



How we assess the needs of, and deliver support to, disabled children and their families living in Birmingham (including eligibility criteria)

April 2024

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Introduction

Birmingham Children’s Trust exists to make a positive difference for children, young people and families in the city. **We give our best, so young people can achieve their best.** In order for young people to achieve their best we focus on the Trust outcomes, namely helping children and families to achieve significant progress towards:

- healthy, happy, resilient children living in families.
- families able to make positive changes.
- children able to attend, learn and achieve at school.
- young people ready for and contributing to adult life.
- children and young people safe from harm.

To achieve this, we strive to deliver consistently excellent services.

The statutory guidance on Working Together to Safeguard Children says:

"The safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood. This should include:

- *the process for the early help assessment and the type and level of early help services to be provided.*
- *the criteria, including the level of need, for when a case should be referred to local authority children’s social care for assessment and for statutory services under:*
 - *section 17 of the Children Act 1989 (children in need)*
 - *[...]*
 - *Section 20 of the Children Act 1989 (duty to accommodate a child)*
- *clear procedures and processes for cases relating to:*
 - *[...]*
 - *disabled children”.*

Right Help Right Time

Birmingham Safeguarding Children’s Partnership has therefore produced general guidance (Right Help Right Time) for everyone who works with children, young people, and their families in Birmingham. It is our collective framework and provides the following guiding principles for the work that we undertake with all children, young people and their families.

We will:

- provide effective help and support as early as possible
- have conversations and listen to children and their families as early as possible
- understand the child’s lived experience
- work collaboratively to improve children’s life experiences

- be open, honest, and transparent with families in our approach
- empower families by working with them
- work in a way that builds on the families' strengths
- build resilience in families to overcome difficulties

Right Help Right Time also sets out the thresholds (i.e. the eligibility criteria) for accessing different types of social services support in most cases, as well as guidance on how to access the support in question. It does this by setting out four levels of need: **Universal, Universal Plus, Additional** and **Complex and Significant**. Right Help Right Time does not, however, provide our eligibility criteria for disabled children which are instead set out in this document (see below). Therefore, those working with disabled children should find the general principles in Right Help Right Time helpful, but it is important that they read that general framework alongside this document.

Who does what in Birmingham.

Services for disabled children and their families living in Birmingham are delivered by both Birmingham City Council (The Council) and Birmingham Children's Trust (The Trust).

Whilst the Council have the overall legal duty to deliver services to disabled children and their families, the Trust have been commissioned to deliver some of these services on their behalf.

The Council have retained responsibility for assessing children and young people with special educational needs, via an Education, Health and Care Needs Assessment (EHCNA) and delivering any Education, Health and Care Plan (EHCP) that may result from the EHCNA, under its statutory duties contained within the Children and Families Act 2014 and the accompanying Special Educational Needs and Disabilities Code of Practice.

The Council and the Trust have joint responsibility for the development and commissioning of the Short Breaks Local Offer, which is delivered under the Breaks for Carers of Disabled Children Regulations 2011.

The Trust have responsibility for assessing social care needs and delivering support to disabled children and their families through the Children Act 1989 and the Chronically Sick and Disabled Persons Act 1970 (and other legislation concerning disabled children).

The Trust work closely with the Council, particularly the Special Educational Needs and Resources Service (SENAR), to enable them to meet their statutory responsibility to children and young people with special educational needs and disabilities, with Adult Services when young people are preparing for adulthood or transitioning to adult services and with linking children, young people, and their families to support services available through the Short Break Local Offer.

Overview of the legal framework for the assessment and delivery of support to disabled children and their families

Section 17 Children Act 1989

- Section 17 defines disabled children as 'children in need'. This means they are eligible for a needs assessment.
- A child in need **may** receive services from the local authority (Trust) to assist with meeting the identified needs but there is no individual right to them (see R (G) v Barnet LBC [2004] 1 FLR 454). In other words, it is at our discretion whether to provide services having carried out an assessment. The eligibility criteria below provide an indication of the way in which we exercise this discretion in practice.

Section 2 Chronically Sick and Disabled Persons Act 1970

- Section 2 gives disabled children an entitlement to certain services where the Local Authority (Trust) is satisfied that the provision of such services is necessary to meet the needs of the child.
- There are therefore two stages of consideration under s.2:
 - (i) whether is it necessary in order to meet the needs of a disabled child for the Local Authority (Trust) to provide support;
 - (ii) where the Local Authority (Trust) is satisfied that stage (i) is met (i.e. it is necessary to provide support to meet the needs of the child), the required support **must** be provided
- We apply eligibility criteria in relation to stage (i) above, but not stage (ii). These criteria are provided below.

