



Disabled Children's Services in Bradford

A Review by the Council for Disabled Children

August 2022

Introduction

City of Bradford Council commissioned the Council for Disabled Children (CDC) to carry out a full review of their Children with Disabilities services, primarily the social work service, structure, remit and criteria including looking at support services, short breaks and Early Help Services and how all this works together as a system.

The aim of the review is to bring about positive change and create the conditions and structures for excellent practice and services for families. Including exploring multi-agency models and any other progressive approaches to working with children and families.

Methodology



Our key methodology is set out in the graphic above. Each element of the project identified the key lines of enquiry (KLOE) for the next phase.

Review of Children with Disabilities Service

The initial review of policies and procedures included reviews of 14 documents shared from the local area related to referral criteria, eligibility, tools and guidance for practitioners, and information for families:

- Referral/eligibility criteria for the following:
 - Autism Community Support Team (ACST)
 - Children's Community Support Team (CCST)
 - Sleep Clinic
 - Short Breaks
- Terms of reference for the Disability Referral Panel
- CCHDT Report for the Strategic Board (Jan 2022)
- CCHDT Review paper (March 2022)
- Tools/guidance for practitioners:
 - Continuum of need and risk identification tool
 - IFD Screening template (Nov 2020)
 - Questions for the front door document (CCHDT)
 - Practice Standards Checklist
- Information for families
 - Direct Payments information starter pack (June 2021)

Strategic Vision Workshop

This element brought together senior leaders across services to develop a strategic vision for Social Care and SEND. It was attended by a range of practitioners and family representatives including:

- Service Manager CCHDT
- Head of Service for Transition
- Service Manager Specialist Children's Services
- Head of Service Prevention and Early Help and Youth Justice
- Head of Service for Integrated Front Door (IFD)
- Consultant Paediatrician
- Community Paediatrician and DMO
- CAMHS
- VCS and family representative

It was acknowledged during the session that although colleagues in SEND and Special Schools had been invited to the session there is a challenge in ensuring they are engaged in the conversations and developments across teams.

The full presentation and approach for this workshop is in Appendix 1

Co-production workshops

The proposed themes for the co-production workshops were tailored based on the thematic learning that emerged from the early elements of the project with each workshop focusing on a particular element.



Each session was attended by a cross-section of strategic leaders, operational managers, frontline practitioners, VCS providers and parent carers.

The full presentations and approach for these workshops is in Appendices 2, 3 and 4.

Final Report

This report sets out the key findings from the initial review, as well as a summary of the learning from the workshops which details the feedback received from the partners who attended.

This report draws conclusions and makes recommendations for the next stage of development of the service.

