



Threshold Guidance for Working With Disabled Children and Young People

A Supplement to the Norfolk Threshold Guide

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Introduction

This document has been produced in order to provide clarity about access to services for children and young people with disabilities and their families, it does not replace the Norfolk Threshold Guide but is supplementary to it.

The principles of practice applied when working are the same as for any other child and family. These principles are identified in the '**Norfolk Threshold Guide: A Child Centred Framework for Making Decisions**' as being:

- Child Centred – hearing the voices of children and young people;
- Respectful of all people at all times;
- Rooted in understanding child development and informed by evidence;
- Hearing the voices of children and young people;
- Listening to family members and giving importance to what they say;
- Understanding of the family's individuality, values, beliefs and culture;
- Honest and transparent communication about what we do and why we are involved;
- Offering help early – doing all we can to assist in keeping our intervention at the lowest possible and safe level;
- Focused on actions and outcomes for children;
- Building on strengths as well as identifying difficulty;
- Recognising and celebrating the importance of a child or young person's family and community;
- Setting out clearly, in a way appropriate to the family, any concerns we have and what needs to happen to reduce those concerns;
- Offering the right service at the right time for the right duration.

In addition for children with disabilities we aim to ensure that:

- All disabled children are safe from harm; by helping children and young people live in safe and supportive families and ensuring that the most vulnerable are being protected;
- All children and young people do well at all levels of learning and have the skills for life; by improving outcomes for children and young people with special educational need and disabilities and supporting children to have the best start in life and be ready for learning; and
- All disabled children and young people have fun growing up; by providing play, leisure, culture and sporting opportunities and improving social, emotional, mental health and well-being.

Each child and young person's support is based on their own individual circumstances and this guidance is intended to clarify the ways in which disabled children can access support services most appropriate to their particular needs. It also aims to contribute to fair and consistent decision making about packages of support for children and young people and their families.

The aim is to ensure that the available resources from Health, Education, Social Care and partner agencies are targeted to benefit those in most need, (including those at risk of significant harm), whilst ensuring that all children and young people with a disability have access to universal and additional services such as education, primary health and mental health care, extended school activities, community based groups and holiday play schemes. Where children or young people have additional needs, we encourage families to access a range of services either directly or through a health professional, school or short breaks programme.

The sections at Appendix 1 and 2 at the end of this document set out the statutory framework within which services to children with disabilities are provided, however as with any provision of help and support it is vitally important that the right service is offered at the right time in order to achieve the best outcomes children and avoid escalation of need.

The Children's Act definition of disability states that:

'A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed. (Development means physical, intellectual, emotional, social or behavioural development; and health means physical or mental health).'

In terms of thresholds for services reference should also be made to the NSCP Threshold Criteria outlined in 'The Norfolk Threshold Guide, A child centred framework for making decisions' which can be accessed on the [Norfolk Safeguarding Partnership's Website](#).

Direct Access to Services

We want to encourage families and young people to access services themselves directly wherever possible. Information about what is available can be found by accessing the [Norfolk Directory](#) and [The Local Offer](#).

In addition a number of other services, some of which can be accessed directly, are available through Family Support Services and Short Breaks. Access to services is dependent on the level of need of the child or young person, the impact of their disability and the amount of support needed. It will be the job of the service provider to assess the degree of need and establish whether the service is appropriate. However, if the family would like assistance with identifying how the needs of their child can be met, a professional who knows them, such as a health visitor, General Practitioner (GP) or teacher, can help them by liaising with other professions in the family's network. This will support a family to access the right kind of short break provision or help make referral onto an appropriate community resource or agency. These would be children and families who would fit with the descriptors set out in Tier 2 Additional/Universal Plus.

Short Breaks and Parent Carers Needs Assessments

A short break can include day, evening, and weekend activities from a couple of hours to all day. Short breaks are designed to give children and young people with disabilities enjoyable experiences that contribute to their Individual and social development, as well as enabling parents and families to have a break from their caring responsibilities.