Direct payments

Where a disabled child has needs which are eligible for support, they are entitled to either a direct service or a direct payment that is sufficient to meet the assessed need (if a direct payment is made it must be sufficient to meet the reasonable cost of securing the necessary services).

A Graduated Approach

We have a graduated approach to ensure that disabled children and their families across Birmingham have their needs met. This starts with **Universal** support, then **Targeted** support and finally **Specialist** support via an assessment.

Universal support are those services available to all children and families, including disabled children, for example, support from schools and colleges, youth services, children's centres, voluntary and community services etc.

Targeted support is available through our Short Break Local Offer, which is available without the need for an assessment. Short Breaks are services that are commissioned across Birmingham to provide support for parents and carers of disabled children and

to give them a break from their caring responsibilities. They allow children and young people to spend time away from their families' making friends, developing new skills and interests, and having fun.

Details about our short break local offer and our short breaks policies (including the eligibility criteria) can be found by following the links below.

[Children with Disabilities Service – including short breaks and the Local Offer | Birmingham Children's Trust \(birminghamchildrenstrust.co.uk\)](#)

Specialist support is available for disabled children whose needs cannot be met via universal services or our short break local offer via an assessment of their and their family's needs.

Early Help

Early help is support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. We provide some early help through our universal support, and some through our targeted support. early help services can be accessed for children with disabilities and their family via a referral being made to the early help localities through the family connect form (FCF), via the following link on the Birmingham Partnership Website), which offers support and advice to parents, carers and other professionals.

[RMM - Public Form \(ecdesk.org\)](#)

Our early help teams undertake assessments and develop support plans through dedicated lead workers who co-ordinate services around the child and family and deliver targeted help, which includes support to disabled children and their families.

The early help teams will work with the referrer to understand the reason for the referral and to agree the best way for it to be progressed. This might result in the referral being passed to the Children's Advice and Support Services (CASS), for access to statutory services, including the Children with Disabilities Service and the Assessment and Short-Term Intervention Team.

Statutory services

Details are provided below of the circumstances in which we will assess a child for specialist services under s.17 of the Children Act 1989 and s.2 of the Chronically Sick and Disabled Persons Act 1970. We particularly encourage referrals for assessment where, having accessed the support available through our Short Breaks Local Offer (i.e. targeted support), there is concern that a child's needs are still not being met.

Birmingham Children's Trust has a duty to ensure that disabled children are **safe**, that we raise aspirations and provide support opportunities for disabled children and young people to reach their **potential** and to reduce inequalities and promote **equality**.

Entitlement to a statutory assessment

We will undertake a needs assessment under s.17 of the Children Act 1989 and s.2 of the Chronically Sick and Disabled Persons Act 1970 where the child in question is considered disabled by reference to either of the two definitions below.

- Children Act 1989: A child is disabled if he/she is blind, deaf or dumb or suffers from mental disorder of any kind of is substantially and permanently handicapped by illness, injury or congenital deformity.¹
- Equality Act 2010:
 - A child is disabled if he/she has a physical or mental impairment that has a '**substantial**' and '**long term**' adverse effect on his/her ability to carry out normal day-to-day activities.
 - **Substantial** means more than minor or trivial.
 - **Long term** means at least 12 months.

This means that an impairment can be physical or mental, the impairment must have adverse effects which are substantial, the substantial adverse effects must be long term and the long-term adverse effects must have a negative effect on the ability to carry out normal day to day activities (age appropriate for that individual child).

Eligibility criteria and decision-making process

In exercising its discretion under: (i) s.2 of the Chronically Sick and Disabled Persons Act 1970 as to whether it is necessary in order to meet the needs of a disabled child for the Local Authority (Trust) to provide support; and, (ii) s.17 of the Children Act 1989 as to whether and what support to provide to a disabled child in need, eligibility criteria will be applied. The process we adopt for doing this is explained below.

The first step is to identify the needs of the child and their family (see below for further information about parent carer assessments). A social worker therefore carries out a needs assessment. We do this before any eligibility criteria are applied.

