

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

Definitions:

- **Universal - Level 1** - 'Children & Young People whose needs are met by universal services'
- **Additional Support - Level 2** - 'Children & Young People who are at risk of poor outcomes and thus in need of extra support from services'
- **Complex Needs - Level 3** - 'Children & Young People who meet the thresholds for statutory assessment'
- **Protection - Level 4** - 'Children & Young People who are in need of protection and require intensive support'

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
Priority 1: Support For Vulnerable Families				
Gaps we have identified	<ul style="list-style-type: none"> • 'The Lancashire website with information for children & young people needs significant updating' • 'The need for services for families with 'needs' – which are not 'specific' • 'Support has to be longer than short term' • 'Referrals to be dealt with and responded to within a certain time scale, agreed beforehand – This applies to all 6 priorities' • 'Funding should continue with the need – not subject to project funding' – This applies to all 6 priorities' • 'Need for outreach workers linked to schools – can identify potential difficulties before they become unmanageable' • 'Should be more Family Support Outreach services working with the whole family / Education / Adult Services / Mental Health Services – joined up referrals – offering 'Total family package' – not dependent on when funding runs out but dependent on impact and measurable changes on journey travelled' • Fully integrated working implemented across 	<ul style="list-style-type: none"> • 'Financial support for specialist support groups to allow continuity and access to specialist advice' • 'Geographical challenges in placement of groups' • 'Voluntary sector staff leaving v County staff – more stable??' • 'Getting parents engaged in what is available' • 'Extend Homestart remit to work with families of children beyond 5yrs+' 	<ul style="list-style-type: none"> • 'Inequity to assessments – judgements made by front-line staff based on not enough information available' • Better use of health professionals expertise and assessment skills 	<ul style="list-style-type: none"> • No comments received.

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
	<ul style="list-style-type: none"> health and children's centres • Understanding of roles with Universal Services workforce • Need increased resources in School health to enable more robust engagement with vulnerable families and to provide a service for 16-19yr olds 	<ul style="list-style-type: none"> • Need increased resources in School health to provide more outreach support 		
Any examples of good practice that could be widened?	<ul style="list-style-type: none"> • Community Childminding Scheme placing some children 4 – 8 hrs. Network Childminders identified • Every child and family has access to a named Health visitor and School Nurse 0-16yrs 			
Priority 2: Universal Support for Parents of Teenagers				
Gaps that we have identified:	<ul style="list-style-type: none"> • 'Not enough support for teenagers with emotional difficulties' • 'Need for more staff training' • 'More holistic approach required to support teenagers – linking schools, parents & other agencies.' • 'Referrals to be dealt with and responded to within a certain time scale, agreed beforehand – This applies to all 6 priorities' • 'Funding should continue with the need – not subject to project funding' – This applies to all 6 priorities' • 'Patchy service – depends where you live' • 'A service is required before GRIP get involved.' • 'More 'Supporting Teenagers' Parenting Courses required across the district – pity it's all left to one service 'C-CATS' to provide a couple 	<ul style="list-style-type: none"> • 'Gaps in training between Levels 2 and 4 • 'More 'outreach' services required in schools to link parents, children and families to adopt 'whole family approach' • 'More diversionary activities free and local' • Need increased resources in School health to 	No comments received	No comments received

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
	<p>of courses a year – it's not enough</p> <ul style="list-style-type: none"> • 'Should be more Family Support Outreach services working with the whole family / Education / Adult Services / Mental Health Services – joined up referrals – offering 'Total family package' – not dependent on when funding runs out but dependent on impact and measurable changes on journey travelled' • Fully integrated working implemented across health and children's centres 	<p>enable more robust service and to provide a service for 16-19yr olds</p> <ul style="list-style-type: none"> • Definite gap for support for parents with teenagers who have learning disability 16 – 18 yrs. 		
Priority 3: Early Support For Parents Of Children And Young People With Emotional And Mental Health Issues.				
Gaps that we have identified:	<ul style="list-style-type: none"> • 'More Family SEAL required – its not being used in most schools!' • 'More family liaison/link workers needed in schools to support parents – gaps particularly in Secondary schools' • More awareness training for staff re. mental health – in order to support parents' • 'Lack of understanding & training (a real need for training) re Work with parents' • 'Early intervention & Prevention services needed for long term family involvement' • 'Early support should be available at this stage' • 'When children leave Children's Centres – there is a big gap before it's picked up again – usually at Levels 3/4 Crisis Point!' • Referrals to be dealt with and responded to within a certain time scale, agreed beforehand – This applies to all 6 priorities' 	<ul style="list-style-type: none"> • 'More Information about services to parents – provided by schools' • 'More Parent groups in schools' • 'Primary Mental Health Care Workers needed in more schools to work with parents ie: drop-ins/support groups' • 'C-CATS type family support service – more 	<ul style="list-style-type: none"> • 'A lot of intervention is short term GRIP; CAPSS' • 'Need longer term support for families who go in and out of crisis' • 'More Information about services to parents – provided by schools' • There is a definite gap 	<ul style="list-style-type: none"> • There is a definite gap between families leaving Children's Centres and being picked up again in a 'crisis' situation.

