Belfast Health and Social Care Trust

caring supporting improving together

Children with Disability Social Work[1] Service Criteria.

Introduction

The purpose of this document is to outline the process by which children and young people with disabilities and their parents/carers access specialist family support services across Health and Social Care in Northern Ireland. It identifies those children who can access such services, which could include, social work support, Short Breaks, carer support within and outside the home and Self Directed Support.

This document will inform practice in Children with Disabilities' (CWD) Teams. It will also serve to be an important reference for referrers and for Gateway and other Children's Social Work Teams. It is intended to assist managers within Trusts in determining which team should undertake the initial assessment of need and determining how these needs can best be met through provision of appropriate available services at the right level and by the right team/service.

[1] Whilst the criteria relates to the Social Work Service, it might be applicable to the integrated care service model in some of the Trusts.

Improving life chances and outcomes for children and young people with disabilities is a priority for Children with Disabilities' Services. Health, Education and Social Care services have a duty to co-operate and work in an integrated way so that children and families/carers can access and receive appropriate support when they need it, for as long as they need it. Co-operation and inter- agency working will be central to the approach of all Children with Disabilities' Services across the region.

Legal Context

The Children (Northern Ireland) Order 1995 places a duty on Trusts to assess, to provide and/ or co- ordinate the provision of services to all disabled children. The overall provision of these services is a responsibility across Children's Services and associated health, education and voluntary sector services.

The Children (Northern Ireland) Order 1995 empowers the Trust to combine assessments with those under other legislation such as the Disability Discrimination (Northern Ireland) Act 1995; the Carers and Direct Payments (Northern Ireland) Act 2002; and the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 (see appendix 1).

Whilst Trusts must be aware of other legislation, which creates duties to provide support to disabled people (including disabled children), Trusts should generally meet their obligations to disabled children through the exercise of powers conferred on them by Part 1V of the Children (NI) Order 1995. The Order provides the appropriate framework of measures to safeguard and promote the welfare of all children in need.

This may require review further to the **Children and Adoption Bill** becoming statute.

UNOCINI Framework/Thresholds of Need Model

The SSI Inspection of Child Protection Services in Northern Ireland (2006) recommended the implementation of a single model of assessment, which would ensure a consistent regional approach to undertaking assessments and improving outcomes for children and their families[2] . The resultant single assessment framework was called Understanding the Needs of Children in Northern Ireland (UNOCINI) and was implemented regionally in April 2007.

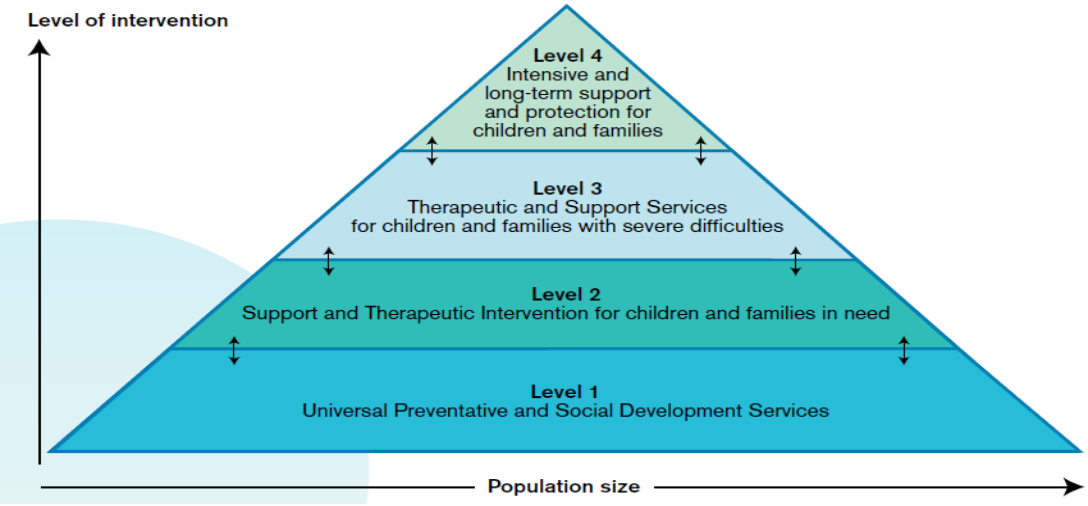
The UNOCINI framework offers a logical process within which children and their family's circumstances can be considered, analysed and understood in order to develop robust plans that lead to action with the aim of improving outcomes for the child. The UNOCINI assessment framework was developed by Health and Personal Social Services in conjunction with colleagues from other public agencies such as education and the police.

