	8
The child’s wishes and feelings	9
Child protection	9
Mental capacity	10
Carer assessment	10
Priority for service	11
The Children in Need plan	11
Long term planning	12
‘Team around the child’	12
Direct Payments	13
Looked after Children	13
Placements over 120 days	14
Children in 52 week placements	15
Deaf children	15
Benefits and financial support	15
Monitoring and review	16
Transition	16
Leaving care	17
<u>SECTION 3 – ACCESS TO SERVICES</u>	17
Translating need into services	17
Community Support	18
Resource Centres	18
Family Intervention Service	18
Overnight Short Breaks	19
<u>SECTION 4 – PRACTICE GUIDANCE</u>	20
Practice principles	20
Specialist equipment	20
Information	21
Kent Resource Directory	
Appendix 1 – Kent’s Vision	22

SECTION 1 – INTRODUCTION AND CONTEXT

Introduction

The Local Authority, in common with other statutory bodies and organisations, has a duty to protect all children and promote and safeguard their welfare.

The Children Act 1989, by including disabled children within the definition of Children in Need places a requirement on Children's Social Services to undertake an assessment of need, where requested and to provide services, where appropriate and necessary.

This document sets out the Children's Social Services policy, procedure and practice guidance to help staff identify children who, through disability, are Children in Need under the Children Act 1989, and thus to establish their eligibility for assessment and social work services. The development of this policy has taken account of Section 49A of the Disability Discrimination Act 1995, in the context of reviewing eligibility for social work services,

The aim of this document is to complement existing policies and procedures and to provide guidance and clarity for all practitioners working with disabled children and their families, in the endeavour to remove such obstacles and promote inclusion and healthy development.

Scope

This document is intended for the use of managers and practitioners within Children's Social Services' Disabled Children's Service, which is responsible for working with children with severe and permanent disabilities and their families.

The Disabled Children's Service comprises:

- Disabled Children's Teams
- Deaf Services Team
- Paediatric Occupational Therapists

Allocated social workers from Disabled Children's Teams and the Deaf Services Team will normally be the Lead Professional for children who are receiving a social work service from Children's Social Services' Disabled Children Services.

For the purposes of brevity the term 'Disabled child's social worker' will be used to refer to both practitioners from Disabled Children and Deaf Services teams.

Practitioners in the Disabled Children's Service work closely with a number of professionals from other services, disciplines and agencies and form a 'virtual' inter-disciplinary team supporting each child.

This team might include colleagues from:

- Health
- Education
- Short Break units/resource centres (residential staff, outreach workers and Link Scheme)
- Specialist Short Break foster carers
- Interpreters

Where there are child protection concerns practitioners from the Disabled Children's Service will work closely with colleagues from Children's Social Services Referral or Children and Families Teams (see [Disabled Children – Child Protection Protocol](#)).

Policy Statement

It is Kent County Council's policy to promote choice and independence. Kent County Council believes that, generally, it is in a child's best interest to live at home with his/her family but recognises that, because a disabled child may have complex and/or long-term care needs, they, and their parents/carers may require specific assistance and support.

Kent County Council is also committed to promoting direct payments as a flexible way of meeting a child's needs wherever possible provided that such a payment supports the primary objective to safeguard the interests of the child.

The Children, Families and Education Directorate, Children's Social Services Unit has adopted the social model of disability and in doing so acknowledges that it is society that erects barriers and prevents full participation and restricts opportunity. This means that disabled children will be treated as children first with an emphasis on helping them achieve their potential.

The Children, Families and Education Directorate understands the complex nature of disabled children's needs and, therefore, is committed to working together with parents, carers, the child and other agencies and organisations, to jointly ensure that needs are identified and individual care plans established. Children's Social Services is required to use the Children and Families Assessment Framework to help determine children's needs.

It is Kent County Council's policy not to charge children under the age of 18 for services it provides.

Kent County Council and its partners are working to integrate and develop local services for as many disabled children and their families as appropriate and possible. The elements of this vision are set out in Appendix 1. One objective of the vision is to ensure that the majority of disabled children and their families will be able to access necessary services by developing parent consortium arrangements, which will enable carers to commission and manage their own local services without the need for a social work assessment or continuing intervention.

