

A co-ordinated approach to working with disabled parents and their children

A Co-ordinated Approach to Working with Disabled Parents and their Children:

A Protocol for:

- **Department of Community Services Adult Social Care Teams**

- **Mental Health Trust Community Teams within Wiltshire**

- **Community Teams for People with Learning Disabilities**

- **Department for Children and Education, Children & Families Teams**

April 2005

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Introduction

The majority of disabled parents will be carrying out their parenting role without needing either Adult or Children & Families services, particularly if they have the support of family and friends.

There are some disabled parents who may need services from an Adult Care team to support and assist them in their parenting role- whose children are not in need of any services from Children & Families. Government guidance says that community care assessments must cover the assistance that someone needs to carry out 'family and other social roles and responsibilities'. It emphasises that 'family responsibilities' include 'parenting roles and responsibilities'. (*Fair Access to Care Services: Practice Guidance*).

There are some disabled parents whose children may be in need of services from Children & Families, in addition to parenting enabling support from Adult services. It may be that the parenting they are able to provide, as a result of their disability/illness cannot completely meet the needs of the child. Section 17 of the Children Act 1989 defines a child as being 'in need' if they are unlikely to experience 'a reasonable standard of health or development' without assistance, or if they are disabled.

Terminology

Where the Protocol makes reference to working with disabled parents, this is intended to include:

- Learning disability
- Physical or sensory impairment
- Long-term and/or chronic illness
- Mental illness
- Drug and alcohol related difficulties.

The definition of 'parent' is intended to cover disabled adults who:

- Are pregnant
- Are considering becoming a parent
- Have a child/children of their own
- Provide parenting to other children in the household.

In all cases they are people who would be eligible for an assessment for community-based services, under the Fair Access to Care Services criteria, which draws attention to the need to assess adults in light of their parenting responsibilities.

Explanation Of Terms Used

DACS - Department of Adult and Community Services

CMHT - Community Mental Health Teams

CTPLD - Community Teams for People with Learning Disabilities

DCE - Department for Children and Education

C&F - Children and Families Branch of DCE

FACS - Fair Access to Care Services

Policy Context

In 2000, the Social Services Inspectorate (SSI) report: “A Jigsaw of Services” recommended a major shift in the approach to working with disabled parents, including recognition of the right of disabled people to be supported in fulfilling their roles and responsibilities as parents.

The SSI also recommended the development of policies and strategies to improve ‘joined up’ working across adult and children’s services and between agencies.

They noted the need to cross-reference information:

- for adult services teams to routinely record that there are children in the family when assessing a disabled or mentally ill adult
- for children’s teams to record the presence of a disabled or mentally ill adult when undertaking an initial or core assessment.

The Task Force on Supporting Disabled Adults in their Parenting Role, funded by the Joseph Rowntree Foundation, reported in 2003. They found that, despite clear intentions to support disabled parents and their families, the legislative routes for supporting disabled parents were sometimes less than clear.

Both Community Care legislation and the Children Act can be used to support disabled parents. However, timely, holistic and appropriate family support can only be realized when the role of supporting parents in safeguarding the welfare of their children is understood and steps are taken to provide disabled adults with their entitlement to assistance with parenting tasks and responsibilities.

The same views have been re-iterated by the Disabled Parents Network and were documented by Michelle Wates in her paper “Supporting Disabled Parents in their Parenting Role” (2002).

Ray Jones, Director of DACS, in his paper “Disabled Adults Who Are Parents: How Are We Doing?” wrote “Assisting disabled adults who are parents presents a very real opportunity to deliver on the commitment of ADSS to the social model of disability. It can also enhance the well-being of disabled adults and their children rather than increasing the threat and vulnerability they may otherwise experience.”

Disability or mental illness in a parent or carer does not necessarily always have an impact upon a child but it is essential to assess the implications for the children and other members of the household.

Disabled parents are entitled to assistance with parenting tasks from Adult and Community Services, under the eligibility criteria of Fair Access to Care services, within the context of their culture and ethnicity.

Children may sometimes be affected by parental disability when they are carrying out a significant caring role. Even those children whose other parent is able to support and care for them can feel overwhelmed with a sense of responsibility for the well-being of both parents.

It is, therefore, important that the parent is assessed in her/his own right as a disabled person. By providing any services to which that parent is eligible, the impact of the child/young person's caring responsibilities may be minimised.