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
	<ul style="list-style-type: none"> • 'Funding should continue with the need – not subject to project funding' – This applies to all 6 priorities' • Training and awareness raising programme for all staff working with children & young people' – could lead to early identification and support' • More services to offer low level support through counselling and activities.' • 'More Information about services to parents – provided by schools' • 'Should be more Family Support Outreach services working with the whole family / Education / Adult Services / Mental Health Services – joined up referrals – offering 'Total family package' – not dependent on when funding runs out but dependent on impact and measurable changes on journey travelled' • Fully integrated working implemented across health and children's centres • Understanding of roles within Universal Services workforce • Need increased resources in School health to enable more robust engagement with families and schools and to provide a service for 16-19yr olds 	<p>needed'</p> <ul style="list-style-type: none"> • 'Parenting support around Teenage Issues – more needed' • 'Extend/sustain TAMHS project' • 'Extend/sustain GRIP – fund positive activities.' • Need increased resources in School health to enable more robust service and to provide a service for 16-19yr olds • 'Black hole' for teenagers with mental health/ learning disability 16 yrs – 18 yrs issues are very complex 	<p>between families leaving Children's Centres and being picked up again in a 'crisis' situation.</p>	
Priority 4: Support For Parents Of Children And Young People With Disabilities.				
Gaps that we have identified	<ul style="list-style-type: none"> • Awareness raising & confidence building training for staff to support parents around disabilities & issues relating. • Parent Network & professionals facilitating opportunities for parent support meetings/groups 	<ul style="list-style-type: none"> • Targeted intervention from specialist workers • Unique Kidz (more of) 	<ul style="list-style-type: none"> • Properly trained social care staff carrying out assessments 	<ul style="list-style-type: none"> • Information/awareness for parents around children with

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
	<ul style="list-style-type: none"> • 'Funding should continue with the need – not subject to project funding' – This applies to all 6 priorities' • 'Referrals to be dealt with and responded to within a certain time scale, agreed beforehand – This applies to all 6 priorities' • More awareness raising events to include activities children & young people can access • More thorough understanding of 'accessible' • Actions speak louder than words! • More support for children under 5 yrs. • 'Should be more Family Support Outreach services working with the whole family/Education/Adult Services/ Mental Health Services – joined up referrals – offering 'Total family package' – not dependent on when funding runs out but dependent on impact and measurable changes on journey travelled' • There is no local centre for information/support for families of children with disabilities/additional needs. Currently, Cath Dennison, (Parent Carer Worker, Lonsdale District Carers), and Kate Thompson, a volunteer parent representative for Contact-a-family, provide a local newsletter detailing local support, a monthly forum and share information resources for the benefit of parents These are time limited services. • Social Care do not provide written information re the range of services available. In Face2Face work we frequently meet parents who have not been directed towards social care and yet are in 	<ul style="list-style-type: none"> • Face 2 Face (more of) • Better information for parents re. assessment / intervention for children prior to them getting a diagnosis and after. • Assessment process for eg: ASD is too long & complex • Maintain Specialist Health Visitor role 	<ul style="list-style-type: none"> – full knowledge of parents perspective – listen to what they are being told • Information/awareness for parents around children with disabilities; sexualised behaviour & sex education. 	<ul style="list-style-type: none"> disabilities; sexualised behaviour & sex education. • Has the parent/carer been given enough support/advice at universal level – so crisis point not reached?

