

## 1. Introduction

H&F are committed to the support of children with disabilities and their families. This document is to inform children, young people with disabilities and their families about the process for allocation, assessment and support to meet their needs in Hammersmith and Fulham. This includes the provision of short breaks services. This document includes the guidance which informs pathways for assessment, and the potential level of support for children and young people following identification of their needs.

## 2. Definition of 'disability'

The accepted definition of disability in H&F is from the Equalities Act 2010, which is; a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

## 3. What is a Short Break and why are they provided?

Short breaks might include attending group activities after school, at weekends or in the holidays, it might be individual support in the community with a carer or it could be funds to arrange your own support. The sort of break and the level of support depends on the needs of individuals. These breaks can offer parents/ carers and siblings time away from caring.

The council is proud to provide short breaks where an assessment identifies they are necessary for the child and family. The Children Act 1989 requires Local Authorities to assess Childrens needs and the Chronically sick and disabled persons act 1970 requires that we provide short breaks to meet these needs. The Breaks for Carers of Disabled Children Regulations came into force on 1st April 2011, requiring each Local Authority to provide 'so far as is reasonably practicable, a range of services designed to meet the needs of families with disabled children'.

The Children and Families Act 2014 also places a duty on the Council to produce a 'Local Offer' providing information relating to the provision of Short Breaks and to publish a Short Breaks Statement on the Local Offer. ([www.lbhf.gov.uk/localoffer](http://www.lbhf.gov.uk/localoffer))

## 4. Identifying your child's level of need

The following table lists levels of ability and needs to help parents/ carers and professionals to identify if universal, early help or specialist disabilities services are the most appropriate route for support. This is an initial guide. Particularly for children with multiple needs or developmental conditions we welcome a discussion to really understand the impact of their disability and identify the most appropriate route for support.

## 5. How to use Table 1 – Table of abilities and needs

- Read across each row and circle the box which best describes the child's abilities and presentation on an average day, not looking at good or bad days
- Remember that needs are not considered additional when a non-disabled child of a similar age would require the same level of assistance
- Remember to circle the 'Able' box if the child is functioning as expected for their age group.
- Once complete you will have 10 circles
- Total the number of circles in columns 'Able' to 'Profound' and refer to the process flow chart on page 5 to identify the likely route for support
- The support options are identified in section 7

**Table 1 – Table of abilities and needs to help identify likely appropriate routes for assessment and support**

Skills area	Able	Mild	Moderate	Severe	Profound	Untested
Learning	Able for age	- Usually functionally independent - Identified Specific Learning Disability	- Moderate Learning Difficulty	- Severe Learning Difficulty	- Profound Learning Difficulty	
Gross motor skills i.e.: Mobility	Able for age	- Usually able to walk but has difficulty i.e.: long distance, may be slow, may have poor balance - Mild motor impairment or difficulties	- Moderately delayed - Walks with aids or may use a wheelchair - May require help with changing position or postural management for function	- Requires assistance to move in and out of position - Markedly abnormal movement - High level postural management required - Not independently mobile	- Unable to walk and uses wheelchair exclusively - Unable to transfer without assistance	
Fine motor skills i.e.: hand and eye coordination	Able for age	- Possible tremor, awkward release, unsteadiness. - Delay in acquisition of skills - Some difficulties in play, writing, drawing or dressing.	- Restricted movements of one or both hands when reading / stretching / feeding / writing / dressing - Poor manipulative skills.	- Severely limited manipulative skills. - Requires aids / assistance for all fine motor function.	- Cannot grasp and release with either hands. - Physically unable to feed self or write.	
Speech, language and communication	Able for age	- Some speech or language difficulties or a mild delay in language skills which may be related with a general development delay.	- Moderate delay of language skills which may be related with a general development delay. - Uneven development of verbal and non-verbal skills.	- Communications difficulties present as the primary delay in development of social skills and learning. - Absence of language and communication development. - May use augmented communication methods	- Presentation of complex communication needs. - Alternative communication methods used.	
Self help	Able for age	- Some delay in daily living skills i.e.: eating, washing - Organisational difficulties requiring supervision	- Requires facilitation with daily living skills e.g.: eating, washing, dressing, toileting	- Requires constant assistance with daily living skills e.g.: eating, washing, dressing, toileting	- Totally dependent on others for daily living skills e.g.: eating, washing, dressing, toileting	
Vision	Able for age	- Minor visual field loss - Visual activity < 6/18 in	- Problem in at least half visual field	- Visual activity 6/36-6/60 in better eye	- Registered blind	