It is known that disabled parents sometimes hesitate to approach the local authority for support because they may fear that their children will be removed from home. Good practice should ensure that:

- information is provided in accessible formats and appropriate languages, to explain service entitlements, as well as informing and re-assuring parents.
- there is continued involvement with and access to the expertise of specialist adult care workers when a disabled parent needs assistance with their parenting role and when there are concerns about the well-being of a child.

Service Principles

Central to this Protocol is the provision of appropriate support services for disabled parents to enable them to carry out their parenting role, thereby reducing the likelihood of difficulties for children in the family.

It is important to assess the needs of all family members, to make appropriate plans and to provide the services required to meet the assessed needs, based on the following principles:

- The welfare and safety of children (including unborn children) is paramount.
- Children are usually best brought up within their own families and support services should be provided to enable this to happen.
- Under the Human Rights Act parents have the right to respect for their family life and should be encouraged, empowered and supported in this.
- Diversity should be valued and appreciated.
- There should be appropriate professional confidentiality and respect for service users, carers and their families.
- Many parents with a physical impairment, learning disability or mental health problem successfully care for their children with the help and support of family and friends and without the need for involvement from the statutory or voluntary services. It is the **impact** on some families of the illness or impairment that is significant, **not** the diagnosis.
- Services should be provided to support and enable the parents in carrying out their parenting role, with the social care or health staff organising and arranging the range of services required, including child care and parenting skills, or promoting direct payments to enable disabled adults to purchase assistance with parenting.
- Referral, assessment, planning and decision-making should involve and take account of the views of the parents and child (depending on age and understanding).
- A referral can be made without consent, where failure to make that referral or to share information would place a child at risk of significant harm. However, every endeavour should be made to obtain consent if it is judged that such discussions do not place a child or vulnerable adult at risk.
- Professional activity needs to be directed towards helping disabled parents and their children to overcome the limitations, restrictions and hurdles within their own and the wider environment.

- There should be inter-professional and inter-agency working and training together across boundaries, with the full involvement of disabled parents' organisations and advocates working on their behalf.

Why A Joint Approach?

The complementary perspectives and expertise of Children & Families, DACS and/or CMHT/CTPLD professionals are essential if a holistic and comprehensive service is to be provided to disabled parents and their children.

The aim of joint working is:

1. To ensure that the needs of all family members are taken into account and services are provided to meet these needs.
2. To ensure that the design and delivery of the care plan is informed by the expertise of all the relevant professionals and agencies irrespective of which agency holds lead responsibility for the delivery of that plan. (For example when adult services are providing support to the care of children they can access advice and support from C and F services. Similarly C and F staff will need to have an awareness of the vulnerable adults' policy.)
3. To address the problems created by professionals working in isolation in their specialisms, sometimes even working at cross-purposes with their colleagues in other specialisms.
4. To increase the understanding of each other's roles and areas of expertise.
5. To establish effective lines of communication and exchange information between all the professionals working with a family.
6. To ensure that there are clearly understood systems in place for dealing with differences of opinion about assessment, service provision and financial responsibility and for ensuring a resolution in the best interests of the family.

Joint Training/Development

Successful operation of the Protocol will depend upon it being embedded within training programmes of both DACS and C and F services and the additional provision of some joint training courses, in partnership with disabled parents, on:

- Awareness of the Protocol
- Joint assessments and joint working
- Increasing understanding of each other's roles and areas of expertise
- Child protection procedures (for CMHT/CTPLD and DACS workers)
- Mental health, physical and learning disability procedures (for C&F team workers).

In order for the Protocol to be effective it is important that it is seen as a dynamic working tool, able to 'listen' and take into account the views and needs of disabled parents and those who advocate for them.

This will be achieved by:

- The teams involved in joint working sharing good practice, debriefing and analysing the outcomes of particular pieces of joint work
- Ensuring that when cases are being joint worked there is the opportunity for both sets of managers and workers to share supervision
- Making available the opportunity for staff to meet on a regular basis to debate wider issues and values around the protocol and procedures of supporting disabled parents and their children.

Financial Responsibility

The guiding principle in the case of services to disabled parents should be that services provided to support the adults in exercising their role as parents, are the responsibility of the DACS/CTPLD or CMHT.

Where there is a joint working arrangement in place, the principle is that lead responsibility should be focussed around the support for the disabled parent, with the care manager/case co-ordinator/lead professional ensuring that the agreed services are in place. Financial responsibility is likely to be shared between the teams involved. (See case examples in Appendix 1).

Wherever services are provided through DACS/CTPLD or CMHTs, the Fairer Charging Policy will apply and an assessment to determine the level of the service user's contribution towards the service should be undertaken.

