

The Role of the Designated Social Care Officer (DSCO)

The background to the DSCO role

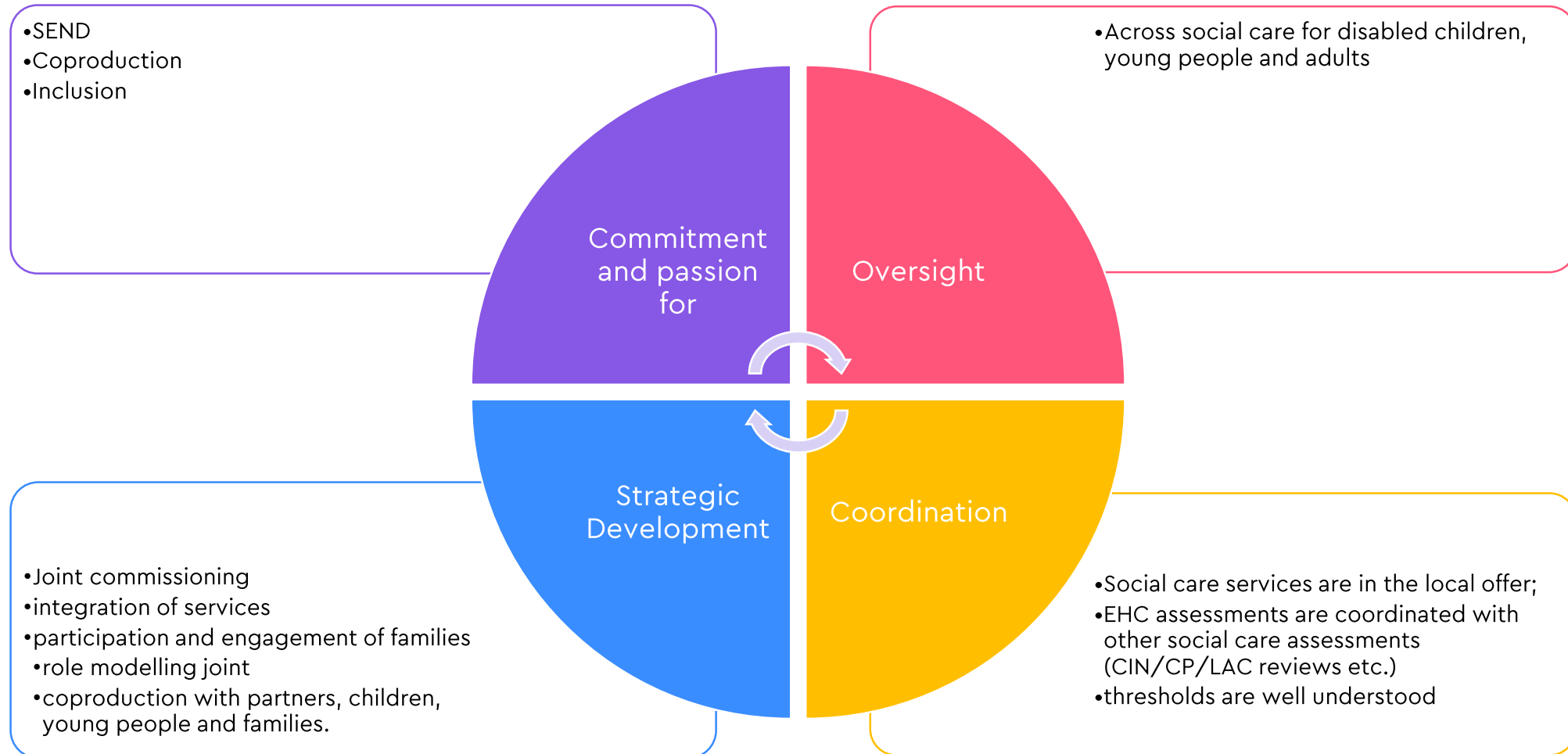
After a series of regional Action Learning Sets held in 2017/18 the development of a coordination role in social care similar to that of the DCO/DMO in Health was identified as one of three themes to be developed in more detail through national Accelerated Working Groups (AWGs).

In a national learning event to share the outputs from these AWWGs in April 2019, the role of the DSCO was identified by over 50% of attendees as the most likely change to impact on improving outcomes for children and young people.

