

**DRAFT FINAL  
report**

**Support for Parents and Carers of  
Disabled Children and Young  
people**

Report of the Education and Children's  
Services Scrutiny Sub-committee

April 2012

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## **Introduction and background**

The review's focus was a result of the sub-committee's interest in evidence which indicated that supporting parents had a major positive impact on their children's wellbeing and educational attainment. In the administrative year 09/10 the previous sub-committee had produced a report on the importance of parental involvement in children's education. This concluded that there should be an emphasis on enabling parents to have the skills, knowledge and confidence to help their children as evidence indicated that this would lead to a big impact on their children's ability to perform well educationally.

The committee produced a report in 10/11 focusing on support for parents during school admissions. Alongside this review the sub-committee is also looking at a volunteer programme developed by CSV which has demonstrated success in supporting parents in challenging situations, including addressing child protection issues, by using mentors to support parents. This will be the subject of a separate report.

This report is focused on the best way the council can support parents and carers, so that they in turn can have a better quality of life and be in the best position possible to parent their disabled children, look after their wider family and participate to community life. Given the focus of the review the committee prioritised evidence from parents and carers, organisations and evidence from council officers.

## **Methodology**

### **Parents and carers**

The committee put a call out for evidence from parents and carers and voluntary organisations that work with parents and carers of disabled children asking for comment on the following issues in particular:

- I. Experiences as a service user
- II. Practical and financial resources available
- III. How skilled and informed you feel
- IV. Parenting
- V. Caring
- VI. Maintaining family life
- VII. Employment and childcare
- VIII. Your physical and emotional well-being

### **Organisations that support families of disabled children and young people**

In response to this the committee received evidence from two organisations that work in Southwark to support families; Contact a Family and Southwark Parent Carers Council (SPCC).

### Contact a Family

Contact a Family is a national charity with a branch in Southwark that exists to support the families of disabled children whatever their condition or disability. They work with families; often at a time of crisis.

### Southwark Parent Carers Council (SPCC)

The Parent Carer Council is peer led and their objectives are to positively change and enhance the lives of disabled children, young people and their families by working collaboratively with partners in Health, Education and Social Care, and to ensure parent carers participation.

### **Several parents of disabled children**

The review received evidence from six families through a combination of written submissions and verbal evidence taken at meetings.

### **Council officers**

The committee received several reports from Southwark Council children's services officers including:

- I. Comprehensive consultation reports on Short Breaks which took detailed evidence from a range of partners;
- II. Officer response to evidence received from family support organisations and parents

### **Context**

#### **Numbers of disabled children and young people in Southwark**

The committee received evidence of work done previously by Contact a Family and the SPCC to identify the number of Children and Young People (CYP) with a disability and/or additional need and their parent carers.

Borough wide they estimate that there are approximately 2500 children and young people with a disability and/or additional need in the borough. Of these:

- I. Approximately 1500 children have a statement of special educational need
- II. Approximately 450 children are on the disability register
- III. Approximately 180 children receive a service through social care

Contact a Family and Southwark Parent Carer Council also submitted data on the numbers of families they are engaged with:

- I. There are approximately 590 families registered with Contact a Family in the borough
- II. There are approximately 240 families registered with SPCC

Of the families registered with Contact a Family:

- I. About half have a child on the autistic spectrum
- II. About half consider their ethnicity to be Black British, Black African, Black Other
- III. About one third have a child under 5, another third have a child aged 6 – 11 and the remainder have a child aged 12 – 19

### **Recession, Austerity and budget reductions**

Local Government funding from central government has been reduced, and this has led to budget reductions across all sectors. The draft budget report to the overview and scrutiny committee of 13 December 2011 set out that “during 2011/12 £5.763m of savings have been achieved. When the significant reductions in government grants for children’s services are taken into account around £12m has been taken out of the budget. For 2012/13 the Children’s Services budget is proposed to be £86.4m. The total savings and commitments for the department remain unchanged from those agreed at council assembly in February 2011. “

Contact a Family reported that they have experienced financial cuts of 25 %, and that they are waiting to hear what will happen after April 2012. SPCC recently lost their worker because of budget reductions. The evidence received from these organisations considered both the effects of organisational budget reductions and how they were seeking to adapt, alongside recommendations on the best way to deliver council services and support families given shrinking funds.

