**Kirklees Directorate Children and Young People Services**

Children’s Social Work

Practice Standards Manual

Children with a Disability Service (CWD)

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**February 2023**

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1. **Introduction**
   1. Kirklees Children with a Disability Service (CWD) is a statutory Social Care and Early Support service, which provides specialist, disability related, services to children and young people aged 0-18 with the most complex needs. The service is made up of two teams of Social Workers who complete child and family assessments which may lead to a funded package of support. Children are open to the Children with a Disability Service usually on a Child in Need basis.
   2. The practice standards set out the standards that relate to good practice in social work. Adherence to the standards plays a vital role to improve outcomes for vulnerable children and young people. These practice standards are specific to children who are open to the Children with a Disability Service.
   3. High quality practice is vital to safeguard the most vulnerable children and young people in Kirklees. Every practitioner has a responsibility to ensure that the children and young people they are working with receive an effective service.
   4. These practice standards do not include management oversight or supervision. These standards are available in the Kirklees supervision policy and Kirklees Practice standards.
   5. These practice standards set out how we will improve outcomes for children through a learning and improvement cycle. Support to children and families is provided by a range of professionals across many agencies with the clear ambition to achieve positive change. It is important to have basic standards that everyone owns as part of a quality assurance approach. The standards are a minimum benchmark and should be viewed as part of an approach to ensure that all services are consistently delivered to an agreed quality standard.

***“Professionals should be spending more time with children, asking how they feel, whether they understand why the social worker is involved in their family, and finding out what they want to happen." Munro (2011).***

1. **Key Principles**

2.1 We have 6 key practice principles which all children’s social care staff should be meeting.

* **Child Centred**: the focus of quality assurance will be on the experiences, progress and outcomes of the child or young person on their journey through our social work and safeguarding systems;
* **Restorative**: quality assurance will be restorative and based on working with staff and managers. As a restorative process quality assurance will be characterised by positive relationship building and the principles of both high support and high challenge;
* **Outcome Focused**: in line with the key behaviours for Children’s Services, the focus of quality assurance will be on outcomes rather than processes whereby we will continually seek to improve performance and demonstrate the impact of help for service users improving their outcomes.
* **Positive**: our approach to quality assurance will be positive - looking at informing and encouraging improvement and supporting the development of staff and services; this will be achieved by direct discussion/ feedback from the auditor and involved worker and manager, alongside a balance of complaints and compliments about the quality of services provided to our children and families.
* **Reflective**: our quality assurance framework is designed to promote reflective practice and shared learning.
* **Practice Expectations**: What this looks like in practice. The expectations are informed by statutory regulation; the social work professional capabilities framework; knowledge and skills statement; standards of proficiency for social workers; Ofsted grade descriptors; and evidence-based practice research.

1. **Eligibility Criteria**

3.1 Kirklees Children with a Disability Service (CWD) is a statutory Social Care and Early Support service, which provides specialist, disability related, services to children and young people aged 0-18 with the most complex needs. Services may be provided to children and young people who:

* Are resident in the Kirklees area
* Are between the ages of 0 and up to the 18th birthday
* Have a diagnosed physical or mental impairment which is likely to have a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities
* Children with a sensory impairment, a learning disability, or an autistic spectrum disorder (ASD) which impacts on day to day life.
* Children with complex health needs and those with palliative, life limiting or life-threatening conditions.

The council defines substantial and long term as follows:

* Substantial means that the disabled child or young person will require significant levels of support from another person to carry out their basic day to day functions such as eating, dressing, washing, participating in activities in or out of the home, and night-time care. It is expected that they will continue to require this level of support as an adult.
* Long-term means that the disability is expected to be permanent. The service would not support children and young people who have had acute medical problems, illnesses, or operations which can be disabling but from which they will recover.

3.2 **Referrals into the Children with a Disability Service**

* Referrals will be received via Kirklees Duty and Advice Service. If the referral is received due to a safeguarding issue then the referral will be sent to Assessment and Intervention rather than our service. Consent will be sought by the Duty and Advice Service and clearly recorded on the child’s casefile.
* Referrals will be allocated within **one working day** to a Social Worker within the service. The Team Manager will have an allocation discussion with the worker and record this clearly on the child’s file (allocation note).
* The allocated Social Worker will make contact with the family within 5 working days or sooner if a quicker response is required (Team Manager will discuss this within the allocation discussion). The case summary will be completed to ensure that the referral information is recorded and that all personal information such as address, telephone numbers, ethnicity and disability is recorded.
* An initial Child in Need Meeting will be arranged to take place within 15 working days of the referral and this will be used to gather information from other agencies and inform part of the assessment.

**4. The Child and Family Assessment**

4.1 All child and family assessment should have a assessment plan which is shared with the parents/carers and if appropriate the young person. This plan will clearly detail when assessment sessions will take place, what the assessment will cover, dates of any meetings which will inform the assessment and direct work sessions with the child or young person. A signed copy of this plan should be placed on the child or young persons file.

4.2 Our assessments need to include all domains of the assessment triangle and not just focus on the child or young persons disability. Assessments need to build on the strengths within families and communities to enable them to provide a caring and nurturing environment wherever possible. A good quality social work assessment is central to gaining an understanding of what is happening for children and families and to inform decisions about action to be taken and or what services to be provided. The child and family assessment will establish what the “unmet need” is that may require a package of support to be provided.

4.3 Assessment is recognised as a continuous process which requires regular review and leads to SMART (specific, measurable, achievable, realistic and timely) and flexible plans that meet the changing needs of children. All children should have an assessment which clearly takes into account the child’s experience, wishes and feelings and consider the needs, wishes, and feelings of parents and carers. Every child should have an up to date, evidence based assessment of their needs, wishes and feelings. Assessments within the Children with a Disability service need to be creative and inclusive regardless of the Child or young persons ability to communicate. There is a clear expectation that assessments will be adapted to ensure that we understand what the child and young person has to tell us.