Next, we then apply our eligibility criteria to help us decide whether it is necessary for statutory services to be provided for the child's needs to be met. In order to do this we use the Descriptors of Need Table (Appendix 1) to provide a score out of 9 for each of the 31 need domains (the highest possible score is therefore 279). The main need domains are as follows:

- 1.Child/Young Person Developmental Need
 - Health
 - Self-care skills (developmentally appropriate)
 - Communication
 - Emotional/Behavioural

¹ This old-fashioned language is a direct reference to the text of s.17(10) of the Children Act 1989. It is therefore an important legal test, but it does not reflect the kind of language we consider appropriate to describe the disabled children with whom we work. It is also for this reason that we apply the definition of 'disability' given by the Equality Act 2010.

- Supervision
- Family and social relationships
- 2. Parenting Capacity
- 3. Family and Environment Factors
 - Wider family
 - Wider networks
 - Health and safety
 - Participation in wider community
- 4. Parents'/Carers' specific needs
 - Personal relationships
 - Mental health

Having scored the needs, we then apply the first part of our eligibility criteria: our general position is that a total score of at least 69 indicates that statutory services are likely to be necessary (see the Resource Allocation Table at Appendix 2).

However, the extent and severity of the needs is only part of the picture. We also consider the degree to which the identified needs are unmet and could not reasonably be met by family and/or non-statutory services such as universal services and Early Help. Therefore, in most cases we hold a Family Group Conference and a multi-agency meeting to consider these issues further.

Once this process is complete the social worker will finalise the assessment documentation. This will include the initial needs assessment as well as a recommendation from the social worker, having taken account of the above eligibility criteria, as to whether it is necessary to provide statutory services to meet the child's needs. Where the social worker considers that statutory services are necessary, they will also give a recommendation as to the nature and level of support package required. In making this recommendation the social worker will consider the Resource Allocation Table (Appendix 2) which indicates the level of support likely to be required into order to meet different levels of need. The social worker will also produce a draft support plan.

All the documentation above is then considered by the social worker's manager. If the manager's view is that statutory services are not necessary, the manager will make a final decision to this effect. The decision will be communicated to the family/young person in writing and the assessment documentation will also be provided.

If the manager's view is the statutory services are necessary, they will make a provisional decision to this effect and the case will be referred to the Community Resource Panel (Appendix 3). The Panel will then make a final decision as to whether statutory services are necessary and, if so, the nature and extent of the services required to meet need. In doing so, the Panel will take into account all relevant matters including the documentation outlined above and the eligibility criteria.

The Panel will approve its chosen support package for a time limited period. This will usually be up to a maximum of 12 months (in some circumstances this could be up to 24 months). A date will also be set for a reassessment and review of the support plan.

The eligibility criteria and the explanation above sets out our general approach but we always consider each case on its merits and are prepared to make exceptions where appropriate to do so. For example, we recognise that in some cases a child's total score under the Descriptors of Need Table may be relatively low, but there may be a risk of very serious harm arising if the needs are not met. This may therefore lead us to conclude that the child is eligible for statutory services.

The completed assessment may be used (with the family or young person's consent) as part of further multi-agency assessments, for example to provide information for the care elements of a child or young person's education, health and care assessment or education, health and care plan (sections D, H1 and H2) being completed within SENAR, as part of a Continuing Care Assessment or Advanced Care Plan being completed by Health or a Community Care Assessment being completed by Adult Services under the Care Act 2014.

Parent Carers

- The Local Authority has a **duty** to assess the need of parent carers:
 - on the appearance of need, without a request having to be made by the parent carer.
 - where a request for an assessment is received from a parent carer.
- The duty to assess only applies if the Local Authority if the disabled child and their family are persons for whom they may provide or arrange for the provision of services under Section 17 of the Children Act 1989. In practice this condition will be met in the case of the family of a disabled child since a disabled child is a 'child in need'.
- The parent carer's needs assessment **must** include an assessment of whether it is appropriate for the parent carer to provide, or continue to provide, care for the disabled child in light of the parent carer's needs for support, other needs and wishes.
- The parent carer's needs assessment **must** also consider.
 - The wellbeing of the parent carer
 - The need to safeguard and promote the welfare of the disabled child and any other child for whom the parent carer has parental responsibility.
- The Local Authority has no duty to undertake a parent carer needs assessment where the Local Authority has previously carried out a care related assessment of the parent carer in relation to the same disabled child (unless it appears to the Local Authority that the needs or circumstances have changed since the last assessment).