Legal and National Policy Framework

This policy reflects the requirements of the following legislation:

- The Children Act 1989
- Chronically Sick and Disabled Persons Act 1970
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Carers (Recognition and Services) Act 1995
- NHS and Community Care Act 1990
- Disabled Persons Act 1995
- Education Act 1993
- The Community Care (Direct Payments) Act 1996
- Disability Discrimination Act 1995
- Carers and Disabled Children Act 2000

- Children (Leaving Care) Act 2000
- The Special Educational Needs and Disability Act 2001
- The Community Care, Services for Carers, Children's Services (Direct Payments) Regulations 2003
- Children Act 2004
- Carers (Equal Opportunities) Act 2004
- The Mental Capacity Act 2005

In addition, the following guidance and regulation have informed the policy:

- Children Act 1989 – Guidance and Regulations
- Framework for Assessment of Children in Need and their Families (Department of Health 2000)
- The Special Educational Needs Code of Practice 2001
- Valuing People 2001
- Together from the Start 2002
- Every Child Matters 2003
- Every Child Matters – Change for Children in Social Care 2004
- Removing barriers to Achievement 2004
- The National Framework for Children, Young People and Maternity Services 2004
- Aiming High for Disabled Children – Better Support for Families 2007

Kent Policy Framework

This document should be read in conjunction with the following Kent policy:

- Kent & Medway Safeguarding Children Procedures
- Disabled children – child protection protocol
- Promoting Permanence and Stability
- Kinship care policy and guidance
- Children in Need Policy
- Direct payments policy and procedure
- Decision making in Complex or High Cost Placements
- Transporting children policy and guidance
- Medication policy
- Privacy and Respect policy
- Paediatric OT Service policy and procedure
- Transition Protocols

This document and its sub procedure the [Disabled Children – Child Protection Protocols](#) also incorporates recommendations made by the 'Safeguarding Deaf Children and Young Adults in Kent' report by NSPCC in 2006.

Definitions

The Children Act 1989 definition of disability is that:

'A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed'.

The Disability Discrimination Act 1995 defines a disabled person as someone who has:

'A physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day to day activities'.

The term 'challenging behaviour' is often used to describe 'difficult' behaviour. A useful definition of severely challenging behaviour is that:

'the behaviour is of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in jeopardy, or is likely to seriously limit or deny access to and use of ordinary community facilities'. (Emerson E. et al 1987)

Short term breaks is defined as a series of pre-planned short term placements provided within the context of family support arrangements.

Access Criteria

Referral to the Disabled Children's Social Services may be made for any disabled child or young person from birth up until their 18th birthday who is resident within Kent County Council boundaries and whose disability is permanent or long term and meets at least one of the following criteria:

- A severe or profound learning, physical or sensory disability;
- Complex medical needs or long term condition expected to disable the child for more than one year;
- Life limiting or threatening illness;
- Severe communication disabilities or behavioural difficulties related to the child's disability (e.g. Autistic Spectrum Disorder);
- Severe global developmental delay;
- A diagnosis of deafness.

In addition, the Deaf Children's Team will accept referrals from deaf adults who have hearing children.

The criteria do not include children with:

- A disability or disabilities that are not severe;
- Behavioural problems due to social/environmental factors (i.e. not associated to a disability);
- A diagnosis of ADHD or ADD unless in conjunction with a severe learning, physical or communication disability;
- Mental health needs alone;
- A diagnosis of specific learning difficulty alone, e.g. Dyslexia;
- Where the primary need is assessed as being related to social factors, e.g. parenting difficulties, difficulties with siblings.

Registration with the Disabled Children's Register is not sufficient evidence that a child meets the criteria as the Register includes children with a wide range of special needs often based on self-diagnosis.

In cases where it is not clear whether or not a child/young person meets the above eligibility criteria there will be a joint initial assessment with the Children and Families Referral Team.

Children who do not meet the eligibility criteria for a service from the Disabled Children Service may, nevertheless, be entitled to services as Children in Need (see [Children in Need Policy, Procedure CIN Matrix](#)).

Where the young person is 17½ or over, it is expected that consultation would take place between Children and Adult Social Services and, it may be agreed that a joint assessment would be appropriate in such circumstances.

Service Aims and Principles

- To protect disabled children from significant harm through co-operation and collaboration with children and families teams and other agencies;
- To work in partnership with parents and carers to enable disabled children to be cared for within their own families and communities by providing timely, flexible, appropriate and high quality support services, designed to meet their assessed needs;
- To ensure that the needs of disabled children and their families are identified through an effective, co-ordinated, multi-disciplinary assessment process;
- To provide services that are non-discriminating, change promoting, respectful and empowering;
- To ensure that services positively attempt to meet needs and preferences with respect to ethnicity, religion, language, culture, gender and disability;
- To ensure that services are accessible and responsive to the needs of disabled children and their families from ethnic minorities and different cultures;
- To ensure that disabled children are first of all children, their rights are equal to those of non-disabled children;
- To maximise and utilise resources to target areas of greatest need and deprivation;
- To ensure disabled young people receive appropriate care and support in their transition to adulthood by working closely with Adult Social Services Teams;
- To identify and take action to address disabling barriers which prevent children with physical, sensory and intellectual impairments from having equal access to education, health care, social and leisure activities, employment and housing;
- To ensure that where the views/interests of the child do not coincide with those of his/her parents or carers, Children's Social Services will ensure that parents/carers are listened to and understood before making any decisions about the provision of services;
- In line with directions issued by the Government, services provided by Children's Social Services will be targeted at those in most need. Therefore, access to these services will need an assessment of need and a recommended service plan. Decision-making regarding the allocation of resources will be open to scrutiny.