Services provided by C&F teams will generally be provided under section 17 of the Children Act 1989 and there will be no cost to the service user.

See case examples in Appendix 1.

Dispute Resolution

In the event of a dispute about lead responsibility and/or the allocation of costs between staff at practitioner level the Two Team Managers should first seek to resolve this by reference to this policy. If they are unable to do so the case should be referred to Area Service Manager level for dispute resolution.

Service users should be reminded about the complaints process if they are unhappy about the way that the service is provided under this protocol.

Supporting People Services

Where disabled parents are experiencing housing related problems – e.g. rent arrears or neighbour disputes leading to problems with the landlord or the possibility the family may be evicted and become homeless – Supporting People services may be able to help.

- **When might Supporting People services be appropriate?**

Supporting People services provide housing related support to anyone experiencing difficulty living independently or keeping to the terms of a tenancy agreement. Some services are “floating support” services in that they will visit people in their own homes, regardless of where this is or what sort of accommodation they live in. Supporting People services are focused on housing issues and do not provide care, parenting or specialist counselling but can often provide practical support to prevent homelessness occurring and to develop independent living skills and coping skills for the future.

- **Referrals and eligibility**

The Supporting People programme is administered by the County Council although as Supporting People services do not provide care, there is no requirement to meet fair access to care criteria to be referred to them. There may be a waiting list and services will have their own eligibility criteria although these are generally based on risk assessment and priority of support needs. Floating support services are usually free to people who need support for less than 2 years and the services are funded by the Supporting People budget, which is a separate part of the DACS budget.

- **How to refer**

A range of agencies can refer to Supporting People services and many services also accept self referrals. Details of the services available and referral procedures are included in the Supporting People service directory which is on the WCC intranet. The Supporting People team can also give more information on 01380 738018.

See Appendix 1: Case example 5

Part 1: DACS/CMHT/CTPLD PROCEDURES

Procedure

Action Checklist

1. Referrals

All DACS/CMH/CTPLD teams will, upon receipt of a referral:

- Establish whether the adult referred is pregnant, is a parent, has a significant parenting role or is considering becoming a parent.
- Establish details of the children.
- Establish what level of parenting responsibility the adult has.
- Establish with the referrer if they are aware of any concerns about the well-being of the child.

Liaison with individual and primary health care team (PHCT) colleagues. Record on referral.

Confirm names, dates of birth, address and schools of the children.

Confirm whether the parent is the sole carer and what day-to-day care is provided by the parent or others.

If child protection issues are identified, see "Multi-Agency Child Protection Procedures and Guidance" and/or refer immediately to C&F Team.

If child welfare issues are identified, make early contact with C&F team to plan joint assessment.

2. Priority Level

Any referral involving dependent children should be given a high priority for information collection (i.e. within one working week).

The DACS/CMHT or CTPLD Manager (or equivalent) will then decide on the level of priority for action.

Ascertain:

- *Whether a lone parent*
- *the age of the children*
- *the extent of extended family support*
- *the nature of the disability or mental illness*
- *Any other relevant information.*

3. Initial Assessment

If **not** known to C&F, initial assessment of adult to include:

- Asking the parent(s) which other agencies are currently involved.

Obtain the parent(s) permission to check with PHCT and with Children & Families (C&F) Duty Officer and, if known, plan liaison.

- Consideration of adult's role as a parent and the impact of their disability or mental ill health on the children.
- Consideration as to whether parenting presents any childcare concerns. Consider possibility of a joint assessment with C&F team, if not already set up.
- Consideration of the role of the extended family.
- Consideration of any other agencies involved with the family.
- Consider the needs of any child/young person in the family who is providing care to a disabled adult.
- Consider whether the family are experiencing housing related problems

If **known** to C&F Team:

- Early liaison with appropriate team is essential, initially by phone, to establish context in which family is known.

4. Risk Assessment

A formal Risk Assessment of the parent's disability or mental health should be carried out.

5. Mental Health Act Assessment

Record impact of parenting in terms of basic care, routine, supervision, boundary-setting and support available for children.

Discuss with manager, who will consult with C&F manager. Plan joint work as appropriate to:

- *Establish whether extended family aware of/pose risks to children.*
- *What support does the family need?*
- *Is there anyone who can provide it?*
- *Establish the nature of their involvement.*
- *Ensure appropriate liaison with them.*
- *Establish the roles and responsibilities of all the children in the family and, if appropriate, refer to C&F Team for a Young Carers' Assessment and/or as a potential child in need, with parental agreement.*
- *Refer the child to Youth Action Wiltshire for Young Carer support, if appropriate.*
- *Refer to Supporting People Services for support if appropriate.*

Decide on need for an initial meeting and/or joint visit to carry out the initial assessment.