The problems we are trying to address

- Better outcomes for children and families
- Improved social care input to EHCsPs
- Bringing the systems together, joining the dots
- Improving knowledge and understanding of SEND across all areas of Social Care
- Improving knowledge and understanding of Social Care across the SEND system

The role of the DSCO - Core values



What knowledge does a DSCO need to have/develop?



The implications of implementation

The benefits

- Joined up working at a strategic level
- Capacity to develop and innovate in practice
- Workforce development

The challenges

- Complexity of the role
- Status of the role
- Necessity of cross-team buy-in on the value of the role

Developing the DSCO Theory of Change

- During 2020 CDC worked with the DSCO community of practice to develop a theory of change for the role
- The theory of change is designed to act as a framework for:
 - Developing key implementation and improvement activity in local areas
 - Monitoring progress against the defined outcomes and impacts

What is the problem we wish to solve?

Variable practice and quality of social care input and engagement with the SEND system

Lack of joint working at a strategic level

Stigma for families and delayed access to support due to parent carers understanding of/lack of information about the broader social care family support offer

Misleading or incorrect interpretation of social care advice in EHCPs or in some circumstances no advice received/included

Lack of understanding across agencies of the role of social care in the SEND system which leads to confusion and non-compliance with duties

What will the DSCO do?

Engage with national DSCO community of practice and regional social care networks

Join up with DCO/DMO and SEND lead at a strategic level and develop effective social care and SEND strategy

Facilitate effective local partnerships such as IASS & VCS

Co-develop clear pathways for children and young people 'not known' to social care

Develop/implement social care & SEND quality assurance framework

Develop/implement framework for workforce development including operational SEND-Social Care Champions

How will this create change?

Through links to national professional groups e.g. ADCS; shared learning; and solution focused peer support networks both regionally and nationally

Strengthened multi-agency relationships, accountability and leadership

SEND expertise/specialism at Early Help level supports early intervention and provides step down support

Clear expectations for what high quality input looks like including tools and resources

Training and local area frameworks support embedding sustainable models of evidence-based SEND and social care improvement

What will the change be?

Supported, engaged, motivated DSCOs who are aware of the most recent learning and evidence in social care and SEND

Effective leadership for social care in all aspects of the SEND system including: Local Offer; SEN Support/Early Help; EHCPs and Joint Commissioning

Clear, accessible information about the social care system and SEND is on the Local Offer

High quality social care advice and information developed through early 'family support' conversations

Clear understanding, priority and shared accountability at all levels and across agencies for social care and SEND

Informed and knowledgeable social care practitioners across children's and adults' services will mean roles and responsibilities are well understood and legal duties are met

What will it mean for children and young people?

SEND and SC systems are better aligned leading to families experiencing a more streamlined, joined up approach

Families understand the social care system and how to access it and are supported to continue in their caring role

Children, young people and families have their needs identified and met early preventing avoidable crisis and promoting welfare

Children and young people's social care provision supports them to make progress towards their identified outcomes and aspirations

In Practice: Social Care and SEND Champion Network, West Sussex

The Aim

- The aim of the Send Champions Group is to provide a community of practice for SEND Champions across the Children's Services Directorate.
- We aim to promote increased awareness of SEND priorities and ensure the wider recognition of SEND as 'everybody's business' from members, directors and key decision makers to those who work with and support children and families across a range of contexts.
- 'West Sussex children and young people with SEND to be healthy, happy and safe, and able to achieve their potential to lead a fulfilling life. We want them to have, and to expect the same opportunities in life as other children and young people. We will achieve this by understanding what children and young people need, working in partnership and with children and young people to meet that need.'

In Practice: Social Care and SEND Champion Network, West Sussex

The Purpose

- The purpose of the SEND Champions Meeting Group is to provide a regular forum:
 - To enable its representatives to contribute their specific areas of expertise and experience to a discussion that will both promote and respond to issues of support for children & young people with SEND.
 - To improve the skills and knowledge of staff by contributing to the professional development of staff across the directorate, by signposting resources and training, and contributing to research.
 - To ensure the achievement and wellbeing of children and young people with SEND.
 - SEND Inclusion Strategy and SEND Code of Practice 2014.

Common themes of contact, West Sussex

- Not knowing the processes or purpose of a Education Health, Care Needs Assessment (EHCNA).
- Lack of understanding of other agency roles and responsibilities
- Unclear about criteria's
- Difference in language and meaning.
- Different views on Legal requirements.
- Wanting advice about why criteria decisions have been made.
- Tribunal issues.
- Professional advising on ideas that are not there specialist area.
- Needing general help and support.
- Enquiries around individual children.