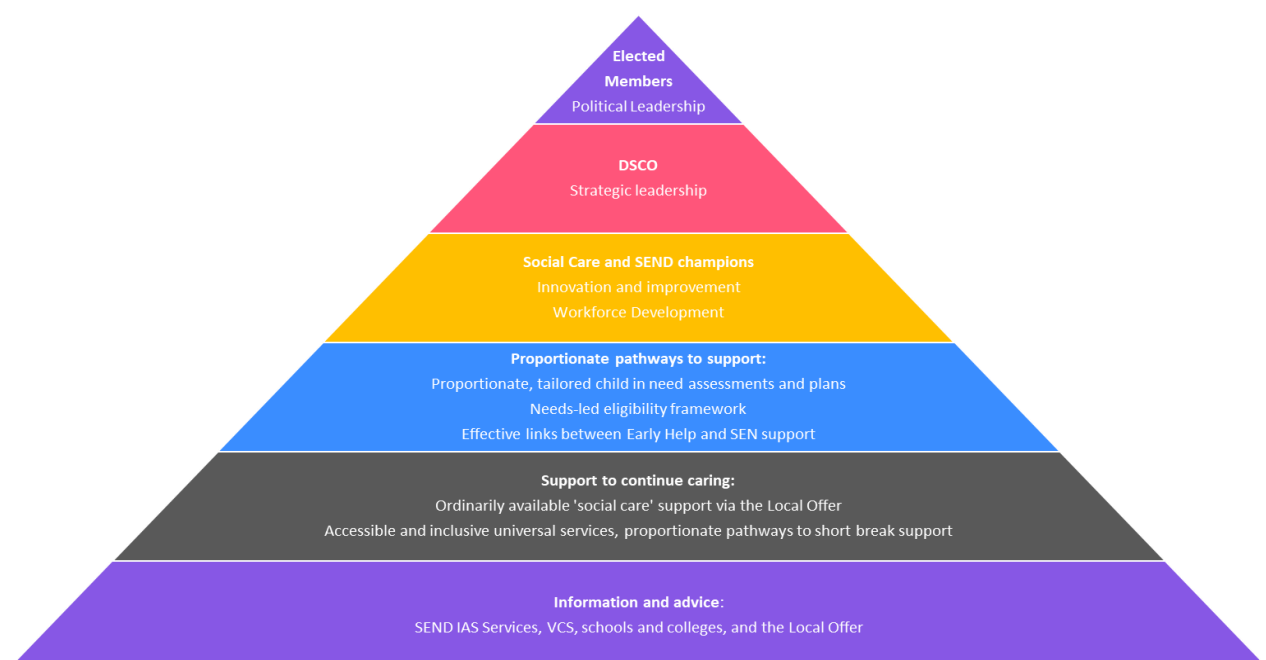
National context and levers for change

The SEND and Alternative Provision Green Paper alongside the Independent Review of Social Care and a current Child Safeguarding Practice Review Panel review into 'safeguarding children with disabilities and complex health needs in residential settings', create a significant amount of national thinking in relation to effectively supporting the needs of disabled children, young people and their families.

The SEND and AP Green Paper highlights a number of areas of improvement and ambition for the role of social care including the DfE's ongoing commitment to continue to embed and evaluate the role of the Designated Social Care Officer (DSCO) for SEND as well as identifying more effective ways to capture the broader ways in which the holistic needs of children and young people are met in EHC plans e.g. consideration for changes to section H and exploration of how to record and evidence where social care needs are met through proportionate pathways to short breaks. Similarly, the Independent Review of Children's Social Care places a huge emphasis on the importance of Family Help, prevention and proactive systems of support that identify needs and engage with families early. The DfE Short Break Innovation Programme is particularly interested in new approaches to meeting needs earlier and preventing children and families going into crisis.

Autumn 2022 will see the formal launch of the new What Works in SEND programme designed to collate and establish the evidence base for multi-agency systems effectiveness in meeting the needs of disabled children and young people and improving outcomes for families. This programme will also develop a mechanism for local areas to have their practice validated and shared as an example of national practice.

Within this context there are significant opportunities for Bradford to co-develop and pilot new approaches to effectively supporting disabled children and families in all of the system domains that CDC's national work demonstrates improved outcomes.



Key challenges in the current system

Appendix 3 sets out a range of the feedback from the Strategic Vision Workshop on what is working well and what could be improved. Based on this and the feedback from the strategic interviews, the following section sets out the key areas of challenge in the current system.

Pathways to support

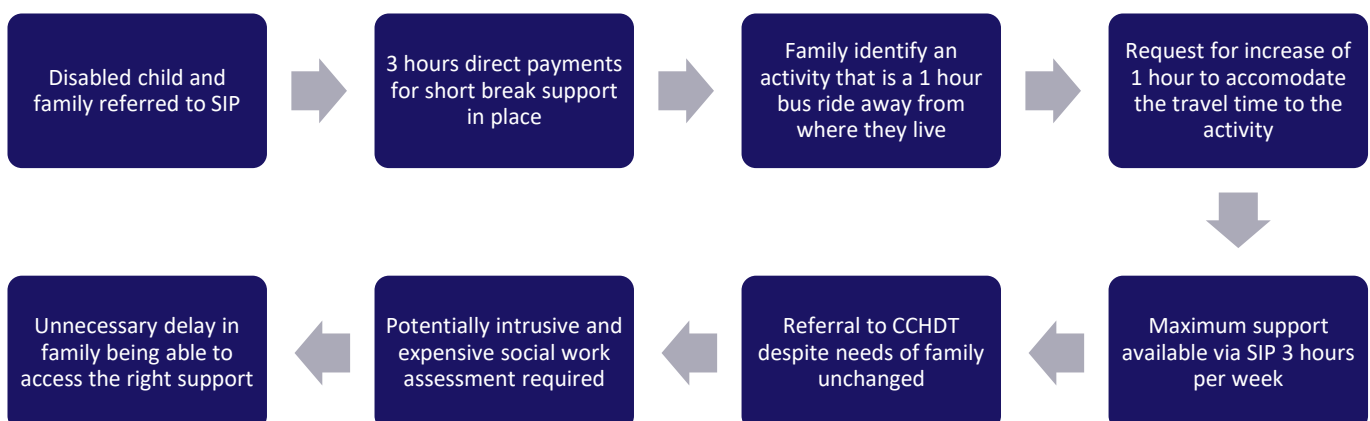
Despite a clear commitment from leadership and partners across the system to improve the lives of disabled children and families, the existing pathways to support in Bradford are described as difficult to navigate for both Parent carers and practitioners, which can lead to families missing out on vital support when they really need it. Several practitioners described a gap in the pathway for families that need a higher level of short breaks than can be provided by the Specialist Inclusion Project but may also not necessarily need a social worker however, due to some local area policies and criteria, this is currently the only way to access higher levels of short breaks or direct payments.