All children requiring lower level specialist short breaks will be directed to the Short Breaks Team. Parents are able to self-refer through an application process that is on line on the [Norfolk SEND Local Offer website](#) – search Parent Carer Needs Assessment (PCNA) or Short Breaks and it will take you to the relevant pages.

Parents and professionals can also ring the Short Breaks Team on 01603 692455 to ask for a form to be sent out for either short breaks or PCNA assessment. They can also email directly asking for forms or with any queries at cs.shortbreaks@norfolk.gov.uk – the direct link is [Short Breaks](#).

The links, etc. above are for parents (although professionals can support a family to complete the forms if needed). The Short Breaks Team does not accept referrals from professionals as the expectation is that they go through the Children's Advice and Duty Service (CADS) to determine if there are any other relevant issues, and we need the form completed and signed by parents.

Applications for specialist short breaks will be assessed using the Resource Allocation System (RAS Questionnaire) based on parent/carers views and professional evidence to determine the Individual Budget.

Exceptions are as follows:

- Referrals that have been made to CADS by a professional or a parent raising issues around a disabled child's welfare: these referrals will be considered through the appropriate child in need/safeguarding context and appropriate action will be taken accordingly which may, if thresholds are met, take the form of a s47 investigation or single assessment (social work assessment).

Where a child or young person has specialist needs that may best be met by overnight and/or high level care support, they and their family will require a social care 'child in need' assessment undertaken by a Children With Disabilities (CWD) social worker. For children not already open to Children's Services (social work) this is arranged through making a referral through the CADS. Depending on the outcome the child in need assessment may lead to a child in need care plan which sets out how family, social worker and agreed service provision will work together to meet the child's care needs. In some circumstances it may not be necessary for the case to remain open to the Children With Disabilities Team once the social work assessment has been completed and if relevant short breaks agreed; it may be that the case can transfer to the Short Breaks team at this stage who will be responsible for the ongoing management of services accessed. This will be dependent on the recommendations of the social work assessment. Other outcomes of the assessment may be referral to the locality Family Support team or referral to another agency to carry out an Early Help Assessment and Plan.

Support with Health Needs

Access to community health services, Child and Adolescent Mental Health Service (CAMHS) adult mental health services (for young adults) or specialist paediatric or other health support for disabled children and young people is through the young person's GP.

Continuing Care is a way of funding health care packages for babies, children and young people (**from birth to 18 years old**) with complex healthcare needs whose needs cannot be met by existing mainstream or specialist health services. These complex needs may be as a result of disability, accident or illness.

Children and Young People are assessed using the [National Framework for Children and Young People's Continuing Care](#) (DOH 2016). This framework is designed to support Clinical Commissioning Groups (CCGs) in determining if a child's needs are such that they can only be met through a package of continuing care.

The framework also sets out an equitable, transparent and timely process for assessing, deciding and agreeing these bespoke packages of care.

Each care package will be commissioned to meet the individual needs of each child/young person and their family and can involve health education and social care.

If specific health needs are identified a Continuing Health Care checklist may be completed to indicate whether a full Continuing Care Assessment is required.

More information about continuing care and Norfolk's Clinical Commissioning Groups of which there are five can be found on the [Norfolk SEND Local Offer website](#).

Moving to Adulthood

Both education and social care (children's and adults) have a responsibility to support young people with a disability moving into adulthood. The transitions process for children and young people with additional needs should begin in year 9 (age 14). Evidence from research shows that early and well planned transitions lead to smoother transitions to adulthood and better outcomes for the young person.

It is the expectation that the lead professional for the young person starts the process by co-ordinating a meeting with other relevant professionals and family members in order to make a decision regarding the roles and responsibilities regarding the transition plan. Depending on the needs of the young person this plan can be made at the Education, Health and Care Plan (EHCP) review, Children Looked After (LAC) review, Section 17 review, etc.

The Care Act 2014 came into effect from April 2015 and outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and places new obligations on local authorities.

The Care Act is mainly for adults in need of care and support, and their adult carers. There are some provisions for the transition of children in need of care and support, parent carers of children in need of care and support, and young carers. However the main provisions for these groups (before transition) are in the Children and Families Act 2014.