- The parent carer needs assessment can be combined with the assessment of the disabled child and can be carried out at the same time by the same person. However, if a parent carer requests a separate assessment, we will do so.
- Carers of disabled children who do not have parental responsibility (for example, grandparents, extended family, or siblings) are still eligible to request an assessment under the Carers (Recognition and Services) Act 1995, if they can evidence that they are providing or intend to provide, regular and substantial care to the disabled child. If such a request is made, the Local Authority must carry out the assessment and take it into account as part of its decision as to what (if any) support the child should receive.

Preparing for Adulthood

Support in preparing for adulthood is vital to enable young people over the age of 14 to gain independence, have choice and control over the assistance they receive to meet their needs, and to help them achieve their aspirations. All disabled young people need access to sufficient information and support to ensure that they reach their achievable goals as they approach adulthood and or transfer to adult services.

Effective planning enables the young person to remain safe, to grow up and live the lives they want to live, and to play a full and active role in society (Aiming High for Disabled Children, 2007)

Where it appears that a child who is approaching 18 years of age is likely to have needs for care and support beyond 18 and into adulthood, and if it would be a significant benefit to them, they will have their needs assessed under section 58 of the Care Act 2014.

A referral to the appropriate Adult Services team should be made at an early point to enable coordinated planning and seamless support.

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Appendix 1												
Descriptors of Need												
Child or Young Person's Name	PER									Total		
1. CHILD/YOUNG PERSON DEVELOPMENTAL NEED												
Assessed Need	No Specialist Support		Some Specialist Support			More Specialist Support			Exceptional Specialist Support		Comments	Score
	0	1	2	3	4	5	6	7	8	9		
Health	Requires no specialist health care intervention to be provided by parent(s).	Requires some specialist health care intervention that is being provided by the parent(s).			Regular specialist health care intervention (more than once or twice weekly), that is being provided by the parent(s).			Requires daily specialist health care intervention that is being provided by the parent(s).				
	Routine medical checks only.	Increased attendance at GP and nursing services.			Regular advice and guidance from a consultant to manage health condition.			Regular admissions to hospital for treatment.				
	No treatment or medication.	Minimal treatment or medication.			Complex medication which needs careful management.			Medication requires constant review and change.				
	No therapy involved with the disability.	Minimal therapy involved with the disability.			A planned programme of therapy required with the disability.			Life limiting condition and or requires intensive therapy programme needs delivery of therapy by many partners over many settings usually on a daily basis.				

	No specialist equipment required.	Uses specialist equipment that does not require operational assistance.	Uses specialist equipment that needs operational assistance.	Daily use of specialist equipment that needs operational assistance.						
	0	1	2	3	4	5	6	7	8	9
Self-Care Skills (Developmentally appropriate)	Able to wash and bathe independently.	Requires some support from the parent to wash and bathe.	Requires 1:1 support from the parent to wash and bathe.	Requires 1:1 support from the parent to wash and bathe.	Needs support from more than one person to wash and bathe.					
	Able to meet their own personal care needs independently.	Requires some support from the parent with personal care needs.	Requires 1:1 support from the parent with personal care needs.	Requires 1:1 support from the parent with personal care needs.	Personal care needs cannot be met without specialist equipment and support from more than one person.					
	Able to eat and drink independently.	Requires some support from the parent with eating and drinking.	Requires 1:1 support from the parent with eating and drinking.	Requires 1:1 support from the parent with eating and drinking.	Requires specialist support from the parent to eat and drink, for example PEG fed, or similar.					
	Is independently mobile.	Needs some assistance with mobility.	Uses a wheelchair and can assist with transfers.	Uses a wheelchair and can assist with transfers.	Uses a wheelchair but cannot assist with transfers.					
	Has awareness of environmental risks, for example road safety etc	has awareness in situations they know well but may need	Very limited understanding or awareness of	Very limited understanding or awareness of	If not supported by more than one person would put themselves or others					