It was also highlighted that variable referral processes e.g. some services available with self-referral, others via Early Help and some via CCHDT only, create a confusing hierarchy of services which are inconsistently communicated and challenging for families and practitioners alike.

"The system cannot understand itself. Part of the system cannot understand the other part. The communication is not good." – **Practitioner, co-production workshop**

For many of the documents reviewed, the way in which criteria for referrals to services was described was based on a deficit model using legal language and, whether the language was intended for families directly or for practitioners, the narrative this establishes will influence the way in which practitioners engage with and describe children and family's needs.

An example experience (shared in the co-production workshop)



Alongside the pathways set out above a new Short Breaks team linked to the Education, Health and Care (EHC) needs assessment and planning process is also being established with a different set of criteria. However, currently this is planned as a parallel pathway only for those with an EHC Plan.

Reflections from the workshops and CDC's wider national work on needs-led approaches suggest that the referral and eligibility criteria for services is acting as a barrier to families accessing the right support at the right time, rather than an enabler. This leads to a culture of reactive approaches when families are in or approaching crisis and a cycle of 'fire fighting' instead of the preventative, proactive support that will enable children and families to thrive.

The workforce

Multi-agency working to support disabled children and their families is well-established and set out in legislation (Children and Families Act, 2014). For those children and young people with more complex needs the Education, Health and Care needs assessment and planning process should act as the focal point for multi-agency involvement in ensuring that children and young people make progress towards their aspirations. However, there is acknowledgement that in Bradford Health and Social Care are not always effectively engaged in the EHC planning processes.

"Social care does not take the full role or responsibilities that they have in the process. But sometimes the LA delegates this responsibility to the school in leading the EHCPs so the plan is education focused, so the needs of social care are not even considered." – **Practitioner, co-production workshop**

For preventative support to be an option for families, they need to know what is available and how to access it early. In order for this to happen families need to be supported to access to clear, transparent information about the supports and services available.

"Parents get frustrated spending hours searching and they are not able to get anywhere." – **Parent carer - Co-production workshop**

"With Bradford's 'sign posting culture' we direct families to the Local Offer. Before this technology was available we used to show them where to go." – **Practitioner - Co-production workshop**

Practitioners reflected that there is a lack of knowledge of the roles and responsibilities of other practitioners, services and community supports both across, and within, agencies. This leads to missed opportunities to signpost and engage families with the right support at the right time. One example was shared of an Early Help practitioner referring a child to the CCHDT because they needed access to the Sleep Clinic without realising that they could make a referral directly to the Sleep clinic themselves.

The VCS currently play a big role in advice and information for families but this is not joined up as a cohesive part of a local area support system. As such the experience of families varies across the area.

"There is a variation between different postcodes [...] some services are hard to physically access and families struggle to get there. Less deprived areas do not have [some types of service]." – **Practitioner – Co-production workshop**

Sufficiency of provision

The Local Offer (LO) in Bradford should be the first place for families and practitioners to go for clear and transparent information about the provision available across the local area however the activity in co-production workshop 2 identified a number of specific challenges with the current approach:

- There is a general awareness of the technical difficulties of the LO, particularly the searching. It is very difficult system to navigate Families need support to guide them through the LO. It is easy to get lost. Perhaps giving some search instructions or putting the right search terms might help to make it easier to navigate.
- There are a lot of acronyms that make the system confusing and parents might struggle.
- Practitioners use LO to get information for families but sometimes information is not up to date. People that provide the service need to ensure information is accurate.
- Parents get frustrated spending hours searching and they are not able to get anywhere.