### **The impact of the recession and austerity on families**

National Contact a Family have produced a report called Counting the Costs 2010

Key findings from a survey of over 1,100 families with disabled children found:

- I. Almost a quarter are going without heating (23%). Up from 16% in 2008.
- II. One in seven (14%) are going without food. Down from 16% in 2008.

- III. More than half have borrowed money from family or friends (51%) to keep financially afloat or pay for essentials, such as food and heating. (42% in 2008)
- IV. More than 40% have applied for a charity grant. Up from 25% in 2008.
- V. Almost three quarters (73%) are going without days out and leisure time with the family. Up from 55% in 2008.
- VI. Almost 90 % said that financial worries had a detrimental impact on their family life

The full report can be found here:

[www.cafamily.org.uk/pdfs/CountingtheCosts2010.pdf](http://www.cafamily.org.uk/pdfs/CountingtheCosts2010.pdf)

### **National research on the needs of families and the outcomes carers would like from social care provision**

Contact a Family have produced a national report titled “What makes my family stronger “.

Key findings of the report are:

- I. Almost 70% of families with disabled children said that understanding and acceptance of disability from their community or society is poor or unsatisfactory.
- II. Over 60% of families said they don't feel listened to by professionals.
- III. Vital support services such as short breaks, a key worker and childcare are unavailable to almost half of families.
- IV. Over 60% of families said they don't feel valued by society in their role as carers.
- V. Half of families with disabled children said the opportunity to enjoy play and leisure together is poor or unsatisfactory.

The full report can be found here: [www.cafamily.org.uk/pdfs/wmmfs.pdf](http://www.cafamily.org.uk/pdfs/wmmfs.pdf)

The Social Policy Research Unit at York University published a report which is an easy introduction to the range of outcomes that carers would like to achieve from social care services.

These include:

- I. A life/identity of their own, over and above their role as parents/carers
- II. Having control over their life
- III. Spending 'quality' time with the person receiving support, over and above care-giving activities
- IV. Maintaining physical and emotional well-being
- V. Having adequate resources

- VI. Feeling skilled and informed
- VII. Maintaining family life
- VIII. Service process outcomes relating to positive relationships with professionals and working in partnership with services

The full report can be found at:

<http://www.york.ac.uk/inst/spru/pubs/pdf/Outcomes.pdf>

## **Findings and recommendations**

### **Fairer access to universal services**

In their evidence to the committee SPCC reported that families understand that specialised services are under pressure so their recommendation was to improve universal services. They pointed out that only a small proportion, around 180 out of 2500 children with disabilities, receive a specialised service from the council so accessible universal services are therefore crucial to enable the majority of families to be included in community life. They reported that too often families are met with an attitude that it not helpful. Social isolation is a big issue for many families .They reported that families want to be included, and for their child to be included.

Contact a Family also highlighted this issue and they included evidence on their inclusion programme which offers a range of family inclusive activities to introduce families to new experiences. Many of these are within the borough and most are universal. Contact a Family's aim is to support families to enjoy activities which can be repeated independently. Examples gave included using local parks and libraries, taster sessions and courses at local swimming pools, and exploring local museums. Contact a Family also offers information and training to other settings and agencies to support staff to be inclusive in their practice.

Council officers acknowledged that families want fairer access to universal services and detailed work they are doing to meet some of that need through the Short Breaks programme. Evidence taken from the Short Break consultation indicated that universal settings in particular need to be more inclusive with the up skilling of frontline staff to better support disabled children and young people. The evidence identified there was a particular need to ensure hearing and visually impaired children and young people are included in service provision and access to activities, as these groups are often isolated. More sports clubs have been requested by families and children, but it was noted that the disability sports programme is no longer available. There was a particular interest in swimming including disability swim sessions. Parents have also requested activities for girls

supervised by female staff. Different kinds of activities to meet different needs (i.e. swimming classes delivered at different levels of ability) were also proposed.

#### Recommendation 1

Improve the accessibility of universal services by developing and promoting disability awareness training for staff in Southwark's sports and leisure facilities; such as libraries, museums, swimming pools and parks. Ensure this includes training on meeting the needs of hearing and visually impaired children and children with autism.

