

## **Children's Services Overview and Scrutiny Committee**

11 March 2024

### **Agenda Item:**

Supporting Children with Disabilities

### **Ward(s): All**

**Portfolios:** Cllr Stacie Elson - Children's

### **Executive Summary:**

Section 17 of the Children Act 1989 places a general duty on Local Authorities to provide services to safeguard and promote the welfare of children within their area who are in need, with specific requirements for supporting children who may have additional needs. In addition, statutory agencies have a duty to assess, and if necessary, support those that may require additional support beyond their minority.

Since the 1st September 2014, the Children and Families Act requires all local authorities to publish and maintain a 'local offer'. This offers a wide range of information about all the support and facilities which families can expect to find in their area for children and young people who have special educational needs (SEN) and disabilities.

Throughout this report, 'children' means 'children and young people'. As in the Children Acts 1989 and 2004 respectively, 'a child' is anyone who has not yet reached their eighteenth birthday. The fact that a child has become sixteen years of age, is living away from home or is in further education, or is in hospital, or in prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989.

### **Reason for scrutiny:**

This report outlines how we continue to meet the needs of our children with a disability and provides assurance to the same.

### **Recommendations:**

For assurances to be provided in relation to the support offered to our disabled children and young people and for the progress and developments made to be endorsed.

### **Background papers:**

None

## **Resource and legal considerations:**

Section 17(11) of the Children Act 1989 places a general duty on Local Authorities to provide services to safeguard and promote the welfare of children within their area who are in need. The Act defines disability as: “a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed”.

## **Council Corporate Plan Priorities:**

One of our corporate priorities is that children have the best possible start and are safe from harm, happy, healthy and learning well. We also aim to provide people to have increased independence, improved health, and can positively contribute to their communities. In Walsall, we strive to ensure that communities are prospering and resilient and that our children are living in safe and healthy places that build a strong sense of belonging and cohesion.

## **Citizen impact:**

The focus of our support for children with disabilities falls under our corporate priority to ensure inequalities are reduced and all potential is maximised.

## **Environmental impact:**

Not applicable for this report

## **Reducing inequalities:**

Our Walsall Right for Children Accessibility Strategy and Inclusion Strategy sets out the vision that Walsall Council has to increase access to education for children and young people with special educational needs and/or disabilities, so that they can benefit from educational provision to the same extent that children without special educational needs and/or disabilities can.

In line with our corporate priorities, Walsall sets out the response to secure improvements in the equality of services, which when achieved, will have a positive impact on our most vulnerable children and young people. Local Authorities, Police and Health Services as key local partners must provide a robust safeguarding approach to ensure they have arrangements in place to provide equal protection for our disabled children.

## **Respond and Review**

The quality of our response and service provision to children with disabilities is managed through our quality assurance processes and performance management

arrangements. This area of work is also externally reviewed for quality and effectiveness by Ofsted through social care and SEND inspections.

Issues for improvement identified through these routes are acted upon to ensure that we continue to provide the best possible services and support for children with disabilities.

Contact Officer

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## **Introduction and Overview**

Walsall Disabled Children and Young People's Team (DCYPT) is a Specialist Social Work Team which supports the families of children whom have a complex disability and are permanent residents in Walsall Local Authority Area. The team provides a service to children requiring additional resources in respect of their disability, where the disability is permanent and substantial (as outlined with the Equality Act 2010) and has a profound impact on the child's life. This includes any child that may have been born with a disability or become disabled as a result of an illness, accident or injury.

In order to meet the criteria for a service from the DCYPT, the child must firstly meet the requirements of section 17(11) of the Children Act 1989. Not all children who are defined as having a disability under s17 will meet the threshold for a service from the DCYPT as the majority of children and young people in Walsall, including those who are disabled, will receive services through health, education and universal or targeted provision within their local community.

Where services are required that cannot be met through universal services and/or there is a safeguarding concern regarding a disabled child or young person or where they are considered in need of specialist support, contact can be made via the multi-agency safeguarding hub (MASH) as outlined within the 'Right Help, Right Time' threshold document.