There were also some ideas about improvements that could be made:

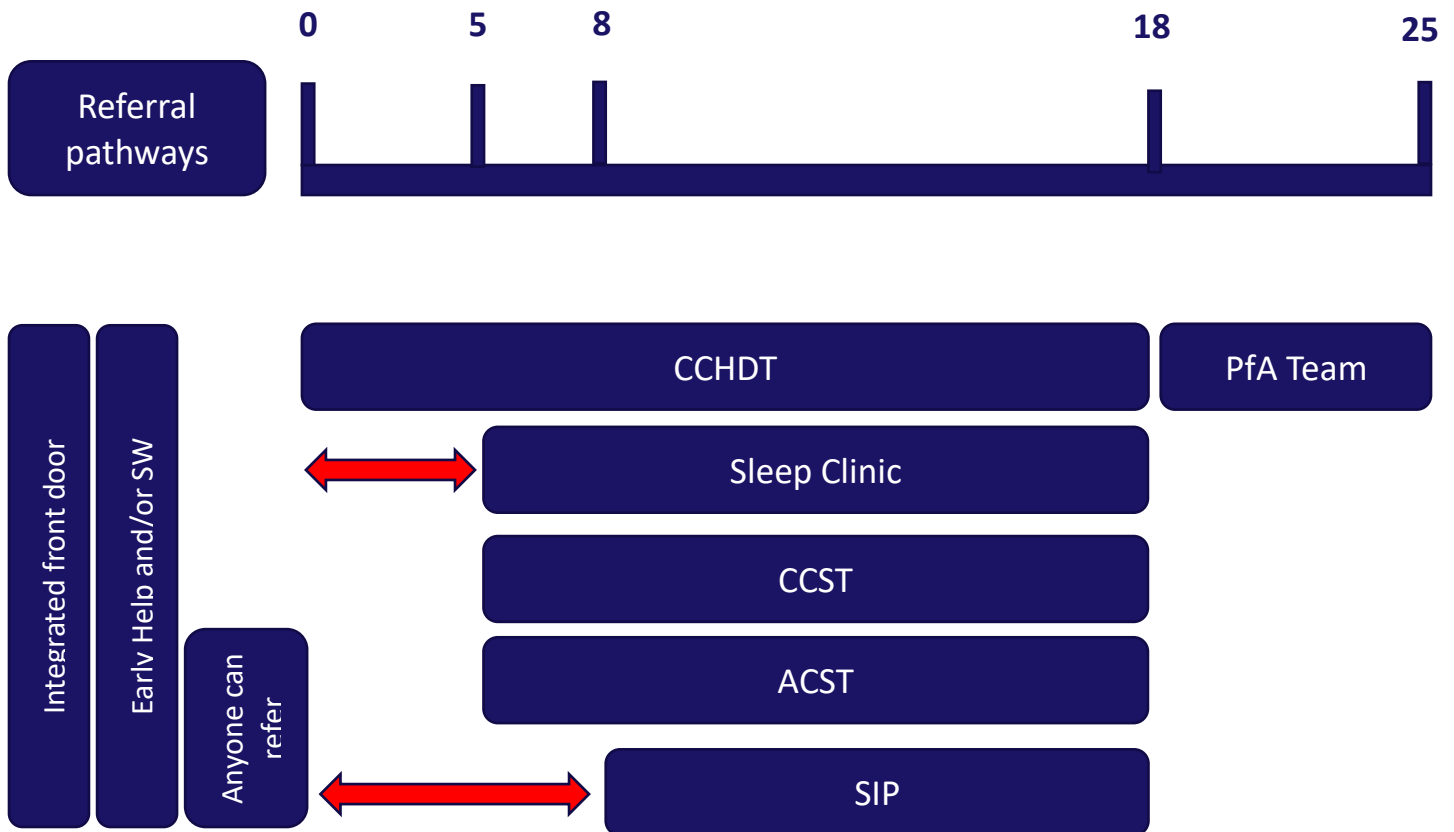
- Explore opportunities for others in the community e.g. Library staff trained about LO to help families
- LO champions to be able to explain them what is available? Or bring on board carers group or have an email address where parents could ask for advice?
- Bringing back family support service and been able to have a face to face support and direct them to right service.
- An independent brokerage service can make LO more accessible.