	and is able to keep themselves safe.	some support to be safe in new situations.	environmental risks and needs 1:1 support.	at significant risk of personal harm.						
	Independent with self-care tasks (eg dressing etc).	Requires regular prompting and some additional support to maintain a routine of self-care.	Requires 1:1 support to maintain an appropriate level of self-care.	Requires support from more than one person to have self-care needs met.						
	0	1	2	3	4	5	6	7	8	9
Communication	Able to communicate effectively through their first choice of communication, for example is verbal.	Uses some augmentative communication aids to support their verbal communication.	Is non-verbal and uses augmentative communication aids to communicate effectively.	Is non-verbal and unable to use augmentative communication aids. Can only communicate through others, who can interpret their individual communication methods.						
	Able to understand the communication of others.	Requires some support from a non-skilled person to understand the communication of others.	Requires some support from a skilled or familiar person to understand the communication of others.	Always requires a skilled or familiar person to enable them to understand the communication of others.						
Emotional / Behavioural	Behaviour appropriate to developmental age.	Some behavioural support required by the parents through universal and targeted services.	Behaviour demonstrates moderate risk to self or others and parents require support from specialist services (which might include	Behaviour demonstrates serious risk to self or others, which requires an ongoing structured programme delivered by parents and overseen by						

				Forward Thinking Birmingham).		specialist services (for example Mental Health Services / Forward Thinking Birmingham).				
	Able to cope with changes in environments or routines.	Requires some support in adapting to new environments or changes to routine.		Requires structured support to be able to cope with adapting to new environments or changes to routine.		Inability to cope with changes in environment or routine, resulting in significant levels of dysregulation.				
	Able to autonomously develop and maintain friendships.	Requires some support to develop or maintain friendships outside of school due to their disability, for example they already require some support to access the community.		Requires 1:1 support outside of school to develop or maintain relationships with friends due to their disability, for example they already require 1:1 support to access the community.		Requires specific support to maintain relationships with friends outside of school due to their disability, for example, aids and adaptations within the family home, limit other environments they can access.				
	0	1	2	3	4	5	6	7	8	9
Supervision	Able to access social activities independently.	Requires some support to introduce them to social activities before they become able to attend independently.		Requires 1:1 support to access social activities.		Requires the support of more than one person to access social activities.				
	Requires the same level of parental supervision as a non-disabled child of the same age.	Requires some additional parental supervision within the home environment,		Requires a significant amount of parental supervision within the home environment, over and above		Parental supervision is required at all times within the home environment, over and				

		over and above a non-disabled child of the same age.	a non-disabled child of the same age.	above a non-disabled child of the same age.								
	There is no need for additional nighttime parental support.	Requires some parental support relating to their disability during the night on 3 or more occasions during the week.	Requires some parental support relating to their disability every night of the week.	Requires constant parental support relating to their disability every night of the week.								
Family and Social Relationships	Able to access the community with their family.	Requires some support (which might be time limited) to access the community with their family.	Requires 1:1 support to access the community with their family.	Requires the support of more than one person to access the community with their family.								
	Has positive relationship with family members.	There is some stress within family relationships.	Regular and ongoing stress and conflict within the family.	Excessive family conflict, potentially detrimental to health and wellbeing.								
	0	1	2	3	4	5	6	7	8	9		
2. PARENTING CAPACITY												
Parenting capacity	No concerns over the parents’ ability to provide basic care, a safe	Some concerns over the parents’ ability to provide basic care, a safe environment and	Some concerns over the parents’ ability to provide basic care, a safe environment and protect	Significant concerns that have resulted in the child becoming subject to child protection procedures.								

	environment and protect from harm.	protect from harm and the parent is working in partnership to address this.	from harm and the parent is not working in partnership to address this.							
	Parents provide good stimulation and communication.	Some concerns about adequate stimulation and communication and the parent(s) are engaging with services.	Some concerns about adequate stimulation and communication and the parent(s) are not engaging with services.	Significant concerns that have resulted in the child becoming subject to child protection procedures.						
	Parent has good attachment to their child.	Some concerns about parental attachment to their child and they are engaging with services.	Some concerns about parental attachment to their child and they are not engaging with services.	Significant concerns that have resulted in the child becoming subject to child protection procedures.						
	0	1	2	3	4	5	6	7	8	9
3. FAMILY AND ENVIRONMENT FACTORS										
Wider Family Network	Supportive family network.	Some emotional support provided by family network but not able to provide practical support.	No support from family network, no family or constant conflict in family relationships which has adverse impact on the child/young person.	There are identified risks to the child within the existing family network and there is multi-agency monitoring through MAPPA or a child protection procedures to ensure that these risks are minimised.						
	0	1	2	3	4	5	6	7	8	9