## **Safeguarding children with disabilities**

Children with a disability are children first and foremost, and as such are deserving of the same rights and protection as all other children. A child can be considered to be disabled if he or she has significant problems with communication, comprehension, vision, hearing or physical functioning.

Many factors can make a disabled child more vulnerable to abuse than a non-disabled child of the same age. Safeguarding disabled children demands a greater awareness of their vulnerability, individuality and particular needs. Research has found that disabled children are three to four times more likely to be abused and neglected than non-disabled children and are more likely to experience multiple types and occurrences of abuse. Disabled children have additional needs and face both additional and specific risks and barriers to their protection including:

- Attitudes and assumptions such as a reluctance to believe disabled children are abused, minimising the impact of abuse and attributing indicators of abuse to a child's impairment.
- Barriers to the provision of support services that lead to the disabled child and their family being isolated.
- Impairment-related factors such as dependency on a number of carers for personal care and impaired capacity to resist/avoid abuse, communication impairments and an inability of the child to understand what is happening or to seek help.
- A skills gap such as an inability to communicate with the disabled child and respond to their individual needs in a child protection context.

Safeguards for disabled children are essentially the same as all other children. Concerns about the welfare of a disabled child should be acted upon in the same way as any other child in accordance with Walsall's Safeguarding procedures. The same thresholds for action apply. Expertise and resources in both safeguarding and promoting the welfare of children and in working with disability have to be brought together to ensure that disabled children receive the same levels of protection from harm.

## **Walsall Disabled Childrens and Young People's Team**

Walsall's Disabled Children and Young People's Team (DCYPT) is based at the Goscote Centre. We are located alongside the Adult Transition Team and other services within the All Age Disability Hub.

We provide a borough-wide service for disabled children whilst working closely with other services such as Child and Adolescent Mental Health Services (CAMHS), Special Educational Needs and Disability Service (Education) and Adult Services when looking at transitioning into adulthood. The team consists of 1 Team Manager, 1 Assistant Team Manager, 1 Senior Practitioner, 6 social workers and 2 Family Support Workers. The team are all permanent members of staff and are a stable and well-functioning team with a variety of specialist skills that include Best Interest Assessors, play therapists and experienced practitioners that have an extensive knowledge of working with children with additional needs.

Referrals to the team include children aged 0 – 18 with a diagnosed disability who require significant support with most daily tasks. This can include issues with mobility, self-help, or when their communication skills are severely limited or where the nature of their disability is such that the child has significant health related difficulties such as:

- Profound and enduring disabilities, including severe learning disability; multiple disabilities and complex health needs.
- Severe developmental delay in motor or cognitive functioning.
- Acquired disabilities resulting in severe physical and/or learning disabilities/communication disabilities.
- Complex and severe health problems that are potentially life limiting, chronic and/or degenerative conditions.
- A physical or sensory disability when the child has additional needs directly related to their disability; and / or cognitive functioning.
- Severe sensory impairment (registered blind / profoundly deaf).
- Children and young people diagnosed as having a severe Autistic Spectrum Condition where this has a significant impact such as persistent ongoing emotional and / or behavioural difficulties for the child or young person and they require an Education, Health and Care Plan (EHCP).
- Children and young people with moderate learning difficulties where in addition the child has significant additional needs e.g. sensory impairment, autistic spectrum condition or severe epilepsy.
- Mental health concerns if this is within the context of a diagnosed disability and at Tier 4 level. This can also include a young person subject to a mental

health assessment and is not already open to a Social Worker or when a child with a disability is detained under section 2 or section 3 of the Mental Health Act.

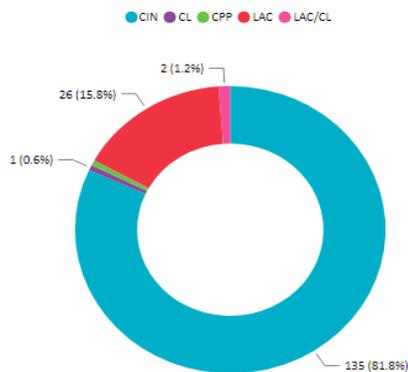
For children who have a degree of disability that is not outlined as above but are in need of social care intervention, an assessment will be provided by children’s locality teams. If that assessment determines that a specialist service is needed and that this is best met by being allocated within the DCYPT, the child can be transferred to the most appropriate team. However, the DCYPT can, and often does, provide guidance and support to other internal services and external agencies which includes safeguarding concerns and any additional support needs, including impact on siblings.