This should include issues of safety and care of the children and other family members.

If an assessment of the parent under the Mental Health Act is necessary, the needs of the children must be taken into consideration.

6. Child Protection Investigation

Where child protection concerns are identified, the investigation will be carried out by the C&F Team and/or Police.

7. Joint Working

When DACS/CTPLD or CMHT and C&F team are jointly working with a family, it is essential that there is regular, detailed liaison and clarity about respective roles. This should begin at the point of referral and continue for as long as joint/multi-agency working is in place.

The disabled adult should be given, in writing, the names of the workers involved and their respective roles.

All relevant information should be recorded and the disabled adult kept informed.

8. Case Co-ordinator /Lead professional

N.B. This is not necessarily the DACS/CMHT Care Co-ordinator.

A person to act as case co-ordinator/Lead professional should be appointed at the point when joint working is agreed. The responsibility for this role, at least initially, will usually rest with the team that

Assessment process to be undertaken jointly with C&F worker, who will focus on the needs of the children in terms of:

- *child welfare/protection issues*
- *issues of care whilst parent is in hospital*
- *contact arrangements between parent and children*
- *consideration of children visiting the hospital.*

DACS/CMHT/CTPLD worker to contribute to the investigation, and attend the child protection conference (if one is to be held), to share information regarding the effects of disability/mental health on parenting capacity.

DACS/CMHT/CTPLD worker must:

- *ensure they know which other professionals are involved in providing services to the parent and to the children*
- *know how to contact these workers*
- *liaise regularly with them to share information and ensure clarity of roles*
- *attend child protection conferences, children's planning and review meetings, as appropriate*
- *be involved with the planning and delivery of multi-agency care*
- *invite the C&F worker to attend any adult focused meetings, with parental permission e.g. Care Programme Approach (CPA); Care Management Review Meeting; Person Centred Planning Meeting.*

The case co-ordinator/Lead professional will be responsible for:

- *ensuring communication in both directions between all parties, including the parents.*
- *convening an early meeting of the key agencies, within 2 weeks of referral. The*

received the referral.

However, the responsibility for case co-ordination may change as the case progresses.

The name of the case co-ordinator/Lead professional will be given, in writing, to all parties, including the parents.

9. Ending Joint Working

When DACS/CMHT/CTPLD services are considering ending involvement, there should be a review or CPA discharge meeting, which the C&F worker will attend.

If there is significant disagreement on the withdrawal of services, the managers will liaise to attempt a resolution.

meeting will be minuted; the co-ordinator being responsible for the circulation, with copy to respective managers

- *ensuring that a clear plan is formulated*
- *keeping under review the responsibility for case co-ordination.*