Entitlement to Services from Children with Disabilities Teams

All disabled children and young people who meet the Children Act 1989 and the Equality Act definition are entitled to a social care assessment as 'children in need'. However, it may not be necessary for a social care assessment to be completed in all cases as a family can access services such as short breaks directly. It is also possible for social care assessments to be completed by those other than social workers in Children With Disabilities Teams such as Family Support practitioners. If you are not sure who is best to carry out the assessment or provide a service, a practitioner within CADS can discuss this with you and agree the best way forward.

The Children With Disabilities Team supports children who have a substantial and permanent disability where the impact on the child and family functioning and services cannot meet need at a Targeted (Family Support) or Early Help (Early Help Assessment and Plan – EHAP) level.

The child or young person's primary need is likely but not limited to the following list:

- Children with cerebral palsy, muscular dystrophy and other physical disabilities that significantly impact on their well-being;

- Children and young people with severe learning disabilities;
- Children and young people with autistic spectrum disorder;
- Children and young people with multiple or severe disability;
- Children and young people with significant global development delay;
- Children and young people with significant sensory impairment;
- Children and young people with complex physical disability and health needs.

Where disabled children/young people and their families can meet their own support needs or directly access services at Tiers one and two (universal and additional), they are encouraged and supported to do so. Norfolk County Council has a wide range of directly accessible services and sources of support for which a social work assessment is not required. This includes Tier 2 children requiring specialist short breaks via an Individual Budget provided by the Short Breaks Team. Details of how all of these services can be accessed is via the [Norfolk SEND Local Offer website](#) and the [Norfolk Directory](#).

The Children with Disability Teams cannot support children whose main needs centre around emotional/behavioural development and or mental health unless they also have needs associated with those listed above. Children or their parents/carers or professionals known to them may make a decision to refer to the CADS for services under Family Support or for a social work assessment in these circumstances. Referrals should be made in line with '**Norfolk Threshold Guide, A Child Centred Framework for Making Decisions**'.

Levels of Need – Children Getting the Right Service at the Right Time for the Right Duration

The tables on the following pages provide information about meeting the needs of disabled children and young people in Norfolk and is supplementary to the Threshold Guidance published by the Norfolk Safeguarding Children's Partnership (NSCP).

The tables are intended to provide guidance in relation to levels of need and types of support for a child/young person with a disability and their family, together with service routes that practitioners and agencies can consider to access support.

*** The examples are illustrative and for guidance only. The circumstances of each individual child and their family will be different as will their needs and the level and type of support they need.**

** Children at Tier 2 accessing short breaks from the Short Breaks Team whose needs change significantly would, with parental consent, be referred to the Children with Disabilities Team.

*** Children at Tier 2 accessing short breaks from the Short Breaks Team where there are safeguarding issues would be referred to CADS.

Levels and Referral Routes	Needs	Services (examples)
Tier 1 Universal Open access to all provision in Norfolk	Where there are low needs Any disability or sensory impairment or learning difficulty which does not impact significantly on child/young person's ability to carry out normal tasks. Parental advice and training may be required	Early years, mainstream school, GP and health visitor, housing, community health care, youth centres, leisure services Children's centres, advice and information

Levels and Referral Routes	Needs	Services (examples)
Tier 2 Additional Two or three services work together to meet children and young people and family needs, co-ordinated by a service that knows the children and young people/family best Children's Services Family Support and Advice Hub – Support to Lead Professional to complete and co-ordinate, Team around the Family, Multi-disciplinary/agency approach	A child/young person with moderate additional needs Additional support to prevent impairment of health or development and/or alleviate stress in the family Some developmental delay/behavioural problems Families who are isolated in their communities by a child/YP's disability Additional support to access education where a child is at risk of exclusion Children/young people with recently diagnosed impairment or illness that may result in a life threatening condition Children/young people with EHCP in mainstream or special school Children/young people with moderate challenging behaviour as a result of their learning disability or Autism Spectrum Disorder (ASD)	Parenting support; school holiday and after school clubs Community and Partnership Team Behavioural support; additional learning support Youth and leisure services Child and Adolescent Mental Health Services (CAMHS) Tier 2 support to schools Speech and Language Therapy Children's centres Physiotherapy Sensory aids and minor equipment School Action/School Action = or One Plan Child Development Centres Short Breaks Team