Wider networks (friends and neighbours)	Supportive networks of friends and neighbours.	Some emotional support provided by the wider network but not able to provide practical support.	There are some risks to manage in their networks. For example, there may be difficulties with immediate neighbours; there may be some issues with crime and harassment, or the family have no supportive network.	There is criminal or very dangerous behaviour within the family’s wider network which require active management and involve serious risks to the child.						
Health and Safety	No parental health issues or disability impacting on their caring responsibilities.	Some parental health issues or disability impacting on their caring responsibilities, which requires some support.	Some parental health issues or disability impacting on their caring responsibilities, which requires significant support.	Significant health issues or disability which has a substantial impact on their caring responsibilities. They are known to adult services.						
	0	1	2	3	4	5	6	7	8	9
4.PARENTS/CARERS SPECIFIC NEEDS (NOT THE CHILD’S or YOUNG PERSON’S NEEDS)										
Personal relationships	Parents have a good relationship and take equal responsibility as parents.	There is conflict within parental relationships, and they are engaging with services to address this.	There is conflict within parental relationships, but they are not engaging with services to address this.	Parents relationship is likely or has already broken down and this has an impact on the support they offer each other and their child (ren).						
	Parent has no additional caring responsibilities.	Parent has other children who require additional support.	Parent has some caring responsibility for another adult or another disabled child.	Parent has full caring responsibility for another adult or another disabled child.						
Mental Health	Parent(s) do not experience any additional stress because of their caring role.	Parent(s) experience some stress but can manage this without external support and	Parent(s) experience some stress which requires external support and is	Parent(s) experience significant stress which is having a significant						

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		it has no impact on their caring role.	impacting on their caring role.	impact on their caring role.		
	No parental diagnosis relating to mental health.	Parental diagnosis relating to mental health is being managed.	Parental diagnosis relating to mental health is not being managed and it is affecting their ability to care for their child.	Acute mental health difficulties.		
Total						

Appendix 2



BIRMINGHAM
CHILDREN'S TRUST

Children with Disabilities Resource Allocation Table

Assessed Needs	Points	Indicative annual budget	Annual Hours	Weekly Hours
No Specialist Support				
Under 69 points is likely to mean that the child and family's needs are established, and good outcomes are or could be met through accessing universal services or our Short Break Local Offer	0 - 69			
Some Specialist Support				
	70 - 109		150	3
	110 - 121		270	5
	122 - 152		430	8
More Specialist Support				
	153 - 162		630	12
	163 - 178		870	17
	179 - 192		1100	21
	193 - 202		1300	25
Exceptional Specialist support – Very Complex Needs and /or Exceptional Circumstances				
	203 - 212		1400	27
	213 - 222		1700	32
	223 and above		Over 1700	Over 32

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Appendix 3



Community Resource Panel Process for Children with Disabilities

1. Purpose of the Community Resource Panel

The Community Resource Panel ('the Panel') has a focus on children and young people with disabilities who are eligible for specialist support from the Children with Disabilities Service, and who have been assessed by a social worker as having unmet social care needs. Some of these needs will be able to be met by universal services but for those that cannot be met in this way a referral to the Panel should be made to identify and allocate services that enable their outcomes to be met.

During this process a focus should be kept on the unmet social care needs of the child and a stepped approach taken towards meeting those needs, based on the findings of the assessment.

Decisions will be made on individual funded packages of support at the Panel which will be held twice monthly.

The aim of the Panel is to ensure equity and consistency across the Trust and provides a moderation role to ensure families are treated fairly. Panel members will work in partnership to provide decision-making for services that:

- Give priority to those most in need
- Support children to live safely in their own families and communities
- Are responsive to their needs, culture, and disability
- Support with meeting a child's social care need that is currently unmet
- Ensure young people are supported as they grow into adulthood and need to access adult's services

The Panel decides the level and type of support to be offered, taking into account the documentation presented to the Panel and the individual needs and circumstances of the child and family.

The Panel will also signpost families to other services that might offer support, e.g. Forward Thinking Birmingham, and voluntary organisations such as Barnardos, Resources for Autism and Midland Mencap

See also Appendix One: Community Resource Panel Flowchart

2. Community Resource Panel Members

To ensure continuity, wherever possible representation on the Panel should remain consistent, to include social care, health, voluntary organisations, and providers of short breaks.

In the event of annual leave, sickness or other unforeseen absences, a substitute team manager from the Children with Disabilities Service can be nominated to attend.