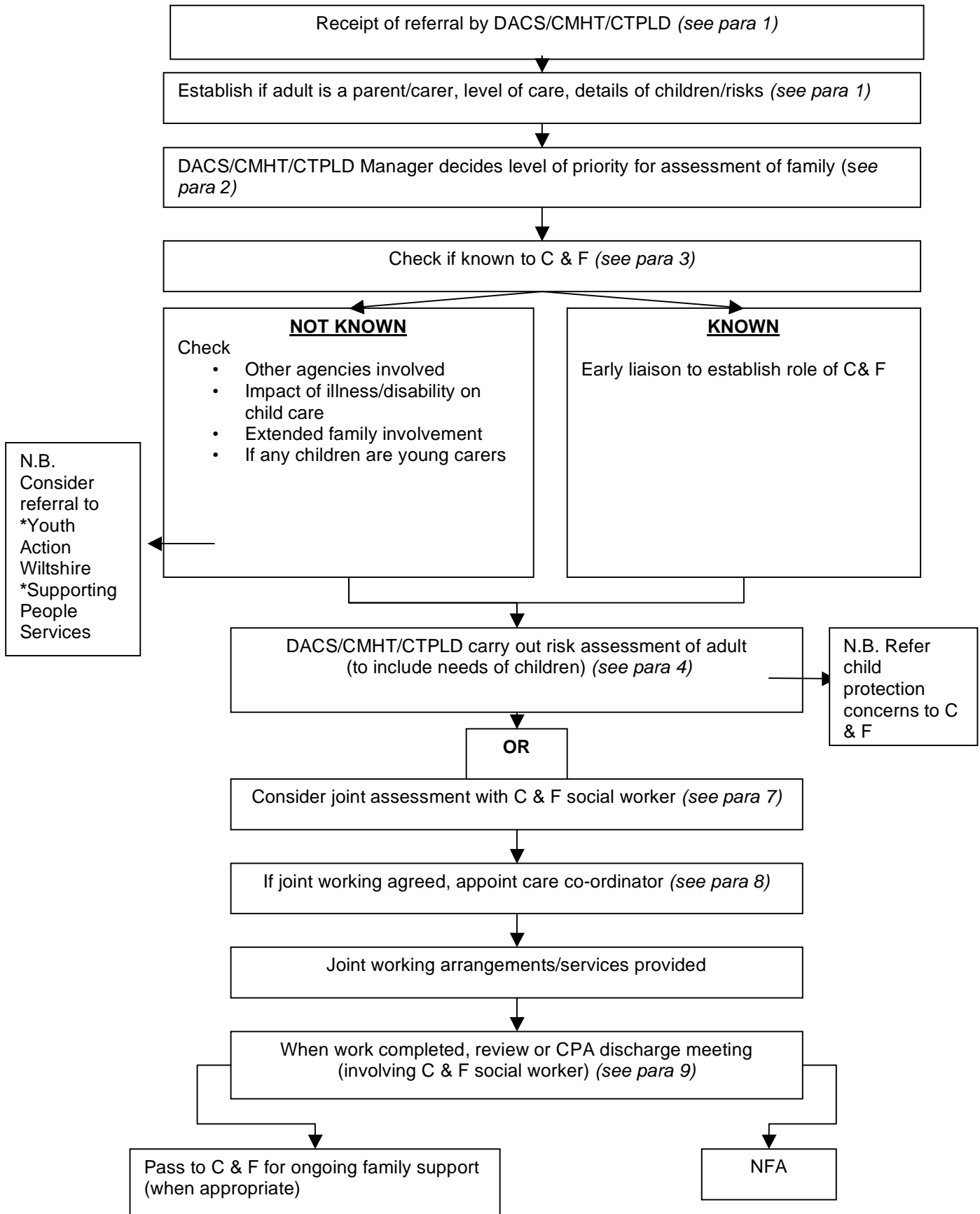
N.B. If the workers cannot agree on a plan, there should be a further meeting involving the respective managers. This will be minuted.

If withdrawal is agreed:

- *a letter confirming phased withdrawal, ongoing C&F support (if appropriate), contingency plans, ongoing responsibility for medication, etc to be sent to:*
 - the parent*
 - other involved practitioners.*

FLOWCHART 1

DACs/CTPLD and CMHT Procedures



N.B. At each stage, check “Action Checklist”

Part 2: Children and Families Procedures

Procedure	Action Checklist
<p>1. Referrals</p> <p>On receipt of a referral where there appears to be a significant disability or mental health issue for one or both parents, the following action is needed:</p> <ul style="list-style-type: none"> • Establish whether there is any involvement from any DACS/CMHT/CTPLD service. • Establish how the disability/mental health issues are causing concerns regarding child care. 	<ul style="list-style-type: none"> • <i>Discuss with referrer</i> • <i>Ask the parent(s)</i> • <i>Check with CareFirst and other relevant databases</i> • <i>Check with local DACS/CMHT/CTPLD, with parental agreement.</i> • <i>Discuss with referrer</i> • <i>Discuss with parent(s)/extended family</i> • <i>Establish if any of the children are acting as a carer.</i> • <i>If referral is of a child protection nature, discuss with DACS/CMHT/CTPLD and make other appropriate checks.</i>
<p>2. Initial Assessment (Child in Need)</p> <p>If <u>not</u> known to C&F, initial assessment of the child(ren) to include:</p> <ul style="list-style-type: none"> • Consideration of the impact of the parent's disability/mental illness on their capacity to respond appropriately to the child's needs. • Consideration of whether the 	<p><i>Assess the levels of:</i></p> <ul style="list-style-type: none"> • <i>basic care</i> • <i>ensuring safety</i> • <i>emotional warmth</i> • <i>stimulation</i> • <i>guidance and boundaries</i> • <i>stability</i> • <i>strengths/areas of difficulty of parent</i> • <i>Make referral to parent support group if appropriate and with agreement of parent/s.</i> <p><i>Discuss with own manager, who will</i></p>

parental behaviour presents any child protection risks.