[2] DHSSPS(2006)"Our Children and Young People: Our Shared Responsibility p42

All disabled children and young people are entitled to assessment, advice and support, but not all will meet the threshold to access specialist support services from Children with Disability Teams. The Thresholds of Needs Model was developed alongside the UNOCINI Framework to assist statutory social services determine the most appropriate response to the assessment of need. The Threshold of Needs Model is based on Hardiker's Threshold of Needs Model and is outlined below.

The Children with Disabilities' Social Work Service may not usually be involved with families and children at Levels 1 and 2, however arising from an assessment of need and the impact of the child's disability or condition on the family, services may be provided. This could include advice and support to families and/or referrers, and social work support service. This might include a referral to Family Support Hub and other independent sector services.

Figure 1: The Hardiker Threshold of Needs Model



Level 1: Universal Needs

- Most children's needs (whether or not the child has a disability) will be met at this level. Families can receive early support and signposting to sources of help at this level, from a range of professionals that they may already be in contact with e.g. Health visitor, teacher, school nurse or early years' provider.
- The child may have mild learning or physical disabilities and in the main, parents/carers are providing care within their existing support networks. Additional care needs generally are met by the family. The child's disability is not significantly impacting on sibling opportunities.

Level 2: Children and young people needing additional help of targeted services

- The child's needs at this level will most likely be addressed by work/support with a specialist service or service provider who can address the additional need e.g. Nursing, psychology, Allied health Professional services or targeted community/voluntary sector provision at local level.
- The child's disability requires practical advice and/or adjustments to support physical and personal care needs such as eating, dressing, toileting, bathing and moving. The disability limits the child's participation in community activities. Parents can provide reasonable care but the disability is impacting to some extent on parent's well-being and personal/family life. The disability is restricting sibling's opportunities to some extent.
- Families may have previously accessed, or be currently accessing, levels 1 or 2 services and reached the stage where these cannot fully meet the child, young person or family's needs.

Level 3: Children with Multiple and Complex Needs

- The Children with Disabilities' Social Work Service provides services, following assessment of need for disabled children and their families where the child has a permanent and substantial learning, physical or sensory disability and/or complex health care needs which have a substantial and long term adverse effect on his/her ability to engage in normal day-to-day activities with a consequent negative effect on family functioning.
- The child may have challenging behaviour as a result of a disability, requiring specific professional support. There may be substantial, physical and personal care needs requiring frequent day and/or night supervisions and care for example, eating, dressing, toileting, bathing and/or moving; and other conditions
- At this level there is substantial risk to the parent/carer's ability to sustain some aspects of their caring role and parents can only meet their child's essential needs to the detriment of their own physical or mental health, or those of other children within the family. The majority of social support systems and relationships are, or could be, at risk without support/intervention. The impact of the child/young person's disability significantly restricts siblings' personal or social life and parental ability to meet all the significant needs of the siblings.

Level 4: Children with Acute or Highly Complex Needs

(Child/Young Person requires safeguarding/accommodation/intensive family support or specialist treatment/therapeutic either at home, specialist residential provision or in hospital)

- Services are required to prevent immediate risk of significant impairment which might directly affect the child's growth, development, physical or mental wellbeing or to help prevent the need for accommodation and allow the child to remain in the family.
- The child requires continual day and night supervision and care for example eating, dressing, toileting, bathing and moving.
- Serious forms of abuse and/or neglect have occurred or are likely to occur without support and are directly related to the parent/carer's response to the child's disability.
- Unpredictable health needs, with a severe and possibly life threatening impact, are evident.
- The child may have severe challenging behaviour as a result of disability e.g. aggression or is self-injurious as a result of disability.
- The family struggles to meet the child's essential care or medical needs and stimulation, despite support.
- Parents have additional care responsibilities as a result of their child having additional complex health or disability needs and cannot provide adequate and safe care without provision of services.
- There is a risk of family breakdown as a result of vital family support and relationships not being sustained.
- Parental mental or physical health prevents them meeting their child's essential needs or contributes to a substantial risk of family breakdown.
- There is a critical risk to the carer's ability to sustain any of the essential aspects of their caring role with a number of barriers contributing to affect the family for example, more than one disabled child, low income, inadequate housing.
- Parental mental or physical health is fragile.
- Siblings' essential needs are difficult to meet because of the disabled child's needs, resulting in likely impairment of their own health and/or development.