Levels and Referral Routes	Needs	Services (examples)
<p>Tier 3</p> <p>Additional and Complex requiring targeted and enhanced support</p> <p>Family Support Assessment (Family Support Plan)</p> <p>Lead Professional to complete and co-ordinate , Team around the Family, Multi-disciplinary/agency approach</p> <p>Possible referral to Children’s Social Care (CWD)</p>	<p>Where there are substantial additional and complex needs</p> <p>Without support there would likely be significant impairment to the child/young person’s health or development</p> <p>Moderate level of additional care needs during the day as a result of disability (e.g. feeding, clinical tasks, and intimate care), beyond which the family can meet</p> <p>Significant challenging behaviour and/or self-injurious behaviour arising from the disability</p> <p>Children and young people with Life limiting conditions</p> <p>Children and young people with EHCP not in mainstream provision</p>	<p>Because of the complexity of needs, a multidisciplinary/agency co-ordinated plan developed with the family may be needed</p> <p>Family Support Service</p> <p>CAMHS Tier 2 or 3; child in need assessment (social care); Direct Payment; Paediatric health services; Occupational Therapy (OT) equipment and minor adaptations</p> <p>OT assessments and interventions</p> <p>Overnight short breaks (if open to CWD)</p> <p>Direct payments/Individual budget</p> <p>Statement of special educational needs because of disability/Education, Health and Care (EHC) plan/Special school</p> <p>Short Breaks Team</p>

Levels and Referral Routes	Needs	Services (examples)
<p>Tier 4</p> <p>Complex/Acute requiring Specialist/Statutory intervention</p> <p>Children’s Social Care (CWD)</p> <p>Child Protection</p> <p>Care Proceedings</p> <p>Looked After Child</p> <p>Hospital in-patient</p> <p>Residential Special Educational Needs (SEN) school</p>	<p>Where highly complex and/or acute needs are evident</p> <p>A disabled child/young person likely to suffer significant harm in the family environment</p> <p>A disabled child/young person for whom the family are unable to provide care</p> <p>Child/young person with complex medical needs requiring frequent attention e.g. medication, turning and/or intubation</p> <p>Severe behavioural difficulties related to disability, posing serious risk to self and others compromising ability of family to provide care at home</p> <p>Child/young person whose high needs require education and care in residential school</p>	<p>Tier 3 and 4 CAMHS</p> <p>In patient and/or continuing health care/end of life care</p> <p>Children’s Social Care (CWD) intervention in the form of Child In Need (CIN) plan or Child Protection (CP) plan</p> <p>Fostering and residential care</p> <p>Specialist health care for children and young people with life limiting illness</p> <p>Overnight short breaks in more than one setting or more than 75 overnights in one setting (LAC)</p> <p>Short Breaks</p> <p>Residential school</p> <p>Health, Education and Care plan</p> <p>Major adaptations to home</p>

Referrals to Children's Social Care

It is the responsibility of professionals in all agencies and the public in general to refer a child to children's social care when it is believed that a child:

- Is suffering or likely to suffer significant harm – child protection;
- Has significant developmental or disability needs which are likely only to be met through the provision of children's social care (with the agreement of the parent) – a child in need.

All such referrals should be through the Norfolk CADS. Unless there is immediate likelihood of significant harm, the family should always be consulted by the referrer and informed of the referral and be asked to give consent to sharing information between agencies.

If there are concerns about a child or young person already open to the Children with Disability service then contact should be made with the allocated social worker or their team manager.

Assessment

Where a child/young person or family requests an assessment, this is carried out by the most relevant practitioner by talking and listening to the child/young person and their family and gathering information, with family consent, from professionals who know the child, such as GP, school and health visitor. The assessment will consider the specific needs of parents and other family members in their role as carers.

The assessment will enable us to make a judgement about the level of social care support required or whether the support needed can be provided by universal or additional services. The child/young person and their family will be given a copy of the completed assessment and be able to comment on it.