4.4 Children and young peoples preferred use of communication should be clearly recorded on the case summary and children and young people where appropriate should have a communication passport on file. Children and young people where possible should be seen within other settings such as school, social activity, another parents/carers home or respite provision. This allows social workers to gain a true picture of what the child or young persons lived experience is.

4.5 Assessments should be based on a clear analysis of all the information available and will include evidence of multi-disciplinary cooperation and assessment, a strengths based approach, including a focus on what is working well, what are the key concerns and robust analysis of how families can be enabled to fulfil their responsibilities to the child. This will involve consideration to arranging a family group conference.

4.6 Assessments should include a genogram and ecomap. Extended family and friends support network should be considered.

4.7 A continuing health care check list should be completed and sent to health for children and young people with significant health needs. Consideration to be given at the time of referral to whether an assessment should be completed jointly with health or whether any joint home visits are required (this can be considered at the time of allocation).

4.8 An assessment is an intervention in itself and the process of assessment may create change and lead to help from the extended family and/or the provision of services and:

* Should give consideration of needs arising from diversity including ethnicity, culture, heritage, age, disability, gender, gender identity, faith, sexuality and domestic abuse.
* Include an assessment which evaluates the interconnectedness of a range of vulnerability and risk factors. In any case where any child or adult subject to the assessment has previously been the subject of care proceedings, the assessment will include the provision of legal advice.
* Include a contingency plan. Contingency plans include the practical steps to be taken to promote the safety and welfare of a child in the event of an emergency or other situation which requires the child to be looked after by someone other than their main carer.
* Should be completed within the shortest time possible to enable decision making and to minimise distress to families.
* Should include contextual assessments when concerns relating to risk are identified from outside the family within the child’s peer group, extended network, relationships and or community.

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| **Key Practice Expectations - Assessments** |
| 1. State the reason for and purpose of the assessment; be clear in conclusions and recommendations; record what steps have been taken (who was seen, what was read) and include seeing the child in a variety of settings, including alone, to seek their views. |
| 2. Include consideration of the quality of attachment between the parents/carers and the child, ensuring that, in respect of babies, non-verbal infants, they are seen awake and interacting with the carer and older non-verbal children. |
| 3. Focus on the strengths of families and their network as well as issues of concern in order to consider how resilience and protective factors can be supported while simultaneously reducing risk. Describe and clearly analyse the strengths and needs within a family and the risks likely to impact on the child. There should be a clear opinion of whether the risk of harm is significant. The conclusion should flow from the analysis. The analysis should include fathers and other men in families and demonstrate that absent fathers have been sought and considered. |
| 4. Include the preparation, review or update of a chronology, genogram and, in most cases, an ecomap to ensure other connected, but not necessarily related people are included where significant and when any significant change or incident has occurred. |
| 5. Be carried out in partnership with the family, focussing on building strengths and finding solutions, rather than simply describing deficits. This might include meeting with the family to discuss issues or convening a conference, review or core group meeting to consider how to resolve difficulties or manage a crisis should it arise. |
| 6. Include consultation with all agencies and professionals involved with the child and consider provision of services from a wide perspective. Assessments must be robust by triangulating evidence from a range of sources to support key judgements being made. Consent must be sought to seek and information shared, unless to do so would be likely to place the child at risk of harm. |
| 7. Be holistic and systemic in approach, taking into account available resources and the child’s place within the context of family, community and culture. |
| 8. Be child centred, rooted in child development and focus on the child’s lived experience and its likely impact on them. |
| 9. Include consideration of other children within the close or wider family or network. |
| 10. Include the use of evidence based assessment tools and evidence from research, maintaining an approach of ‘respectful uncertainty’ (Laming 2003). |
| 11. Consider the child’s views and those of family members and significant others including analysis of why these have or have not been given precedence. |
| 12. Include a robust risk assessment which takes account of static and dynamic risk and protective factors and includes consideration of historical information, parental capacity and ability to achieve lasting change. |
| 13. Ensure that evidence from a wide range of sources is considered and triangulated and that the relationship between risk factors and the possibility of multiple risks is considered. |
| 13. Include intervention and provision of services during the assessment period where needed to improve the child’s situation or test hypotheses. |
| 14. Be written in plain language, free from jargon and be understood by the child, parent/carer. If appropriate, be translated into the first language of the child/family and include a child friendly version. |
| 15. Be shared with parents, others with parental responsibility and the child, depending on their age/level of understanding. |
| 16. Be scrutinised and approved by a manager with the managers view and rationale clearly recorded. |
| 17. Include consideration of domestic abuse and where appropriate, a DASH Risk Checklist to evidence whether risk is standard, medium or high. If it is high, then a MARAC referral must be completed and ways of safeguarding children and vulnerable adults considered and acted upon. |
| 18. A needs assessment must be carried out in respect of all children in care 6 months prior to their 16th birthday, to inform their pathway plan which much be in place by the age of 16 and a half. |
| 19. Remain mindful of issues regarding the Mental Capacity Act for both parents and young people of 16 and over and of issues regarding the Deprivation of Liberty for all children and young people. Refer to Mental Capacity Act Guidance. |
| 20. Take into account the history including any previous care proceedings and the worker and manager must ensure legal advice is sought where anyone subject to the assessment has previously been involved in care proceedings in Kirklees or elsewhere. |

**5. Recording**

5.1 Records are an essential account of a child’s life during the time that the local authority is involved. The records are used to help understand a child’s circumstances and needs, to progress assessments, therapeutic and other work with the child and family members, and to share information about the child and family with other professionals. Recording is an essential component of gathering information, analysis and decision-making and a means of demonstrating defensible decision making. Recording should be concise and clear, so that children and families can understand it when they access their files. Records are crucial in understanding what has gone wrong in the event of a serious incident leading to a serious case review and can help agencies learn from mistakes, thereby protecting all children.