#### Recommendation 2

Encourage sports and leisure facilities to increase the accessibility of mainstream services and provide special sessions suitable for disabled children and young people.

#### **Short Breaks**

Evidence received from family support organisations and parents indicated that families would like to have regular breaks from their normal routine. They want good quality and meaningful experiences for their child and they want a chance to recharge their own batteries. The council has done an extensive consultation on this and Appendix 1 is attached: Shaping Future Service Delivery – stakeholder proposals. The recent Short Breaks services statement highlights the wide range of universal support already available, and is helping to promote the local offer to families and to identify gaps which services are working to fill.

#### Recommendation 3

Take forward the Short Break work plan.

#### **The type of cuts being made, with a focus on under 5's rather than teenagers**

Contact a Family reported that they work with families; often at a time of crisis. They reported that this is often before a diagnosis has been received as this is frequently a time of particular uncertainty and stress for parents. However, the service reported that families often also need particular support around times of transition, for example moving into school or college. Contact a Family reported that because of budget reductions officers were emphasising service provision for families of the under 5's, however their organisational experience is that there are just as many problems when a child enters puberty and becomes physically and sexually mature. Concern was raised that services often drop off during this challenging time. In Contact a Family's organisational view limiting services to under 5's is not a good idea.



#### Recommendation 4:

Evaluate the services in place to support parents and carers of disabled children over the age of 5; particularly recognising the evidence received of the additional stresses that families experience when young people reach adolescence and in times of transition .

#### **Autistic children and young people**

The evidence from SPCC highlighted what they termed as the “massive prevalence of autism”. Many of the parents giving evidence had a child or children on the autistic spectrum. The Short Breaks scheme indicated that there is a need for increased service provision for children and young people on the Autistic Spectrum. This report noted that children on the Autistic Spectrum often slip through the net as they may not qualify for mainstream and/or specialist services. Children and young people with dual diagnosis of ADHD and Autistic Spectrum Disorder are particularly vulnerable as they require 1 to 1 support to access services which required funding. Children and young people on the Autistic Spectrum with challenging behaviour are often hard to place, especially for overnight stays and respite care. The report recommended more suitable provision for these children, including enhanced training for carers. The evidence indicated that more provision is needed for children under 8 diagnosed with Autism, in particular.

#### Recommendation 5

Where resources allow provide additional services and support for children and young people with autism; particularly those with challenging behaviour or ADHD and for children under 8

#### **Data registration**

Parents and family support organisations said that they thought it was really important that the disability register was kept updated, even if families do not receive formal services. Parents and family support organisations emphasised that early help is much better and data registers could help with this. Better data recording would also give more accurate information as disabled children and young people could be on various data records because of a medical condition, having a statement of special educational need, being on Southwark’s disability register, being in receipt of social care through a eligibility assessment e.t.c. The evidence indicated that these data sets do not always relate to each other in clear and functional ways.

#### Recommendation 6

Keep Southwark’s Council Disability Register updated and set up a dialogue with partners on protocols to share data in ways are transparent, lawful and that will assist families and partner organisations supporting families.

## **How well medical and social care is integrated and communication with families**

Parents complained that they have to tell services the same thing again and again, which is frustrating and dehumanising. They requested that the committee think about how the council can do data sharing better and more sensitively. A parent spoke about her experience; explaining that her child was referred to social workers by a medical professional, but the social workers were not particularly interested in the medical diagnosis and this meant that, despite the referral, she did not receive the assessment she needed. Parents spoke about the tension between the medical and social work teams, and the respective conceptual models that they used. Parents said that professionals from Health and Social Care teams do not have access to their respective records, even if they are co-located in places such as Sunshine House.

### Recommendation 7

Explore how the council can do data sharing better and more sensitively. Particularly look at the request that social workers take into account information available from health practitioners when making assessments of children and families.