SECTION 2 – MANDATORY PROCEDURES

Referrals and Initial Assessment

All new Child in Need referrals for disabled children must be made through the County Duty Service who will pass the referral to the relevant Disabled Children's Team. The Duty Manager or delegated senior (in the Disabled Children's Team) will decide within 24 hours what action should be taken. If the Manager/Senior decides that an Initial Assessment is required to determine the child's needs, this assessment will be undertaken by a social worker in the Disabled Children's Team.

In those cases where it is not clear whether the referral meets the criteria for a service from the Disabled Children's Team, it is essential that there is close liaison between the Referral Team and the appropriate Disabled Children's Team or Deaf Children's Team. The initial assessment should be completed jointly particularly where there is doubt as to the level of a child's disability or the disability is a significant part of the presenting problem or there are communication issues.

The Department of Health Assessment of Children in Need Framework will be used for assessing the needs of disabled children and their families.

Allocation

On completion of the Initial Assessment, the Team Leader or designated senior will make a decision about further action.

Where a sibling group that includes a disabled child is referred, the family should be allocated to the Disabled Children's Service if the child's disability is the significant and presenting issue, otherwise joint allocation may be required with the Children and Families Team.

In all cases, the decision rests upon what is in the best interest of the child and particular skills and availability of resources/workers from individual teams will be taken into account. It is essential therefore, that robust communication systems and joint working practices are established between operational teams to help ensure best outcomes for children and their families. Joint working should be encouraged and negotiated between team managers.

Core Assessment

A core assessment must be undertaken if, following an initial assessment, it is decided to continue to provide a service to the child and their family by the Disabled Children's Service. The core assessment must be completed within 35 days from the completion of the initial referral.

The core assessment might identify that a "specialist" assessment is required. This should be treated as a separate assessment and should be noted as part of the core assessment but should not delay its completion.

It is important that the assessment identifies the holistic needs of the child and his/her family and not their need for services.

The assessed needs of the child and/or the parent/carer must establish that the following conditions are met:

- The level of disability, or impairment, must significantly compromise the child's ability to access the day to day activities, or opportunities, available to their non-disabled peers;

and

- The provision of a service will significantly improve the quality of life of the child;
- Need for support and assistance is greater than that which it would be reasonable to expect any parent to provide to a child of a similar age;
- The provision of services are necessary to maintain the child as a full member of his family and the local community;

- Or, the assessed needs of the disabled child are such that the welfare of the child's siblings will be significantly compromised if the needs are not met;
- Or, the provision of services is necessary to meet the assessed needs of the parent carer and the failure to meet these needs will be of significant detriment to the well-being of the parent carer.

The Child's Wishes and Feelings

Listening to children is a fundamental requirement under the Children Act 1989 but is even more important when a child is disabled and not able to hear, understand or express their views easily. Both parents and children/young people must be made aware, as far as possible within the limits of their understanding, of their rights and responsibilities.

Many disabled children have non-verbal means of communication and have to rely on others to interpret the gestures/signs they are making. Often behaviours are overlooked as a means of communicating and, typically children have been misunderstood or medicated as the behaviour is seen as a symptom of their condition.

All those working with disabled children need to familiarise themselves with a child's method of communicating and use observational skills positively; taking note of any changes in/or patterns of behaviour, as these are indicative of a child's physical/emotional well being; whether they like/dislike something; ability to make choices etc.

The use of signs, symbols or appropriate demonstration may be useful and where necessary an interpreter, speech therapist or a teacher who is skilled in communicating with the particular child should be involved.

Attention should be given to ensuring that the child/young person understands the context of short breaks away from home and his/her right to dignity, privacy, respect and safety.

Every effort should be made to ensure that the child/young person is able to make a complaint effectively if he/she needs to.

Facilitating active participation in developing and evaluating services must be integral to social work practice and evidenced throughout the assessment and planning process. Looking at appropriate ways of engaging children will be routinely addressed in supervision and discussed in wider forums i.e. Team meetings/County Manager's meetings.

The person centred approach requires practitioners to be creative and flexible, both with the tools that they have available and their willingness to try new ideas and share good practice.

It is acknowledged that ensuring disabled children are given the opportunity and support to participate as fully as possible in making decisions and choices about their lives, can be time consuming and requires particular skill and tenacity. However, every effort must be made to ascertain the views of the child, taking their age into account, as part of the assessment process. Both efforts made and any views expressed must be recorded.