Where social care support is needed, the assessment will lead to a 'child in need' plan which will set out what social care, other professionals and the family itself agree to do to address the needs identified. This will include what care and support is to be made available to the family either through a direct service or through a direct payment/Individual budget.

Occupational Therapists (OTs) who work alongside social care and other services also carry out assessments that assist in understanding and responding to the needs of disabled children whose behaviour can be challenging as well as for equipment and adaptations. OTs use the same 4 level framework of need.

Children In Need

The Children With Disabilities teams in Children's social care will meet the assessed care and support needs of disabled children/young people and their families at Tiers four (complex and specialist/acute) and Tier 3 if appropriate where these needs are beyond the capacity of the family to meet through their own and local community resources or via specialist short break provision arranged by the Short Breaks Team in line with the child's RAS Score/Individual Budget. They will also work to support families who as a result of problems or difficulties unrelated to the child's disability are prevented from providing good

enough care for their children. This may be as result of poor parental mental health, learning difficulties or substance misuse or because there is domestic abuse present in the household or any other parental issue that impacts on the ability to parent safely.

Children with disabilities will be subject to multiagency children in need plans where required. Wherever possible we will seek to meet these needs through support in the family's own home.

Where children/young people need overnight short breaks or longer term care outside the home, we will seek, wherever possible, to provide this in a family setting through foster care in the first instance and in a way that helps maintain strong connections to their family. Some assessed needs may be met through a direct payment or individual budget. This will be agreed in the child in need plan. The direct payment/individual budget will be for the agreed level of social care support beyond and above that which the family are able to provide themselves, arrange through their own resources or access via the Short Breaks Team (Tier 2/3).

The Children with Disabilities Teams (Tier 4 or sometimes 3) for children with more specialist needs, will use a range of tools and evidence to support the social work assessment.

Child Protection

The Children Act 1989 gives children's social care a statutory duty to carry out, with partner agencies including the Police, a Section 47 child protection assessment where there is information that a child has or is likely to suffer significant harm. This duty applies equally to disabled children as it does to all other children. Indeed there is compelling evidence that disabled children and young people are more vulnerable to abuse and neglect because their disability can mask other symptoms. Abuse can be physical and/or sexual and neglectful parenting can significantly increase risk because children with complex health needs often need better than good enough care. Young people with learning difficulties/disabilities are known to be particularly vulnerable to sexual and other forms of exploitation. Section 47 and subsequent child protection work will follow the processes set out in the Norfolk child protection procedures. For young adults there are similar adult safeguarding duties and procedures and duties on social workers.

Accommodation

Under Section 20 of the Children Act, children's social care also has a responsibility to provide accommodation for any child where the person responsible for that child is unable to provide care for him or her. This duty also applies to disabled children. Children's social care will always work with parents to provide family support to prevent the need for any child, including disabled children, coming into local authority care.

Please also see below regarding children who should be accommodated under Section 20 as a result of the short breaks service they are receiving.

Overnight Short Breaks (respite care)

Normally short breaks for carers are arranged during the day when children and young people can attend play, sport or other leisure activities. Parents can also be supported by sitting services and similar (often funded through direct payments) in the evenings. However, the complexity of some children/young people's needs is such that overnight short breaks may be required to support the child/young person and their family. It is usually in the child/young person's best interest that this occurs in a family setting such as with a regular foster carer or through a family friend or relative.

Residential short breaks are reserved for those children and young people with the most complex physical and health care needs and/or challenging behaviour that require care from a staff team.

If the young person receives more than 75 nights in one setting or has short breaks over two settings the young person is normally considered as 'Looked After' under Section 20 of the Children Act. A decision to accommodate a child who is receiving overnight short breaks can be made under other circumstances such as the complexity of the child's needs, and ability of the parents to safeguard and promote the child's wellbeing. **Please see legal note: Appendix 2.**

Reviews

Where a care plan has been agreed and is in place for a child in need, this plan and the services provided will be regularly reviewed at a minimum of every 6 months. The review will involve a discussion with the child/young person and family, and other professionals, about the current needs. It will look at how effectively the care plan and services provided are addressing those needs, whether they are still needed and whether any changes to the plan and service provision are required. A review is, in effect, an updated assessment and care plan.