5.2 Social work reports are integral to decision making about the child. They should be well written, accurate and timely, with sound assessments of strengths, needs and risk. Evidence-based recommendations are essential in determining the provision of the most appropriate services for vulnerable children. As adults, people may wish to look at their records. This could be many years, even decades after their involvement with children’s services, and so the record can often be their only link to their early life and family experiences. It is vital that people can look back and feel that they experienced a professional service which has accurately and fairly recorded its work with them and their families.

5.3 All children and young people have records within which management and practitioner activity and the child and family’s key life events are accurately and ethically recorded. Recording includes descriptions, analysis and professional judgement. It is essential therefore that a distinction is made between fact and opinion and third part contribution.

5.4 All practitioners who have direct involvement with the child or family are responsible for recording their involvement on the child’s file. This includes family practitioners, personal advisers and managers.

5.5 Records contain: accurate and up to date factual and contact information; a chronology; a genogram/ecomap; assessments; plans (and reviews), as well as accurate and up to date case records. Case recording demonstrates analysis and evidence informed decision making and includes evidence of regular management oversight.

5.6 All records conform to the principles of the Data Protection Act (see Section 1), reports are child-centred, evidence based, concise, analytical and balanced. They include clear conclusions and achievable recommendations and SMART plans.

5.7 Chronologies are based on a study of recorded information, and their overall purpose is to support the analysis of a case. There is a contingency plan on every child’s file containing details of the arrangements to be made in the event of a crisis which necessitates the child being removed from their carer(s).

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| **Key Practice Expectations** |
| 1. Case records must be kept up to date and recorded within two working days of visits or events occurring. However, in emergency and child protection situations recording should be completed on the same day as the event or early next morning. |
| 2. A chronology must be commenced on every child subject to a single assessment and, thereafter, kept up to date by the allocated social worker. Staff should read, understand and adhere to the chronology procedure and guidance. The chronology must be used as an analytical tool to help understand the impact, both immediate and cumulative, of key events and changes in a child or young person’s developmental progress. Chronologies are essential components of social work assessments and the social work statement in the legal process. |
| 3. The starting position for any social care assessment should be to establish who the family and support network are through completion of a genogram and/or eco-map. This will establish from the onset, family members and significant others who may be able to offer support to the family and prevent further delay, for example when they are identified and require assessment late in the course of care proceedings. |
| 4. Records must state the purpose of the contact with the child, e.g. statutory visit, care plan, assessment etc., and must indicate on which occasions babies were seen awake, the child was **seen or seen alone**, and what views were expressed by the child. |
| 5. Records must show that children and parents have been consulted about and kept informed of decisions and plans. The record must include their views about proposals, decisions and plans. Reasons why this has not been possible should be clearly recorded. |
| 6. Recording must be free of jargon, acronyms, abbreviations and grammatical and spelling errors. Practitioners must ensure their recording makes sense, and that the same child and correct gender is referred to throughout. Copying and pasting information from another child’s file should be avoided. |
| 7. Records should be written with the expectation that they may be read by family members including the child in the near or distant future. |
| 8. On the electronic record all appropriate fields relating to an activity must be completed. This will ensure that statutory performance information can be obtained from the record. Additional information can be entered into free text boxes. |
| 9. It is essential that distinctions are made between fact and opinion and third party information. |
| 10. Reports must be written on the approved template, address the areas specifically requested, and be completed within the agreed timescales which is some cases will be set by the Family Court. Likely difficulties in ability to comply with timescales must be discussed with managers at the earliest opportunity. |
| 11. Reports must be neat, well presented, and easy to read, with numbered paragraphs and pages where appropriate. Reports must include good grammar and accurate spelling. There must be no unnecessary, unexplained jargon. The tone must be appropriate, i.e. no slang, no use of first names or ‘Mum’ ‘Dad’ for adults, but not unduly academic or professionalised. Where signatures are required, these must be included. Signatures that are handwritten can be scanned into electronic documents. Do not leave signature boxes blank. |
| 12. Social Work evidence for court must be passed, fully completed and endorsed by a manager, to the legal team at least 48 hours prior to the filing date/hearing to allow them to review and provide feedback. |

**6. Planning and Review:**

6.1 Good quality planning for children starts from the initial enquiry or request/referral for service. Effective intervention at an early stage can ensure children’s needs are addressed promptly, and potentially reduce the necessity for more intensive interventions by the local authority later in their lives. Good quality planning prevents drift, ensures the children’s best interests are kept under constant review, and ensures the most effective use of the practitioner’s time and of local authority resources. It also includes the family and works on their strengths, encouraging them to form safe, child-centred plans. The development and completion of formal plans for children, and the ongoing planning and review process, are essential parts of a practitioner’s work with children and their families. The plan may be a child in need plan, a child protection plan, a care plan (for a looked after child) or a pathway plan.

6.2 Planning for children is solution and outcome focussed, arises from assessment and analysis and is subject to regular review, taking into account the changing needs, wishes and circumstances of children and their families and includes a multi-agency approach.

6.3 Permanence is understood as a wide range of options to meet the child’s long term needs and provides an underpinning framework for all social work with children and their families from family support through to adoption. It ensures a framework of emotional, physical and legal conditions that gives a child a sense of security, continuity, commitment, identity and belonging. The range of options includes placement with existing or reconstituted birth families, with friends or relatives, adoption, long term fostering with new or existing carers, Child Arrangements Orders, Special Guardianship Orders and, for a minority of children, short or long term residential care.

6.4 At the latest, every child will have an agreed written permanence plan in place at the second Looked after Review in accordance with the Care Planning Placement and Case Review (England) Regulations 2010 and the Care Planning and Fostering Regulations 2015. . Planning gives the child, family and involved professionals a clear and immediate understanding of the intended outcomes. It should accurately reflect the lived experience of the child and considertheir expressed views, wishes and feelings. Local Authorities’ duties in relation to a Looked After Child.

6.5 A good quality plan gives confidence that the actions and interventions have a good chance of achieving intended outcomes, and the timescales for completing the actions are realistic. It involves all parties making a tangible contribution to the intended outcomes. The review of any plan is undertaken in a timely fashion, using policy and procedure as well as professional judgement to determine the timescale. The review plan is realistic about whether the intervention is making progress towards the intended outcomes within agreed timescales.