Child Protection

If a child protection concern is received as a new referral or, at any stage either whilst assessing or working with a child, it is thought that they are at risk of suffering significant harm, Kent & Medway Safeguarding Children Procedures will be followed immediately and a referral made to the Referral Team within Children's Social services.

This subsequent action taken will be led and co-ordinated by the Referral Team within Children's Social Services and include consultation with and representation from practitioners within the Disabled Children's Service at all strategy discussions. The procedure set out in the ['Disabled Children – Child Protection Protocol'](#) must be followed.

The multi-agency strategy discussion will agree who is the most appropriate individual to undertake identified tasks, taking into account specific skills and knowledge about the child's level of understanding and preferred methods of communication. Where a child uses alternative means of communication; has Autism and/or severe learning disability, it is important that someone with whom the child is comfortable and is competent to effectively communicate with the child, is actively involved in the interviewing process.

All decisions about action and outcome will be communicated in writing to all involved in the referral.

Where the case has only been recently closed i.e. within the past year, it will not be necessary to undertake a full re-assessment. However, the earlier core assessment will need to be reviewed and updated.

Mental Capacity

The Mental Capacity Act, 2005, which applies principally to adults who lack capacity, does have some application in Children's Services. In most situations the care and welfare of children under 16 will continue to be dealt with under the Children Act 1989. However, there are two parts of the MCA that will apply to children under 16.

- The Court of Protection's powers to make decisions concerning the property and affairs of a child under the age of 16. The Court can make these decisions where the Court considers it likely that the child will lack capacity to make decisions about their property and affairs even when they are 16 (see part 12).
- The criminal offence of ill treatment or neglect also applies to children under 16 who lack capacity as no lower age limit is specified for the victim (see part 9).

Chapter 12 of the Code of Practice explains in more detail about legal proceedings for young people and the relationship with other relevant legislation such as the Children Act 1989.

For further information about the Mental Capacity Act see Making Decisions - A guide for people who work in health and social care: <http://www.dca.gov.uk/legal-policy/mental-capacity/mibooklets/booklet03.pdf>.

Carer Assessments

The Framework for Assessment of Children in Need and their Families includes consideration of carers' needs; however, a separate carer's assessment under the Carers and Disabled Children Act 2000 may also be carried out at the request of the carer. Carers should therefore be told of their right to an assessment at the time their child is assessed.

The carer's assessment should be seen as part of a holistic assessment of the needs for support of the cared for person and the carer, identifying the outcomes desired by both. It should be reflected in the child's plan or as a separate carer's plan (where there is a need for confidentiality) and should determine:

- Whether the carer is eligible for support

- The support needs of the carer
- Whether those needs can be met by social or other services

The Carers (Equal Opportunities) Act 2004 builds on existing carers' legislation. The Act:

- Requires local authorities to ensure that all carers know that they are entitled to an assessment of their needs;
- Places a duty on local authorities to consider a carer's outside interests (work, study or leisure) when carrying out an assessment;
- Gives local authorities powers to request help from health, housing and education in providing support for carers.

It is important when undertaking a carer assessment not to confuse the needs of the child with the needs of the carer. If the child is eligible for a direct payment this should be based upon the child's needs and not upon those of the carer.

It is KCC policy not to charge carers for services.

Priority for Services

Services offered by Children's Social Services are designed to maintain a child/young person in their own home and cannot be offered to a child/young person and family unless the need has been assessed, eligibility criteria established and the request set against other demand for services in the county. Services will be targeted on children/young people and their families who are assessed to have priority. Priority will be given to the following in no particular order:

- New referrals for core or other multi-agency assessments.
- Children where there are child protection concerns
- Children in court proceedings
- Children in joint funded placements
- Looked after Children in residential or fostering placements
- Children where a residential or foster 'short break' is identified as needed
- Children receiving outreach, home support or family support services
- Large or complex support packages.

The Child in Need Plan

All disabled children who, following a core assessment, are confirmed as needing a service from the Disabled Children Service, must have a Child in Need plan. This will be shaped by the assessment of need and determined in partnership with parents/carers/children and other agents involved in the welfare of the child and their family.

The provision of appropriate services should not wait until the end of the assessment but be offered as they are required by the child and family. This is likely to be at points throughout the assessment process. The process of engaging in an assessment should be therapeutic and conceived as part of the range of services offered.