- Consideration of joint assessment with DACS/CMHT/CTPLD.
- Consideration of the role of the extended family.
- Consideration of other agencies involved with the family.
- Consideration of the needs of any child/young person in the family who is providing care to a disabled adult.

If family is known to DACS/CMHT/CTPLD:

- Early liaison with appropriate DACS/CMHT/CTPLD is **essential**, initially by phone, to establish context in which family is known.

consult with DACS/CMHT/CTPLD manager and police. Instigate section 47 enquiries, as appropriate.

- *Discussion between managers and planning of joint assessment work*
- *Decide whether Core Assessment is needed and who to involve.*
- *Establish whether extended family aware of/pose risks to child(ren)*
- *Establish the support the family needs*
- *Establish the support extended family (or others) are able to provide.*
- *Establish the nature of their involvement*
- *Ensure appropriate liaison with them.*
- *Establish the level of caring responsibilities undertaken*
- *Establish the child's views about this role.*
- *Establish whether a Young Carers Assessment should be undertaken, with the parents' agreement.*
- *Discussion between managers as to the services needed so that these caring tasks might be met.*
- *Refer the child to Youth Action Wiltshire for Young Carer support, if appropriate.*
- *Decide on need for an initial meeting and/or joint visit to carry out the initial assessment.*

3. Child Protection

The C&F team manager is responsible for the management of child protection investigations but will ensure that a DACS/CMHTCTPLD worker is involved.

N.B. See “New Working Together in Wiltshire” for the full procedures to be followed.

4. Joint Working

When a C&F team and DACS/CTPLD or CMHT are working together with a family, it is essential that there is regular, detailed liaison and clarity about respective roles. This should begin at the point of referral and continue for as long as joint/multi agency working is in place.

The disabled adult should be given, in writing, the names of the workers involved and their respective roles.

All relevant information should be recorded and the disabled adult kept informed.

Procedure for section 47 investigations to be followed, and additionally:

- *ensure the DACS/CMHTCTPLD worker is able to contribute to the investigation*
- *ensure the DACS/CMHT/CTPLD worker is invited to the child protection conference (if one is to be held) to share information regarding the effects of disability/mental health on parenting capacity*
- *ensure the role of the DACS/CMHT/CTPLD worker in the Child Protection Plan is clear (including their involvement in the Core Group meetings)*
- *establish whether a Core Assessment is needed and if so whether this should be undertaken jointly.*

C&F social worker must:

- *ensure they know which other professionals are involved in providing services to the parents and to the children*
- *know how to contact these workers*
- *liaise regularly with them to share information and ensure clarity of roles*
- *ensure the key people are invited to all relevant meetings with regard to the care of the child(ren).*
- *Attend Care Programme Approach (CPA) meetings when invited, and with parental agreement.*

5. Case Co-ordinator/ lead professional

A person to act as case co-ordinator/lead professional should be appointed at the point when joint working is agreed. The responsibility for this role, at least initially, will usually rest with the team that received the referral.

The case co-ordinator/lead professional will be responsible for:

- *ensuring communication in both directions between all parties*
- *convening an early meeting of the key agencies within 2 weeks of referral. The meeting will be minuted; the co-ordinator being responsible for the circulation, with a copy to respective managers*
- *ensuring that a clear plan is formulated*
- *keeping under review the responsibility for case co-ordination.*

N.B. If the workers cannot agree on a plan, there should be a further meeting involving the respective managers. This will be minuted.

6. Ending Joint Working

When the C&F team are considering ending involvement, there should be a review meeting with the family, which the DACS/CMHT/CTPLD worker will attend.