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
	<p>need of such support.</p> <ul style="list-style-type: none"> • Re SEN, the Local Authority provides a parent partnership service. However the service is not considered to be ‘arm’s length’, let alone independent and access to the service is limited. • Parents should have access to a range of information, both nationally and locally with regard to services and support available. Parents should also have access to support in order to understand and digest information if needed. • An independent, (as perceived by parents), SEN parent partnership service should be provided, sufficiently resourced to provide advice, information and support to parents of children and young people with disabilities/additional needs. • The service should also provide for the training of interested professionals, parents and others to become IPS, (independent parental supporters). The service would provide a forum and feedback to the LA on a range of SEN issues to inform planning. • Parents should have access to advocacy support such as a Contact a Family specialist family worker or other specialist advocate experienced in understanding the issues around parenting a child with a disability when the parent requests help in order to access services/support. • All services should have written information 			

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
	<p>readily available to parents with newly diagnosed children/young people and in each case a professional needs to take lead responsibility for ensuring the parents are given the full range of information or at the very least, directions of where to go for it and how to actually access the support/services available.</p> <ul style="list-style-type: none"> • CAF Process – see last comment • Regarding the impact of having a child with a disability on parents and family life, including the effect on relationships, siblings, finances, • The health & emotional strain as a result of a child’s diagnosis, there is still limited understanding on the part of many professionals. • There is no joint planning to consider how the impact or result of having a child with a disability might be lessened or alleviated in any way • There does not appear to be any structured or regular training of professionals in these issues and parents are not involved in the training process for the benefit of professionals. • Locally there should be pooled knowledge/statistics of how many children with disabilities there are locally and all agencies/services should plan on the basis of this knowledge. • For this to be effective there needs to be an identified children’s lead within the primary care trust with specific responsibility for services for disabled children and their families. 			

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
	<ul style="list-style-type: none"> • A key worker service would provide support for children with more complex difficulties needing support from more than one service. • A Local Area Agreement between the PCT/Health Authority and the Local Authority needs to be in place, open and accessible. The plan should include targets for levels of services to be provided for families. • It can not be assumed that because parents work with children they have a similar level of understanding towards the issues faced by the parents. Training needs to include as a baseline, understanding of the emotional aspect of disability of their child on a parent. Scope's Strengthening families training scheme could provide one possible avenue for training. This training includes a parent as co-facilitator. • Commissioning needs to include ongoing training of parent befrienders and development of the scheme locally. (This could come under adult mental health/wellbeing as it prevents depression if given at the right time). • Support received by parents seems to be ad hoc, dependent on the knowledge of the particular professionals they come across. • There are no advocacy services with the expertise to support parents of these children locally. • No cohesion within LA at present • Raise profile of the service within the locality, increase database of parent carers ensuring 			

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
	<p>information is given in chosen format;</p> <ul style="list-style-type: none"> • Parent carers having 'trust' in LCC, parent carers engaging; • Some service providers not being aware of the parent carer support service or recognising that parents caring for a child with a disability/additional need are defined as carers, not getting information until it is too late; • Time restrictions (funding) • Parent carers awareness of AHDC, all providers awareness and understanding of AHDC, limited client group due to limited targeting by the LA; • Maintain Specialist Health Visitor role 			
Any examples of good practice that could be widened?	Childminding Network	Unique Kidz & Co.		
Priority 5: Provide Skills, Strategies And Support To Parents - around Children And Young People's Behavioural Issues				
Gaps that we have identified	<ul style="list-style-type: none"> • Every child and family have access to a Health Visitor and School nurse 0-16yrs – gap for 16-19yrs • 'I hear there isn't ANY services for Level 1' • 'Low level support for families receiving any support' • 'Longer funding for services already established doing good work' • 'No sustainability' • 'Funding should continue with the need – not subject to project funding' – This applies to all 6 priorities' 	<ul style="list-style-type: none"> • 'Training for foster carers & other support workers ie: ADHD awareness' • 'Funding for specialised ADHD support for children & families including delivery of specialist 	<ul style="list-style-type: none"> • 'Training for foster carers & other support workers ie: ADHD awareness' • 'Funding for specialised ADHD support for children & families including 	No comments received.