### Our children

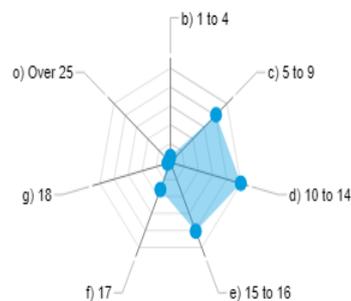
We currently have 144 children (165 allocations) allocated to the team, which is 8.2% of all allocations across the services. 82% of allocations within the DCYPT are supported as children in need in comparison to 56% in the rest of the service. The breakdown of plans within the team are as follows:

- 135 children supported under a Child in Need Plan.
- 1 child subject to a Child Protection Plan.
- 24 children in our care
- 3 of those are young people co allocated in our Leaving Care Service as they have just, or are about to, turn 18.

Allocations, by case category (#)



By Age Group (#)

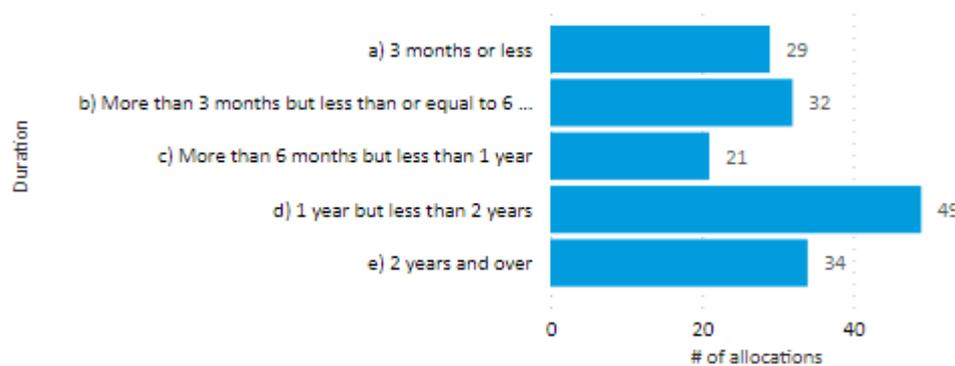


In regard to the age ranges of the children we support, our greatest cohort (47 in total) are those aged between 10 – 14 years. We also have 38 15 -16 year olds, 38 5 – 9 year olds and 15 children that are 17 and are being supported with their transition into adult social care. These numbers are an accurate reflection of when families can begin to struggle in meeting their child’s needs as younger children with disabilities are easier for families to manage but managing those needs increases in difficulty as the child ages. For other children it may be because of later diagnosis or onset of their disability.

Unlike some service areas where we tailor our interventions to be within a specific timeframe, our children that are supported by the Disabled Children and Young People's Team may be open to our service for a significant period of time. This will depend on their individual needs and care plans, but overall, the support we offer can continue as that child grows and develops into adulthood.

Currently our allocations by duration are:

#### Allocations, by duration (#)



Although the majority of the work undertaken by the DCYPT is in relation to providing additional support in respect of their disability, the same safeguarding thresholds apply to children being supported by other social care teams which means that there is some complexity within the caseload.

Unsurprisingly, the children supported by the DCYPT tend to have additional communication needs when compared to the wider social care cohort. Again, this provides a level of added complexity when working with these children, particularly capturing their voices and in ensuring that they are appropriately safeguarded. This means that we need to provide our staff with additional training and support to ensure that they are equipped to capture the views and wishes of some of our most vulnerable children.

For children who were at risk of significant harm, between 1st February 2023 – 31st January 2024, DCYPT carried out:

- 18 strategy discussions for 12 children
- 15 Section 47 enquiries, all of which child and family assessments were completed and 2 children were presented to an Initial Child Protection Conference (ICPC).