### **Assessment for services**

Parents spoke of the delays they had experienced in getting an assessment from the disabilities/complex needs team (social care) and the Special Educational Needs (SEN) section. Parents found this difficult to understand, particularly if an assessment had been recommended by health service. A parent complained about delays from the SEN team when it comes to issuing a statement of special need. Her child had eventually received a statement; however she was dissatisfied that the process had taken too long and commented that her son has since been permanently excluded from secondary school. She said she felt sure that if the correct support mechanisms had been in place this would not have been the case. A number of parents expressed frustration that social care assessments are issued without full reference to the medical diagnosis. Parents thought this showed a lack of consistency and highlighted the disjuncture between social and health services.

Parents said that their perception was that the policy seems to be to say no the first time, then parents have to go back and make the case, then eventually you get what you need. Parents commented that this advantages more articulate and pushy parents. They said that services should be given to those who most need them, not those who shout the loudest. A parent contrasted their perception of how Health and Social Care respectively assess need in this way: the NHS admits you have a need and puts you on a waiting list; the council denies that you have a need at all. The waiting list approach was considered better in helping a family coming to terms with a child's diagnosis and likely prognosis.

Parents reported that the delays in receiving a service added to stress, and that a small amount of service, or early intervention, would be more cost effective as it prevented families escalating up the ladder of crisis. Parents stated that often a relatively small amount of support can enable families to support themselves and continue to function. Evidence received emphasised that assessments of children's needs for both care and education should be carried out early, when requested by another professional or by a parent, to enable the council to fulfil its commissioning responsibilities and plan ahead for future need.

A number of parents cited the work of Contact a Family in supporting them in accessing services and helping to negotiate the system. Parents from Contact a Family and SPCC explained that many parents do not understand what services are available or the laws surrounding access. They therefore need support in accessing them. SPCC stated that parents and carers need clear accessible information and that this cannot just be on the website. SPCC went on to explain that there needs to be more transparency, particularly on how decisions are made so that parents can be clear on the process.

Parents also said that once a 'statement of special educational need' has been received it is vital that this is adhered to. A parent commented that a child's statement is a vital tool for parents and teachers, as it is a legal document stating who our child is, what she needs and how those needs will be met.

#### Recommendation 8

Guarantee that all children will receive an assessment by social and educational services if referred by a professional. Undertake these as early as possible in recognition of the importance of timely support.

#### Recommendation 9

Provide clear advice and support to parents and carers on their rights, through publications and support organisations

#### Recommendation 10

Ensure that statements of special educational need are adhered to

### **Common Assessment Framework (CAF) and 'single point of access'**

The Contact a Family manager commented on the importance of finding families before they go into crisis to prevent further difficulties. The manager reported that officers are saying that unless there is a Common Assessment Framework in place Contact a Family are being asked not to provide services. They reported that this creates difficulties as some people have had a bad experience of statutory services. Contact a Family emphasised that it is very important that

families can self refer so the organisation can meet the needs of these families. Officers stated that they believe families should be able to access services in the way that best suits them. They reported that the council is working with partners and voluntary sector partners, to develop a 'single point of access', which will make it easier and quicker for families to receive the support they need. Officers reported that the Common Assessment Framework (CAF) is an assessment tool designed to support the early identification of children with additional needs and reduce the number of times that parents have to tell their story. Officers envisage that as the tool is increasingly used by agencies it will ensure that detailed assessments are completed more quickly. Officers are developing systems to promote the identification of families so they can be supported and which bring systems together (this is related to Aiming High for Disabled Children, the Green Paper Support and aspiration: A new approach to special educational needs and disability, the Child Poverty Strategy and more).

#### Recommendation 11

Ensure that the Common Assessment Framework (CAF) enables organisations to support families of disabled children, that there are no unnecessary barriers and that the CAF acts as a collaborative system for statutory and voluntary services to identify and support families in need.

#### **Family life**

In the evidence received families pointed out they do not exist in isolation from the rest of the world. Their evidence spoke of the difficulties in sustaining paid employment and the impact on siblings of having a disabled child with limited support in difficult circumstances. They requested that in assessments and consultations the council takes into account parents' responsibilities for other children or work commitments when taking decisions about the services and support these families should receive.

#### Recommendation 12

Ensure assessments and consultations take into account parents' and carers' responsibilities for other children or work commitments, particularly when taking decisions about the services and support these families should receive.