It will be important to consider the above feedback in the current project to develop a new LO website and to ensure broad engagement with the consultation events and short survey where people can feedback and let the development team know what they want to see in the new LO.

In addition to accessible, accurate information and more streamlined pathways through the system there is acknowledgement of the need for capacity and responsiveness in the services and supports available. The mapping activity carried in co-production workshop 2 [appendix 6] demonstrate practitioners recognition of a wide range of early help supports and services however it is unclear how skilled and/or inclusive they may be for disabled children and their families.

"Referring parents to parenting courses because it might be something 'wrong' in the way they are dealing with their child does not build a good relationship with the services." – **Parent carer – co-production workshop**

The following graphic sets out some examples of the services currently available alongside the referral routes into them and the age ranges for which they can offer support.



The most significant gap that was highlighted in the workshops was short break provision for children under 8 years old, with an even more significant gap in services from birth to 5 years old (identified above by the red arrows). CDC's national work has also demonstrated that the transition into primary school can be a significant trigger for escalating needs including behaviour that challenges and whilst it is helpful that the CCST and ACST are available from age 5 the CCST requires a referral from either the Early Help, CCHDT or other social work team via the Disability Referral Panel, creating a further barrier for families. Short breaks as a form of wraparound preventative support can only be accessed via the CCHDT up to the age of 8 when the Specialist Inclusion Project activities become available.

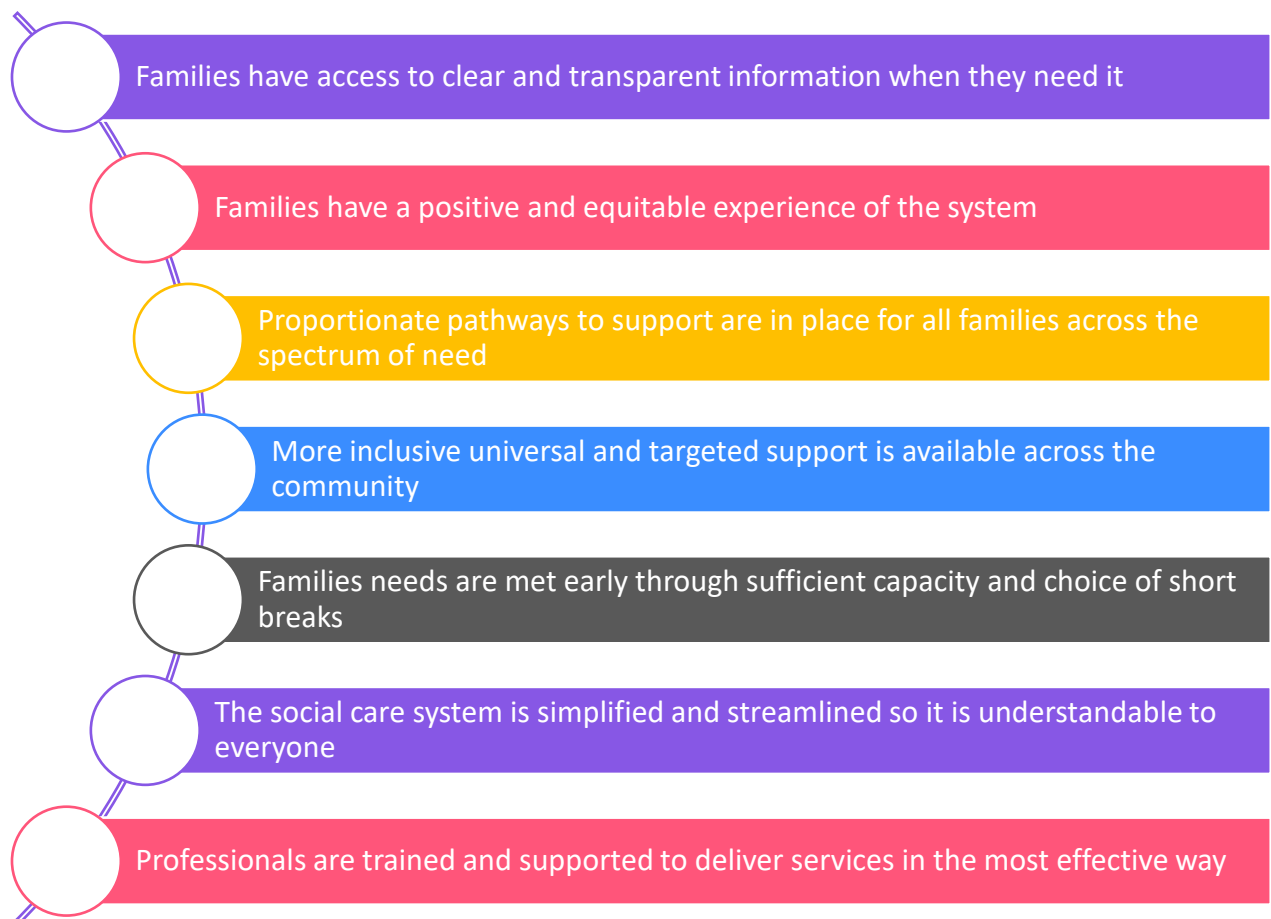
What does it mean for children and families?