6.6 All plans contain a carefully considered contingency plan to ensure the child’s needs can be met in the event of a crisis or emergency. The contingency plan is clearly recorded on the child’s record so as to be visible to other practitioners including the Emergency Duty Service.

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| **Key Practice Expectations** |
| 1. The reason for and purpose of the plan are clearly set out. |
| 2. The plan flows from the analysis made in the preceding assessment, or earlier plan. |
| 3. It clearly addresses needs and risks while also building on the strengths of the child and parent/carer. |
| 4. It conveys the views, wishes and desired outcomes of the child and other relevant parties. |
| 5. The plan is based on evidence and is informed by research. |
| 6. Actions are agreed by all parties and each person is clear about the part of the plan they are responsible for. |
| 7. The plan is written in a SMART format, is clear about what needs to change and includes clear timescales for actions and intended outcomes. |
| 8. The plan has clearly identified intermediate outcomes that can be used to evidence progress and minimise drift. |
| 9. The plan contains clear arrangements for review. |
| 10. In review plans, the progress in meeting outcomes is clear and evidenced. |
| 11. The plan includes a contingency plan should it fail to achieve the intended outcomes or to keep the child safe in the event of an emergency or where a carer places the child at risk. The plan should include explicit details of what is to happen if the primary carer is unable to care for the child. |
| 12. There is evidence of management oversight of the plan. |
| 13. Planning for children separated from parents/siblings or significant others includes arrangements for contact. |
| 14. Plans include an analysis of the risks and benefits of all the realistic options for the child. |
| 15. Where a child is to be looked after, a placement planning meeting takes place before placement or, if the placement was urgent, within 3 working days of placement, chaired by a Team Manager and attended by the child’s social worker. |
| 16. For children subject to child protection plans, the plan is reviewed and updated at every core group meeting. |
| 17. For children in need, the plan is reviewed formally every 12 weeks as well as at each core group (minimum of 6 weekly) to ensure that the plan is on track and to consider whether to step up if concern increases or step down when consistent positive progress has been maintained over a period. |

1. **Short Break Pathway** 
   * 1. Children and young people who receive an overnight as part of their package of support need to remain open on a Child in Need basis to the social work teams. In recognition that these children and young people are often well support by their current package of support they do not need the same level of intervention as other children open on a CIN basis. Therefore the frequency of CIN meetings and statutory visits will be less frequent. Children and young people open on a short break pathway will:

* Be visited every 12 weeks by their allocated social worker
* CIN review meeting to be held every 6 months
* Child and family assessment to be updated every 12 months (this will be completed earlier if circumstances change)

7.2 Should the families circumstances change or the current package of support need increasing then the Team Manager will decide if visits are needed more frequently, call an early CIN review and request that the child and family assessment is updated. These decisions need to be clearly recorded on the casefile. Whether the short break pathway is the most appropriate pathway will be reviewed and recorded within 2 monthly supervision.

7.3 Should a child or young person receive a package that consists of 75 overnights per year or more they will become looked after by the Local Authority (Section 20) and therefore LAC procedures will be followed including allocation of an IRO.

7.4 If a child or young person steps down to early support then the social worker will complete a Short Break Plan.

**8. Practitioner Contact with Children and Young People**

8.1 Many children for whom the local authority has a responsibility have had damaging experiences and need help from professionals to regain their confidence and trust in adults. Research shows that children want to be listened to and to be treated with respect. Part of the practitioner’s role is to build a relationship with the child. This relationship is crucial to ensuring that planning for children and practice, is centred on the child’s needs, and takes account of their views and their understanding of their world. Building a relationship with a child requires regular contact, not only in times of crisis but also at times when the child’s life is relatively calm and undisturbed.

8.2 Every child has the opportunity to develop a relationship with their worker by means of regular face to face contact which, not only meets the minimum standard required by regulations (Care Planning Placement and Review Regulations 2010) but takes place at intervals that meet the child’s needs, enables the worker to develop that relationship and takes into account the child’s wishes and feelings. Contact with children;

* Is meaningful, purposeful and considers the child’s preferred methods of communication. This might include keeping in touch via email, text or social media (with due regard for the need for confidentiality) as well as face to face contact.
* Contributes to a culture of ongoing assessment, planning and review of children’s needs.
* Babies, pre-verbal infants are regularly seen awake, children with disabilities and non-verbal older children are observed in their family setting and the quality of their attachment to their primary carer(s) considered.
* Work in partnership with children and young people to ensure they understand both the duty of the social worker and the limitations of any contact.

8.3 It is expected that most children will be seen more frequently than the statutory minimum but, for children in care, this level of visiting may be appropriate in some cases, where a minimum level of visiting has been agreed at a statutory review following an assessment, dependent upon the child’s needs, the stability of the placement and in response to the wishes of the child. Timescales of visits may vary in accordance with the child’s plan. There needs to be close consultation with foster carers and the IRO, and a contingency plan, so children and carers know what to do if they need additional support. Minimum visits must also be supported by other methods of communication.

8.4 There is a clear procedure for transferring a case and such transfers are kept to a minimum, include a handover and fully involve the child/young person and their family/carers.

8.5 For looked after children, the need for an independent visitor will be considered, provided where appropriate and kept under review. Social workers and managers working with looked after children will be familiar with and adhere to The Children Act 1989 guidance and regulations: Volume 2: care planning, placement and case review and Quality Assurance Framework.

