CHILDREN WITH DISABILITIES PROTOCOL

January 2023

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14. **Introduction**
    1. This protocol has been developed to set out our approach to supporting children with disabilities and their families in Warrington. As a Local Authority we believe that all children within the borough deserve the right to be safe, participate in enjoyable activities and receive an education that supports them to achieve the best of their ability. We recognise that for some children and families we may need to tailor support and services to ensure that they are able to achieve these outcomes.
    2. This document describes our wider approach across Warrington for our children with disabilities, including the teams and structures we have in place to support our children with disabilities, as well as information about the different processes and procedures that should be followed.
    3. While this document has been primarily aimed at practitioners, we have endeavoured to ensure that it is written in a manner that is accessible for parents/carers and families, in collaboration with our children with disabilities’ parents and carers forum, Warrpac.
    4. Practice evolves and develops over time and in accordance with this it is anticipated that this will be a working document that will develop over time. It will continue to be reviewed through our Children with Disabilities Steering Group which includes representatives from Early Help, Children Social Care, Preparation for Adulthood Team, our parent and carers forum – Warrpac and the Education Health and Care Plan Team Manager and the Designated Children’s Safeguarding Officer (DCSO)..

## Principles and ethos

* We believe in the **value of relationships** – we believe that we can be of most use when we seek to develop and harness good relationships with children, families and other professionals;
* We are **child / family centred** in our approach, we recognise every child is unique and assessments should be holistic around the family circumstances. Assessments should reflect needs of the child and family;
* We believe that **parents/ carers should be involved throughout the process –** theirperspectives and input should be valued.Parents/ carers should be kept informed of what to expect and when – set realistic expectations and ensure these are consistently and effectively communicated with families.
* Webelieve **children and families should receive the help and protection they need when they need it.** We will do this by ensuring that families are directed to the most appropriate service at the earliest opportunity. When/if families need to transfer between Early Help and Children’s Social Care this should be a seamless transition for families;
* Through **good partnerships working** we aim to reduce the number of times that families need to tell their story, and transfer between different teams and services;
* We are a **learning and reflective organisation** – we recognise and see value in identifying, acknowledging, resolving and learning from situations when we do not get it right. Equally, we seek to provide opportunities to identify and share examples of best practice to continually improve practice;
* We are committed to **Coproduction** when thinking about service development and delivery. This is central in all areas of our practice.
* Our core model is **systemic based practice.** We believe this is the best approach to work together with families when thinking about complex problems and/or areas of support. For further information on our approach to practice please click on the link:

[our-approach-to-childrens-social-work.pdf (proceduresonline.com)](https://proceduresonline.com/trixcms1/media/4457/our-approach-to-childrens-social-work.pdf)

## Accessing Early Help or Children’s Social Care

* 1. It is crucial there is a shared understanding of the role of our Early Help and Children’s Social Care services. It is important that professionals and families both have a clear understanding of the criteria / level of need for children to be open to each service. If done correctly we believe this should minimise the need for children and families to undergo multiple assessments, having to move between services, and have changes in professionals involved. Where children and families need to move between these services there are clear processes in place to ensure there is a smooth and seamless transition for families.
  2. As a professional if you feel that a child with a disability (you are supporting) may be best placed to receive additional services from either Early Help or Children Social Care then the referral process is the same for all our children. Referrals are made through completion of a Multi-Agency Request for Service (MARS) form and submitted to our Multi Agency Safeguarding Hub (MASH). Before doing so you should ensure that you have discussed the matter with your Line Manager and/or Safeguarding Lead within your organisation. The MASH screening Social worker will consider five additional questions specific to CWD to inform them most appropriate level of need. The Mash screening Social Worker will also have a consultation with the Team Manager of the Children with Disabilities Service to inform decision making. Once screened a decision will be made by MASH about the most appropriate level of need.
  3. The circumstances in which children and families may receive support from **Early Help** are as follows:
* Children and families who need additional support that can’t be met by universal services.
* Children and families who would like to access a short break support at a level that does not require overnight care (in an Ofsted approved provision.
  1. Consent is required from the family before a referral can be accepted. An Early Assessment should then be started to ensure important information is captured by the professional who know the child and family best. Once the referral has been accepted and allocated to a Family Support Worker the Early Help Assessment can be co-authored with the family and the referring agency.
  2. Children and families will be supported by **Children’s Social Care** Children with Disabilities Team in the following circumstances:
* Provision of short breaks, if this involves overnight respite away from the family home in an OFSTED registered provision.
* Any children having overnight respite that is not an OFSTED approved provision still require a social work assessment, however following assessment/period of intervention consideration can be given to stepping down to early help.
* Children who meet the criteria for support under Continuing Health Care;
* Children who are or may be being deprived of their liberty that may require an application to court via Inherent Jurisdiction or the Court of Protection;
* If there are significant welfare concerns regarding the care of a child with a disability that would meet the criteria of S17 of the Children Act 1989;
* Children suffering or at risk of suffering significant harm;
* Children in the care of the Local Authority.
* It is recognised that any parent of a child with a disability may make a request an assessment of their child.