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
	<ul style="list-style-type: none"> • ‘Serious lack of low level intervention for families with no ‘labels’ eg: ADHD • ‘Funding should continue with the need – not subject to project funding’ – This applies to all 6 priorities’ • ‘Referrals to be dealt with and responded to within a certain time scale, agreed beforehand – This applies to all 6 priorities’ • ‘Too many ‘targeted’ services, not enough low level/early intervention’ • ‘5 – 18’s = big gap’ • ‘Should be more Family Support Outreach services working with the whole family/Education/Adult Services/ Mental Health Services – joined up referrals – offering ‘Total family package’ – not dependent on when funding runs out but dependent on impact and measurable changes on journey travelled’ • ‘More individual family support for ‘hard to reach’ families’ • ‘A lot of parents unable to access groups’ • ‘C-CATS; GRIP; TAMHS – all have funding issues from March ‘11’ • Increase capacity of Health Visiting to support this work 	<p>parenting programmes ie: ADHD; Parent Empowerment & Skills programme’</p> <ul style="list-style-type: none"> • ‘Continued funding for services who have gained good outcomes, but their funding is only short term ie: C-CATS’ • ‘Support time needs to be longer – 6 weeks and ‘bye-bye!!’ • ‘No sustainability’ • Increase capacity of Health Visiting to provide this 	<p>delivery of specialist parenting programmes ie: ADHD; Parent Empowerment & Skills programme’</p> <ul style="list-style-type: none"> • ‘Statutory services need to look at the ‘whole picture’ and look to the support needs of parents as just as important as the child’s’ • ‘To deal with the family holistically gives the parent(s) a better relationship with the statutory services (in my opinion) • ‘Thresholds 	

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
			rising – struggle to get families into services’	
Any examples of good practice that could be widened?	School Nurse and Health Visitors use the Solihull Approach to underpin their work with families	ADHD N.West have 16yrs experience of providing services & programmes that could be expanded Family Support Work via Schools some excellent examples; Morecambe Bay CP; Learning Mentors. Family School Liaison Workers doing lots of engaging families & family support. Need increased resources in School health to enable more robust service and to provide a service for 16-19yr olds	TAMHS workers – School family Practitioners/ Parents working in school to support staff/families/ children using a holistic approach for children 5-16 with behavioural issues. Need increased resources in School health to enable more robust service and to provide a service for 16-19yr olds	
Priority 6: Support For Corporate Parents - of Children And Young People who are Looked After by the Local Authority				
Gaps that we	• ‘Funding should continue with the need – not	• ‘Training for	• Training for	• ‘Training for

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
have identified:	<p>subject to project funding’ – This applies to all 6 priorities’</p> <ul style="list-style-type: none"> • ‘Referrals to be dealt with and responded to within a certain time scale, agreed beforehand – This applies to all 6 priorities’ • ‘Should be more Family Support Outreach services working with the whole family/Education/Adult Services/ Mental Health Services – joined up referrals – offering ‘Total family package’ – not dependent on when funding runs out but dependent on impact and measurable changes on ‘journey travelled’ • ‘Raising awareness; Professional development and Training for Foster carers; staff in homes’ • ‘Training for Foster carers & Residential workers on issues surrounding mental health; attachment; self-harm; depression; bereavement; loss of CLA. This is for all ages and all levels’ • Address the recommendations of the recent Healthy Care audit 	<p>Foster carers & Residential workers on issues surrounding mental health; attachment; self-harm; depression; bereavement; loss of CLA. This is for all ages and all levels’</p> <ul style="list-style-type: none"> • ‘Training for corporate parents around ADHD (diagnosis; treatments; strategies etc.) • NEI for reading Educational outcomes • Address the recommendations of the recent Healthy Care audit 	<p>Foster carers & Residential workers on issues surrounding mental health; attachment; self-harm; depression; bereavement; loss of CLA. This is for all ages and all levels’</p> <ul style="list-style-type: none"> • ‘Training for corporate parents around ADHD (diagnosis; treatments; strategies etc.) • ‘Identification of learning difficulties; children on spectrum – Early Intervention’ • Address the recommendations 	<p>Foster carers & Residential workers on issues surrounding mental health; attachment; self-harm; depression; bereavement ; loss of CLA. This is for all ages and all levels’</p> <ul style="list-style-type: none"> • ‘Training for corporate parents around ADHD (diagnosis; treatments; strategies etc.) • ‘Communication thresholds with Social Services’ • ‘Early Intervention’

WORKSHOP ON PRIORITIES IDENTIFIED AT COUNTY LEVEL.

	Universal Level 1	Additional Support Level 2	Complex Needs Level 3	Protection - Level 4
			of the recent Healthy Care audit	<ul style="list-style-type: none"> Address the recommendations of the recent Healthy Care audit
Any examples of good practice that could be widened?	CLA Nurse service and health assessments done by Health Visitors and School Nurses Sexual health and outreach services	ADHD N.West have 16yrs experience of providing services & programmes that could be expanded Post Adoption Support		