In some cases a child's needs cannot be met locally and multi-agency funding will be required. Discussions should take place with the relevant manager in this respect. The Child in Need Plan should reflect a person centred approach that will, for example, give consideration to:

- Priorities
- The resources of the family – clarifying what parent/carers and family members can do and the child's capacity for self-care
- Appropriateness of any existing services
- How to facilitate inclusion
- Alternatives/preferences
- Availability of local community services
- Integration of service provision
- Whether a direct payment might be appropriate (see '[Direct Payments Procedure and Guidance](#)')
- Transition

The Child in Need Plan must specify:

- What needs are to be met
- Which services/resources have been identified to meet these
- The role of each agency/professional
- Agreed service objectives in relation to outcomes
- How outcomes will be evaluated
- How plan will be co-ordinated – detail of the level and frequency of the service that is to be provided, stating which person or agency is providing that service and whether the direct payment covers this
- Arrangements for addressing areas of concern/issues arising
- A review date to take place within six months.

Long Term Planning

There is a disparity between resources available to support disabled children/carers and those available to disabled adults. One explanation for this is the statutory nature of Children's Social Services work. However, it is important that Children's Social Services does not raise expectations that cannot be met. Therefore, the following should be kept in mind when determining which services to provide:

- It is Kent's policy to promote independence and arrangements should reflect this objective.
- Provision of services cannot be guaranteed beyond 18 and it is important that children and parents are not encouraged to believe that high cost arrangements, particularly residential care, will continue into adulthood.

Once the plan is agreed it should be signed and dated by all parties.

'Team Around the Child'

All disabled children who meet the criteria for social work services will have needs that are so complex that multi-agency support will normally be required to meet them. The contribution of each agency must be set out in a Child in Need Plan. This group of people constitutes what is called 'the team around the child' which will work together to ensure that the needs set out in the Child in Need plan are met.

Direct Payments

The Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2003 require local authorities to offer direct payments to all individuals who are eligible. This includes:

- Disabled people aged 16 and over.
- People with parental responsibility for a disabled child who provide, or intend to provide, a substantial amount of care on a regular basis for their child.

Direct payments should be considered when:

- The initial assessment indicates that the child or young person is disabled (the definition under S.17 (11) of the Children Act 1989 applies) and eligible for services as a child in need.
- The parents or young person have expressed a wish to have more control over how their support is provided.
- A child or young person's Child in Need plan is being reviewed.

Direct payments may be available to disabled young people or parents/carers of disabled children/young people. The purpose of direct payments is to enable those receiving them to exercise more control over their lives and in accessing resources to meet assessed need. Whenever a disabled child or young person is assessed as needing social care services, the local authority must consider whether there is a duty to make a direct payment.

A direct payment can only be made where it is in the child/young person's best interest to do so. When asking whether a direct payment is the right option there is a need for practitioners and service users to consider the following:

- Would a direct payment meet the assessed need?
- Would a direct payment give the parent/carer/young person more control?
- Would a direct payment give more choice?

If a child or young person is assessed as needing a short break in either a residential or foster placement, the direct payment cannot be used to purchase this service from Kent Children's Social Services.

A direct payment will be considered for parents/carers wishing to purchase an overnight short break service from an independent provider. However, the cost of the alternative service must not exceed the cost of the equivalent service provided by Kent Children Social Services (see [Disabled Children Direct Payment Procedures](#)).

If a parent or young person is interested in direct payments the Disabled Children Direct Payments Procedure should be referred to and a referral made to the Children and Families Direct Payment Support Service (CFDPSS) hosted by the Parent's Consortium. Parents and young people do not have to use this service, but unless they are experienced in organising and managing their own support it is advisable.

Looked after Children

All disabled children who are accommodated or subject to a care order to Kent must be managed in accordance with the Looked after Children Regulations and CSS LAC policy and procedure.

Children placed in residential or family based short break placements (excluding Link families) may be considered as looked after children under the Children Act 1989.

A series of short term planned placements may be treated as a single placement for the purposes of the regulations, provided that:

- The placement is with the same carer or residential unit
- A single episode does not last for more than 4 weeks
- The total number of nights spent away from home in the placement does not amount to more than 120 in any 12 month period.

This regulation describes the maximum number of days permitted. Social workers and managers must plan for the best interests of the child or young person, ensuring that arrangements support the relationship between parent and child, and contribute to the security, stability and consistent care which a child or young person needs.

If more than one short term planned care placement is used, even though the combined total is less than 120 days and each episode in any setting is less than 4 weeks at a time, each placement must be separately reviewed although reviews can be combined into one meeting. The social worker has the responsibility of assessing whether the child's needs for stability, consistency and emotional warmth are well met by such an arrangement and that the arrangement supports family life, and is not detrimental to relationships between the child and their family.

Reviews of short term planned placements will take place 3 months after the first overnight stay, or earlier if the number of nights planned in the first 3 months is substantial. Thereafter the arrangements will be reviewed six monthly, although this may be reduced to annually by agreement of the Team Leader or Practice Supervisor dependent on the number of overnight stays that the child has. The review dates must be planned from review to review and the number of days calculated on a rolling 12-month basis, to avoid breach of regulations.