3.6 In line with [Section 17 Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/section/17), a child will be considered in need if:

* they are unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services;
* their health or development is likely to be significantly impaired, or further impaired, without the provision of services;
* they have a disability. (*Please note Warwickshire judgement* [case-law-update-4\_warwickshire-assessment\_dec-15.pdf (councilfordisabledchildren.org.uk)](https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/case-law-update-4_warwickshire-assessment_dec-15.pdf) and Autism Plus Report which identifies the unlawful restriction of care and support services for children with suspected autism .

3.7 The CWD social work team ***will work*** with those who have:

* Autistic Spectrum Disorders (ASD) - This will be dependent on individual circumstances and case should be discussed with CWD manager;
* Severe learning difficulties (child must attend a specialist education provision. This is inclusive of mainstream designated provisions)
* Severe/profound physical disabilities (child must attend a specialist education provision. This is inclusive of mainstream designated provisions);
* Complex health needs (including mental health needs) that meet the threshold for a continuing health care assessment;
* Visual Impairment.
* The team will also provide a service to those children who are deaf and have British Sign Language (BSL) as their main means of communication .
* The CWD social work team will work with families (including siblings if there is an identified need for example, where siblings are young carers or they too have a disability) where it is identified that support services are required that cannot be provided at universal /early intervention/ targeted levels. This includes provision of short breaks overnight and those families who are at risk of breakdown without the provision of specialist support services.

3.8 Children with a single diagnosis of ADHD do not necessarily need assessment provided by the CWD team. However, they may still be eligible for short breaks provision and advice can be sought from the CWD team to assist the mainstream teams with this process.

3.9 The team do not provide a service to children with emotional or behavioural difficulties; unless there has been a specific case discussion with the relevant Team Managers and acceptance of the case has been agreed based on the Children’s Disability Social Work Team being best placed to meet the child’s needs. Any disagreements in respect of this should be escalated to the Service Manager where appropriate.

3.10 Children who have a degree of disability that does not fall into the above categories and who are in need of a social care intervention will be provided for by mainstream social care teams.

3.11 In addition the CWD will not take referrals based on the following:

* *Moderate physical disabilities*
* *Speech and language difficulties*
* *Minor sensory impairment (except for equipment assessment and provision)*
* *Educational problems*
* *Emotional and behavioural problems including children with Attention Deficit Hyperactivity Disorder*
* *Mild to moderate developmental delay*
* *Aspergers Syndrome – unless linked to other Disability*
* *Oppositional defiant disorder*
* *Attachment disorders*
  1. In circumstances as outlined above, these cases will be allocated within the Children in Need Teams for assessment. The Children with Disabilities Team will provide consultation to the mainstream teams to support care planning and signposting of services where needed.
  2. Where a child with complex needs has been assessed as having significant level of support (short break matrix tool) or requires overnight support, a best support consultation will take place at the weekly step-up meetings held involving Managers from both Early Help and CWD team manager. Children with disabilities meeting this criteria will progress to a Child and Family Assessment
  3. Some children who have a disability which does not significantly impact on their day to day life but have permanent placements away from their families may prefer to have a Social Worker from the main Children in Need Team due to the implications of being labelled as‘disabled’. In these cases a specific case discussion with the relevant team managers should take place in relation to which team is best placed to meet the child’s needs. Any disagreements in respect of this should be escalated to the Children’s Service Managers where appropriate.
  4. The Step up process does not replace immediate safeguarding concerns or safeguarding concerns that meet statutory levels. A MARS should be completed and usual referral process followed.
  5. Where children can be managed at Early Help level these can be stepped down via the best support consultation process.