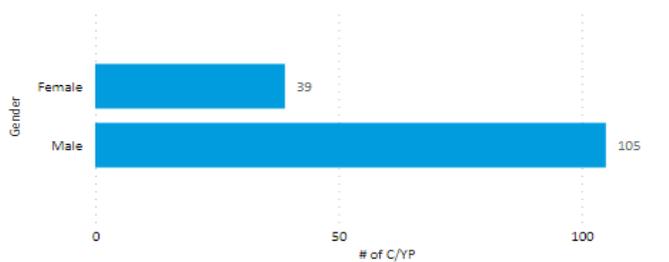
Of the 24 children who are in care:

- 19 are subject to a Care Order.
- 4 children are accommodated under Section 20.

- 1 child is subject to an Interim care order whilst care planning continues with the oversight of the court.

In terms of gender, 73% of children open to DCYAPT are male. This is higher than the overall social care cohort of which 52% are male, but is in line with other analysis of Special Educational Needs and Disabilities where boys are much more likely to be identified as having additional need.

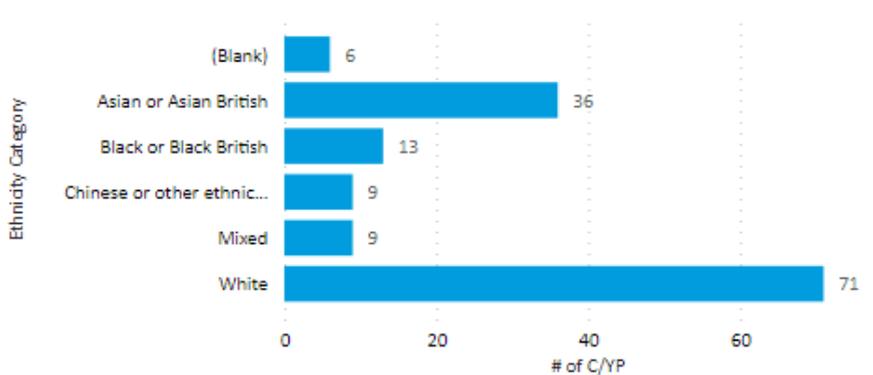
By Gender (#)



127 (88%) of our children open to DCYAPT have one or more siblings and 41 (28%) have three or more siblings. However, unlike other children open to teams specifically for safeguarding reasons, it is often only the disabled child that is open to services. The team work with a number of families whereby the additional needs of their child's disability can create stress within the family having an impact on both the child with the disability and any siblings they may have, an added layer of complexity that the DCYPT deal with when supporting children and their families.

In terms of ethnicity, 71 (50%) of children open to the team are from white ethnic backgrounds, which is line with 59% open across all social care services. 39 children (25%) are from Asian ethnic backgrounds, which is considerably higher than the 9% open across all services. Conversely, just 13 (9%) of children open to the team are from Black ethnic backgrounds and 9 children (6%) from mixed ethnic backgrounds compared with 4.8% and 12% respectively across the whole service.

By Ethnicity Category (#)



In term of communication, as previously stated, the children supported by the DCYPT tend to have additional communication needs when compared to the wider social care cohort.

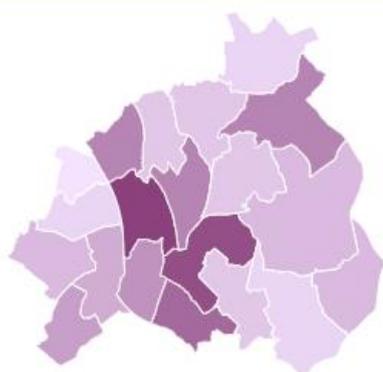
The graphs below identify the higher level of pink/red markers which denotes the number of children within the DCYPT (left) against the wider social care cohort (right).



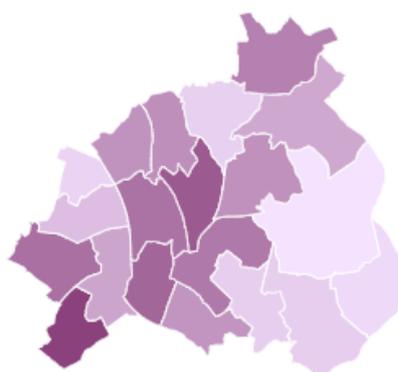
In regards to the areas in which our children reside, the children that the DCYPT work with are fairly evenly spread across Walsall with a higher proportion being based in the East and South than for the whole social care cohort.