For children subject to a child protection plan or who are Looked After there is a more formal multiagency review process chaired by an independent chairperson.

Legal Framework

The Children Act 1989 states it is the general duty of every local authority with social service responsibilities to safeguard and promote the welfare of children within their area who are 'in need' and to promote the upbringing of such children, wherever possible by their families, through providing an appropriate range of services.

The definition of a 'child in need' is that a child shall be taken to be 'in need' if:

- a) S/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 of services under this section of the Act.
- b) His/her health or development is likely to be significantly impaired, or further impaired, without the provision of such services.
- c) S/he is disabled.

'A Child or Young Person should be regarded as disabled if he or she has special needs in the area of health, education, or physical, intellectual, emotional, social or behavioural development due to:

- Multiple and complex health needs;
- Sense impairment such as hearing loss, visual impairment or deaf blind;
- A significant learning disability;
- A physical disability;
- A chronic physical illness;
- Autism (autistic spectrum disorder) and communication disorder;
- A significant pre-school developmental delay.'

The Equality Act 2010 defines a disability as 'A person has a disability if:

- The person has a physical or mental impairment; and
- The impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.'

It is acknowledged that within Section 17 of the Children Act 1989, all children with a disability are considered 'Children in Need' without any further test. As all such children with a disability have an entitlement to an assessment by the Council. This assessment will not always result in the provision of services from the Children With Disability Service, as the focus of the assessment is to identify need.

The needs of many children can be met by Norfolk County Council by carrying out its **duty** under schedule 2 of the Children Act 1989 and Section 12 of the Childcare Act 2006 to provide information guidance and advice to families and through referral to universal and targeted services provided by statutory, voluntary providers.

This policy refers specifically to the needs of each individual child and family referred to the Children With Disability Service and takes into account Norfolk County Council's statutory **duty** under Section 17(1) Children Act 1989 and Section 2 Chronically Sick and Disabled Persons Act (CSDPA) 1970 to meet need and Section 149(A) of the Equality Act 2010 to eliminate discrimination and promote equality of opportunity and Norfolk County Council's **power** to meet need under Section 17 and Section 20(4) Children Act 20.

Short Break Guidance and Looked After Status

Short breaks are defined by government guidance as:

‘Short breaks are part of a continuum of services which support children in need and their families. They include the provision of day, evening, overnight and weekend activities for the child or young person, and can take place in the child’s own home, the home of an approved carer, or in a residential or community setting.’

Legal responsibilities of Local Authorities

Part 3 of the Children Act 1989 sets out local authorities’ powers and duties to provide support services for children in need and their families.

The definition of children in need includes children who are disabled within the meaning of the 1989 Act. Section 17(11) defines disability as ‘... a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity...’

Short breaks can be provided by local authorities through the use of their powers under:

- Section 17(6) of the 1989 Act, as a Child In Need – which grants local authorities a power to provide accommodation as part of a range of services in order to discharge their general duty to safeguard and promote the welfare of children in need;

and

- Section 20(4) of the 1989 Act, effectively a “looked after child”, which grants local authorities a power to provide accommodation ‘for any child within their area (even though a person who has parental responsibility for him is able to provide him with accommodation) if they consider that to do so would safeguard or promote the child’s welfare’.

In order to be transparent with parents Local authorities should always be clear about the legal basis on which services are provided and therefore must apply the above options on the basis of the purpose of the provision of the short breaks support or safeguarding. The guidance states this decision should be on the basis.

‘The decision to provide a short break under Section 17(6) or under Section 20(4) should be informed by their assessment of the child’s needs and should take account of parenting capacity and wider family and environmental factors, the wishes and feelings of the child and his/her parents and the nature of the service to be provided.’

Which then should be chosen

The key question to ask is how to promote and safeguard the welfare of the child most effectively.