#### **Information**

Contact a Family reported that families tell them it is hard to get good quality information. They reported that they offer one to one information and advice. They also produce a quarterly newsletter plus a monthly email update and use a variety of social media to keep people updated. SPCC also emphasised the need for good quality information. The Short Breaks consultation recommended regular updates of the Southwark Council website and Family Information Service with a peer review function, leaflets and brochures for distribution

through community locations; workshops on issues of relevance (Direct Payments/Personalised Budgets, Taxi Card, funding for holidays e.t.c) and an annual conference.

### Recommendation 13

Provide families with information on statutory, community and generic services available through events, publications and support organisations.

### **Schools**

As noted above parents want an early assessment for a Statement of Special Educational Needs. A parent raised concerns that families cannot highlight an Academy school for their children, if a statement is received. Parents expressed frustration with their relationships with schools; one parent indicated this had broken down. Other parents emphasised the importance of communication and the difficulties children have had at mainstream school. One parent reported that his child would be distressed because the support worker was not available, but the school had not informed him. The parent went on to say that he has even offered to train staff at the school but this has not been acted upon.

### Recommendation 14

Work with all schools to promote better relationships and communication between home and school for families of disabled children and young people

### **Consultation**

Evidence on consultations emphasised treating parents and carers with respect and truly seeking and valuing their contributions (and those of their children) when planning and evaluating services. A parent raised concerns about consulting on services that the council is legally required to provide. The Short Breaks consultation was given as an example of good practice.

### Recommendation 15 Improve consultation and engagement by:

- I. Ensuring that results of consultations are shared; wherever possible explain why some requests cannot be honoured.
- II. Offer various methods to collect feedback (i.e. face to face consultation, questionnaire, electronic survey, telephone survey)
- III. Provide opportunities for parents to participate in the strategic planning of services wherever possible.
- IV. Use robust methods to engage children and young people and include their views .

### **Parents and carers as resource**

SPPC explained that parents and carers want to work in partnership with professionals; they reported that parents are a resource and feel underused.

SPPC called on the council to understand the benefit and power of peer support. They requested the council recognise the value of interventions which enable families to use their own resources, develop resilience and have a quality of life. This was seen as the best way of delivering services in a time of shrinking resources.

Recommendation 16

Value parents as a resource and the power of peer support; particularly in times of scarce financial resources

**Community and voluntary sector**

Evidence called on the council to support community and voluntary sector agencies and groups in offering a wide range of opportunities to families. They wanted the council to collaborate with and value the sector. When commissioning, community organisations requested the council offer contracts which are long enough to allow security and development. Family support organisations emphasised developing systems to promote the identification of families so they can be supported and which bring systems together.

Recommendation 17

Commission contracts for as long as reasonably possible

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## Appendix 1

### Short Breaks report

#### Shaping Future Service Delivery – stakeholder proposals

The following work plan has been collated based on consultation feedback and are suggestions and recommendations made by service users and providers including families.

WORK AREAS	DISCUSSION POINTS
<b>Access to Services</b>	
Eligibility Criteria	<ul style="list-style-type: none"><li>• Clearer explanations of eligibility criteria and referral pathways into services (pre and post assessment).</li><li>• Review of joint working agreement/protocol between Children with Disabilities Team and Referral and Assessment Team to ensure families are signposted and referred to appropriate services.</li></ul>
<b>Emergency support services for parents/carers.</b>	<ul style="list-style-type: none"><li>• In the event that a parent carer has an emergency (i.e. hospital appointment, surgery, child in the hospital) where can they go to get help?</li><li>• Many parents felt that in the first instance they would rely on their network of family and friends. As many CYP are not known to Social Care parents wouldn't feel comfortable contacting them in an emergency. In the event that a parent/carer was without support, where would they receive</li></ul>

