

8.2 Children's Disability Service - Threshold Criteria for Children's Social Care

AMENDMENT

In January 2016, this chapter was extensively updated and should be re-read throughout.

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1. Introduction

- 1.1 These criteria should be read in conjunction with the [Nottinghamshire County Council's \(NCC\) 'Pathway to Provision'](#) document.
- 1.2 There is a separate threshold criteria for access to CDS Occupational Therapy services. (Children's social care / policies on line/ chapter 4)
- 1.3 The majority of children in Nottinghamshire who require services will receive them through universal / targeted provision within their local community. The same should be true of any child with a disability.
- 1.4 NCC and partners have adopted through both the Nottinghamshire Joint Commissioning Framework and the Joint Strategic Needs Assessment a social model of disability as outlined within the Disability Discrimination Act (DDA 1995):
A child or young person is disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.

2. The Children's Disability Service (CDS) Social Work Team

- 2.1 The CDS social work team will work with those who have:
 - 2.1.a Autistic Spectrum Disorders (ASD);
 - 2.1.b Severe learning difficulties;
 - 2.1.c Severe/profound physical disabilities;
 - 2.1.d Complex health needs (including mental health needs) ~~that meet the threshold for a continuing health care assessment;~~
 - 2.1.e Visual Impairment.

... and where they meet the threshold for children's social care as outlined within the Pathway to Provision
- 2.2 The team will also provide a service to those children who are deaf and have British Sign Language (BSL) as their main means of communication and where the threshold for children's social care is met as outlined within the Pathway to Provision document.

The child's disability must be the presenting concern for the case to transfer to CDS. Cases where one or more children have a disability but the presenting concerns are not related to these disabilities then CDS will provide consultancy and advice to the social worker involved as appropriate.

- 2.3 The team will process registrations for visually impaired children on receipt of referrals from health professionals.
- 2.4 The team do not provide a service to children with Attention Deficit Hyperactivity Disorder (ADHD).
- 2.5 The team do not provide a service to children with emotional or behavioural difficulties; unless there has been a specific case discussion with the relevant Team Managers and acceptance of the case has been agreed based on the Children's Disability Social Work Team being best placed to meet the child's needs. Any disagreements in respect of this should be escalated to the Children's Disability Service Manager where appropriate.
- 2.6 Children who have a degree of disability that does not fall into the above categories and who are in need of a social care intervention will be provided for by mainstream social care teams. However if relevant team managers are in agreement that the Children's Disability Social Work Team is best placed to meet the child's needs then the case may be accepted by the team. The final decision in respect of these cases lies with the Children's Disability Service Manager if an agreement cannot be reached at Team Manager level.
- 2.7 Where services are required that cannot be met through universal and early intervention/targeted services, and there is a concern regarding a child or young person or a child is considered in need of specialist support from the CDS and the threshold for children's social care is met as outlined within the Pathway to Provision, contact is to be made via the multi-agency safeguarding hub (MASH).
- 2.8 Where in place information provided by a completed [Early Help Assessment Framework \(EHAF\)](#) or [Education and Health Care Plan](#).
- 2.9 The CDS will take a proportionate approach to assessment and ensure that services are delivered as soon as possible subject to assessment. The Child and Family Assessment may be undertaken to determine which services should be provided.

3. Carers' Assessments

- 3.1 Under section 6 of the Carers and Disabled Children Act 2000, parents of, or persons with [Parental Responsibility](#) for, a child with disabilities have a right to an assessment of their needs as carers if the Local Authority is satisfied that the child and their family are persons for whom it may provide services under [Section 17](#) Children Act 1989. The needs of parents or carers can be recorded under the dimension of family functioning of the [Assessment Framework](#). The needs of carers will be considered within a Child and Family Assessment at the time that the request is made for a carers assessment. Parents of children with disabilities are not entitled to a Carer's Assessment under the Care Act 2014 given that their caring responsibilities are in line with what is expected of a parent. The Child and Family Assessment is a holistic assessment that takes into account the whole family's needs and circumstances but primarily focuses on the child and considers support for parents based on the needs of their child.
- 3.2 The exception to this will be in those cases where parents or carers have a permanent and substantial disability and require an assessment for services to support them in their parenting role. This will be directly commissioned from Adult Social Care and Health Services. See [Support for Disabled Parents and Young Carers - Protocol Between Children's and Adults Social Care Procedure](#).

