Resetting Services for Disabled Children

Developing recommendations for practice

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Emergency guidance

1. DHSC and DfE should provide clear and consistent guidance about delivery of health, education and social care to commissioners and service providers. Any changes from any previous guidance should be clearly highlighted.
2. Health, education and social care services should provide clear information about changes to services and consistent guidance about any reduced emergency local offer should be provided to families across sectors. Any changes from previous guidance should be clearly highlighted.
3. Any reduced emergency local offer to disabled children should be stipulated in guidance to both families and professionals
4. All guidance regarding children and young people should include specific (and if needed, adapted) guidance for disabled children
5. Educational settings should be kept open whenever possible for disabled children.

Commissioning in emergencies 1

6. Impact assessments of proposed changes to service provision and business continuity plans should both be agreed across sectors
7. A family hub or other designated site should be a specific contact for health, education and social care services. They should provide support for new and existing families of disabled children who require advice and / or provision.
8. There should be clear lines of communication between professionals providing care and managers and upwards to ‘Gold Command’ on the impacts of service changes
9. Needs of new families and new problems for existing families should be triaged by universal providers (e.g. health visitors, early years service)

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Commissioning in emergencies 2

10. Assessment and diagnosis of new problems for new families, and new problems for existing families should be prioritised

11. Health and safeguarding risk assessment of all identified disabled children and families should be undertaken across sectors and reviewed regularly

12. There should be a designated lead for disabled children's health and care provision in each area. They should be visible and easily contactable through family hubs or similar service

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Delivering services in emergencies

13. Face to face contacts (using PPE) should be maintained for agreed problems at home or a designated setting

14. Telehealth (including phone and video consultation) should be used where possible and appropriate

15. Families of disabled children should be supported to manage telehealth safely and confidentially (GDPR)

16. Local budgets should be used to enable digital connectivity for families of disabled children and young people

Communication

17. A local communication system should be established to enable families of disabled children to seek advice from professionals

18. Statutory services should engage with community leaders and third sector organisations to ensure communication of information for families about service access.

19. Families should receive a phone call or other message to inform them about service access; the method of communication and the message should be co-produced with families

Cross sector care in emergencies

20. Services should adopt an ‘Every Contact Counts’ approach where contacts with families are followed up with multi-sector reporting where appropriate/necessary
21. Transdisciplinary care should be adopted where possible. The service addressing the highest need of each disabled child should lead the delivery of care and provide regular ‘eyes on the child’
22. Data must be shared between sectors and services using ‘child’s best interests’ justification where needed
23. There should be multiagency virtual/in person meetings across services/sectors to share relevant information about families

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Identification, referral and intervention

24. There should be training for universal service providers (e.g. health visitors, early years services) to identify concerns and red flags across sectors, and ensure knowledge about any reduced emergency local offer and how this is met

25. Universal providers (e.g. health visitors, early years service) should triage the needs of new families

26. A designated setting should be maintained for high priority in person consultation

Supporting parent carers during emergencies

26. Accessible online support for parent carers of disabled children should be provided.

27. Third Sector resources and help lines e.g. Contact Listening Ear Service, should be identified and publicised in local information to families of disabled children

28. Parent carers of disabled children should be in a priority group for psychological support and interventions required in an emergency (e.g. vaccines)

Thank you!

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for Disabled Children

National consensus survey

https://research.ncl.ac.uk/resettingservicestodisabledchildren/aboutourproject/agreeingthewayforward/

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