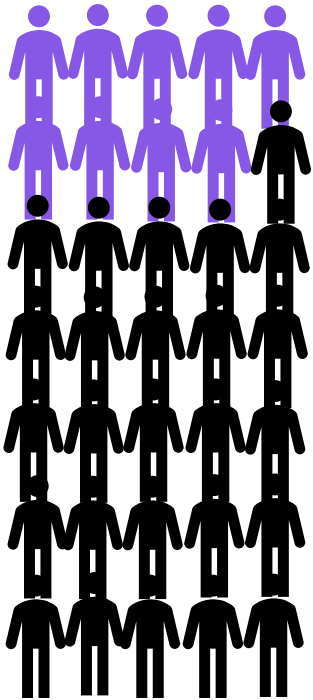
The impact of the role

In 2021/22, CDC developed a baseline survey which was designed to assess the potential impact of the role in local areas. Some key findings include:

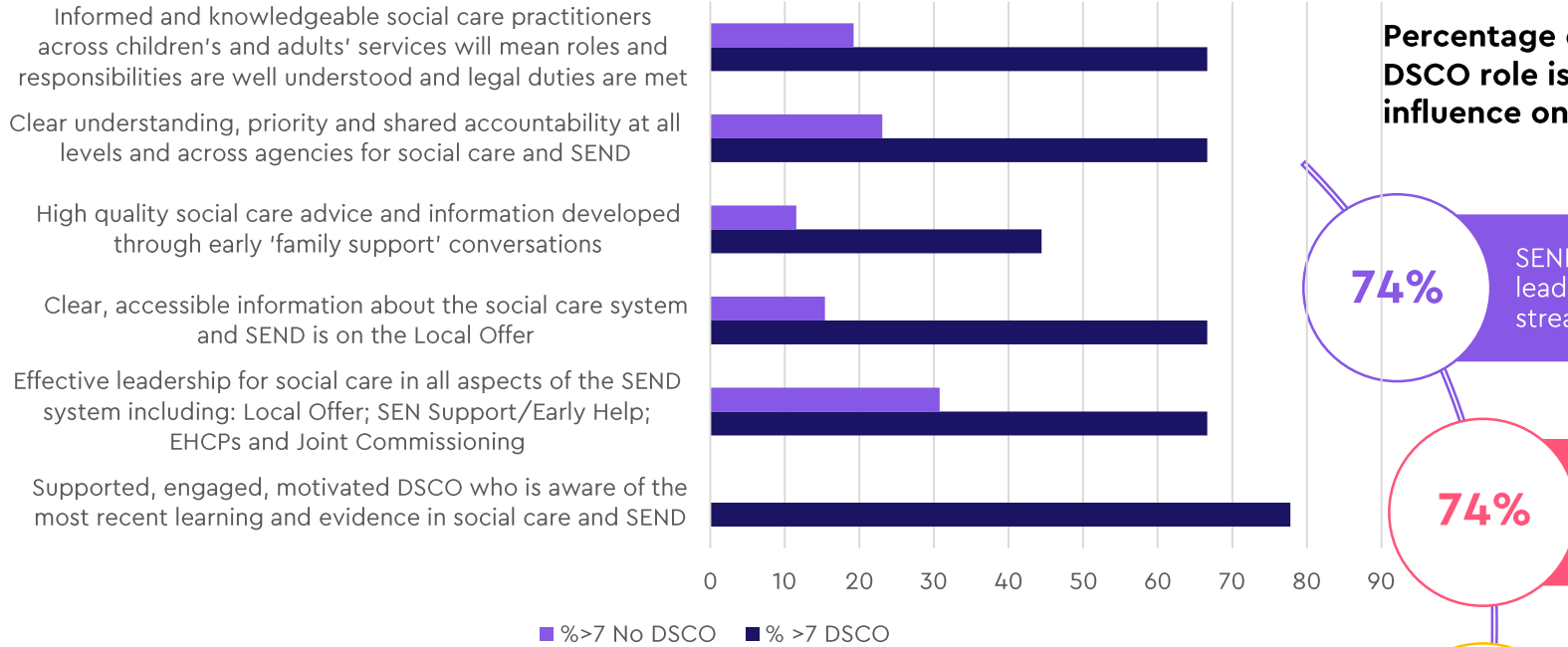
- In areas with a DSCO in post there has been **more progress** towards the outcomes set out in the theory of change
- The DSCO role has the potential to have a **significant influence on progress towards the outcomes** identified in the theory of change with 44-67% of respondents reporting significant progress towards outcomes in areas with a DSCO in post vs. 12-31% reporting significant progress in areas without a DSCO in post.
- The DSCO role has the potential to have a **significant influence on the lives of children, young people and families** with 77% of all respondents identifying that the role has or could have a significant influence on two of the key outcomes set out in the theory of change.