If the amount of care taking place outside the family, including that with relatives, friends and other organisations indicates a high level of substitute care which could be detrimental to the well being of the child/young person's health and proper development, the case should be reviewed in a multi-agency planning meeting.

Similarly, where the short breaks are frequent, even if the number of days does not exceed 120 in a 12 month period, and the circumstances would be better described as a 'shared care', a consideration should be given to whether a child's interests should be better served if he/she were to be in care.

Children who receive short-term breaks arranged and funded by their parents may need to be considered as private fostering arrangements and the regulations applied accordingly.

Placements for 28 days or 120 days per year

If the need for planned care exceeds 120 days in any 12 month period a review of arrangements must be held and the child should be considered as looked after.

The Children Act 1989 states that if Social Services arranges for a child to be cared for outside their home for a continuous period of 28 days or a period of 120 days in a 12 month period the child should be treated as accommodated or looked after. The following forms should therefore be completed for all children in these circumstances:

- IAR or Core Assessment
- Essential Information Part 1
- Placement Plan (Part 1)
- LAC Care Plan
- Children in Need Review Form

The normal parental contribution requirements apply to such placements.

Children in 52 week education or health establishments

Some children with Statements of Special Educational Needs or with long term health problems may be placed in specialist 52 week education or health establishments. Where young people are away from the care of their parents for 52 weeks a year in such establishments the local authority can treat them as looked after if this is considered to be in their best interest.

These placements are usually made following discussion at Kent's Joint Resource Allocation Panel or the placements are brought to its attention and monitored on a regular basis.

These placements should be brought to the attention of the local Disabled Children's Team at an early stage so that consideration can be given to whether they should be subject to LAC processes.

Deaf Children

The Deaf Services Team is part of the Disabled Children's Service and its purpose is to ensure co-ordinated engagement with deaf children and their families to provide assessment and support particularly at key stages of development.

The team will hold cases in its own right or undertake specialist assessments of children who are already allocated to workers in other teams.

New referrals to the Deaf Services Team must go through the process set out above. However, where the case is already open it is not necessary for the Referral Team to undertake a new initial assessment. Instead, a copy of the most recent assessment of the child's needs should be forwarded to the Deaf Services Team with the referral. It is good practice for the Deaf Services worker to make contact with the child's social worker prior to commencing their assessment, as a joint visit may be appropriate.

Benefits and Financial Support

Meeting a disabled child's needs for care and support is costly. It is, therefore, important that practitioners develop an understanding of the benefit system and financial help that might be available from a number of sources.

Information on the range of benefits available, which can be applied for and benefits training programmes is frequently updated. Kent has a Benefit Team that can be consulted and to whom cases may be referred if there are complexities and/or decisions against which people want to appeal.

It is particularly important that when a disabled young person reaches 16 that they are encouraged and enabled to claim their benefit entitlement.

Monitoring and Review

The primary focus of review meetings is to check whether the desired outcomes have been achieved within the specified timescales. Attention should also be paid to the impact of services on the identified needs as they might need to be re-assessed.

Children in Need - it is expected that the Child in Need Plan will be reviewed six monthly but, if significant changes in circumstances occur, or anyone party to the Plan requests it, a Review or Child in Need Meeting may be convened.

Review meetings are often arranged by the social worker in their role as the lead professional. However in cases where the child has complex needs another professional involved with the child may adopt this role.

The monitoring and reviewing process is a multi agency responsibility and requires that all parties consult and communicate with each other in a co-ordinated way. It is important, therefore, that if a key individual cannot attend a Review/Meeting, a written or verbal contribution is submitted to the co-ordinator to inform the process.

The child/young person should be supported to attend their Review/Meeting and, in any event, must be consulted beforehand to obtain their views/perceptions.

It is expected that parents/carers and providers of short breaks and support will also be invited along with agents from statutory and voluntary organisations as appropriate.

Outcomes of service provision will be evaluated; the review discussion and decision/action to be taken will be clearly recorded and copies sent to all those invited.

Looked after children – the process of reviewing a Looked After Child is clearly set out in the LAC Regulations.

Looked After Child Reviews for children using short break care services should be undertaken at least annually (preferably six monthly) unless the child receives more than 120 days of care per year. In this case placement reviews should be arranged every six months.

Transition

Multi-agency Transition Protocols set out the processes for disabled children including the transfer of young people from Children's Social Services Disabled Children's Service to Kent Adult Social Services.

Young people between the ages of 14 yrs and 18yrs who require a social work service will need to have a transition plan in place.

Any child or young person presented to the Joint Allocation Resource Panel for funding either of a complex support package or because they are considered to be in need of residential provision will be automatically brought to the attention of Adult Social Services.

When making placement decisions for children practitioners should consider the long-term implications.

Kent Adult Social Services will seek a Family Group Conference for all young people in transition who are either already in residential or foster placements or where there is a likelihood that such placements will be sought for them in adulthood.