Despite the hard work and commitment of practitioners across the system, the combination of these three areas of challenge, in both infrastructure and practice, mean that children, young people and families currently experience a fragmented system, with multiple confusing pathways and significant gaps in access to support. At best this means families struggle to access the right support at the right time and at worst, as was reflected in the strategic vision workshop, this can lead to recurring crisis, escalating needs and culminating in breakdown of school and short breaks support leading to expensive 52-week placements which often have poorer outcomes for children.

Co-developing a strategic vision for Social Care and SEND in Bradford

The strategic vision workshop led to a series of defined impact and outcome statements that are sought for children, young people and families as set out in the graphics below.

Impact: The sustained effect we hope to see



Outcomes: The changes we will support/create



The statements set out in the graphics should inform the development of the next phases of this work and may inform a set of principles that can be shared across partners.

"It is important to bring everyone together to share this vision and create a system that can work." – Practitioner – Strategic Vision Workshop

Recommendations

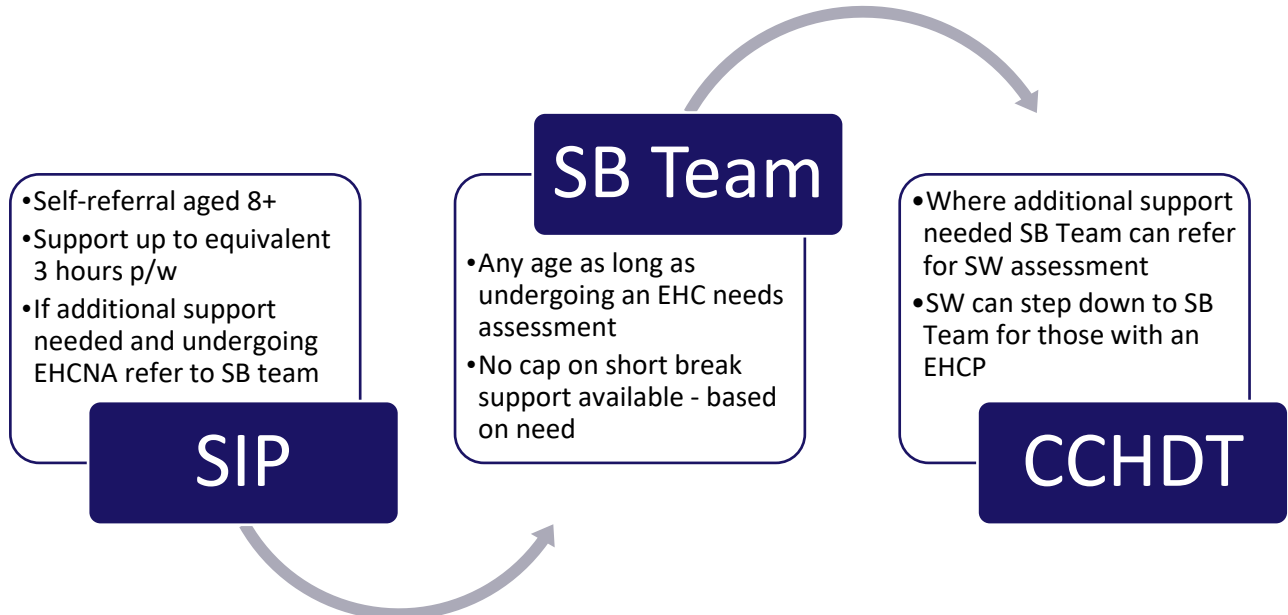
In order to achieve the ambitions identified in workshops CDC have identified a number of recommendations based the co-development conversations with local partners and drawing on research and evidence, national learning examples and opportunities/levers for change.