Whatever the assessment it needs to safeguard the child but in a proportionate way so that the Local Authority are providing support where the parents are able to make decisions in the best interests of the child albeit with that support and they only intervene where this is necessary to safeguard a child. Each case will need to be assessed separately and according to guidance consider the following factors:

1. particular vulnerabilities of the child, including communication method;
2. parenting capacity of the parents within their family and environmental context;
3. wider family and environmental factors;
4. the length of time away from home and the frequency of such stays – the less time the child spends away from home the more likely it is to be appropriate to provide accommodation under Section 17(6);
5. whether short breaks are to be provided in more than one place – where the child spends short breaks in different settings, including residential schools, hospices and social care placements, it is more likely to be appropriate to provide accommodation under Section 20(4) (see **later regarding rules for more than one placement**);
6. potential impact on the child's place in the family and on primary attachments;
7. observation of the child (especially children who do not communicate verbally) during or immediately after the break by a person familiar with the mood and behaviour of the child (for example the parent or school staff);
8. views of the child and views of parents – some children and parents may be reassured by, and in favour of, the status of a looked after child, while others may resent the implications and associations of looked after status;
9. extent of contact between short break carers and family and between the child and family during the placement;
10. distance from home; and
11. the need for the child to have an independent reviewing officer (IRO) to monitor the child's case and to chair reviews to ensure their care.

Support under Section 17

If the support is provided under Section 17, the child does **not** acquire a looked after status and this can include accommodation.

In many cases where the short break is not providing accommodation such as the local authority provides a sitter or overnight carer in the child's own home, the child is **not** being provided with accommodation by the local authority and the authority is therefore providing the short break service under Section 17.

However care that is provided under arrangements made by the local authority and which is provided on a *frequent, intensive or overnight basis* is regulated activity under the 2006 Act, whether or not it takes place in the child's own home and may require other regulation.

Looked After Child

As well as accommodating in order to reduce the risks to a child there will be some children whose package of short breaks will be such that their welfare will be best safeguarded by being a looked after child for the periods in which s/he is away from home. This means that the child should be cared for under Section 20 and **not** Section 17.

Examples in the guidance include:

1. Those who have substantial packages of short breaks sometimes in more than one setting; and
2. Those whose families have limited resources and/or may have difficulties providing support to their child while s/he is away from home or monitoring the quality of care s/he is receiving.

In such cases, in consultation with parents, the local authority may decide to accommodate the child under Section 20(4).

Section 17 or Section 20 and Parental Responsibility

Providing accommodation either under Section 17 **or** Section 20 has **no** effect on the parents' parental responsibility and, of course, parents can remove the child from the accommodation at any time. They retain overall responsibility for the health, education and longer term planning for their child, although they may ask for assistance from the local authority. The assessment may have identified areas where additional support may be helpful.

The Local Authority only gain PR if they seek and obtain a care order.

If in Short breaks When is the Child Looked After

If the accommodation is provided under Section 20(4) for a continuous period of more than 24 hours, then the child is looked after by the local authority for the period in which the child is accommodated. If the child is placed for a weekend short break which lasts from Saturday morning until Sunday evening, this should count as two placement days.

If the child is looked after, then the placement must be a placement with local authority foster parents, in a registered children's home; or in other appropriate arrangements, under Section 22C of the 1989 Act. In these circumstances, the placement must comply with the Regulations, which require the local authority to make short and long term arrangements for the child's care (i.e. have a care plan) amongst other matters.

Regulation 48

Regulation 48 applies where no single placement lasts more than 17 days and the total of short breaks in one year does **not** exceed 75 days. Where a child receives short breaks in more than one setting, for example short breaks at a residential school or a hospice in addition to a foster home or children's home, **regulation 48 cannot apply**.

Regulation 48 therefore allows for a series of pre-planned short breaks for a particular child in the **same** placement to be treated as a single placement for the purposes of applying the Regulations. In these cases, the planning arrangements required by the Regulations are modified in respect of short breaks so that they are more appropriate for situations where the child's parents are effectively planning for their child's future, and the child is provided with a series of short breaks as a measure of family support.

Where children are away from their parents for longer periods than those described above the Regulations will apply with full force to each separate placement.