The model is not intended to replace professional consultation, or inter-disciplinary collaboration, and relies upon good quality assessment of the child's circumstances by the agency representatives concerned: this degree of professionalism is of paramount importance in identifying the appropriate response.

Referral Criteria for Children with Disability Service

Whilst all children with a disability are entitled to an assessment of their need from statutory social services, only those children who meet the criteria as outlined below will have this assessment undertaken by the Children with Disabilities Service in each Trust.

Children from birth to 18th birthday, who have a permanent and substantial or profound[3] disability, which has a substantial impact on emotional and social functioning and wellbeing; meet the criteria for referral into the **Children with Disabilities' Social Work Service, which includes (but is not exhaustive):**

- Learning disability
- Physical disability
- Complex health care needs
- Chronic ill health conditions
- Children with disabilities whose assessed needs cannot be met at Level 1 and Level 2, and where these have a substantial impact on their emotional and social functioning and well-being, as well as that of other family members.
- Sensory disability based on the degree of impairment and impact of impairment

The Service provides specialist family support services to children with disabilities and their families based on the assessment of need within the UNOCINI Framework, which include:

- Assessment to determine the need for and level of additional services and complex needs support arrangements
- Advice on how to access localised community services available for children and young people with disabilities within local areas
- One to one support at home/provision of direct care
- Support via out of school provision, playgroup or sponsored day support/care
- Community Short Breaks, family based Short Breaks, residential based Short Breaks
- Mixed model of social/nursing care to families of children with complex physical health care needs
- Child Protection Intervention
- Looked After Children Services
- Access to voluntary and community services funded by the Trusts
- Self-Directed Support
- Carer Support services
- Transition planning for young people approaching adulthood in relation to their health and social care needs, including collaborative work with Adult Services

[3] DDA Act (1995) see Appendix 1

Criteria in Practice

Across the region, structures for referrals into the service will vary, however this should not affect the service provision.

Whether the referral criteria are met will be decided on the basis of the information received at the point of referral. Referrals from professionals must be completed on a UNOCINI referral.

The Children with Disabilities Social Work Service may fulfil all the core "child care" functions including, Assessment of risk in respect of Safeguarding, Family Support, Child Protection and Looked After Children activities. The extent of this depends on the organisational arrangements within each Trust.

Where co-working on cases with FSIT/LAC may be required – for example where there is a complex range of factors, which affect all the children within the family - local protocols should be developed to ensure timely transfer to the most appropriate team. Local protocols should outline co-working arrangements and responsibilities; and will be based on the principles of the best interests of the child and their family.

Where there is clarity required about which team is the most appropriate provider of service, Team Managers will meet to discuss this, and if no resolution is reached discussion and decision-making will be escalated.

Trusts have a duty to inform carers age 16 and over of their statutory right to an assessment under the Carers and Direct Payments Act 2002. Where a satisfactory level of information about the carer and the person cared for is already available, Trust social care professionals may wish to proceed with an assessment of that carers needs without further enquiry.

This may be because the person cared for has recently been assessed under other legislation, namely the Health and Personal Social services (NI) Order 1972, as amended by the HPSS Order 1991, the Children (NI) Order 1995 or the Chronically Sick and Disabled Persons Act 1978.

Therefore, when a UNOCINI assessment is being completed for a disabled child, a carer's assessment should be offered. If a request is made for such an assessment the UNOCINI assessment will provide the substance of the carer's assessment. See diagram below for process:

Referral received by:

Gateway Team Children's Disability Team Hospital Social Worker

Family Support/ Child Care concerns/ Carer Assessment

Initial UNOCINI Assessment:

- Carer identified and Carers Assessment offered
- Carers Assessment either accepted or declined by carer

10 days

Child transfers to or remains with:

Family Support Intervention Service Children's Disability Team

Initial Family Support Plan will state:

- A Carers Assessment will be undertaken as part of the UNOCINI Assessment Process OR
- A Carers Assessment has been declined by the carer

10 days

UNOCINI Family Support Pathway Assessment undertaken to include assessment of carers needs:

- Caring role
- Carers Health and Wellbeing
- Supports and breaks from caring
- Outcomes and actions
- Identify unmet needs

