**Review of Children’s Disability Team Visiting Frequency**

The CWDT team support children at all thresholds of Children’s Services intervention: Child in Need, Child Protection and cared for children.

In terms of Child in Need visiting frequency, there will varying levels of need within this cohort of children and families: some will require intensive support as a result of a wide variety of complicating factors, potentially including safeguarding concerns or concerns in respect of family stressors and breakdowns; some will require intensive ongoing support throughout their lives due to the complexity of a child’s health and subsequent social care needs. For families who fall into the latter category, feedback is clear in that frequent visits within a twenty day period can feel invasive and disproportionate.

Currently, the team has a set of four CIN visiting frequencies:

CIN 1 – Very low need - six monthly visits

CIN 2 – Low need - between two and three months

CIN 3 – Medium need – four to six weeks

CIN 4 – High need - Fours weeks/twenty working days

With the review of the Service Provision Pathway and the potential for these children, who do not require the ongoing involvement of a social worker however do meet criteria through assessment for the provision of short breaks, enabling or Direct Payments, to move to be supported within the Targeted Help area of Children’s Services, it is considered that CIN 1 is no longer required.

There appears to be little demarcation between the criteria for CIN 3 and 4 and therefore it is considered that CIN 3 is no longer required.

Taking a restorative and family-led approach, it is proposed that the team work to two visiting frequencies:

**CIN 1 (CIN 2 on Paris) – Lower need – three monthly visits**

This group will include:

* Young people with disabilities reaching sixteen years old who require transition to adult services.
* Young people who will remain open to Children Disability Team until they transition fully to adult Services upon their 18th birthday.
* Children /young people with disabilities where there are no safeguarding concerns but intervention is still required to monitor the situation and support the child and their family.
* Children who are in receipt of overnight respite which is indicative that their needs are complex to meet the threshold for overnight respite care, therefore support plan needs to be in place for the young person.
* Children who are life limited and at end of life where a multi-agency plan will need to be in place around their complex needs.
* Involvement has to respect the wishes of the young person and their family and their circumstances
* Children who are monitored by a high number of professionals, therefore not requiring a lead professional. The input needs to be sensitive and appropriate, bearing in mind if the child didn’t have a disability children’s services would not normally be involved in end of life planning.

These young people will have:

* Visits from the Children Disability worker must be minimum 12 weeks.
* A Single Assessment completed within Local Authority timescales by a Social Worker upon initial referral into the Children Disability Team.
* A CIN plan should be completed to enable a baseline of needs being met and outcomes being reached set out clearly.
* CIN Plans will need to be updated at least every six months.
* End of life children and other relevant plans may be more appropriate; these will be added to PARIS in place of the CIN plan.
* Transition referrals completed and forwarded to the transition worker in Adult Services as soon as possible after their sixteenth birthday.
* The plans with Adult Services will take into account when the mental capacity assessment will be completed and best interest meetings held (as appropriate).
* It will be expected that there is a settled care package in place which is agreed by Adult Services to move forward with post eighteen years, resulting in the transfer to be as seamless as possible for the young person.
* CIN plans outlining the transition plan and package of care required, updated at least every six months, or with any significant changes
* Visits will depend on the young person and their family, respecting the young person’s wishes and feelings and listening to them if they do not find regular visits helpful or if they find visiting distressing.
* Supervision between the allocated worker and Team Manager will be at minimum bi-monthly
* End of life plans must take priority as these will express the young persons and their families’ wishes as to how they wish needs at this time to be met.

*Should safeguarding concerns arise for any child within the category, Child Protection processes will be followed by the Social Worker, with decision making being made by the Team Manager.*

**CIN 2 (CIN 4 on Paris) – Medium to high need – every twenty working days**

This group will consist of children and young people with disabilities and their siblings affected by the following:

* Carers/parents’ capacity to parent impaired by health/mental health problems or substance misuse.
* Complex family needs impacting on the parent/carers’ ability to care for the disabled child.
* Child Protection concerns, but not meeting thresholds for CP.
* Sudden and catastrophic trauma resulting in need for urgent multi-agency input.

These children will have:

* An allocated Social Worker
* A robust and multi-agency Child In Need plan
* At least 6 weekly visits to the home. with the children being seen and seen alone.
* At least 4 weekly multi agency CIN review meetings
* All processes adhered to in line with Local Authority Child In Need processes.
* At least monthly supervision between the Social Worker and Team Manager

*Should safeguarding concerns arise for any child within the category, Child Protection processes will be followed by the Social Worker, with decision making being made by the Team Manager.*

The decision in respect of which child falls into which visiting frequency will be **informed by the views of the child and their parents/carers and key family members and agreement within a multi-agency CIN Review**. Naturally, during times of crisis or increased need of support, visits can be undertaken in line with the professional view of need, and these frequencies should be viewed as a minimum expectation.

CWDT case supervision should regularly review whether the agreed visiting frequency remains valid and in line with the child’s assessed need.

Should any safeguarding concern be raised in respect of children on CIN 1, an immediate management discussion and oversight should provide guidance in terms of the need to re-categorise into CIN 2.

At the point of a new referral, all children will be classed as CIN 2 pending assessment; CIN 1 should not be considered or actioned until such a time as the assessment has been signed off by a manager, with a clear management endorsement of the proposal of CIN 1 within the manager’s analysis. This would also need to be agreed by the multi-agency group within a CIN Review.