**Step-up process flowchart**

**Step down process**

Stepping down from CwD to Early Help

Consent for Early Help gained from a family by social worker

 Where a child has been open under CIN planning. The Social Worker completes Internal Transfer form including date of next CIN meeting, CIN plan and any other relevant information within 7 days

[PFSY-SeniorAdmin@warrington.gov.uk](mailto:PFSY-SeniorAdmin@warrington.gov.uk).

Where a child has been open for the purpose of assessing a package of short breaks/personal budget.

Social Worker will refer to Care Purchasing Panel for ratification of care package and plan to step down.



Social worker convenes a final CIN meeting and produces the final CIN plan to inform the first TAF meeting.

Social worker ensure agreed care package is in place and then completes internal request to step down (attached)

Social worker closes on Mosaic

1. **Children in Need – Frequency of visits and meetings** 
   1. The expectation in Warrington is that for children who subject to Children in Need plans should be visited a minimum of once every 6 weeks and there should be a Child in Need Review meeting every 8 weeks. We recognise that when we are involved with families because of a child’s disability for some families, visits and meetings are not always required at this frequency. Therefore Children in Need visits will reduce to once every 3 months and Children in Need meetings once every 6 months in the following circumstances;
   * Those children who are open to the CwD primarily due to the high level of support being provided or level of short breaks and there are no safeguarding concerns.
   * Children who meet the criteria for Continuing Health Care and they have stable/effective package of support in place, and there are no safeguarding concerns. (please also see point 4.4).
   1. It is important to note that visits would only be able to reduce to these frequency if there were no identified safeguarding concerns. In addition, it is important that EHC plans and Social Care plans complement one another.
   2. In order to reduce the frequency of visits/meetings this must be informed by a social work assessment and / or agreed at a Child in Need review meeting. It is important the family and key professionals are also involved in the recommendation. Before, any reduction can commence the assessment or meetings must be approved by the Team Manager and formally recorded on a Management Decision Record document on the child’s file.
   3. It is important to note this decision will be kept under review at each subsequent child in need review meeting. Depending on the family circumstances and changes that may occur the child and family it may necessary to increase the frequency of visits and / or meetings.
   4. For avoidance of doubt that the arrangement does not apply to any children being supported under S17 of the Children Act 1989 due to welfare / safeguarding concerns, for example if there are significant issues regarding domestic abuse, neglect and / or substance misuse.
2. **Child Protection**
   1. Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a Strategy Discussion/Meeting. The Strategy Discussion / Meeting should be coordinated and chaired by a Children's Social Care manager or Senior Practitioner, and needs to decide if an investigation under Section 47 Children Act 1980 is required. This is a multi-agency enquiry lead by Children Social Care / or jointly between Children Social Care and the Police. The assessment completed enables the agencies to decide whether any action should be taken to safeguard and promote the welfare of the child.
   2. On completion of the Section 47 Enquiry, Children's Social Care must evaluate and analyse all the information gathered to determine if the threshold for significant harm has been reached. The outcome of the Section 47 Enquiries may reflect that the original concerns are:

* Not substantiated; although consideration should be given to whether the child may need services as a child in need;
* Substantiated and the child is judged to be suffering, or likely to suffer, significant harm and an Initial Child Protection Conference should be convened.
  1. For further information regarding strategy discussions, Section 47 enquires and child protection planning please refer to the following link [Child Protection Enquiries - Section 47 Children Act 1989 (proceduresonline.com)](https://www.proceduresonline.com/pancheshire/warrington/p_ch_protection_enq.html)
  2. **Children in Care**
  3. It is recognised that for some children they are unable to remain at home in their parents care, this may be due to safeguarding concerns or because of the complexity of their needs.
  4. If a child is suffering significant harm as a result of abuse or neglect, usual safeguarding processes will apply. If safe to do so the Local Authority will attempt to work with the child and family under a Child Protection Plan and if necessary the Pre-proceedings process, in order to allow the child/ren to remain at home with their family. However, in a small number of cases it will be determined that a child cannot remain within their parents/carers care and therefore the child will need to come into Local Authority care. In such circumstances a Legal Gateway Meeting will need to be held and agreement sought for the child to come into care. If a decision is made that a child should come into care at Legal Gateway and parents do not agree then an application to the court for an Interim Care Order must be sought and granted prior to the children being placed. The only exception to this would be if due to the urgency of the situation the Police used Police Powers of Protection. Whenever consideration is given to a child coming into Local Authority care, wherever possible attempts should be made to keep children within their wider family network. If this is not possible then alternative placements (foster care/residential provision) will be explored. For further information please see section 4 on the following link: [Contents (proceduresonline.com)](https://www.proceduresonline.com/warrington/cs/contents.html)
  5. If consideration is being given to a child to come into Local Authority care due to the complexity of their needs then an assessment must be completed in order to inform this decision. The assessment should include the views / feelings of the child, family and key professionals. When it is appearing likely that consideration is being given to a child needing to come into care a case discussion will need to be held with the Service Manager from Children’s Social Care and agreement sought from the Head of Service. Generally, in such circumstances children will be accommodated under Section 20 Children Act 1989, this means that parents must consent and the Local Authority is satisfied that they do not need to share Parental Responsibility. Children may be placed in foster care, specialist residential provisions or residential educations settings.
  6. Some children require a high level of short break support and overnight stays away from the family home, but still remain living at home. When a child is receiving short breaks and the short breaks exceed 75 nights per 12-month period, they will be considered a Child in Care under Section 20 Children Act 1989. In the same way as other Children in Care are considered, an Independent Reviewing Officer (IRO) will be appointed and a Child in Care Care Plan drawn up and the 2010 Regulations apply in full, including the provisions on Case Reviews. For further information please refer to the following guidance: [Short Breaks (proceduresonline.com)](https://www.proceduresonline.com/warrington/cs/p_short_breaks.html)
  7. The CWD social work team provide an end to end service working with those children and young people with disabilities and their siblings who are subject to care proceedings, those who may require permanent placements away from their birth families and those who are looked after by agreement with their families. Where the CWD social work team have progressed sibling groups through proceedings, discussion will take place with the Children in Care team to discuss the suitability of the case transferring to Children in Care or if it would be more appropriate for the case to remain within the Children with Disabilities Team. The Children with Disabilities Team will remain available to provide consultation and advice where required.

**7. Deprivation of Liberty and Court of Protection**

7.1 Children with disabilities often have complex needs and require high levels of supervision, and for some children it may be necessary to place restrictions on what they do in order to keep them safe. For example as a result of disability or impairment a child or young person may not be able to leave their home or placement unless under constant supervision from an adult or professional. Or it may be necessary to place restrictions on how long a child or young person can spend on a certain activity such as the internet. These restrictions could apply to situations at home or in placement, while in the community, or in their school/education provision.

7.2 For all children or young people where there are restrictions in place, consideration needs to be given to whether these could be deemed a deprivation of their liberty. [A Supreme Court judgement in March 2014](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300106/DH_Note_re_Supreme_Court_DoLS_Judgment.pdf) (P and Cheshire West and Chester) made reference to the 'acid test' to see whether a person is being deprived of their liberty, which consisted of two questions:

* Is the person subject to continuous supervision and control?
* Is the person free to leave? – with the focus, the Law Society advise being not on whether a person seems to be wanting to leave, but on how those who support them would react if they did want to leave.

7.3 If someone is subject to a level of supervision, where they are not free to leave, then it is almost certain that they are being deprived of their liberty. But even with the 'acid test' it can be difficult to be clear when the use of restrictions and restraint in someone's support crosses the line to depriving a person of their liberty. Each case must be considered on its own merits, but some of the situations which are likely to be deemed a deprivation of liberty would include (but is not an exhaustive list):

* frequent use of sedation/medication to control behaviour
* regular use of physical restraint to control behaviour
* the person is confined to a particular part of the establishment in which they are being cared for
* the person requires 2:1 or more level of care and supervision.
* the person has time limited access or restricted access to certain activities such as the telephone or internet.
* the person concerned objects verbally or physically to the restriction and/or restraint
* objections from family and/or friends to the restriction or restraint
* the person lacks capacity to understand the restrictions in place and/or lack the capacity to consent to these

7.4 The Preparation for Adulthood Legal Gateway is an internal decision making panel that considers children aged 16 – 17 with complex or additional needs, who may lack capacity to make decisions for themselves, and may be being deprived of their liberty. Terms of Reference for the Preparation for Adulthood Gateway are attached here.