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| **Key practice expectations** |
| 1. Children and young people are **seen or seen** **alone**, in a variety of settings, observed and communicated with according to their age, understanding and developmental needs, as part of an assessment or intervention. **Note if children have not been seen alone the reason needs to be clearly recorded on the child’s file.** |
| 2. Children and young people receive personal contact from staff sufficient to enable a relationship and rapport to be built, promoting effective engagement and communication, which is accessible to them and free from professional jargon. All children and young people will receive and have explained to them the procedure for making a complaint/representation. Confidentiality and information sharing: Dependent upon age and stages of development, it is important to talk about when you can keep things private and when you cannot. Consultation with children shows that they themselves see safety as important, and most children will understand the need to share information to keep them safe. |
| 3. Enough time is given to enable the child to feel safe enough to talk about whether they are happy, and whether they are being cared for safely and appropriately. Spending time with children away from their family home or placement, in addition to statutory placement/home visits, should be undertaken to maximise chances for children and young people to express themselves. Babies and pre-verbal infants must be seen and observed awake on a regular basis. |
| 4. Staff make appropriate arrangements for the use of translators, interpreters and communication tools to meet any specific sensory or language needs including use of braille, sign language, hearing loops etc. |
| 5. Children are engaged with and listened to in ways designed to emphasise their positive potential and their need for social inclusion having regard for culture, disability and identity. |
| 6. Communication with children is recorded in a manner that reflects their views and is appropriate to be shared with them. |
| 7. All key assessment/planning documents reflect the views of the child or young person, including where a child declines to share any information. The reason why the sharing of information was declined is recorded. |
| 8. When children express a desire not to see the social worker, the reason for this and consideration of how to overcome it is given careful consideration and unsuccessful attempts to see a child are recorded. |
| 9. Other than in an emergency (e.g. the worker is absent from/leaves work unexpectedly), all children will be notified of a change in worker, the reason for it and have the opportunity to be introduced to their new worker by their existing worker. |
| 10. Families and carers will be notified both verbally and in writing and all those involved including the child, family, carers and other agencies will be informed of the new workers contact details and the date of the change in writing/by email. |
| 11. New workers will read the child’s file before meeting the child and family. |
| 12. Where we are unable to accede to a child’s wishes (e.g. to return home from foster care), the reasons for this must be discussed with the child and clearly recorded. |

**9. Visits**

9.1 **The statutory requirements provide only a minimum standard**. Decisions need to be taken in supervision or through case discussions about how often practitioners visit and make contact with children, and about the changing role and nature of the support that needs to be provided – for example whether there is a need to undertake direct work with children, or whether visits should be arranged in a particular way to support work being undertaken by other agencies. Practitioners and managers for children looked after should keep firmly in mind that we are the child’s corporate parent. Decisions about visiting must be recorded by the manager on the child’s file.

9.2 **Visits to children looked after should not be neglected because a placement or plan is going well**. The ongoing review of the care plan requires that visits take place at least as often as the 2010 Regulations require. This helps to ensure the social worker is equipped to identify and help with any difficulties because care has been taken to establish a relationship with a child, carer and helps to assess long term situations fully. There are some circumstances where more frequent visits will be necessary. There will inevitably be periods in any placement when a child’s carer or the placement may be under stress. Any changes (particularly reductions) to the frequency of visiting to a child or young person must be agreed by the manager and recorded within the child’s care plan.

**10.** **Practice Standards in respect of Children and young people open to the Children with a Disability Service**

10. 1 Children and young people are often open to CWD on a Child in Need or are looked after children. If a child or young person open to CWD needs a child protection response then our service responds in the same way as any other services and follows the same practice standards as other parts of children’s service **(please see Practice standards for children’s services)** which may include issuing care proceedings. These children remain open to CWD and do not transfer to another service, in addition to this the children and young people who become looked after remain allocated in CWD until they reach adulthood and do not transfer to Children in Care service. This is to offer a consistent and specialist service to those children.

**11.** **Deprivation of Liberty**

* + 1. Sometimes children and young people have their liberty deprived and therefore the Local authority is responsible for making applications to the Court to make these restrictions lawful. Children and Young people within Children with a Disability Service have complex needs and therefore are often subject to significant restrictions. If a child or young person has restrictions in place which make their lives significantly different to that of a child of a comparable age who is disability free then legal advice should be sought upon whether an order is necessary.
    2. If a Child or young person is subject to a Care Order and looked after by the Local Authority their parents cannot consent to the restrictions. From the age of 11 years, we should be considering making an application. This is because most children start to enjoy more freedom as they approach high school age. If restrictions are particularly high legal advice should be sought earlier. For children under 16 the Social Worker must assess if the child is “Gillick competent” to consent to the restrictions. For young people of 16 and over the Social Worker must complete a capacity assessment to determine if the young person has capacity to consent. Ability to consent to restrictions where a care order is in place does not negate the need for an application. Legal advice should still be sought if you consider that the restrictions in place may amount to a deprivation of liberty.

The acid test is:

*“In English mental capacity jurisprudence, someone is deprived of their liberty if they lack capacity; are subject to continuous supervision and control and; are not free to leave their placement. The placement must also be imputable to the state”*

The Legal department will prepare the application for the court and the Social Worker must complete a statement setting out the restrictions and why they are necessary and proportionate.

Deprivation of Liberty Orders are usually in place for 1 year. Further applications will be necessary to renew orders before existing orders expire. As such a review process must commence at least two months before an existing order expires.

* + 1. If a child or young person is subject to a CP, CIN or open to Early support with a package of support in place and they are under the age of 16 years the parents can consent to any restrictions that they deem necessary to keep their young person safe.

If a young person is 16 and above, then it may be necessary to make an application because by age 16 it is no longer appropriate to rely on parental consent. The process for identifying these young people and making an application is as follows:

1. Capacity assessment completed by either the family support worker or social worker (Children’s)
2. Best Interests Meeting held
3. If the young person lacks capacity and meets the Acid test then if allocated to a Social worker they will proceed with the assessment process. If coming from Early Support then they complete the Appendix 1 and send into the teams for prioritising/allocation.
4. Appendix 2 is completed upon allocation to a social worker. Appendix 2 is the assessment which outlines the restrictions and is used by legal to identify the most appropriate legal process to use.
5. Legal gateway must approve making an application and advise on the most appropriate legal process. Legal advice is sought prior to panel and panel approve the application.
6. Dependent on the legal process the social worker to prepare the appropriate documentation required and submit to legal.