Where social work practitioners are the Lead Professional for a disabled child they will have a particular role in the transition process.

Leaving Care

Disabled Looked after Children who are allocated to a practitioner in the Disabled Children's Service do not transfer to Kent's 16+ Leaving Care Service. Therefore, the responsibility for preparing the young person for adulthood will rest with the allocated social worker.

A Pathway Plan should be completed with all disabled young people who are looked after in long term placements or placements over 120 days prior to their 16th birthday. The Pathway Plan may be combined with the young person's person centred transition plan (see Transition Protocols) so that they do not have two separate plans.

The pathway planning process will be where arrangements for continuing support of contact will be agreed. The plan should cover the following areas:

- Personal support
- Accommodation
- Education and training
- Employment
- Family and social relationships
- Practical and other skills
- Financial support
- Health needs
- Contingency planning

Pathway plans should reflect good practice in as much as:

- Young people must have the option to remain looked after until they are prepared to leave
- Pathway planning should run parallel to a young person's care plan and LAC planning, including any personal education or Connexions plan
- Pathway planning should take place early, recognising the need for structure and stability
- All people with an interest or involved in supporting the young person should be fully involved in the process
- Pathway planning should be at the young person's pace and ensure that young people are fully involved and informed about the options available.

The Pathway plan format should be adapted as appropriate to meet the needs of each individual young person. Using person centred planning approaches may be helpful.

The local 16+ Team may be approached for advice and support regarding care leavers issues.

SECTION 3 – ACCESS TO SERVICES

Translating needs into services

Services provided will depend upon the assessment of need. Increasingly Children's Social Services are commissioning services from specialist voluntary agencies to provide children and their families with choice and flexibility.

Generally, although there are exceptions, an assessment that reflects the views that the parent or carer of a child with disabilities has about the help they need and when and where they wish to receive it, is more likely to produce outcomes that are valued by the family as a whole.

Services should be of good quality, accessible, timely and flexible and evaluated regularly to ensure that assessed needs are being met. Where appropriate (once a particular need has been identified) services can be secured before the completion of an assessment.

It is expected that any service provision, which includes the undertaking of medical procedures; managing behaviour that is challenging; lifting and handling, will have appropriately trained and/or qualified staff to carry out these tasks safely and competently.

Community Support

Most localities have a range of inclusive services that can be accessed without a Social Services assessment such as:

- Playgroups
- Child minding
- After school clubs
- Play schemes
- Children's Centres

If a child or family can be supported through such services alone then it is unlikely that the child meets the criteria for a service from the Disabled Children's Service. However, local community services can also play an important role as part of a package of support.

Resource Centres

A range of services such as outreach, Link Scheme and services commissioned from the private and voluntary sector can be accessed from Kent's Resource Centres. A Child in Need Assessment and Plan will be required to access some these services.

The parents and child/young person must be made aware that although agreement has been given for a service, its availability will depend upon a variety of factors, such as the availability of suitable workers, the overall demand on the service and competing priorities.

Services should be reviewed every 6 months and their effectiveness monitored.

Resource centres will also operate as a signpost to other services.

Family Intervention Services

Children's Social Services can undertake direct work with families that is designed to focus on and resolve specific difficulties such as managing difficult behaviour. A CHIN assessment and Plan are required to access this service.

Overnight Short Breaks

The care plan deals with the overall, long term plan for the child/young person, identifying where possible the diagnosis and its impact on the child/young person and their family, plus giving clearly stated objectives for their care and a strategy for achieving them. The plan should, from the outset, consider the need for 'permanence in the form of a long standing stable environment.' The provision of short break placements should only be made as part of an overall care plan. Short breaks include:

- Foster care
- Residential short break units
- Overnight in the family home

Applications for Overnight short breaks in any of the above settings must meet the agreed criteria. Parents must be advised that the availability of short breaks will depend on demand and competing priorities.

To receive an overnight short break the child or young person:

- Must be open to the Specialist Disabled Children Services and have a disability that is permanent or long term.
- Must have an up to date core assessment and Child in Need Plan which identifies the child's assessed need for an overnight short break.
- Must have the agreement of the Area Manager.

Children/young people eligible for an overnight short break are children/young people who have one of the following needs.

- High level of complexity.
- Complex health needs.
- Any other combination of complex need and behaviours which in the opinion of the Team Leader justifies the provision of an overnight short break.
- Manual handling requirements which require specialist equipment.

and demonstrate one or more of the following behaviors:

- Disturbed nights.
- Severely challenging behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in jeopardy, or is likely to seriously limit or deny access to and use of ordinary community facilities
- Self Harming.
- Exhibit inappropriate sexual behaviour.
- Destructive behaviour towards clothing and property.