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7.5 The panel considers:

* the child’s legal status
* if the child’s current care plan is deemed a deprivation of their liberty
* the proportionality of any restrictions currently in place
* if further work could be undertaken to reduce the restrictions, and consider if an alternative placement / provision might also assist to reduce any restrictions
* if the child has capacity to agree to any deprivations in place, and
* if an application to the Court of Protection is required to approve any deprivations and the current plan.

7.6 The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves. A person's capacity (or lack of capacity) refers specifically to their capacity to make a particular decision at the time it needs to be made and the lack of capacity to make a decision is caused by an impairment or disturbance that affects how the mind or brain works.

7.7 The Preparation for Adulthood gateway will also consider the steps that need to be taken to assess each child deprivations and their capacity to these. Following this panel will consider the nature of any applications that need to be made to the Court of Protection: i.e. a streamlined application or welfare application.

7.8 It is important to note that any children over 15 who have capacity will not satisfy the  criteria of the Mental Capacity Act and may require application to court to authorise deprivation of their liberty under the inherent jurisdiction of the High Court, will be considered through Children’s Legal Gateway.

7.9 It is also important to note this process does not generally apply to children under 16 year old. The Mental Capacity Act does not apply to them. In some circumstances parents are able to consent to deprivations in place for a child under 16. However this is not the case if the child is subject to a care order or if the child has capacity (is Gillick competent) and does not consent to the deprivation.

**8 Short Breaks**

**What is a short break?**

* 1. A short break is a fun and/or educational activity for disabled children, allowing parents/carers to take a short break from caring. Short Breaks are offered during evenings, weekends and school holidays. Taking a short break can give parents/ carers the time to undertake, training, enjoy leisure activities, and carry out day to day tasks, or spend time with other children.
  2. Short Breaks are sometimes referred to as ‘respite services’ and can include:
* direct payments / personal budgets;
* agency support (support from an agency that provides care and support);
* daytime or overnight care; and
* education or leisure activities including holiday clubs, group or individual based activities and visits.
  1. Warrington’s Short Breaks local offer has two principal aims.
* To provide opportunities for disabled children and young people to spend positive time away from their main carer/s
* To provide parents/carers and their families with a break from their caring responsibilities.
  1. Fundamentally, for families to benefit from a short break, they need to be assured that the needs of their child are being met. Our Short Breaks will, as far as possible, be tailored to meet the individual needs of children, young people and their families and can be awarded in a variety of combinations (for example a personal budget and some overnight care).

**Eligibility criteria**

* 1. This section tells you who may be eligible for Short Breaks and how we work with disabled children, young people and their families, to make sure they receive the services that best meet their needs. In Warrington, we see disabled children as being those children and young people aged 0–18 years whose daily lives are substantially affected by one or more of the following suspected or diagnosed conditions.
* A hearing impairment
* A visual impairment
* A learning disability
* A physical disability
* A chronic/life threatening physical illness
* A communication disorder (including autism)
* A neuro development condition (including ADHD)
* A consciousness disorder (e.g. epilepsy)
* A mental health condition.
  1. Their condition should usually be expected to last for more than 12 months and have a substantial effect upon the child in one or more of the following areas.
* Physical ability
* Communication and understanding
* Awareness of risk and danger
* Behaviour
* Independence.
  1. We understand that children and young people may also be disadvantaged because of other factors, such as their environment; other people’s attitudes; poverty and social exclusion. However, these factors alone do not entitle them to be considered for Short Breaks services.
  2. Each individual child and family will have different needs and the impact of the child’s disability needs to be considered against what would usually be expected for any child of the same age. Their family’s circumstances will also be different and so it is important to assess how their situation impacts upon their ability to lead a fulfilling life within the community.
  3. Short Breaks must be age appropriate and fit for purpose, so that all children are able to access them. Children with multiple disabilities are likely to require specialist provision, which must be available within the range of Short Breaks services on offer to families, therefore is important that practitioners keep up to date with knowledges of services through regularly accessing the Short Breaks statement. For information regarding Short Breaks and the range of universal and targeted services on offer please refer to My Life Warrington.