Locality	# of C/YP	% of C/YP	Locality	# of C/YP	% of C/YP
Central and South	16	11.1%	Central and South	390	19.9%
East	33	22.9%	East	384	19.6%
North	36	25.0%	North	414	21.2%
West	23	16.0%	West	419	21.4%

In borough allocated cases, by Ward and Locality (#)



In borough allocated cases, by Ward and Locality (%)



## **Managing Complex Need**

Like all services, the DCYPT has seen an increase in the number of children with complex needs, particularly in relation to additional trauma/mental health based needs amongst teenagers. There is a significant increase nationally in children requiring EHC plans and packages of care to assist them to remain with their family. This is not always possible and so we have also had an increase in the number of children requiring specialist residential care with a bespoke package of care in place.

Whilst we continue to work closely with partners in order to ensure we offer the best possible support, this is often difficult owing to availability of resources and specialist provisions that may be required. For example, some of our young people that have come into care have needs that require additional staffing levels in order to keep themselves safe from themselves and others. In these circumstances we often have to consider an application to court in order to deprive them of their liberty in order to be able to do this.

As a way of ensuring that these decisions are made proportionately and in the best interests of the child involved, we have set up a DOLs panel that reviews the care planning for these children and scrutinises the need for such measures in a forum that allows for learning and development. The panel is chaired by a Head of Service and includes legal expertise as part of the membership. This panel has been recognised and celebrated by members of the judiciary as a good practice model. The panel continues to review children bi monthly and all applications being made, or reviewed needs to be presented to panel for their oversight.

## **Link to the SEND improvement agenda**

Disabled children and young people have a right to live full and happy childhoods and this premise is embedded within Walsall Right for Children agenda. The need for multi-agency working is particularly relevant with this cohort of children, alongside the need to ensure that EHCP plans are co-produced with the child and family. It is imperative that professionals working with disabled children have access to development opportunities to enable better social work practice required to achieve good outcomes for disabled children and their families and that there is a move to better alignment of assessments contributing to the overall EHCP.

Walsall has been on a significant improvement journey in regard to meeting our requirements for children with Special Education Needs. A recent visit as part of our SEND Alternative Provision (AP) plan outlined the significant improvements that have been made and that Walsall no longer needs to be on an improvement plan. We now have a strong local offer and with good collaboration with parents, the journey of improvement continues.

Almost all of our children open to the DCYPT will have an Education and Health Care Plan (EHCP) owing to their level of need. Those that may not are likely to be new referrals that involve younger children and the assessment is still in process of for our older Transforming Care Programme (TCP) cohort of young people whereby they have a diagnosis of Autism Spectrum Disorder (ASD) rather than a diagnosed learning need. In order to ensure that these plans are in place, the DCYPT works closely with

the SEND Team so that we can be clear on progress and track that these children have up to date EHCP's on the system.

In addition, we are currently recruiting for a Designated Social Care Officer to be based within or DCYPT. Since 2014 and the implementation of the Children and Families Act, the Council for Disabled Children (CDC) has been exploring the role of Social Care across the SEND system as part of their role as Strategic Reform Partner to the Department for Education (DfE). Although not currently statutory obligated to hold such a post, this is strongly recommended by the DfE and is likely to become a requirement as part of the governments continued SEND reform agenda. As such, we feel in Walsall that this is a valuable role and one which will assist in linking the expertise of both SEN and Childrens social care together to ensure that the social care element EHC plans have a greater input. Once in post, the Designated Social Care Officer will be responsible for the development of the EHC pathway within children's social care and will be responsible for training and development within the SEN and social care teams.

Ofsted and the Care Quality Commission (CQC) have jointly published a new framework and handbook for inspecting arrangements in the local area for children and young people with special educational needs and/or disabilities (SEND). As part of the new area SEND inspection arrangements, Ofsted and CQC will carry out a series of thematic visits each academic year and will conduct visits to a small number of areas to investigate a particular aspect of the SEND system in depth. The DSCO role will be integral to ensuring that the links between SEN and Social Care are robust and that decisions made in respect of children have all elements of their needs considered.