<p>More inclusive/integrated activities</p>	<p>help in an emergency situation?</p> <ul style="list-style-type: none"> <li>• Universal settings in particular need to be more inclusive with up skilled frontline staff to better support disabled children and young people.</li> <li>• Ensure Hearing and visually impaired CYP are included in service provision and access to activities, as these groups are often isolated.</li> <li>• More sports clubs requested (provision of disability sports program is no longer available); there is a particular interest in swimming including disability swim sessions. Parents have also requested activities for girls supervised by female staff.</li> <li>• Different kinds of activities to meet different needs (i.e. swimming classes delivered at different levels of ability)</li> <li>• Consider short breaks to provide different activities for different ability levels; CYP should have a choice of activities during short breaks programs wherever possible – mix of ages and CYP will support socialization skills and break down disability barriers.</li> <li>• More activities needed that offer support to all CYP within Southwark with an additional need – as the majority are not known to Social Services, they should still be able to access services.</li> <li>• Review of referral routes to ensure that CYP not known to Social Services can be referred by other professionals or self-referred by parents.</li> <li>• For families who don't receive services and/or funding from Social Services, how can they be supported to access activities for their children? It is viewed that better access to services in the long run will help prevent CYP and families</li> </ul>
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	<p>from escalating up the crisis ladder and are therefore more cost effective.</p>
<p>Publicity</p>	<ul style="list-style-type: none"> <li>• Southwark Council website including online regularly updated directory of services, but enhanced promotion of available services is needed included access criteria and cost to parent carers.</li> <li>• Family Information Service needs more regularly updated information from service providers. Consider a way to demarcate services in the online directory that families with disabled children have used and reviewed.</li> <li>• Leaflets, Brochures for distribution – accessible at Sunshine House, Libraries, etc.</li> <li>• Parent Conference for agencies to have information booths to provide information about services.</li> <li>• Offer parent carers including foster carers a series of workshops to explain more about: Short Break provision and what is available, Direct Payments/Personalized Budgets, Taxi Card and other issues of interest (i.e. funding for holidays).</li> </ul>
<p>Transportation Strategy</p>	<ul style="list-style-type: none"> <li>• Accessing short breaks is often difficult due to travel and transport arrangements. Some CYP will miss out on services, as it is too difficult for parent carers to bring them to/from activities. Ensure equal distribution of activities in the north and the south of the borough wherever possible.</li> <li>• How can CYP travel between school and local clubs/community activities?</li> <li>• Mobility allowance and Disability Living allowance can be used for transport to/from activities – may need to refresh this information with parents.</li> <li>• Some services have their own transport as Southwark has</li> </ul>

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contributed to the purchasing of vehicles; review of contractual agreements to ensure that drop off and pick up for CYP is included.

- Use of transport for out of borough provision needs to be included in the strategy, as currently there appears to be some difficulty with this (i.e. crossing into Lambeth). Commissioning of services and placements should align with/be supported by transportation provision.
- School transport is only used during term time, and before and after school – consider using these buses during the day, on weekends and during the school holidays to maximize transport provision.
- Transport for vulnerable young people post 16 who cannot travel independently would be useful, especially for working parent carers and/or those with other children to transport to school.
- Review of the assessment process for school transport to include parent carer work/shift commitments, other children in the household and logistics of travel for drop off/pick up.
- School transport currently is operating without designated/routine pick up times which can distress the children; parents are often having to take children to school so they arrive on time which adds extra pressure and stress (A new system is in place, still working through the logistics but is causing stress to some families).
- There are less buses being used for school transport so timing is less flexible – this creates difficulty for parents with other children (i.e. bus scheduled for pick up at 8:30, parent needs to leave by 8:20 to bring other children to school).
- Transportation is especially important, as parent carers feel

	<p>very protective of their children being out on the streets of Southwark; they need to feel that their children are in safe environments and arriving/departing a provision safely will help to foster this trust.</p> <ul style="list-style-type: none"> <li>• Consider use of taxi card for group transport to share costs?</li> <li>• Consider Dial-A-Ride minibus for group transport to improve access to services.</li> </ul>
<b>Commissioning</b>	
<p>Cost Savings and good value for money</p>	<ul style="list-style-type: none"> <li>• Incorporate short breaks programs into universal services/core offer where possible.</li> <li>• Robust evaluation of services being provided and whether they are meeting the needs of service users. Service users may need tailor made/specialized care packages and some services could be more flexible with their care offer.</li> <li>• Utilizing in-house staff, partner agencies and parent carers to provide staff training and workshops around disability and safeguarding.</li> <li>• Sessional staff are only paid for hours worked; if a CYP does not attend an activity is Social Services still required to pay? Are parent carers still required to contribute?</li> <li>• Review of sites for short breaks in terms of value for money and facilities – are they meeting the needs of CYP and families? (I.e. Bacon’s College offer competitive rates, however they don’t have sufficient equipment for the Special Care Group during Playscheme; it is also not centrally located which adds transportation challenges). Can parallel activities be offered for other children at the same site?</li> </ul>
<p>Early Years Provision</p>	<ul style="list-style-type: none"> <li>• Commission additional Early Years placements, especially for children under 3. Currently there is a limited portage service however this group of children needs more activities</li> </ul>