1. **Personal budgets**

A Personal Budget is a sum of money that may be available for eligible children and young people who need extra help above that available to most children and young people through universal and targeted services. A Personal Budget is an amount of money that can be used flexibly to support the extra needs of the child/young person or their parent/carer following an assessment. The Personal Budget is not all of the resources that are available to support a child or young person, just the amount that can be used flexibly by the family or young person to support the additional needs of the child /young person/carer. This money may come from Social Care, Education, or in some cases from your NHS clinical commissioning group (CCG). If you receive funding from the NHS this is known as a personal health budget.A Personal Budget is a sum of money that may be available for eligible children and young people who need extra help above that available to most children and young people through universal and targeted services. A Personal Budget is an amount of money that can be used flexibly to support the extra needs of the child/young person or their parent/carer following an assessment. The Personal Budget is not all of the resources that are available to support a child or young person, just the amount that can be used flexibly by the family or young person to support the additional needs of the child /young person/carer. This money may come from Social Care, Education, or in some cases from your NHS clinical commissioning group (CCG). If you receive funding from the NHS this is known as a personal health budget.A Personal Budget is a sum of money that may be available for eligible children and young people who need extra help above that available to most children and young people through universal and targeted services. A Personal Budget is an amount of money that can be used flexibly to support the extra needs of the child/young person or their parent/carer following an assessment. The Personal Budget is not all of the resources that are available to support a child or young person, just the amount that can be used flexibly by the family or young person to support the additional needs of the child /young person/carer. This money may come from Social Care, Education, or in some cases from your NHS clinical commissioning group (CCG). If you receive funding from the NHS this is known as a personal health budget.A Personal Budget is a sum of money that may be available for eligible children and young people who need extra help above that available to most children and young people through universal and targeted services. A Personal Budget is an amount of money that can be used flexibly to support the extra needs of the child/young person or their parent/carer following an assessment. The Personal Budget is not all of the resources that are available to support a child or young person, just the amount that can be used flexibly by the family or young person to support the additional needs of the child /young person/carer. This money may come from Social Care, Education, or in some cases from your NHS clinical commissioning group (CCG). If you receive funding from the NHS this is known as a personal health budget.9.1 Personal Budget is a sum of money that may be available for eligible children and young people who need extra help above that is available to most children and young people through universal and targeted services. A Personal Budget is an amount of money that can be used flexibly to support the extra needs of the child/young person or their parent / carer following an assessment. The Personal Budget is not the only resource that’s available to support a child or young person, however, the amount of the Personal budget can be used flexibly by the family or young person to support the additional needs of the child / young person/carer. This money may come from Early Help, Social Care, Education, or in some cases from the NHS Clinical Commissioning Group (CCG). Support received from the CCG is known as a personal health budget.

* 1. The local authority must be satisfied that the person who receives the personal budget is; able to manage it either by themselves or with whatever help the authority thinks the applicant or nominated person will be able to access; will use them in an appropriate way to meet the needs in question and that they will act in the best interests of the child or young person.
  2. In order to consider whether a personal budget should be provided an assessment will be required. This will either be an Early Help assessment or a Child and Family Assessment, if open to Children’s Social Care. The level of support offered will be informed by the assessment and the short breaks allocation tool (see tool and guidance below), which should be completed alongside the assessment and not separate too. The short breaks allocation tool provides a simple and consistent approach to identifying the amount of support a disabled child or young person may need. Following, the completion of the assessment and short breaks allocation tool the proposals will be discussed at Care Purchasing Panel whereby consideration will be given as to whether to approve the proposal. The outcome of Care Purchasing Panel and rationale will be shared with the family.



* 1. It is recognised that child’s needs and families circumstances change over time and therefore it is important that any support provided is kept under review. Reviews will take place through either Team Around the Family, Child in Need, Child Protection and / or care planning meetings. Reviews should give consideration to the extent of which the package is meeting the child’s needs and this may result in recommendations for an increase or decrease of packages of support. A key element of any review process is ensuring that children (wherever possible), their families and key professionals are involved. In addition, wherever possible review meetings held by Early Help and/or Children’s Social Care should link in with annual Education Health and Care Plan reviews
  2. For further information on personal budgets follow the embedded link: [Personal Budgets | Ask Ollie (mylifewarrington.co.uk)](https://www.mylifewarrington.co.uk/kb5/warrington/directory/advice.page?id=XrS8ib0O4I8&&localofferchannel=0)