## **Thresholds and Pathways**

There is a clear threshold document for Walsall's Children and Young People's Disability Team that was reviewed and endorsed by partners in 2021 as part of the Local Area Improvement Board. This document outlines the threshold application for the service from early help to Tier 4 support and will be reviewed again within the next 12 months.

In order to support assessment and planning for children with disabilities, specific Independent Reviewing Officers and Conference Chairs are linked with the team to aid with consistency of practice and care planning. This aims to build a level of expertise in regard to the care needs of children with disabilities within our Safeguarding and Independent Reviewing Service. We also work closely with Early Help colleagues as part of our step up/step down pathways across the services in collaboration with key partners such as education and health.

In order to aid this collaborative approach, we have facilitated joint training sessions with health and commissioning partners in relation to our panel and MDT (multi disciplinary team) processes. All children with complex care needs have their care packages reviewed, whether this be for children placed in our care or those that are supported living with their families. MDT's are a critical element of ensuring that key agencies are providing the support needed and that joint working arrangements are

being adhered to. The training that was delivered last year is now being refreshed and the toolkit that was devised is being included as part of induction training for all new staff.

## **Transitions/Preparing for Adulthood**

A large part of our development work over the last 12 months has included a focus on how we prepare our young people for adulthood and transition them between children's and adults services.

In November last year, we set up the Transition Panel as a way of tracking and monitoring the support that is offered to those leaving care. This is a strategic forum that includes input from health, education and commissioning partners in order to ensure that services are aligned in good time prior to their 18<sup>th</sup> birthday. This panel is still very much in its infancy and will need to further develop in order to ensure sufficiency in what can be a complex system. That being said, having a forum to discuss individuals needs and develop working relationships between practitioners in both adults and children's services has been a huge benefit and will continue to be so as our joint working development plan continues.

Although the panel is based on reviewing care planning arrangements for our children in care, the transition toolkit that has been devised jointly with adults as part of the panel implementation will also be refreshed and further training events on how to use this resource will be undertaken. This will also form part of our ongoing development work in line with the new ofsted framework and how we prepare all young people with special educational needs and/or disabilities for their journey into adulthood.

## **Training and Development**

As previously stated within this report, the need for our staff to have access to good quality training and development is pertinent to working with children with disabilities and their families, as it is key to successful service delivery. As such, we have an annual training programme that is reviewed by managers and incorporated into our service action plan. For example, this year we have paid for one of our Family Support Workers to undertake her post-graduate certificate in Therapeutic Play Skills under the Academy of Play and Child Psychotherapy (APAC UK) which is accredited by PTUK (Play Therapists UK). This course is led by Leeds Beckett University and provides workers in the field of play therapy with an enhanced knowledge and skillset to work with children that have limited communication skills and those that may have suffered with significant trauma.

We have continued to commission training from the Ann Craft Trust which is a leading charitable organisation that is endorsed by the Council for Disabled Children. For this coming year we have a number of training and development opportunities that we are offering to the team. This includes:

- Play therapy and Direct work skills
- Diary management (hints & tips)
- Theory in social work practice

Life story work  
Communication tools  
Working with behaviours that challenge  
Mental capacity assessments  
Deprivation of Liberty  
Permanency planning  
Risk assessment and safety planning for children with disabilities.

The team also has access to a range of training and support materials through Widget. This is an online portal that we subscribe to that allows the workers to access a wide range of communication aids such as flash cards, vocabulary sheets and symbol calendars that assist us in our communication with our children.

In addition, the DCYPT attends the monthly workshops that are undertaken with the Corporate Parenting Teams and Transition and Leaving Care Service. This ensures that the training and development opportunities that are specific to children in care and care experienced young people is also transferred to those practitioners that support our children in care that have disabilities.

### **Service Alignment and Commissioning**

Alongside our commissioning colleagues, we are currently in the process of reviewing our short breaks offer across the borough, which will be in consultation with key partners and parents/carers. We currently have a range of short breaks packages of support for families based on level of need. This is an area where resources can be difficult to obtain and so ensuring we get the best commissioning arrangements in place with providers is essential for the families that we aim to support. All packages of support are requested and agreed as part of our complex care panel which is a multi agency forum that includes social care, commissioning and partner agencies.