	<p>with opportunities for social interaction.</p> <ul style="list-style-type: none"> <li>• Some work to be undertaken with private nurseries, which often refuse to accept children with additional needs or who shortly after starting claim that they cannot manage their needs. At least one private nursery has claimed that only toilet-trained children are able to attend their setting.</li> </ul>
<p>Increased service provision for CYP on the Autistic Spectrum</p>	<ul style="list-style-type: none"> <li>• CYP on the Autistic Spectrum often slip through the net as they may not qualify for mainstream and/or specialist services; CYP with dual diagnosis of ADHD and Autistic Spectrum Disorder are particularly vulnerable as they require 1 to 1 support to access services which required funding; CYP on the Autistic Spectrum with challenging behaviour are often hard to place especially for overnight stays and respite care. Investigate more suitable provision for these CYP including enhanced training for carers.</li> <li>• More provision needed for children under 8 diagnosed with Autism.</li> <li>• Further investigation around services provided by Resources for Autism and IBA.</li> </ul>
<p><b>Consultation</b></p>	
<p>Regular on going consultation with CYP, parents/carers/providers (i.e. 2-3 times per year)</p>	<ul style="list-style-type: none"> <li>V. Ensure that results of consultations are shared; wherever possible explain why some requests cannot be honoured.</li> <li>VI. Offer various methods to collect feedback (i.e. face to face consultation, questionnaire, electronic survey, telephone survey)</li> <li>VII. Parents to participate in the strategic planning of services wherever possible.</li> <li>VIII. Robust methods to engage CYP and include their views and</li> </ul>

	provide opportunities to introduce them to new and different activities (i.e. canoeing, sailing)
<b>Resources</b>	
Care package allocation	<ul style="list-style-type: none"> <li>• Review of current 'panel' process; consider a wider multi-agency approach to include input from various service areas across the sectors including an Independent Person to offer a wider range of services to families. Consider keyworker/lead professional to attend the panel meeting to advocate on behalf of the family and further explain specific requests for services.</li> <li>• Transparency in how care packages are allocated and the eligibility criteria for services.</li> <li>• Inform parents of other services they may wish to access in addition to what is provided by Social Services and/or by using Direct Payments.</li> </ul>
Extended use of available facilities	<ul style="list-style-type: none"> <li>• Review of site provision to ensure maximum use and provide value for money.</li> </ul> <p>For example:  Orient Street has capacity on the children's side during school hours to provide a safe space for additional activities – i.e. under 5's stay and play or a drop-in service to give parent-carers a break (staff requirements would need to be reviewed); Work experience placements from Spa School could use the building during the school day; Occupational Therapy assessments. Consider using Orient Street as an activity hub and/or resource centre including as a provider of Independence Training. This would maximize the building, improve the profile of the provision and encourage professional relationships between agencies. A pricing structure would need to be agreed.</p>

	<p>Tuke School (and others) have comprehensive facilities available during half-term and holidays that could be utilized; hoists, multi-sensory rooms and hydrotherapy activities would be well received by program participants; school staff may even be interested in working in the scheme (contractual agreements permitting), providing consistency, understanding of local communities and need, with health and safety checks and training already in place.</p> <ul style="list-style-type: none"> <li>• Consider multi-use sites for after school and club activities where siblings can attend and/or activities for parents; parallel activities reduces travel time and cost, allows a break for the whole family and then parents/siblings can provide support for CYP with additional needs if required.</li> </ul>
<p>Staff Resources</p>	<ul style="list-style-type: none"> <li>• Wider pool of carers needed to provide short periods of respite care, especially within the family home. Consider increased utilization of pool of sessional contact supervisors to provide cover when required; these are staff who would be employed by Southwark Council and would have undergone all required safety checks and training.</li> <li>• More foster carers needed – strict criteria and lengthy assessment processes means many carers don't qualify or move on before they are accepted. Improved process for vetting carers who can supervise CYP in their own home, working up towards an overnight/weekend break for the parent(s).</li> <li>• Agency staff are expensive and can be inconsistent; service providers and parents feel that agency staff often don't offer good value for money; it is also felt that in order to attract good quality carers, staff pay rates need to be re-evaluated.</li> </ul>