First Review of Family Support Plan: review Pathway Assessment and Plan

- Review Carers Assessment
- Reoffer Carers Assessment if previously declined
- Review Family Support Plan will detail the arrangements to meet the needs of the carer

Subsequent UNOCINI Family Support Pathway Assessment:

- To include assessment of carers needs or review of carers needs

Subsequent Review of Family Support Plan

- Review Pathway Assessment and Plan
- Review of Carers Assessment (Annually)
- Reoffer Carers Assessment if previously declined

Appendix 1

Relevant Legislation

The Children (Northern Ireland) Order 1995 defines a child in need as:
Under Article 17, the definition of a child in need shall be taken to be in need if—
(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by an authority under this Part;
(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
(c) he is disabled, and "family", in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

Under Article 18, there is a general duty of authority to provide personal social services for children in need, their families and others.
(1) It shall be the general duty of every authority (in addition to the other duties imposed by this Part)—
(a) to safeguard and promote the welfare of children within its area who are in need; and
(b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of personal social services appropriate to those children's needs.

Whilst the Children Order provides a legal definition within which Trusts must work (Article 2(2)), the language currently is regarded as insensitive. The definition provided within the **Disability Discrimination Act (DDA) 1995**, outlined below, has now superseded the Children Order definition:

Part One of the DDA Act defines a person with disabilities as ***'someone who has a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'***.

"Impairment" includes physical impairments affecting the senses such as sight and hearing, heart disease, diabetes, epilepsy.

"Substantial" means considerable or significant factors that are life changing or limiting. For the effect to be substantial, it must be more than minor. Substantial should look at the impact of the caring role and how it effects the family carer's health and well-being, their ability to continue to care, to work and be involved in leisure activities and have a life "outside caring".

“Long term” means that the effect of the impairment has lasted or is likely to last for at least 12 months and the effect must be a detrimental one. It may last for the rest of the life of the person affected. Note – the Children Order references the term “permanent”.

The **Carers and Direct Payments Act (NI 2002),** amended the Children Order 1995 and places a requirement on Trusts to make sure carers know about their right to a carer’s assessment, which could help them in their caring role. This Act includes a statutory right to a carer’s assessment and gives Trusts the power to supply services directly to carers in their caring role, following the assessment of need.

Trusts are under a general duty, by virtue of Article 18 of this Order, to safeguard and promote the interests of children in need and, in furtherance of this duty, are empowered to provide a wide range of services.

It may therefore be possible in a family situation to access services under Children Order 1995 in cases where a Trust has failed to exercise its discretion to provide services under other general provisions.

As a result of the enactment of the Carers and Direct Payment Act (NI) 2002 (CDPA’02), new provisions have been inserted into Children Order 1995. These are:

- a duty to assess the needs of child carers and carers of a child with a disability when requested and to consider what services to provide where appropriate;
- a provision for information to be made available to child carers and carers of a child with a disability regarding their right to an assessment of needs;
- a direct payments scheme.

The **Chronically Sick and Disabled Persons (NI) Act 1978 (CSDPA),** is one of the central pieces of legislation about the provision of social care services to disabled people. The Act covers both adults and children.

Services under section 2 of the CSDPA are available to children. Once an authority has assessed the needs of a disabled child and decided that the provision of services under CSDPA section 2 is necessary in order to meet that child's needs, there is then a specific duty on that authority to provide those services. The CSDPA only becomes important if an authority has assessed a child’s needs under Article 18 of the Children (NI) Order, but is considering not providing services to meet those needs. If the needs can be met through the provision of one or more of the services listed in Section 2 of the CSDPA, then the authority is under a duty to provide them.

Whilst Trusts must be aware of other legislation which creates duties to provide support to disabled people (including disabled children), Trusts should generally meet their obligations to disabled children through the exercise of powers conferred on them by Part 1V of the Children (NI) Order 1995. The Order provides the appropriate framework of measures to safeguard and promote the welfare of all children in need.

The Children (Northern Ireland) Order 1995. Available at: Children (Northern Ireland) Order 1995

Disability Discrimination (Northern Ireland) Act 1995. Available at: Disability Discrimination (Northern Ireland) Act 1995

Carers and Direct Payments (Northern Ireland) Act 2002. Available at: Carers and Direct Payments (Northern Ireland) Act 2002

Chronically Sick and Disabled Persons (Northern Ireland) Act 1978. Available at: Chronically Sick and Disabled (Northern Ireland) Act 1978