1. **Continuing Care panel** 
   1. NHS Continuing Care funding for children and young people supports those individuals who have complex, unpredictable and enduring health and social care needs that require more intensive support than that which is available within universal and targeted services.
   2. Any child or young person being considered for Continuing Care Funding must have an allocated Social Worker. NHS Warrington ICB are responsible for ensuring that children and young people who are referred for funding and additional support are assessed appropriately using a standardised method and an appropriately trained lead health assessor. This will be supplemented with a Child and Family Assessment completed by the allocated Social Worker. The Continuing Care panel ensures that NHS Warrington ICB, along with partner agencies, have a safeguarding and funding overview of each child/young person receiving NHS Continuing Care funding from assessment through to transition to NHS Continuing Healthcare for Adults. For further information please see attached link to the Terms of reference for continuing care panel.



**11. Carers assessments**

11.1 Under section 6 of the Carers and Disabled Children Act 2000 and the Children and Families Act 2014, parents of, or persons with Parental Responsibility for, a child with disabilities have a right to an assessment of their needs as carers, if the Local Authority are satisfied that the child and their family are persons for whom it may provide services under Section 17 Children Act 1989. The needs of parents or carers can be recorded under the dimension of family functioning of the Assessment Framework. The needs of carers will be considered within a Child and Family Assessment at the time that the request is made for a carers assessment. The Child and Family Assessment is a holistic assessment that takes into account the whole family’s needs and circumstances but primarily focuses on the child and considers support for parents based on the needs of their child. Similarly, from an Early Help perspective carers needs will be assessed and considered as part of the Early Help Assessment.

11.2 In addition, it should be recognised that some siblings of children or parents with disabilities may be considered a young carer. In such circumstances it is important that an assessment of their needs is completed and considers their needs as a child and a young carer. Within Warrington support for young carers is available through WIRED young carers service, for further information click the following link: [WIRED Young Carers Service | My Life Warrington (openobjects.com)](https://customertesting.openobjects.com/kb5/warrington/directory/service.page?id=GngJMcCMfJ4).

1. **Education Health and Care plans (EHC plans)**

12.1 An Education, Health and Care Plan (EHCP) describes your child's needs (what he or she can and cannot do) and what needs to be done to meet those needs by education, health and social care services

* 1. The majority of children and young people with special educational needs or disabilities (SEND) will have their needs met through universal mainstream provision. Children and young people with the highest level of need will be assessed for an EHCP, which will set out an overview of the child’s needs. In 2014 the EHCP replaced SEN statements and Learning Difficulty Assessments (for older children. The SEND Code of Practice sets out the process for this for Local Authorities to follow. The age range covered is for children and young people 0-25 years of age, however it doesn’t mean everyone’s EHCP will continue until they are 25, it is only whilst education remains appropriate
  2. An EHCP needs assessment should not be the first step in assessing a child or young person’s special educational needs. It will usually follow on from planning already done with parents and young people with help from an early year’s provider, school or post-16 institution or other provider. This is called the graduated response and it would be expected that most need is met through this so only those with the highest level of need receives an EHC plan. Schools and colleges are expected to follow this approach to demonstrate that despite interventions and specific help the pupil/student has failed to make the expected progress. They are also expected throughout this process to have sought advice from professionals and worked on the advice and strategies provided. In addition, it is important that practitioners ensure that any existing Early Help Assessments, Child and family assessment and EHCP needs assessments link together to inform each other without delaying the completion of either process.
  3. The SEND Team receive all requests for EHC Needs Assessments and work with parents and carers as children and young people go through the process. The team write the EHC Plans from the advice that comes in from the assessment. It is important that advice givers don’t exceed their remit when providing advice, e.g. suggesting schools or provision. Once an EHCP is in place the plan is reviewed annually and the team work with schools to review plans and make sure that children's and young people's needs are met with the resources given to nurseries, schools and colleges. A plan isn’t necessarily amended following a review but will be re-written at transition points. The team will also answer questions and queries from settings and parents and carers.