The Children and Families Act 2014 places a duty on Local Authorities and their health partners to jointly commission services not only across Education, Health and Social Care but also across Children and Adults services. This is also part of the wider SEND agenda, which highlights the need for joint commissioning arrangements as part of our ongoing service development plan the DCYPT. This will continue to be reviewed as part of the Local Area Improvement Board. The aim is to develop commissioning processes that support practice and ways of working which offers increased choice and control of services.

Short breaks packages of support vary from one child to the next based on their level of need. Some children require short activity-based opportunities where as others require a greater level of support to include overnight care. Walsall has one residential home (Bluebells) that provides this level of support and currently has 16 children that receive regular respite packages of support as part of their care plan.

We have a small cohort of young people that we support and work closely with health professionals as part of the Transforming Care Partnership (TCP). In order to best support our young people with significant mental health issues, we continue to monitor these as part of our risk stratification register to ensure children and young people with learning disabilities receive the appropriate support at the right time and that referrals

are not escalated into children's services/hospitals at crisis point. This register continues to be reviewed monthly within a multi-agency forum which is chaired by health representatives. This also provides us with the opportunity to support these young people through bespoke packages of support which has led us to offer some creative and beneficial solutions to those in acute need.

The Team Manager, Group Manager and Head of Service for the DCYPT also attend various regional and national Autism Spectrum Disorder (ASD) and Learning Disability (LD) forums in order to keep abreast of local and regional initiatives that may inform our work here in Walsall.

## **Participation and Engagement**

As part of our participation strategy, we are always seeking new ways in which our children's views are captured and heard. We have a Children's Champion that supports our Children in Care Council but we need to look much wider in regards to how more of our children with disabilities are included.

We do undertake engagement sessions with our children in care as a way of co-producing in future service delivery but this needs to be more far reaching and have a specific focus for children with additional needs. The managers within the service are keen to look at how we can bring together a specific group of young people from the DCYPT that would want to be involved in a variety of exercises as part of co-production, advocacy for non-verbal peers and quality assurance of future service delivery. Discussions with the FACE group (Walsall Parent Carer Forum) have been undertaken and a plan on how we can move this forward has been added to the DCYPT service plan.

In addition to the above, a quarterly meeting between children's social care senior managers and FACE group has been set up. These meetings are led by the parents/carers that attend and are a forum in which they can share any issues or seek advice/guidance directly from senior managers within Walsall Childrens Services. This allows for us to work collaboratively in relation to future service delivery based on the needs of the children and families that require the support.

## **What we will continue to do**

As part of our continued journey, the DCYPT will continue to work together with children and young people and their parents/carers to ensure they are valued and able to fully contribute to developing their plans. By continuing with our training and development, we aim to foster a skilled workforce with the expertise, knowledge and understanding to ensure we continue to fulfil our statutory requirements to our children with disabilities.

In order to measure our continued improvement, we will continue to work in partnership with key agencies in order to ensure there is an accurate understanding of its effectiveness and use this to drive children and young people-focused improvements. Management oversight of practice, including scrutiny by senior managers, is routinely used to ensure our services are meeting the needs of those it

serves. This is undertaken as part of our Quality Assurance Framework and training and development programmes.

We also have a strong workforce and wellbeing focus here on Walsall, as reflective and supportive supervision is one of our five practice priorities. Children's social work can be highly pressured and at times, extremely stressful. So, whether it's a frontline social worker, team manager or working with children in another social care setting, effective supervision helps them to do their job well. Put simply, we invest in our staff so that they can do their job well for the children and families of Walsall.

Whilst most of the information based within this report are ongoing workstreams as part of continued service delivery, there are key areas of work over the next 12 months that will be a particular focus. These are:

- Review of our short breaks offer.
- Implementation of the Dedicated Safeguarding Co Ordinator
- Strengthen our preparation to adulthood as part of Transition planning for children with disabilities.

These key priorities, and all of the work identified as ongoing within this report will be reviewed and monitored as part of our continued practice development, in consultation with staff, managers and parents/carers in line with the DCAYPT service plan.

Zoe Morgan

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