Paperwork required:

* GP Letter
* COPDOL 11 (that sets out the required restrictions)
* Current Care Plan
* Recording of Best Interests Decision
* Mental capacity assessment (Cop3)
* Statement of 1.2 representative (COP 24)

**12. Transitions to adulthood**

12.1 Children and young people open to the Children with a Disability Service and have a package of support funded by children’s service will be referred to the SAPT (specialist Adult Pathways Team) and be joint allocated prior to reaching their 18th birthday. A referral is made around the age 14/15 years but may not be allocated straight away this will depend on the current package of support and how complex the young person is.

12.2 On allocation to the SAPT an allocation meeting will now be held which will determine roles and responsibilities of each social worker. For example who will lead on the capacity assessment.

12.3 So that parents are carers are prepared for their young person reaching adulthood the allocated social worker in children’s will ensure that conversations about adulthood have taken place prior to allocation and they have a copy of the preparing for adulthood document. Transitions to adulthood will be considered in all child and family assessments from age 15 years even though planning will not start until much later.

12.4 It is important that the allocated workers in children’s considers the 4 preparing for adulthood outcomes in their assessments and plans.

* higher education/employment
* independent living
* participating in society
* been as healthy as possible

**13. Step up and step down**

13.1 It is important that children and young people within the Children with a Disability service receive the **right support at the right time.** Children and young people who no longer require Social work Intervention but are in receipt of a package of support are stepped down to the Early Help and Inclusion Service (which now is part of Early support service) and that children and young people who require a higher level of intervention or their family circumstances are more complex are stepped up (consent required) to receive statutory intervention. **Please see the quadrant of need** to what level of intervention children and young people should receive. **In addition any deprivation of liberty applications are made by the social work teams.**

13.2 There is a weekly transfer meeting held which is attended by the Team Leaders and Team managers within both parts of the service there is no delay to transfer to ensure families receive a good response. Transfer meeting and joint visit can be held if needed.

13.3 When a child or young person is transferring to another part of the service the following expectations apply:

* Package of support should already be in place and fairly settled
* The casefile is up to date and the current package clearly recorded in the case summary
* Compliance audit completed by the Team Manager to ensure the above
* If the EHCP review is within 3 months of step down then the previous SW attends this
* Short break plan is created and shared with Early support (this is uploaded to wisdom)

1. **Education health and care plans** 
   1. An EHCP is a legal document which describes the special needs and disabilities (SEND) of a young person (from 0 – 25) as well as what help they need in an educational setting to help them make progress and learn. They are for young people who have complex additional or special needs (SEND)and need more help in an educational setting than most children or young people.
   2. These special educational needs may have been identified by the educational setting or other professionals working with the child or young person. EHCP’s are for children and young people who are of compulsory school age and are in an educational setting, up to higher education level (EHCP’s do not apply to young people at university, they have their own support systems in place).**For information about the processes/timescales see the Kirklees Local Offer.**
   3. The majority of children and young people open to the Children with a Disability have an EHCP or are in the assessment process process to have one in place.
   4. There is an expectation that the allocated Social Worker or Family Support worker attend the EHCP review and contribute to the plan. Finalised and updated EHCP are signed off by a Head of Service. If a child or young person is looked after then the PEP review can be combined with the EHCP review and if the child is subject to a CIN or TAF plan then these can also be combined. This needs to be agreed by parents and other professionals and we need to ensure that the CIN/TAF plan is also reviewed appropriately.
   5. EHCP reviews are held annually although an early review can be called if circumstances change or the young persons educational setting is not meeting need.
2. **Resource panel and inclusion surgery** 
   1. In the Children with a Disability Service we are passionate about ensuring our children and young people receive the right package of support. Prior to packages of support been set up workers usually (unless a small package details below) attend the Resource Panel for a decision. In addition to the Resource Panel there is an inclusion surgery held every fortnight which encourages workers to utilise the Kirklees Local Offer for families.

15.2 INCLUSION SURGERY

The inclusion surgery aims to assist Social Workers and Family Support Workers to explore support and opportunities for children, young people and their families. Workers will have an opportunity to discuss their assessment of need and explore support for the families they are working with. This will utilise the local offer and community support available in Kirklees.

Aims and Key Principles:

* To increase awareness of and the use of community activities and support service available in Kirklees.
* To support workers to consider all options for families prior to attending resource panel.
* To support workers to explore opportunities based on child’s voice, interests, and aspirations.
* To support workers to have positive and enabling communication with families and other professionals regarding support and service opportunities with a view to embed inclusion.
* To encourage workers to explore inclusion in all aspects of work completed.

The surgery will be held every fortnight in between Resource Panels on a Tuesday morning. Workers can book a slot via BSO and a team’s appointment will be sent. The surgery is held by Katie Fothergill inclusion officer. It will be responsibility of the allocated worker to record discussions on the casefile and to action any referrals needed.

* 1. Kirklees Resource Panel

The Resource panel is the decision making panel that approves package of support requests usually following completion of a Child and family assessment or Early Help Assessment. The Resource Panel is a multiagency decision making panel which includes representatives from education, health, adults, commissioning, local offer, early support and is chaired by a manager. Minutes are taken and uploaded to the child’s file.

The panel is held fortnightly and the allocated social worker or family support worker will submit paperwork the week before (panel proforma) which details their request.

A completed Resource Panel proforma must include the following:

* Unmet need which the panel is being asked to address.
* Outcomes will be child and family focussed outlining steps towards and what we will measure to assess the success of the interventions.
* Outline of what resource/provision already in place, the impact of the provision already in place on the child and families wellbeing.
* Cost analysis of recommended resource

If the panel does not agree the request then this will be feedback to parents/carers and other professionals by the allocated worker. A Team Manager or Team Leader may have these discussions if the parent/carer does not agree with the outcome. If the parent is still not satisfied, a complaint form would be made available via Kirklees complaints procedures. Appeals will be adjudicated independently of the Resource Panel and will typically be considered within 29 days of receipt.