4. Children in Need

- 4.1 The CDS social work team will work with those families (including siblings) where it is identified that support services are required that cannot be provided at universal /early intervention/ targeted levels. This includes provision of short breaks away from home and those families who are at risk of breakdown without the provision of specialist support services.

5. Safeguarding / Child Protection

- 5.1 The CDS team will respond to any child protection enquiries where a case is open to the CDS Social Work Team. Any [Child Protection](#) referrals on cases that are not open to the CDS Social Work Team should be made to the MASH. Child Protection referrals concerning families where the disabled child as defined above is part of a sibling group will be received directly by the MASH. The MASH will make a decision based on the criteria outlined below whether the referral will be passed to a District Child Protection Team or the CDS Team.
- 5.2 Where there is a sibling group in which one or more child has a disability, consideration will be given to the presenting circumstance and how this impacts upon the sibling group as a whole. For example, in cases of domestic violence or neglect which affect the whole sibling group, the primary practitioner will be allocated from within mainstream children's social care, and a secondary practitioner will be allocated from within CDS to meet the needs of the child/young person with a disability. In effect this is a co-working arrangement.
- 5.3 There will sometimes be exceptions to this, for example it may become clear following enquiries / assessment that the concerns are specifically directed at a non-disabled sibling and there is no significant risk to the other children in the family.
- 5.4 A typical example would be a non-disabled child who has contact with an absent parent that presents a risk to that specific child but who is not the parent of the other siblings and has no contact with them. Another example is where a non-disabled sibling is the subject of allegations against a professional who does not have contact with the rest of the sibling group.
- 5.5 Where there is any doubt as to which team should have case responsibility, a discussion must take place between the CDS Team Manager and the Assessment Team Manager or the District Child Protection Team Manager within 24 hours of the referral being received by the MASH. If an agreement for the case to transfer is not reached within 24 hours then the team who has received the referral must complete the Child and Family Assessment or [Section 47 Enquiry](#) and then recommend the case transfers following completion of the work. Referrals should not be transferred to other teams on Framework without a discussion between Team Managers that results in an agreed outcome; if an agreement cannot be reached then the matter should be escalated to the relevant Children's Service Manager. It is important that delay for the child does not occur while this takes place and a joint visit should be considered.

6. Looked After Children

- 6.1 The CDS social work team provide a through care service working with those children and young people with disabilities and their siblings who are subject to care proceedings, those who may require permanent placements away from their birth families and those who are looked after by agreement with their families. Where the CDS social work team have progressed sibling groups through proceedings, discussion will take place with the Through Care team post proceedings to transfer non-disabled siblings where appropriate. Some children who have a disability that does not significantly impact on their day to day life but have permanent placements away from their families may also prefer to be in a non-disabled through care team due to the implications of labelled 'disabled'. In these cases a specific case discussion with the relevant team managers should take place in relation to which team is best placed to meet the child's needs. Any disagreements in respect of this should be escalated to the Children's Service Managers where appropriate.

7. Stepping down / Stepping up

- 7.1 The Pathway to Provision is fluid and therefore children with disabilities will step up / step down across the continuum as their needs or the needs of their families change. This means that following social work intervention, cases may be allocated to a key worker within the personalisation and short breaks service. Where a case is stepped down then the social worker should ensure that a step down meeting is held and that the personalisation and short breaks team is invited. Where new needs/concerns are identified at key worker level consideration will be given to the need for further assessment and whether this warrants allocation to a qualified social worker and consequently a referral to the MASH. Wherever possible Team Managers in the Children's Disability Social Work Team, personalisation and short breaks team and the occupational therapy team should discuss these on a case by case basis and agree at what point the case should be referred.
- 7.2 Where there is no further role for children's social care or CDS a Team Around the Child Meeting(also called a multi-agency meeting or MAM)) will take place to step the case out of children's social care CDS to the relevant lead agency which may or may not be the personalisation or Short Breaks Team.
- 7.3 Where a child/young person is supported through universal/early intervention/targeted services and new needs/concerns are identified contact should be made with the MASH.

8. Children / Young People Transferred from Other Local Authorities

8.1 The principles outlined within this threshold criterion will equally apply to cases being transferred from other Local Authority areas including those families with Disabled Children that are subject of a [Child Protection Plan](#).