Care Plans

The purpose of the plan for a child in a short break is substantially different from the plan for a child who is looked after continuously. Where a child receives short breaks the parents have primary responsibility for planning their child's future, although the family may often seek advice and support from the local authority in meeting their child's needs. The short break care plan/CIN plan therefore should focus on setting out those matters which will ensure that the child's needs can be fully met while the child is away from his or her parents. It can be linked to the Children in Need plan and not have to duplicate the two documents.

The short break care plan/CIN plan should include that information which is necessary in order to allow those caring for the child to do so safely and sensitively and to promote good outcomes for the child. The plan must include information about:

1. the child's health, and emotional and behavioural development including full details about any disabilities, clinical needs and medications the child may have;
2. the child's specific communication needs;
3. arrangements for contacting the parents as necessary, in particular, an emergency contact number;
4. the child's likes and dislikes with particular regard to his/her leisure interests; and
5. how the carers, as appropriate, promote the child's educational achievement (for example, visits undertaken by the carers with the child may complement the child's school learning, or some help with homework may be required especially if the child goes to school directly from the short break before returning home).
6. It must also include the detail of the support in placement.

The short break care plan must address the following questions insofar as they are appropriate to the placement in question:

1. the type and address of the accommodation and the name of the person responsible;
2. how long the arrangement is expected to last and steps to take to end or change the arrangements;
3. relevant aspects of the child's history and information about his/her religious and cultural background and how such matters affect the child's daily routine;
4. any delegation of parental responsibility to the responsible authority or to those who have care of the child, for example in the case of a medical emergency, or participation in specific activities;
5. financial arrangements for the placement; and
6. When the child is placed with a person who is approved as a local authority foster carer, confirmation of the foster care agreement.

Depending on a disabled child's specific conditions it will be necessary to undertake detailed risk assessments in respect of moving and handling, behaviour management, and specific training about certain clinical procedures which the parents undertake at home.

Detailed information about the child's likes, dislikes and routines can help the carers meet the child's needs effectively and help the child adapt quickly to being away from home.

The short break care plan should be signed by the child's parents, by the responsible authority, the provider agency, by those providing the care, and where appropriate, by the child. In devising the plan the parents need to be fully consulted and informed.

Where it is possible the child should have their wishes and feeling obtained and included and any decisions should have the child's voice central to the process of assessment, planning and review.

Section 48 Visits and Reviews

Visits to children in short breaks, in accordance with regulation 48, are less frequent. This recognises the fact that children go home after a short period in placement to their parents, who are nearly always best able to see whether the placement is meeting their child's needs or not.

Visits to a child by the representative of the placing authority must take place at regular intervals, be agreed with the child's IRO and the child's parent, and be recorded in the short break plan before the start of the placement. The visitor should usually be a qualified social worker and in every case should be a person with the skills and experience to communicate effectively with the child and fulfil the functions of the visit. The first visit must take place as far as is practicable within three months of the first placement day. Subsequent visits should be at intervals of no more than six months. The visit is an important opportunity for a representative of the authority to ensure that the placement is meeting the child's needs.

In accordance with regulation 48, the plans for children in short breaks are reviewed less frequently than plans for other looked after children. This recognises that the child is placed for relatively short periods in each episode of short break care. The first review for children in short breaks should take place within three months of the start of their first placement. Subsequent reviews should be at intervals of no less than six months. Local authorities may decide to convene earlier reviews in specific circumstances, for example at the request of the child, parent or carer, or in cases where the child is particularly vulnerable or where a child is provided with a high level of short breaks. The responsible authority should not make any significant change to the care plan unless the change has been first considered at a review. Each review should consider whether the legal provisions under which short breaks are provided are the most appropriate to safeguard and promote the welfare of the child.

Equally IROs roles are more limited and there is their more emphasis on collaboration with parents. The independence of the IRO service is helpful and they can alert the LA if the placement is not meeting the child's needs.

NP law 13.11.17

Document owner: Dan Newbolt
ID number: CSP000408
Version number: 14

Date created/revised: 19/02/2023
Date last reviewed: 19/02/2023
Next review date: 30/01/2024