Resource panel now also considered requests for assistive technology. Assistive technology can create independence for young people with disabilities and is widely used within adult service to assist or reduce the need for large care packages.

Staff in Children’s Services to use the following protocol to ensure all Assistive Technology is appropriately funded, requested and monitored. **Please see protocol on assistive technology for further information.**

1. **CAS panel**

16.1 The Children’s Access to Services Panel (CASP) will consider children and young people who have additional needs and those who might be at risk of accommodation. CASP is a multi-agency panel that will consider resources to support children and young people based on their assessed needs.

16.2 The panel will maintain clear records of all decisions and monitor the impact of the interventions against the proposed support plan. This will enable identification of resource demand and subsequently enable the panel to consider and track resource cost and provision. The panel chair will be the Head of Service within children services. This is a multiagency panel consisting of virtual school, SENDACT, placements service and NHS Kirklees. Cases will be presented by Service Managers, or Team Manager, in relation to individual children and young people. An outline of their current circumstances and details of what is being requested, alongside the most recent assessment, is required for the panel discussion.

This panel will has two key functions:

* To support and offer advice to both families and professionals where there is a risk of family breakdown and those experiencing crisis.
* The panel will consider if all other family/support options have been exhausted and what additional services could be provided to support the young person and family and the appropriate agency to provide this.

16.3 CASP would consider the needs of all children and young people aged 0-18 (defined as the date of 18th birthday). Applications for the panel will be agreed and signed off by the Team Manager and Service Manager. The panel form will contain analysis by the allocated worker on what other services are already involved and what they provide, in addition to the request to panel and the rationale for this.

16.4 The panel will retain a clear record of decisions which will be recorded on the child’s file electronically. The panel will monitor service requests and unmet needs to be able to identify future strategic planning. The panel will attempt to allocate resources equitably based on assessed need.

16.5 CAS will consider specialist resources as follows:

* Request for more specialist and bespoke services from Education, Health, and Community CAMHS. Including requests for 38 week / 52 week specialist residential placements
* Request additional resources from partner agencies in addition to those normally accessible to young people and families.
* To assess if locally commissioned services could meet the needs of children identified as having complex and continuing healthcare needs.

**17 Other services/Important information**

**PCAN**

PCAN (Parents of Children with Additional Needs Making a Difference in Kirklees)

PCAN is an independent, parent led forum for all parents and carers of children/young people (aged 0-25 years) with additional needs in Kirklees. PCAN welcomes any parent or carer, whether they are just becoming aware that their child may have additional needs or whether they have a child with a confirmed diagnosis.

PCAN provides information to help parents and their children, a chance to meet and network with other parents through events and social media, and works with local service providers to ensure that parents have their say in the design and delivery of local services for their children.

The PCAN website and closed Facebook group is updated regularly with information and updates about events and activities relevant to parent carers and their children. Members of PCAN will receive a quarterly newsletter. It is free to join - just follow the link on the website. PCAN are a voluntary organisation run by Trustees who are all parents of children with additional needs.

You can contact PCAN via their website or [info@pcankirklees.org](mailto:info@pcankirklees.org)

1. **Packages of support** 
   1. Once the child and family or early help assessment has been completed and approved by the Team Manager/leader this may lead to a package of support. The assessment will clearly identify what the child or young persons “unmet need” is and which service/intervention is the most appropriate.
   2. Team Leaders/Managers can agree a package of up to 4 hours per week for social hours or 14 hours a week for personal care without resource panel. Clear management agreement and sign off should be recorded on the child’s file. Any packages greater than this need to be presented at resource panel along with the assessment and resource panel proforma. **Please see section on resource panel for more information.**
   3. Once a package of support is agreed then the allocated Social worker or family support worker will ensure the package is set up. This support maybe delivered by parents employing a PA via direct payments. **please see direct payments policy/section for more detailed information** or via a domiciliary care provision.
   4. When commissioning a domiciliary care provisions the following needs to happen **(this includes packages of support part funded by the CCG (health):**
2. Prior to placing any young person with Domiciliary Care Provision, the officer making the placement must consult the [Domiciliary Care Commissioning Data Base](file:///G:\CWD\Contract%20Grant%20Management\Areas%20of%20Provision\Agency%20Provision\Agency%20List%20and%20Protocol\Provider%20and%20Incident%20Log%20List.xlsx) and [Decision Making Protocol](file:///G:\CWD\Contract%20Grant%20Management\Areas%20of%20Provision\Agency%20Provision\Agency%20List%20and%20Protocol\Decision%20Making%20Protocols%20v6.pdf) to ensure provision adheres to our minimum governance standards, as set out in appendix 2.
3. **Green Rated Provision**: All appropriate governance is in place and the officer making the placement can approach the provision directly for support.
4. **Red Rated Provision:** All appropriate governance has not been returned; the placing officer must inform the provision that that no placement can be made until all governance is in place .
5. Where provision is rated Red, please speak to your service commissioning offer, who will work with the provision to ensure all governance is in place, once governance is in place the service commissioning officer will inform the placing officer and the placement can commence.

Officers requesting support must satisfy themselves that the provision has the relevant skills and knowledge to meet and review all identified needs and outcomes with regards to the young person’s support package. This information must be recorded on the relevant data base i.e. WISDOM and Liquid Logic.

Where a provider indicates they are able to support the placement, the officer requesting support must complete a Placement Agreement (please see appendix 1).

All placement agreements must be signed by the appropriate Service/Team Manager and Domiciliary Care Provision before a support package commences.

Before the package of support commences, all placement agreements must be emailed to the relevant service officer:

Domiciliary Care Provider must be informed that all packages of Support will be governed by the relevant contract.

Staff **MUST NOT** sign any service agreements that have been provided by the Domiciliary Care Provider.

