

# Corporate Parenting Panel

25 January 2019

Looked After Children – Children with Disabilities



## Report of Elizabeth Stenton, Strategic Manager, Families First South, Durham County Council

### Electoral division(s) affected:

Countywide.

### Purpose of the Report

- 1 To inform members of the Corporate Parenting Panel of the remit and number of children currently open to the Children with Disabilities Service.

### Executive summary

- 2 Members of the Corporate Parenting Panel will receive a breakdown of the number of Looked After Children with a disability, for information.

### Recommendation(s)

- 3 Members of the Corporate Parenting Panel are recommended to:
  - (a) Note the contents of this report.

### Background

- 4 There are 153 open cases to the Children's Disabilities Team 0-13 years, 11 of which are Looked After Children (LAC), 8 children are subject to a Section 31 order of the Children Act 1989, 2 children are subject to a Section 20 order of the Children Act 1989 and 1 child is subject to an interim care order.

### 5 Current Caseload:

(a)	Social Work Consultant	10
(b)	Social Worker (newly qualified)	20
(c)	Social Worker (newly qualified)	21
(d)	Part Time Social Worker	12
(e)	Level 3 Social Worker	26
(f)	Level 3 Social Worker	24
(g)	Level 3 Social Worker	6
(h)	(due to start maternity leave)	
(i)	Family Worker	20
(j)	Family Worker	14

## Breakdown of Disabilities

6 A summary is provided below of the young people's disabilities;

**MM** – This child has a severe brain injury and right sided weakness and learning disabilities.

**SB** – This child has a diagnosis of a severe learning disability. They demonstrate challenging behaviours in terms of hitting biting nipping and swearing. To support their health needs, the child has a gastrostomy PEG which is used to administer medication and supplementary feeds. The child also has a diagnosis of Autism Spectrum Disorder and Epilepsy.

**JF** – This child has a cochlear implant. They can demonstrate head banging type behaviours, severe learning disabilities, and are non-verbal.

**BC** – This child has autism, global development delay, learning disability.

**KD** – This child has epilepsy, severe learning disability, and global development delay and is doubly incontinent.

**KL** – This child has a diagnosis of Downs Syndrome, and has some other health needs as a result of this such as an overactive thyroid.

**AK** – This child has a diagnosis of Downs Syndrome, and has associated learning difficulties that impact upon their cognition and communication.

**MW** – This child has Cerebral Palsy - 4 limbed quadriplegia, Severe Global Development Delay, Epilepsy, Asthma, Scoliosis, visual impairment, Faltering growth, Microcephaly, Gastrostomy and tissue viability problems.

**GS** – This child is very complex with a range of health issues which include epilepsy, profound cognitive impairment, visual impairment, spasticity and dystonia, gastrostomy fed, gastric dysmotility and scoliosis.

**HC** – This child has a diagnosis of ADHD, Severe Developmental Delay, hypotonia and visual impairment.

**AT** – This child has a complex range of medical problems including ADHD and autism. They have incredibly rigid thinking and suffer from severe anxiety.

- 7 Likely outcomes for LAC children with disability:
- (a) Remain at home with short breaks respite in place;
  - (b) Temporary or permanent foster placements;
  - (c) 52 week residential placements;
  - (d) Independent Fostering Arrangements Placements;
  - (e) Special Guardianship Order or Care Order with family members;
  - (f) Placement orders for plan of adoption.

### **Statistical Comparisons to neighbouring Local Authorities**

8 Newcastle Local Authority have 30 children.

9 Sunderland Local Authority have 20 children.

### **Social work practice**

- 10 Day to day social work practice:
- (a) All of our LAC children have regular LAC meetings with annual health and dental checks and regular multi-agency care team meetings;
  - (b) Our children express their views through observations, one to one work and play;
  - (c) Our children have access to services – we ensure they have short break respite, continuity of support. Community support services are available to them;
  - (d) Our LAC children are monitored through lac procedures, statutory visits take place and children are regularly seen by school and health professionals;
  - (e) All aspects of safeguarding are completed by the social workers on the team;
  - (f) Our children have a pathway plan to ensure a smooth transition to adulthood, this is done with the 14-25 years transitions team and by looking at what the needs of the children are.

### **Partners we work with**

- 11 There is close joint working between Families First Disabled Children and Families Team and the Local Authority and Health Commissioners.
- 12 We work together to identify the needs of families; determine demand and gaps in provision and consider what provision can best meet needs and achieve the best outcomes for children and young people.
- 13 We have set up a framework of 15 providers to enable choice and flexibility for parent/ carers to receive a short break from caring whilst their child/young person takes part in something meaningful that achieves positive outcomes.

- 14 We have worked together to identify gaps in relation to families accessing Early Help services and expanded our short breaks offer together to enable this need to be met.
- 15 We have worked across the region to develop a framework of providers who can provide over-night short break care for children and young people within residential settings to enable over-night short breaks for parent/ carers.
- 16 We have worked jointly with Adult Commissioners to re-commission an all age Domiciliary Care Support Framework.
- 17 Where there has not been the appropriate solutions in place; we have worked together to develop bespoke off-framework arrangements.
- 18 One examples of this; we worked together to consider the needs of 2 very complex children. Through a joint partnership approach working between Families First Disability, Local Authority Commissions, Health Commissioners, the Provider Market and Housing we developed a bespoke arrangement which meant that 2 children could remain in their family home.

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## **Appendix 1: Implications –**

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### **Legal Implications**

There are legal duties on the Local Authority to implement the disability and special educational needs reforms as set out in the Children and Families Act 2014.

As Corporate Parents, there is a legal duty to care for our Looked After Children under the Children Act 1989. Also, The Deprivation of Liberty Safeguards (**DoLS**) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

### **Finance**

In relation to Looked After Children, the Local Authority has a clear duty to provide sufficient placements for those with more complex needs. At the time where a young person has complex and additional needs, the service, in conjunction with health partners, may have to commission more specialist provision but this need is low.

### **Consultation**

N/A

### **Equality and Diversity / Public Sector Equality Duty**

The Local Authority under Equalities Legislation and the Children's Act have a duty to provide access to services for Children and Young People with SEND. The needs of all young people are considered on an individual basis

### **Human Rights**

Children and young people with disabilities have the same right to a family life (HRA S8) as any other young person whom CYPS deliver services and support.

### **Crime and Disorder**

N/A.

### **Staffing**

CWD service is suitably staffed, to ensure that the service offers appropriate staffing levels based on current need.

**Accommodation**

A range of respite and short breaks accommodation is available. Foster carer's accommodation is adapted to meet the needs of the young people and we commission bespoke packages of living arrangements to meet the identified needs of the child

**Risk**

It is fair to say that children with disabilities can present a challenge in adoptive placement. However, with our Placement /Fostering /Adoption colleagues we work to seek the best placement to meet the agreed/assessed outcomes for the child

**Procurement**

We work with Commissioning Services and follow the agreed procurement procedure if specific service is required.