	<ul style="list-style-type: none"> <li>• Better paid/skilled/trained staff may mean less 1 to 1 support needed and can offer 1 to 2 support, which is more cost effective. This also helps to balance staff and client numbers in the event of an absence during scheduled activities.</li> <li>• Recruitment of more male carers, especially for boys.</li> <li>• More mentors, 'befrienders' and volunteers to work with CYP. This kind of service is well received by families and provides good value for money.</li> <li>• Consider designated Short Breaks Coordinator to ensure Southwark offers a comprehensive short breaks service integrating all CYP with special needs; would facilitate managing, arranging and monitoring service provision.</li> <li>• Consider Brokerage Worker role to support CYP and families to be provided appropriate services.</li> <li>• Further discussions around maximizing staff working with CYP in Southwark in lieu of using agency staff; i.e. the creation of a staff pool for staff who would like to work extra hours and work with CYP in different settings (possibly with different contractual arrangements to avoid overtime pay). This also supports staff continuity and stability for families.</li> </ul>
<b>Safeguarding Responsibilities and Integrated Service Delivery</b>	
<p>In-school support</p>	<ul style="list-style-type: none"> <li>• Develop stronger links between mainstream and special schools for better support of CYP with additional needs.</li> <li>• Work undertaken with schools about disability awareness, building empathy and understanding how to meet the needs of individual CYP and developing in-school support programs for CYP without specialist or 1 to 1 support.</li> <li>• Review of incidents of bullying and exclusion of CYP with</li> </ul>

	<p>additional needs from mainstream schools; with the expansion of Academies there are a limited number of mainstream school places for this group of vulnerable CYP so in-school support is essential to prevent exclusion.</p> <ul style="list-style-type: none"> <li>• Work to be undertaken with schools to support cultural shift around supporting CYP with additional needs including refreshed strategies for in-school support.</li> <li>• Consider program to support CYP to travel independently to school – i.e. walking school bus, escort to school from home or pick up point (volunteers, 6<sup>th</sup> form or college students, older siblings) and organized ‘carpools’ between parents (i.e. taking a group of children to school on foot, by bus or car). This also supports working parents and those with several children to transport to and from school.</li> <li>• School governors to include parent(s) of CYP with additional needs to advocate and provide link to services and information.</li> </ul>
Integrated Working and Information Sharing Process	<ul style="list-style-type: none"> <li>• Increased use of CAF for information sharing and a more holistic assessment and referral process.</li> <li>• Further development of Key worker and Lead Professional roles</li> <li>• More structured approach to Team around the Child/Young Person/Family to ensure professional networks are working together to safeguard vulnerable CYP and their families.</li> </ul>
Multi-agency working	<ul style="list-style-type: none"> <li>• More robust systems to encourage multi-agency working care planning and information sharing including shared IT system (i.e. eCAF/SharePoint). Integration between services and professional networks will have a significant and positive impact on service delivery and family experience.</li> </ul>



	<ul style="list-style-type: none"> <li>• For services where referrals are received by parent carers and/or social workers, information from other professionals is not shared or provided which may be critical for the CYP and the agency providing a service.</li> <li>• Best practice to be shared across the children's workforce.</li> </ul>
Transition	<ul style="list-style-type: none"> <li>• Well planned and managed transitions from Early Years provision to Reception, Primary to Secondary and from Children's to Adult Services for CYP who are 18+ including a Team Around the Child/Young Person meeting for professionals to share information and knowledge about each client.</li> <li>• Staged and managed transitions to new sites are also important, especially for CYP on the Autistic Spectrum for whom routines and consistency are essential to their safety and well-being.</li> </ul>

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