To ensure consistency and to be quorate, a minimum of three Panel members must attend each Panel meeting.

Members:

Chair:

Head of Service for Children with Disabilities

Members:

- Children With Disabilities Team Manager
- Health representative
- Short breaks representative
- Barnardo's representative
- Representatives from other providers as appropriate
- Business support financial administration worker (generally the same worker as the minute taker)

In attendance to present reports:

- Child's allocated social worker and their team manager

3. Preparation for Panel

3.1 Assessment

An assessment of the child's and carer/s' needs should be completed within 40 days of the referral being received. A possible outcome at this point would be to make an application to Community Resource Panel. If involvement with the child continues and a need is identified at a later stage to refer to Community Resource Panel, an updated assessment should be completed within three months of the planned Panel meeting.

The assessment should be needs-led, focus on the child, and include information from other agencies about what support they are currently providing to the family. Assessments should also identify circumstances where it is believed that needs are not being met or support is required that cannot be provided by family members and the services currently involved with the family.

A cultural genogram/ ecomap should be included, and information about the child's daily life, based on direct work with the child and their family. The child's views, wishes and feelings should be included in the assessment, including observation feedback from children

who are unable to express their wishes and feelings. Where the child's communication is non-verbal their views should still be obtained using picture cards or other communication methods where possible such as Makaton/Picture Exchange Communication System (PECS).

The assessment should consider the child and family's strengths as well as difficulties – what are they able to do?

Where a child is already receiving a package of support, feedback or a report should be obtained during the assessment from the short breaks setting or carers currently supporting the family.

When the assessment process is complete, there will be an initial recommendation from the child's social worker (subsequently approved by the social worker's manager within the Children with Disabilities Team) as to the nature and extent of any services to be provided.

For further information about the assessment process and the eligibility criteria please see the Trust's policy document: "How we assess the needs of, and deliver support to, disabled children and their families living in Birmingham (including eligibility criteria)".

3.2 Prior to applying for Community Resource Panel

The following steps should be taken before making an application to the Panel.

- Hold a Family Group Conference, to include the family's network. The meeting should consider whether the child's needs can be met by the family and agree a family plan.
- Following the assessment hold a multi-agency meeting appropriate to the type of plan being used to provide support to the child (e.g. family plan or child in need plan if there is already one in place). The meeting should decide whether an application needs to be made to the Panel for any remaining unmet social care needs.
- Source community provision, make referrals and chase progress as appropriate.
- Discuss the child/ young person's needs at reflective supervision to consider the impact of current support, the root causes of any issues and whether a Panel application is needed for any remaining unmet needs.

The above are all standard steps that should be carried out as part of the assessment process and will inform any initial decision on whether statutory services are necessary.

The above approach will help ensure that support from family network and community organisations is considered fully before making an application, make most effective use of Panel time and retain a focus on those children with higher levels of need. This approach is also less intrusive in family life, less disruptive for children and young people and likely to provide them with support in a timelier way.

It is recognised, however, that in some cases – for example, cases where it is clear from the outset that the needs are exceptionally complex such that statutory services are required – the approach above may not be appropriate. In such cases, a referral may be made directly to the Panel (with the approval of the Head of Service).

3.3 Making an application to the Community Resource Panel

Applications must be submitted to Panel seven days before it is due to meet. Applications should include the following documents to provide a detailed rationale for the request being made:

- Children's Community Resource Panel Application form, signed and approved by the Team Manager
- Assessment by social worker
- Carers assessment
- Most recent minutes of meetings that have been held to discuss the child's current plan (this could be 'My Family Plan' CiN Plan, Child Protection Plan, Short Breaks Plan etc)
- Evidence regarding how any current support is being used and why this no longer meets the need
- Details of how any requested support would be used and how it would meet identified outcomes for the child
- Additional evidence e.g. the impact of any support currently being provided

4. Community Resource Panel Meeting

Reports are sent to Panel members in advance of the Panel meeting to provide them with sufficient time to consider their content, analysis, and recommendation. Reports should include an update on progress regarding actions agreed at previous Panels or meetings/ reviews. At Panel, each report and any views from children, parents and professionals are considered alongside accompanying documentation.