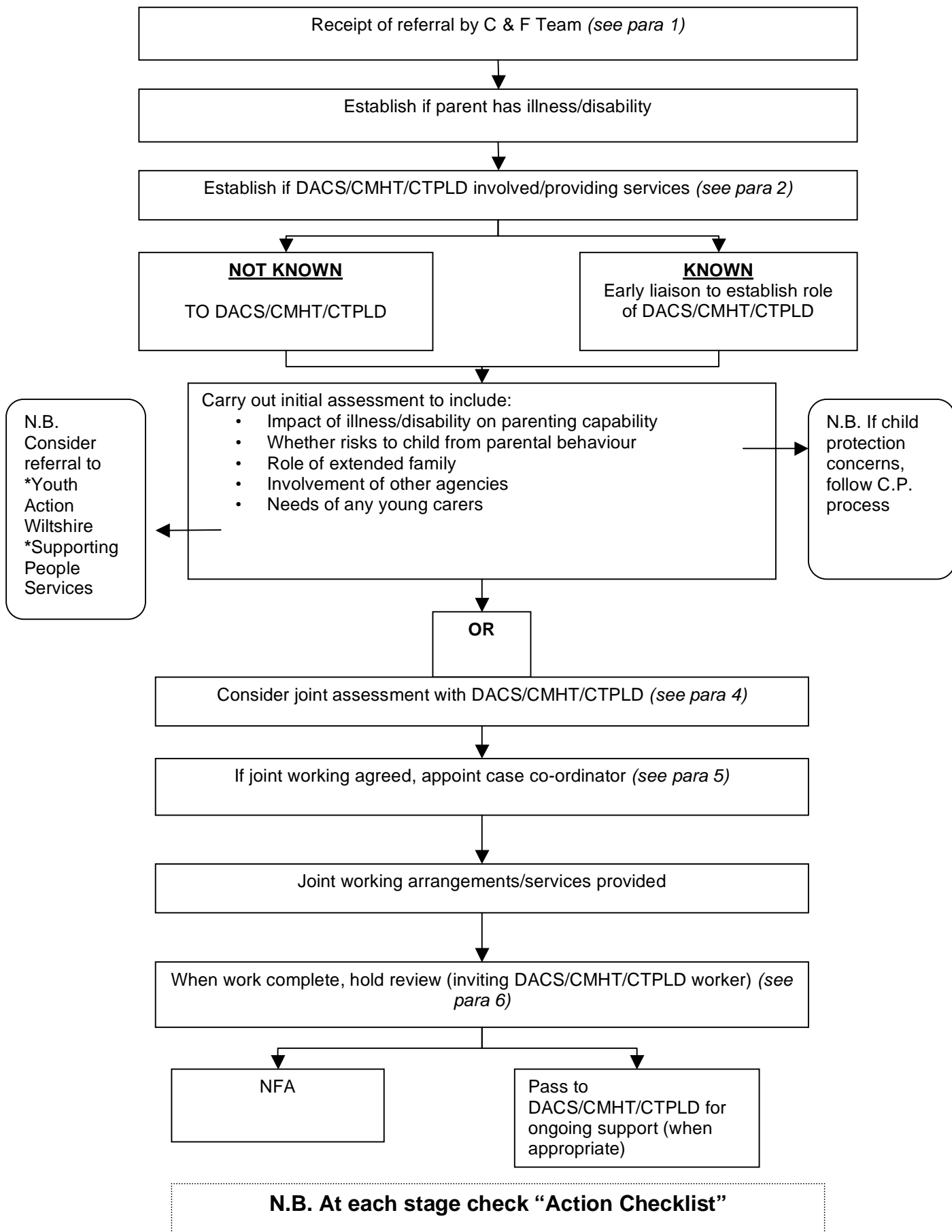
If there is significant disagreement on the withdrawal of services, the managers will liaise to attempt a resolution.

Final decisions may have to be made at a senior management level.

If withdrawal is agreed:

- *A letter confirming phased withdrawal, ongoing support from DACS/CMHT/CTPLD (if appropriate) and contingency plans will be sent to:*
 - the family
 - other involved practitioners.

FLOWCHART 2 Children and Families Procedure



Case Examples

Example 1

A disabled, single, wheelchair using mother with a 2 year old child, living in adapted accommodation. Health Visitor is concerned that the mother is struggling to manage the toddler at home, alone and has asked DACS to review the care plan.

Mother has direct services to help her with dressing, washing and organising the day and similar at night, provided by a Domiciliary Agency, arranged by DACS. She also receives help with shopping and household tasks e.g. bed-changing and cleaning.

What she needs is help with the child care tasks such as bathing and dressing the child and occasionally helping mother to take the child to age-appropriate activities outside the home, once or twice a week.

In this example, Part 1 of the Protocol would be followed up to Point 6 (i.e. no need for joint working) as clear financial responsibility rests with DACS to provide services that help enable the mother to carry out her parenting role.

However this is one of those instances where it is acknowledged that advice or previous joint planning and training with C and F staff will be essential as DACS Home Care staff may not have experience or knowledge of providing home care in to families with children.

Example 2

The same situation except that the Health Visitor is expressing concerns about the child's developmental progress, safety risks and social isolation. In this case the HV would make a referral to the C&F team for an initial assessment and Part 2 of the Protocol would be followed. Consideration would be given to joint-working the case as DACS have already made an assessment and is providing services.