**How to request an EHC needs assessment**

* 1. An EHC needs assessment can be requested for any child or young person who has or may have special educational needs requiring additional support to access the educational provision normally available from mainstream early years providers, schools and post 16 institutions. The Code states that “A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made” It is also this provision that is different from and additional to what is ordinarily available to all.
  2. A referral for an assessment will usually be made by the educational setting. However, parents (or an advocate on their behalf) and other professionals can also make a referral. Young people over the age of 16 (or an advocate on their behalf) also have a right to request an EHC needs assessment.
  3. The relevant request form should be completed, supporting reports/documents attached, and then sent to the SEND Team (address details at the end of the form). EHC request forms are available here. This request is then considered by the Multi-agency SEND panel.
  4. Anyone who is unfamiliar with the EHC needs assessment process should contact the SEND Team on 01925 442175 for advice prior to making any referrals.
  5. For further information regarding the EHC process please select the following link

[Education, Health & Care Plans (EHCP) | Ask Ollie (mylifewarrington.co.uk)](https://www.mylifewarrington.co.uk/kb5/warrington/directory/advice.page?id=vlk_BtTgl08&localofferchannel=0)

**13. Preparation for adulthood**

* 1. Children and Young people with additional needs, who receive support from social care and Early Help will often still need support when they turn 18. It is important that early planning and preparation goes on to ensure that this is a seamless transition for children and their families. Within Warrington there is a Preparation for Adulthood Team (PFA), previously referred to as Transition team.

**When to make a referral to the PFA Team**

* 1. Referrals to the PFA team can be made when a young person is 14 years or above and is in education /training. There are occasions when a young person has become NEET (not in Education, employment or training) and the PFA team will still work with them to meet PFA educational or employment outcomes. Most young people that are known to the team have an Education, health and care plan.
  2. If the referral is accepted by the PFA team it will be allocated to the most appropriate staff member who will then work alongside the social worker from Children’s Social Care, Early help or an outside agency. Any safeguarding statutory work undertaken with the young person up until the age of 18 years will be under children’s legislation.
  3. During the years 14 -18 the PFA worker will complete a transitional assessment working in partnership with the young person and their family. Needs will be identified and PFA outcomes agreed. The PFA worker will provide guidance to young people and their families who are often worried about the transition into adulthood. They can give advice about future provision, mental capacity (decision making) as well as financial responsibilities.
  4. On the young person’s 18th birthday the PFA team become responsible for all aspects of social care. The PFA worker will complete an adult assessment followed by a support plan and will continue to work with the young adult and family until they are no longer in education/training. If at that time it is considered that the young adult still has Care Act eligible needs the case will be transferred to the Adult social care under 65 team.

**A referral would be made where the referrer believes that the young person meets Care Act 2014 eligibility criteria, as follows**.

* Do the needs arise from a physical, mental illness or impairment?
* Do these needs mean that the adult is unable to achieve two or more of the listed outcomes?
* Is there consequentially a significant impact on the adult’s wellbeing?

**How to make a Referral**

* 1. If a young person is already known to a children’s social worker then that member of staff will make the referral to the PFA (transition) team in the following way:
* On the back page of the Child in need plan or the Child protection plan the children’s worker can choose an option called ‘transition to adult services’ A document called ‘Passport to Adulthood will then open and the children’s worker will complete it. This will then go to the PFA team.
* In the case of a child in care then it is the Child in Care review document which directly generates a ‘Passport to Adulthood which then goes to the PFA team.
* If the young person is known to an early help practitioner or not known to the Council at all then a referral should be made via the MASH using a multi -agency referral form requesting a response from the PFA team.
* If in any doubt about whether to refer, phone the duty officer for advice 01925 446170
  1. If a young person is already known to Early Help (or wider services) then the allocated worker will make the referral to the PFA team in the following way:
* A MARS is completed and the referrer should make a direct request for transition. If the MARS comes direct from Early Help and the outcome of triage is the need for a transition assessment, these will be sent to the child referral inbox for loading and not screening (unless safeguarding concerns also identified) and sent to the PFA team.
* If the MARS comes from another agency this will be directed to either EH inbox or ChildReferral inbox depending on where the referrer has directed it.
* If a direct request for transition then this will be loaded on MOSAIC, screened for any safeguarding concerns and sent to the PFA team. If not a direct request for transition but a transition assessment is the outcome of the screening this can be sent to the PFA teams clip.
* The transition team will undertake a screening in accordance with The Care Act 2014 eligibility criteria. The transition team will consult with Early Help in MASH in respect of any support Early Help services could offer. If any safeguarding concerns are identified during screening process an assessment will be undertaken by Children Social Care
  1. Please click the following link for further information on preparing young people to refer to is <https://www.preparingforadulthood.org.uk/>.