Please refer to ([Disabled Children - Direct Payment Procedures](#)) for more detailed guidance on the use of a direct payment for an overnight short break.

SECTION 4 – PRACTICE GUIDANCE

Practice Principles

The following principles underpin all social work practice with children and their families:

- The welfare of the child is paramount;
- Disabled children are children first, and foremost;
- All children should be enabled to reach their full potential;
- Services should be as close to a child's home address as possible;
- Services should be inclusive wherever possible;
- Equality issues will be addressed and access to services for disadvantaged groups promoted;
- The preferred provision for all children is community based (e.g. Outreach) or family based alternatives – Childminding, Link;
- Residential provision will be targeted at children who cannot access other provision and where this will meet their needs – e.g. older children, children with high dependency needs;
- The views and wishes of children, young people, parent/carers and siblings will be taken into account as part of the decision-making process;
- The Child in Need matrix will be applied;
- Processes of Transition are experienced by children/young people at various stages of their lives and individual development and need to be appropriately planned for to achieve a smooth, co-ordinated pathway;
- The development of resources and services will be driven and shaped by the needs of children and their families and thus embrace cultural difference and diversity;
- Working in partnership with parents/carers and adopting a multi agency approach to assessment, planning and commissioning is essential to this process.

Specialist Equipment

The Paediatric OT Manager, in consultation with the Disabled Children Service Manager will take decisions regarding the provision of OT equipment where necessary (see Paediatric OT Service – policy and procedure).

Information

Information is one of the most valued aspects of families' contacts with services. Parents/carers have identified a number of issues regarding information and commonly report that if it is to be valuable it needs to be:-

- accurate and therefore update regularly
- timely – available for people to access
- “as and when” they want
- accessible and available in a choice of formats/language

Providing information in a sensitive manner and making time available for people to ask questions, or “check out” something at a later date are also very significant factors when considering how to develop information systems.

It is important to work closely with Adult Social Services, other agencies and specialist organisations in order to facilitate a co-ordinated approach to providing disabled children and their families with good information. This will also promote a better understanding of others roles and responsibilities and assist in the endeavour to prevent misunderstandings and confusion.

Kent Resource Directory

Kent Resource Directory for Children Services is an online directory which brings together information about services, activities, support and guidance for children and young people, aged 0 -19 years, parents and practioners across Kent.
(see <http://www.krd.org.uk/index.aspx>)



COUNTY STRATEGIC PARTNERSHIP FOR DISABLED CHILDREN AND THEIR FAMILIES

VISION STATEMENT

Kent Children's Trust Board believes in the right of disabled children and young people and their families to live as ordinary a life as possible. Our overarching aim is to enable disabled children and young people and their parents/carers to have an active role in developing their own life plans and shaping flexible and responsive services to meet their aspirations. This means unconditional levels of support for some children, to ensure their involvement and inclusion in society so that they achieve as individuals.

To ensure this happens, Kent's Children's Trust Board will build in to the strategy four critical components, that together will make truly effective services for disabled children and young people:

- Services meet families' needs**
- Families participate in everyday life**
- Services recognise that children grow and move on**
- Services recognise, recruit and develop the right people**

The **strategy** to achieve the Core Offer in “Aiming High for Disabled Children: Better Support for Families” (attached as Appendix 1) is based on the following **principles**:

- We recognise that there are a number of disabling barriers* to overcome for disabled children, young people and their families.
- Disabled children, young people and their families know what services are available to them. Families are supported to continue to care for their child(ren) at home because they are empowered to find their own ways to meet the needs of their disabled child, their other children and themselves.
- Disabled young people are supported to leave home and live as independently as possible within their local community.
- Services are available at the times disabled children, young people and their families need them, including during family crises, on an equitable basis across the county.
- Services have clear outcomes and need to be monitored and evaluated regularly with families contributing to this.

Kent Children’s Trust is committed to the “Every *disabled* Child Matters” Local Authority and PCT Charters and is working towards achieving their aims by December 2009 (attached as Appendices 2a and b). The Trust recognises the extraordinary input necessary to achieve the five “Every Child Matters” outcomes for disabled children during that time, and beyond.

Success is dependent upon:

- Knowing what is happening currently
- Working in partnership with other agencies and the voluntary and community sector
- Changing cultures within established services and settings
- Transforming service provision
- Providing good information, easily accessible
- Ensuring robust parent participation and influence on service design
- Providing flexible and responsive services when they are needed and where they are needed
- Establishing integrated child-centred processes for working with disabled children from referral through assessment to delivery
- Establishing transparency, including clear information-giving and decision-making
- Developing the workforce

The social model of disability is described as “the **disadvantage experienced by an individual, resulting from **barriers** to independence and inclusion, which impact on people with **impairments**”.*

Final version – agreed by the County Strategic Partnership on 6.5.09