The child/young person's social worker and their team manager should attend Panel and present verbally:

- An update of the child's circumstances based on a recent visit (within a week of Panel)
- A summary of their needs which are being met or have been referred for community resources, including the progress of referrals
- Any unmet needs identified in the Family, CiN or other Plan, the impact of this on the child and the reason for not accessing community resources to meet the need

Following discussion and consideration, Panel will decide as follows, based on the evidence presented and the eligibility criteria (see How we assess the needs of, and deliver support to, disabled children and their families living in Birmingham (including eligibility criteria):

- **Agree the request and the allocation of service / range of services**
- **Offer alternative services which Panel members consider more closely meet the assessed needs highlighted in the reports presented to Panel**
- **Signpost to more appropriate services**
- **Request further information or period of assessment work and set a return to panel date to review the additional information**

The final decision is made by the Panel's Chair (Head of Service), and it is then the responsibility of the social worker and team manager to seek support in line with the agreed panel outcome. Where this is not possible there may be a request to return to panel to review the package of support which had been agreed with a view to adjusting it in line with support available, or considering alternatives.

The Panel will then agree dates for review or updates about progress.

5. Decision-making outside of Community Resource Panel meetings

There will be occasions when a child or young person's assessed needs are urgent, and where it would be detrimental to them to wait for a meeting of the Panel. In these circumstances emergency decisions may be made as follows:

- Emergency support packages can be allocated on a short-term basis between Panel meetings with the approval of the Chair or agreed deputies within the Trust

6. Support packages

The level of support depends on the child / family's assessed needs. Detailed assessment will reveal many different needs, some of which will not be eligible for the relevant statutory services. A family's current level of support from family, friends and other services will be considered when deciding the support package.

Support packages aim to support parents in their caring role and to help meet the physical, emotional, and social needs of children with disabilities. Families will be encouraged to access support from other community provisions where this is available and suitable for their needs.

7. Unmet Need

If the provider is unable to provide a particular resource due to capacity, Community Resource Panel will always consider how, the service required could be provided through different service provision.

A record of unmet need will be kept within the Panel tracking system to enable gap analysis and commissioning to have access to relevant information about current and future service provision and commissioning.

8. Communication of Decision

Following Panel, the social worker will arrange to discuss the Panel *Outcome Letter* with the parents / carers / child / young person. The family will also receive a copy of this letter sent by the Panel financial administration team. The letter will include details of the outcome, including what has been agreed with the reasons for it, and details about how to request a decision review.

If it has been decided **not** to offer a support package, or to offer a different level of support from that requested by the family, the social worker will explain the rationale for this decision and provide details about how to appeal if they are unhappy with the decision.

9. Decision Review

A decision is made at Community Resource Panel which is communicated to the family by letter or email. The decision letter explains the reasons for the decision as well as how to request a decision review.

Review of a Community Resource Panel decision must be made within six weeks of the original Community Resource Panel date. This is to provide enough time for parent/carer or representative to receive the Community Resource Panel outcome and send further supporting evidence to be heard at the next available Community Resource Panel date. Supporting evidence must include the reasons why the parent/carer or representative wish for this to be reconsidered and must provide reasoning and any new supporting information they believe Community Resource Panel was not able to consider at first presentation to Community Resource Panel.

Community Resource Panel will re consider their decision taking account of parent/carer or representative comments and new information and the outcome of the Decision Review will be sent in writing to the parent/carer or representative with a rationale and explanation of the reasoning for the decision made.

If parent/carer or representative are unhappy with the outcome at Community Resource Panel they may make a complaint at any time following the panel decision.

- Website:
https://www.birminghamchildrenstrust.co.uk/info/6/contact_us/41/give_feedback_or_complain_about_birmingham_childrens_trust
- Email address:
CustomerRelations@birminghamchildrenstrust.co.uk

10. Community Resource Panel Review Process

There may be occasions when a support package is agreed for a set period or for specific circumstances where a review would be required at Panel that falls outside the CIN/EH reviewing process. These reviews will be held at a frequency agreed by Panel and attended by the child/ young person's social worker or team manager.

Reviews will be informed by information from Family Plan or Child in Need Reviews, updated assessments, and additional evidence regarding the impact of services provided on the child/ young person's needs and wellbeing.

Consideration should be given at each review to changes in the child's needs, transition planning and other issues such as medication reviews.

**APPENDIX ONE
FLOWCHART OF COMMUNITY RESOURCE PANEL PROCESS
TO BE FOLLOWED BY SOCIAL WORKERS**