Who responded?

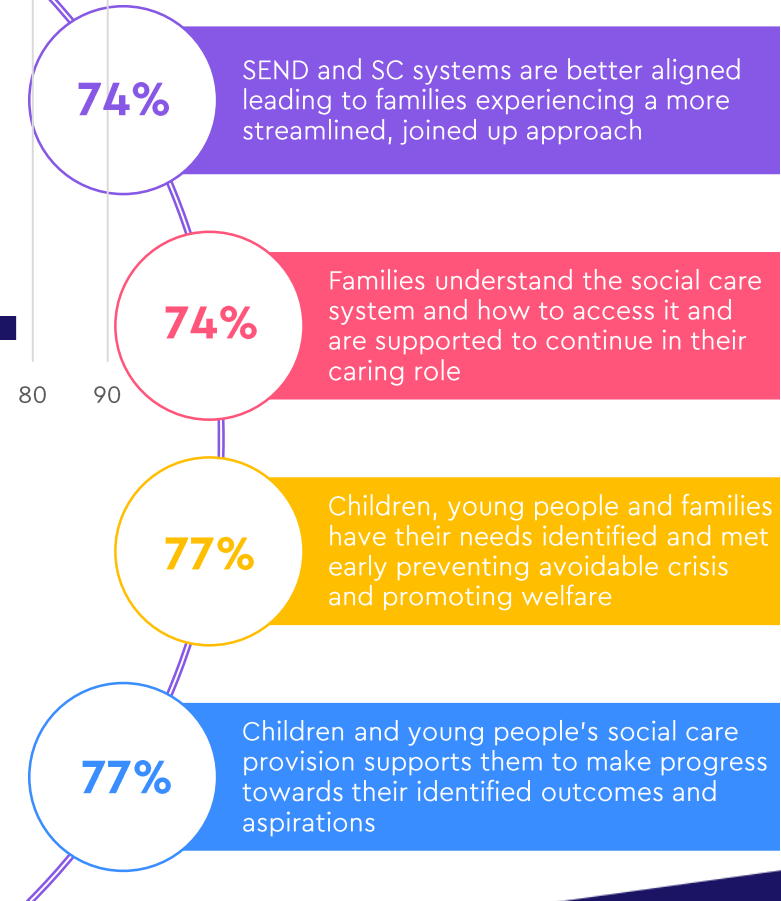
9/35 respondents to the baseline survey are DSCOs



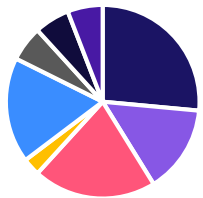
A significantly higher percentage of areas where a DSCO is in post reported achievements above 7/10 in relation to all outcomes below on a scale of 1-10.



Percentage of respondents who think the DSCO role is or could have a significant influence on...



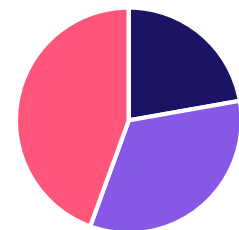
% respondents by region



- London SW NW EM
- SE WM Y&H NE

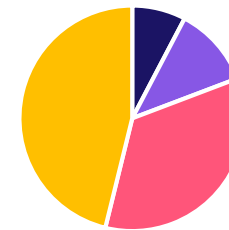
Over 75% of respondents, regardless of whether or not a DSCO was in post, thought the DSCO could influence these outcomes (on a scale of 1-10 where 10 is significant influence).

DSCO in post



- 1-3 4-6 7-9 10

No DSCO in post



- 1-3 4-6 7-9 10

Some key reflections from a DSCO



- PEOPLE WHO GET IMPOSTER SYNDROME
- OTHER PEOPLE WHO GET IMPOSTER SYNDROME
- LITERALLY EVERYONE ELSE (THEY ALSO GET IMPOSTER SYNDROME)

EVERYONE FEELS LIKE AN IMPOSTER
SOMETIMES, AND THAT'S OKAY

EverScience.com

We all
make
mistakes!

Q&A with a current DSCO