Before commencement of any service the officer arranging the placement, must ensure a Placement Agreement has been fully completed and signed by all parties

1. **Direct Payments**
   1. A Direct Payment is funds given directly to families who have been assessed by social care to be in need of services to support their child or young person who has a disability. If a family choose to receive a direct payment it maybe because they want to have more choice and control about how they receive services. Money provided directly to families can increase the flexibility in meeting needs enabling families to run smoothly.
   2. Families will decide on what is their preferred way of meeting their identified needs. A young person aged 16 and over can also choose to take a direct payment to support themselves. Young people and carers are responsible for ensuring that the direct payment funds are spent only on the assessed needs that are identified in their or the disabled child’s individual Child Plan. **Please see direct payment policy for more information.**
   3. The allocated worker for the family will set up the direct payments via our care navigation service (this will be completed within 24 hours of the decision been made). Parents/carers will need to ensure:

* Sign a written agreement with Kirklees Council agreeing to receive direct payments and to all the responsibilities outlined below
* Arrange for the provision of care services in accordance with the current Child and Young Person Assessment and Child & Young Person’s Plan.
* Agree to use the Direct Payments worker to provide suitable activities or personal care within your own family home or for activities within the local community, as agreed in the child and young person's plan. Any changes to this arrangement should be discussed with your child's local authority worker.
* Ensure that carers employed by the Parent are appropriately trained to meet the Service User’s needs. All Direct Payment workers will be required to complete Safeguarding training prior to starting to work with child/young person.
* Parents and Carers must provide carers employed to work with the child with copies of all relevant Movement and handling and Risk Assessments.
* Ensure that Direct Payments are spent only on services for the Service User’s needs as detailed in the Child and Young Person Assessment and Child & Young Person’s Plan.
* Open a separate bank account into which the Council will pay Direct Payments and from which all payments will be made.
* Keep appropriate bank records and receipts to demonstrate that Direct Payments are used appropriately in meeting the child/young person's care needs and make these available for review/audit purposes.
* Co-operate with the Council in reviewing the service provided to the Service User.
* Advise the Council if further assistance in managing Direct Payments is required or if the Service User’s needs change.
* Ensure that any Direct Payment Funds that have not been spent in meeting the Service User’s needs are repaid to the Council at the point of the annual audit linked to the Child in Need Review.
* Notify the Council as soon as your Direct Payment worker ends their contract with you and ceases working with your child.
* Before parents and carers can use direct payments to employ a carer, they must ensure a new Enhanced Disclosure and Barring check has been carried at a cost to the parent/ carer.
* Repay to the Council any Direct Payments or any part of them if the Parent is in breach of a Direct Payment agreement.
* Where appropriate ensure that relevant support arrangements are in place for third party support, insurance cover. These will be discussed with parents / carers when direct payments are initially introduced to ensure the individual is fulfilling their responsibilities as the employer, in particular that they are submitting PAYE returns to HMRC as well as paying tax and National Insurance deductions made to HMRC.

1. **Compliance audits and PLD**

Compliance audits:

Team Managers are responsible for completing these prior to supervision which will check compliance to practice standards for a number of your children and young people. These will be completed and discussed within supervision.

Practice Learning Days

Children with a disability service hold regular practice learning days to create a learning culture within our service.

The practice learning day (PLD) is an opportunity for practitioners to have their work audited alongside a team manager who does not have line management of the practitioner or case management responsibility for the case.  The purpose is to open a conversation as to why we are involved, the outcomes we are wanting to achieve, how we work with children and their parents and other agencies to improve outcomes.

The themes for the PLD will be linked to any key areas that require development to meet the aim of Kirklees Corporate Plan to be an outstanding children service. This will involve any key themes coming from performance data, Safeguarding Learning Reviews, feedback from children and their families etc.  The audits will look at ensuring in the first instance that practice standards are being followed, regarding role of practitioner and the team manager in assessment, care planning and review. The purpose of the PLD is to improve how we work collectively to improve outcomes and therefore you will be informed in advance of the day which cases have been selected.

**21. Quality Assurance Framework**

* 1. The Quality Assurance Framework within the Children with a Disability Service is in two parts.

Firstly following the complex abuse inquiry into young people who were placed in external residential placements a QA visit will be undertaken by the Service Manager to any potential placement prior to placing a young person in the provision. These will look at:

* Level of care and support the young people were receiving in their placements including whether they had up to date plans for behaviour, communication, risk assessments and that these plans were reviewed and updated on a regular basis.
* whether the homes had a good understanding of each young person’s needs and whether their plans reflected these needs and were individualised.
* communication and relationships between the home staff, allocated Social Workers, health, education, family members and the allocated IRO. Whether incidents were reported and whether plans/assessments were shared. We wanted to reassure ourselves that all professionals working with the young people shared information.
* If the home promoted family time and relationships between the young people in their care and their family.
* The homes had good medication policies and that medication was stored and administered appropriately.
* If young people were included in day-to-day decision making, their own planning and that their voice was clearly recorded in records. Where verbal communication was limited, that staff ensured they were creative in how they communicate using communication methods that ensure the young people are understood and listen to.
* We looked at whether any young people we subject to Deprivation of Liberty Orders and if so, how these transpired into day-to-day care.
* Staff training and recruitment including the ratios of staff per young people, the training and induction of new staff and whether the home used/relied on agency staffing. We focused on whether the young people had a key worker and how staff handovers were conducted.
* Ofsted notifications and previous inspections were considered within the last 12-month period alongside reg 44 reports.

The QA visit will be clearly recorded on the child and young persons case file within 24 hours of the visit.

* 1. Secondly a visit or feedback session to be held with the family (including young person is appropriate) when the assessment process is concluded and plans are finalised to:
* Gain feedback about the assessment process (did the family have a clear plan, understand the process and kept informed)
* Relationship with the allocated social worker
* Has our intervention helped? What went well? What could we have done better?
* Has the CIN plan had a positive impact for the young person?
* Does the family have copies of all assessments, plans?

This visit will be undertaken by the Service Manager or a Team Manager not directly responsible for the child or young person.