Skills area	Able	Mild	Moderate	Severe	Profound	Untested
		better eye or problem in one eye	- Visual activity 6/24 - 6/36 in better eye - Reads print with aids			
Hearing	Able for age	- One ear normal hearing and other has profound loss > 70 dB or bilateral loss 30-40 dB	- Bilateral loss 41-70 dB in better ear and/ or failed free-field testing 2 or more occasions in 6 months	- Hearing loss 71-90 dB in better ear	- Profound bilateral hearing loss >90 dB in better ear	
Behaviour	Able for age	- Infrequent aggressive or difficult to manage behaviours. - Sometimes tearful / depressed / anxious (unrelated to immediate circumstances). - Restless / distractible – often does not settle to age appropriate activity.	- Frequent aggressive or difficult to manage behaviours. - Frequent tearful / depressed / anxious (once a day). - Rarely settles to age appropriate activity. - Problems causing considerable difficulties to family or group.	- Persistently aggressive or difficult to manage behaviours. - Depressed / anxious enough to be considered at risk of self-harm or to be disrupting daily routines i.e. attendance at school. - Never settles to age appropriate activity. - Unable to function in a group	- Severe persistent self-harm behaviours (head banging, overdose) or assessed as suicide risk by child mental health professional. - Aggressive behaviour causing significant injury to others requiring constant adult supervision.	
Physical health	Able for age	- Well controlled symptoms	- Partially controlled symptoms	- Has a serious illness - Poor control of symptoms	- Care for a Life limited condition required or requires mechanical ventilation or suction	
Eating and swallowing	Able for age	- Copes well with textures but occasional problems in chewing or controlling food and drink in the mouth. - Infrequent episodes of choking; minimal risk of aspiration. - Rejection or intolerance of some textures e.g. spits out or gags on lumps.	- Can cope with limited textures e.g. soft foods and thickened drink. - Periodic episodes of choking; some risk of aspiration. - Wary and intolerant of the introduction of new textures. - Needs intermittent Nasal Gastric or gastrostomy feeding.	- Inability to cope with any texture; extremely limited oral movement with poor control of food and drink in the mouth. - Adverse reaction often observed when food or drink presented e.g. cries, extends. - Needs long term NG or gastrostomy feeding.	- Inability to cope with any texture; extremely limited oral movement with no control of food and drink in the mouth. - Frequent choking on all intake; significant risk of aspiration. - No oral feeding ability.	

## 6. How to use Table 2 – Other factors

- Read across each row and circle the box which best describes your family’s current situation
- Once complete you will have 2 circles
- Total the number of circles in columns ‘Mild’ to ‘Severe’ and refer to the process flow chart on page 5 to identify the likely route for support.
- The support options are identified in section 7

**Table 2 – Other factors influencing which team might complete the assessment (mainstream or specialist/ qualified Social Worker or other worker)**

	Mild	Moderate	Severe
Parental capacity	None or some factors / other responsibilities that make parenting difficult.	<ul style="list-style-type: none"> <li>- Carers have health problems/ addictions, learning difficulties affecting their capacity and skills as carers.</li> <li>- Parental unit is strained.</li> </ul>	<ul style="list-style-type: none"> <li>- Carers have significant health problems/ addictions, learning disabilities affecting their skills as carers.</li> <li>- Parental unit unsafe.</li> </ul>
Other	Environmental factors not of concern <b>or</b> issues are already being addressed	<ul style="list-style-type: none"> <li>- Environmental factors are of moderate concern</li> <li>- i.e.: affected by inadequate or insecure housing</li> </ul>	<ul style="list-style-type: none"> <li>- Environmental factors are of severe concern</li> <li>- i.e.: severely inadequate housing or imminent homelessness.</li> </ul>

## Process for allocation for assessment and identification of support for children with disabilities in Hammersmith and Fulham

Parental request for a social care assessment and support for a child with a disability					
Likely route for assessment and support for children with Less than  5 circles across Moderate, Severe, Profound  (*Table of abilities and needs)		Likely route for assessment and support for children with  5 or more circles across Moderate, Severe, Profound  (*Table of abilities and needs)		Likely route for assessment and support for children with  5 or more circles across Severe, Profound  (*Table of abilities and needs)	
If other factors are Mild or Moderate	If other factors are Severe	If other factors are Mild or Moderate	If other factors are Severe	If other factors are Mild or Moderate	If other factors are severe
Family Support Team Early Help)	Mainstream Social Work Team	Most appropriate Non-Social Work team	Most appropriate Social Work team	Short Break Review Team and Integrated Keyworking Team	Disabled Children's Social Work Team
Complete assessment, check accuracy and outcomes sought with the family and appropriate others. Develop a draft plan to meet the identified needs. Discuss proposal with the family, request manager agreement to the draft package, and discuss with proposed providers, amend plan as required. Present to funding panel for ratification.					
Put in place package agreed and review according to agreed timetable					

\*The table of abilities and needs helps parents/ carers/ professionals to identify if universal, early help or specialist disabilities services are the most appropriate route for support. The table is an initial guide.