In this example, the C&F team could, with the mother's agreement, agree to fund the cost of the child attending a nursery 2 days a week and also funding some time with a childminder, in order to help address the child's social and developmental needs.

Also with mother's agreement, DACS may provide funding to assist the mother to take the child swimming, to the play-park or to the library (but not paying for the child).

In both cases this would include travel costs where those were judged appropriate

Example 3

A father has just been diagnosed with a mental illness; the mother works full-time and has a low wage. They have one child aged 7 and one aged 3, who attends playgroup 3 mornings a week. There is a limited support network of family and friends nearby. Father is usually the main carer during the day and now that he is ill the mother has to ensure the children are up and breakfast is prepared before she has to leave for work.

The GP has requested a CMHT assessment (family not known to DACS/CMHT/CTPLD or C&F). Part 1 of the Protocol should be followed and a joint CMHT/C&F assessment should be carried out because of possible child care concerns. This is the first acute episode and the mother is concerned about his inability to recognise safety and risks for the children if he is with them alone.

In this case, there would be split responsibility for service provision, as follows:

- Support in the home after mother leaves for work and before she returns home (CMHT-parenting)
- Cost of extra playgroup sessions (C&F-child)
- A carer to take 3 year old to and from playgroup, accompanied by father when well enough (CMHT-parenting)
- Transport to take 7 year old to and from school (C&F-child/education)
- CRB and other checks on carer(s) who will have unsupervised access to the children (CMHT-parenting).

Example 4

Family not known, having recently moved to the area. Child aged 9 has been displaying aggressive behaviour at school and been threatened with suspension. Referred to C&F by school for initial assessment. Social worker finds the mother has early stage MS, is on income support and the father has recently left the family.

Social worker, using the Protocol, refers the mother to DACS for an assessment of her needs. However, she does not fit the 'substantial/critical' eligibility criteria under Fairer Access to Care Services and is therefore not eligible for community-based services.

The social worker assesses the child as needing:

- Anger management sessions at the local family centre
- After-school and holiday activities
- Individual work with the Family Support Team
- Some weekend respite care.

N.B. None of these services provided by C&F, under section 17 of the Children Act 1989 have a direct cost implication for the family. (Section 17 is the general preventative duty towards children in need).

Example 5

Mrs A is a single parent who lives with her 7 year old son and 10 year old daughter. She uses a wheelchair and lives in adapted housing rented from a registered social landlord in the area. She receives direct services to help her with household tasks and dressing and washing. She has her own transport and is able to carry out shopping and other tasks herself.

Mrs A has contacted DACS as she has received a notice from her landlord that legal action is being taken against her and she may be evicted from her home. Her landlord is taking action because she is in rent arrears and there have been complaints from her neighbours that her children are causing nuisance in the area. They often play outside on their own as they have a very small garden. Mrs A finds it difficult to supervise them outside due to steep kerbs and steps in the area. They have been verbally abusing neighbours and writing graffiti in the area.

Mrs A is at risk of losing her home and becoming homeless. The DACS adult care team makes a referral to a floating support service in the area that visits people in their own homes with the aim of preventing people becoming homeless and helping people to develop independent living skills. A support worker visits Mrs A at home and establishes that she needs help with budgeting her money, negotiating with her landlord about paying off her rent arrears gradually, mediation with her neighbours and some information about services that may help her to exercise more control over her children.

Over a 6 month period, Mrs A works with the support worker to claim additional benefits and maximise her income and with the help of her support worker she makes an agreement with her landlord to gradually pay off her rent arrears. Her support worker also encourages her to make contact with her neighbours to explain the problems she experiences with supervising her children and after a few meetings, her neighbours agree to telephone her to let her know if her children are causing problems so that she can deal with this straight away. Mrs A's support worker also puts Mrs A and her children in touch with an after school club where the children can play and make a noise without being a nuisance to the neighbours! The children enjoy attending and are spending less time outside on their own.

After 6 months, the support worker agrees with Mrs A that her housing related support needs have been addressed and that the support service will withdraw. Mrs A agrees that she has better control over her finances and her children's behaviour and that she would know how to deal with similar problems if they happened again. Because she has kept to the agreement to repay her arrears and because no further complaints have been received about her children, her landlord agrees to withdraw the notice of legal action against her.

This is an example of how housing related support has prevented a family from becoming homeless and has equipped the family with the skills to deal with similar issues in the future. This removes the need for expensive input from DACS, DCE and housing should the family become homeless. Supporting People services are free to people who use them for less than 2 years and there is no financial implication for DACS or DCE budgets.