Recommendation 1 – Improve access to accurate information and advice for families

- **Review existing referral/eligibility criteria** documents to ensure that the narrative is less legalistic and to soften the language for a parent carer audience. This will also help to redefine the way in which practitioners speak to and engage families in relation to their needs.
- Support wide engagement from families in the **LO website redevelopment**.
- Consider **formalising links with VCS** organisations currently delivering this type of support to families and bringing this into a cohesive system-wide approach

Recommendation 2 – Co-Develop a proportionate pathway to support

- Consider bringing the Specialist Inclusion Project (SIP), new Short Breaks Team, and the CCHDT into one pathway as set out in the graphic below to alleviate the gap in the pathway between SIP and CCHDT and create a pathway for 'step down' from CCHDT



Recommendation 3 – Embed a needs-led eligibility and decision-making approach

- Build on CDC's national work set out below and in appendix 2. In the short term, pilot the approach to needs-led decision-making within the constraints of the existing CCHDT criteria.
- Monitor and evaluate the impact on the experiences of families and practitioners and develop a learning example to submit to the new What Works in SEND programme effective practice validation framework in order to share learning nationally.
- In the longer term, based on evidence and feedback explore opportunities to role out the full approach including needs-led eligibility as part of the proportionate pathway set out in Recommendation 2.

How significant is the impact of the child or young person's needs on their life?

- Consider the impact on their life compared to another child or young person of the same age without their additional needs
- Consider barriers to accessing the community and leisure activities; education; health services

How significant is the impact of the child's needs on their family's life?

- Consider the broader family context and the impact on relationships between parent carers and
- Consider barriers for the family in accessing the community and leisure activities; education; employment; health services

How well are they coping?

- Consider support networks including wider family (e.g. grandparents); VCS
- Consider how well the child or young person is coping

Is the family willing and able to continue caring?

- Consider whether other family members may have support needs (parent carers/young carers)
- Consider if some family members are coping better than others, who takes on primary responsibility for providing care

What would happen if no support is provided?

- Consider the possible consequences of not providing any level of support
- Is it 'necessary' to provide under the CSDPA 1970?

What support is needed to enable the family to continue caring, promote welfare and to prevent avoidable crisis?

- Consider support required to overcome barriers to accessing the community and leisure activities; education; employment; and health services, for both children and young people and their families
- Consider support required to achieve children and young people's outcomes and aspirations and to prepare them for adulthood
- If it's 'necessary' to provide, is the support required part of the list set out in the CSDPA 1970

Recommendation 4 – Co-develop a single assessment approach for Disabled Children and Families

- Building on CDC's national work with 13 local authorities [appendix 2] explore the opportunities to bring together assessment approaches across Early Help; SIP; Short Breaks Team; CCST; ACST; and other relevant social care services for disabled children to join up assessment approaches through section 17(10 C) in the Children Act 1989 to improve effective information sharing and create a more streamlined experience for families.

Recommendation 5 – Sufficiency of provision

- Build on the initial mapping work [appendix 6] to understand gaps in the early intervention and preventative support available for disabled children and families.
- Ensure feedback from this project feeds into the next phase of sufficiency work on short breaks exploring emerging opportunities such as the DfE Short Break Innovation Programme funding, the development of Family Hubs, and the Holiday Activities and Food Programme.

Recommendation 6 – Supporting and Developing the workforce

- Implement the role of the Designated Social Care Officer (DSCO) for SEND at a strategic level within Bradford. Based on CDC's [national work](#) the role should be sufficiently senior to be able to influence decision-making and development across Social Care and SEND.
- Once the DSCO is post establish a network of Social Care and SEND operational champions to support embedding approaches such as:
 - In house training
 - Learning surgeries
 - Information and Advice for EHCPs clinics
- Develop and implement a cross-agency workforce development strategy for social care and SEND including:
 - Multi-agency awareness of roles, responsibilities and pathways to support
 - Building professional trust across agencies