Particularly for children with multiple needs or developmental conditions we welcome a discussion to really understand the impact of their disability and identify the most appropriate route for support. \*\*Identified from discussions between services on case-by-case basis.

## 7. Assessment routes

### Assessment options

Children's services have a range of different ways to meet the needs of families. Children will be allocated a worker from the most appropriate team, based on their needs if a family wish or need an assessment to be completed.

### Who completes the assessment?

Other than a universal or core service offer (see appendix B, page 7), all other support will be based on an individual assessment of the child's needs. This might be a statutory child-in-need assessment completed by a social worker, or a non-child-in-need assessment completed by another social care professional.

All assessments are holistic, which means they will include feedback from the family and any services involved with them. All assessments are individual, and person centered.

### Assessment tools and process

In completing the assessment, the allocated worker speaks with the child, family and other professionals, as appropriate, to gather information. The assessment reflects all their views. The worker then discusses options for support with the family and shares with them the proposed package of support. The completed assessment and proposed planned support are submitted to the team manager and if agreed by the family and manager it is then submitted for ratifying to the funding panel. If the family and allocated worker do not agree, discussions will continue with involvement of the team manager. Some assessments may be submitted to panel reflecting both positions for the panel to consider. Terms of reference and procedures for panels are available on request.

### Reviews

The period for review of a child's assessment and support or care plans will be set by the team manager or panel. For complicated or new packages of support this review could be after a few weeks or months. For stable packages this could be 12 or 18 months. The proposed package and review period will be discussed with the family prior to seeking authorisation. Any review period must consider key transition points e.g. changing schools, preparation for adulthood or life events such as moving home.

### Appeals and complaints

Following an assessment, if a young person or family is unhappy with the services or support recommended, they are advised to contact the social worker or lead professional who completed the assessment to discuss their concerns.

If this does not resolve the issue, parents can direct their concerns to the team manager. If they conclude that the decision was based on incomplete or inaccurate information, or that proper account was not taken of the information available, the report author will be asked to review their recommendations and re-submit proposals to their manager.

If the young person or parent is not satisfied with the response from the team manager, they can contact the panel chair or Service Manager to discuss their concerns.

To take a complaint further please see information about the H&F formal complaints procedure at <https://www.lbhf.gov.uk/children-and-young-people/children-and-family-care/childrens-services-complaints> or you can email your complaint to [CS.Complaints@lbhf.gov.uk](mailto:CS.Complaints@lbhf.gov.uk)

## **8. Parent/ carer needs assessment**

As part of the initial discussion and then the child's assessment the authority and parent/ carer can consider if a parent/ carer needs assessment takes place. A parent can also request a needs assessment at any time. The assessment will be completed by the most appropriate professional. The outcome might be advice and information about support available and include an offer of an assessment or re-assessment of the child's needs if agreed to be appropriate.

## **9. Support Options (also see the Short Breaks Statement)**

### **Universal services, information and support**

Not all children with disabilities are eligible, need or want specialist social care services or support. Information about local services for children with Special Educational Needs and Disability Services (SEND) and their families can be found on the local offer. Families can also access support through universal services or family centres directly.

SEND Local Offer: [www.lbhf.gov.uk/localoffer](http://www.lbhf.gov.uk/localoffer)

Our early help service 'Family Support' can advise and provide information and support with a wide range of issues, including inclusive services locally and information about family centres. [Family support service](#)

There is a universal childcare offer of 15 hours per week for 3 and 4 year olds and up to 30 hours per week for some families. Depending on circumstances parents may incur top-up costs. There is also free learning for 2-years old for eligible families.

[Help with childcare costs](#)

### **The core short breaks offer**

As well as the universal support available, children and young people who have circled 5 boxes across the Moderate/ Severe/ Profound columns of the Table of abilities and needs are likely to benefit from the core short breaks offer. Available breaks will depend on the age of the child. To access this support, contact The Stephen Wilshire Centre or Action on Disability (see contacts section).

We will discuss your needs with you to identify the best next steps. You will not need a detailed assessment of your child's needs, however if you want or require additional support, an assessment can be completed to consider options with you.

The core offer is:

- Specialist advice and information support from The Stephen Wiltshire Centre (SWC)
- Drop-in Stay and play on Sundays for the whole family at SWC (with parents)
- Drop-in Stay and play on Fridays during holidays for the whole family at SWC (with parents)
- Drop-in Stay and play on Mondays term-time, under 5's only at SWC (with parents)
- Drop-in Stay and play on Wednesdays term-time, under 5's only at SWC (with parents)
- Group activities after school and or during school holidays for children over age 8 from, Action on Disability or SWC (without parents)

### **Potential other levels of service**

For children and young people whose needs are not met by the core offer, additional support may be available through the targeted or bespoke offers following an assessment of needs.

