

Attendees

Parent / carer representatives:

Christine Flowers (CF)

Louise Kearney (LK)

Rosy Ahmad (RA)

Staff:

Alison Twynam, Director of Children's Social Care, Achieving for Children (AT)

Anna Chiva, Associate Director for SEND, Achieving for Children (AC)

Ashley Whittaker, Programme Director, Achieving for Children (AW)

Georgina Andrews, Head of Practice Learning, Children's Social Care, Achieving for Children (GA)

Geraldine Burgess, Short Breaks Operations Manager, Achieving for Children (GB)

Jessica Thom, Director of Commissioning and Partnerships, Achieving for Children (JT)

Jonathan Rourke, SENDIASS Team Coordinator (JR)

Sara Doyle, Associate Director for Identification & Assessment, Achieving for Children (SD)

Sophie Jones, Head of Service Children With Disabilities Social Care and Family Support, Achieving for Children (SJ)

1. Welcome / intros / apologies

Apologies received from Bev Pass, Chair PCF (BP). This is the second meeting of the new schedule of monthly meetings on the second Monday of each month between parents, carers, the local authority, the Clinical Commissioning Group, Achieving for Children and providers of services. Reminder to professionals to avoid the use of jargon.

2. Actions from last time

- a. Feedback received following the item on Joint Commissioning Strategy and that document now being finalised.
- b. Thanks for feedback received on the Emotional wellbeing resource hub.
- c. Dr Jo Steer now in conversations with iCope about adapting support for parents of children and young people following feedback at last meeting
- d. Dr Jo Steer waiting for next steps from PCF on webinar to support parents
- e. Re mental health summit, stakeholder meeting has taken place and now looking at Q1 delivery. PCF will be involved
- f. Dynamic support register conversations have happened between the Designated Clinical Officer and LK
- g. Single summary document on mental health is work in progress and aiming to be able to share next meeting (JT)

3. Next steps for Disability Register

This follows a meeting between AW and BP last week. Background and aims of the register discussed i.e. all local authorities must have one and aim is for families to sign up voluntarily to receive communications from the local authority and for the local authority to receive information / feedback from families to inform service delivery. Nationally the proportion of families who sign up to this is low and so information received is limited. In Kingston about 400 families are on it from a potential of 4000 (including SEN Support). In Kingston we would like to rebrand and relaunch with aim to grow take up. Working with BP and RA on this. Aim is to write to all EHCP families and all those on October census on SEN Support. Two points:

- What should it be called? Past comments have been that the "disability register" is not the most appealing. Maybe "SEND Register".
- In terms of incentivising families to sign up, the suggestion is that some of the PCF's "goodies" previously acquired for launch party and now not being used could be given away as welcome pack. This would result in higher sign up rates to register and also opportunity for PCF to boost their membership / database.

A key issue to sort before we write to all families is we need to improve the sign up process i.e. fully automate it as currently it's not as easy as it could be. Aiming to have this done in November.

LK raised shortcomings with the current process ie flimsy card, renewal process, changes when people move away. Currently need to print, fill in forms, send them off etc. Until these issues are resolved don't think people will sign up to it. Need to find a way to keep it fresh and interactive.

AW confirmed these are all issues being worked on. Realistically would not write to people until after Xmas.

LK asked about being linked to a card. AW confirmed aim is for a plastic credit card sized card similar to those used by many companies / workplaces. LK said thinks messaging should be to "sign up to get the card" rather than to joining the register.

JR shared practice in Wandsworth and linked the [WAND card with perks \(opens a new window\)](#). (King Card?!)

Discussion followed about potential to seek corporate sponsor e.g Unilever (although CF shared past experiences of having tried this without success). AW committed to discuss with Council colleagues. LK suggested also seeking a Chamber of Commerce route to access their network.

CF flagged low awareness and take up amongst the SEN Support community and agreement that this supports the case for relaunch.

LK commented that signposting to the services / this kind of card must be more widely known about eg family support workers don't seem to tell families about it.

SD stressed the importance of process being easy for families.

ACTION:

- a. Think of a name (All)
- b. Finalise automated online sign up process (AW)
- c. Seek corporate sponsorship (AW)
- d. Internal and external communications process (AW)

4. SEND and Social Care

AT, SD, GA, SJ went through a presentation to explain what is happening in social care in Kingston and how this links to SEND (presentation attached separately). Points included:

- Structure of social care teams
- Description of Signs of Safety, a practice framework that includes jargon free language
- Centrality of safeguarding
- Decision making panels that involve SEND children, young people and families
- Preparation for Adulthood
- The role of social care in Education , Health and Care (EHC) plans and links to SEN Team
- New Designated Social Care Officer for SEND
- Although staff within the Disabled Children's Team (DCT) are often seen as the experts on SEND, many children and young people with SEND who do not meet the criteria for the DST have social care needs, and all social workers may work with SEND and e.g. need to contribute to an EHC needs assessment. To build SEND expertise throughout the social care workforce we have appointed a number of SEND champions across all social care teams who will receive additional SEND training and work with all social care colleagues to help them improve their SEND skills.
- A quality assurance (QA) system for EHC needs assessment and EHC plans is now in place and a training programme derives from the lessons coming out of that about where quality needs to improve.
- Parent Carer needs Assessment (PCNAs) can be completed by any lead professional (response to point in PCF survey re uncertainty about who could do these). Training ongoing to make sure all staff are able to complete these. LK asked about the process for obtaining a PCNA as in her case she has asked for one several times over several years and has not had one. In addition LK reported that some of the language used by a worker to decline an assessment had not been appropriate. SD and SK agreed with LK that this did not sound correct and SJ outlined the recent changes to the PCNA process to make sure more families are aware of and have access to an assessment. All parents and carers with an allocated worker should be being offered a PCNA as part of their

standard work. For children not known to social care, [PCNAs can still be applied for and information is on the Local Offer website \(opens a new window\)](#). Training with staff is ongoing to raise awareness of PCNAs across mainstream teams. If a family does not have an allocated worker the Disabled Children's Team will do the assessment. LK highlighted that this is not her experience and SJ committed to look into this and continue to work with staff. Numbers of PCNAs are similar to other boroughs (a benchmarking process has been undertaken). **Action: PCNA to be added to whole social care service training day and process for receiving feedback on experience of family on this to be added to improvement agenda (SD).**

- Social care work closely with the SEN team. Joint team meetings, colocation (in normal times) etc.
- Lots of training being delivered eg whole DCT in Mental Capacity Act training today. Also lots happening with engaging with and hearing voice of child and young people. COVID has actually in some cases made training more accessible.
- Designated Social Care Officer for SEND has been in post since the middle of September. Innovative post to prioritise SEND agenda in social care. Sits within the quality assurance team and triangulates our own quality assurance with views of parents and carers and children and young people. Will support front line social care practitioners to develop their SEND knowledge and skills. Have already added SEND training to induction for all new AfC staff. Training includes developing skills amongst staff so that they can communicate with children and young people whatever their needs and not just reliant on voice. Communication passports being rolled out so that everyone knows communication needs of individuals. Also links to AfC's Participation teams.
- JR raised the new very positive process recently initiated to link social care to EHC process whereby a letter is automatically sent by the Single Point of Access to all families undergoing an EHCP needs assessment process to say "not known to social services but if you feel you may need support please call (and then the number)".
- SD explained how the DCT works and difference between social workers and family support workers and how short breaks are assessed. Amongst this use Signs of Safety process to eg assess how wider family and friends network could be used to provide support.
- Recently benchmarked access to / eligibility for Disabled Children's Team to other authorities and felt our process is clear and transparent compared with others which often seemed overly general.
- Assessments permit the service to understand the detail and holistic perspective of the child's situation.
- LK asked what happens if you don't qualify for DCT as from her experience this means that there is little / nothing else then available. SJ explained that in these cases there is a range of alternative support that should be available and accessible through the other mainstream teams. If there is a need the mainstream service should assess it and this often happens in collaboration with the DCT team. Could be a transfer to family support service, could be signposted to local support group etc. Increasingly the mainstream social worker or family support worker will consult with the DCT team to agree the most appropriate next step. Schools may also lead on an Early Help assessment / Section 17 assessment. JR agreed that from his experience many families are still unsure what is available and how they can access it. Need to continue to advertise how families can access this. Family Support services tend to deliver finite pieces of work eg max 12 weeks. JR raised issue that for many families of disabled children the issue is that when get signed off after 12 weeks it could be that that issue is sorted but inevitable in many families that some other challenge is about to arrive.

Action: review information on local offer and information provided to staff to look to improve (SD)

- GB explained short breaks offer for families (information on Local Offer available [here](#)):
 - Aiming High on Local Offer, £140per year
 - Commissioned Services, eg Challengers, Buddy Up Scheme
 - Additional Support funding to support attendance at a range of (mainstream) schemes e.g. after school club.
- SD explained what the different panels do and why the rigour of these processes is necessarily.
- Pleased with how relationships with Adult Services are developing. Under normal circumstances children's and adult social care colleagues are often colocated to improve planning and team working. Joint team meetings take place between social care and SEND and health teams plus with housing and other Adult Services.
- Areas of focus for improvement include timeliness and quality of social care assessments (through extensive training programme), smart planning so very child specific and alter as child develops and needs change, better inclusion of wider support (family and friends) network and direct work with children. Particular need to also develop some short break services to keep some of our highest need children local.

- LK asked how cycle / loop of children being passed from CAMHS to social care and back again repeatedly can be prevented. SD confirmed that this is an area that we need to work on and JT confirmed that this issue is acknowledged as a priority across all of AfC, CCG and Public Health and we will be looking at this in the wider transformation process. No solution today but aim is to include this in the wider work.
- AW shared information of the audit of social care services completed a year ago using the Council for Disabled Children's

5. AOB

6. Next meeting 9th November, AW has discussed with BP looking at progress against the Written Statement of Action resulting from the Ofsted and CQC inspection in September and parents asked if they would support this. Agreement that this would be a good use of time.