### **The targeted offer**

Children and young people who have circled 5 boxes across the Severe and Profound columns across the Table of abilities and needs, are likely to benefit from the targeted short breaks offer.

The targeted offer is :

- Advice and support and/or a funded package enough to meet assessed needs. This could be 1:1 carer hours or funding to access groups, clubs or other activities. It could be Direct Payments, where the family are given funds to arrange their own support. The level will be based on the individual assessment and may be equivalent to approximately 3-6 hours of support per week. [Guide to direct payments for parents and carers](#)

This is for children and young people whose needs cannot be met with currently available services, these children are likely to have circled 5 boxes across the Severe and Profound columns and will be allocated and assessed in a Social Work team, under the child in need framework. A bespoke package could include overnight provision where this is identified as needed.

The bespoke offer is:

- This is for children and young people whose needs cannot be met with currently available services, these children will be allocated and assessed in a Social Work team, under the child in need framework. A bespoke package could include overnight provision where this is identified as needed, might include a joint package with health and is likely to have more frequent reviews than other packages of support.

## **10. Contacts**

### **The Stephen Wiltshire Centre (SWC Duty phonenumber)**

Queensmill Road, Hammersmith SW6 6JR

E-mail: [StephenWiltshireCentre@lbhf.gov.uk](mailto:StephenWiltshireCentre@lbhf.gov.uk)

Telephone 020 8753 4443

### **Family Services**

Families who feel they need support but do not need specialist disability services support can request an assessment of their needs from family services at any time

E-mail [familyservices@lbhf.gov.uk](mailto:familyservices@lbhf.gov.uk)

Telephone 0845 313 3935 or

### **Initial Contact and assessment team (ICAT)**

The front door for all social care services, including mainstream social work teams, family support and the Disabled Childrens Team

Telephone 020 8753 6610

### **Action on Disability**

Offer of short breaks for children, which can be accessed directly from this provider

E-mail [admin.youth@aod.org.uk](mailto:admin.youth@aod.org.uk) or [tamara.stuiver@aod.org.uk](mailto:tamara.stuiver@aod.org.uk)

Telephone 020 3080 0383

## 11. Glossary

**Aspiration** – when something you eat or drink goes down the wrong way and may go into lungs

**Nasal Gastric tube (NG)** – a tube that goes from the mouth to stomach

**Gastronomy feeding** – feeding directly into the stomach not through the mouth

**Postural** – is about the way someone sits or stands

**Manipulative** – means how a person can move things about with their hands

**Bilateral** – means in both sides

**Mechanical ventilation** – has a machine that helps breathing

**Suction** – a machine to suction away blockages to keep airway open

**Intolerant/ intolerance** – unable or unwilling to accept

### Appendix A

#### Legal framework

The principal legislation for care support services to disabled children and young people and their families are the;

Children Act 1989 - under Section 17 of the Children Act, disabled children are *children in need*. The Act places duties on local authorities to children in need: to safeguard and promote their welfare and their upbringing by their families wherever possible. Paragraph 6 of Schedule 2 also requires councils to deliver; *'so far as is reasonably practicable, a range of services designed to meet the needs of families with disabled children in their area which is sufficient to assist carers to continue to provide care, or to do so more effectively'*.

Children Act 2004 – this act defines parental responsibility and encourages partnership working between the council and parents. Interagency co-operation is also encouraged. The Children's Act 2004 supplemented the 1989 Act and reinforced the message that all organisations working with children have a duty in helping safeguard and promote the welfare of children.

Breaks for Carers of Disabled Children Regulations 2011 – requires the local authority to provide, so far as is reasonably practicable, a range of services which is sufficient to assist carers to continue to provide care or to do so more effectively and places a duty on the Council to produce a 'Local Offer' providing information relating to the provision of Short Breaks and to publish a short breaks statement on the local offer. To find out more about the H&F local offer visit: [www.lbhf.gov.uk/localoffer](http://www.lbhf.gov.uk/localoffer)

Other relevant legislation includes:

- Chronically Sick and Disabled Persons Act 1970 ('CSDPA 1970')
- Equality Act 2010
- NHS Act 2006 (as amended by the Health and Social Care Act 2012)
- Children and Families Act 2014
- Care Act 2014 (in relation to transition to adult social care)
- Chronically Sick and Disabled Persons Act (1970)
- Carers and Disabled Children Act 2000
- Carers (Equal Opportunities) Act 2004
- Disability Discrimination Act 1995