

JOINT PROTOCOL BETWEEN COMMUNITY TEAM FOR PEOPLE WITH LEARNING DISABILITIES & CHILDREN & FAMILIES SERVICES

1 INTRODUCTION

- 1.1 The purpose of this protocol is to clarify working systems between the CTPLD team and those of the Children & Families Team's to enable a more "joined" up process for delivery to service users.
- 1.2 It is considered good practice that wherever possible service users with Learning Disabilities or with Children & Families issues, access mainstream services in the same way, as do other members of the community.
- 1.3 To access the specialist services of the CTPLD and/or Children & Families Team the service user needs to meet the Criteria of the service in the same way as any other member of the community.
- 1.4 This protocol should apply when:
- There are concerns that would require further CTPLD and/or Children & Families Team assessment or where there are significant risks issues.
 - There are referrals that are not solely Learning Disabilities issues or Children & Families Team issues.
 - Where support or input from the CTPLD team and/or Children & Families Team is required.
 - A decision is required about which team carries Health & Social Care management responsibility.
 - Where Primary Care is looking for more specialist input.
- 1.5 Slough Borough Council builds services that challenge and overcome all forms of discrimination, are responsive to all our communities needs and celebrate diversity.

2 CRITERIA

- 2.1 The Slough Borough Council's eligibility framework is graded into four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed. The four bands are: Criteria; Substantial; Moderate; Low.
- 2.2 The Children and Families core responsibilities are to ensure that children are safe and that their needs are being met by their caregivers. Where there is a question as to whether a child or children may be in need of protection then children and families have a duty to consider whether those needs reach the criteria for a formal assessment under the Children Act 1989.
- 2.3 The criteria used to accept clients to the CTPLD is as stated in:
"Valuing People"
Learning Disability includes the presence of:

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- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning);
- Which started before adulthood, with a lasting effect on development.

The definition encompasses people with a broad range of disabilities. The presence of a low intelligence quotient, for example an IQ below 70 is not, of itself, a sufficient reason for deciding whether an individual should be provided with additional health and social care support. An assessment of social functioning and communication skills should also be taken into account when determining need.

- 2.4 Funding of Health & Social Care placements will be determined on a case by case basis. The Managers of the respective Teams will resolve any outstanding issues. If joint agreement cannot be reached at Team Manager level, the decision should remain joint and move up the respective Teams line management structure.

3 REFERRALS

- 3.1 The Children & Families Team may well refer a user to the CTPLD if they have been asked for Specialist services and they feel the user may have a moderate to severe learning disability or they feel a users primary problem is their learning disability.
- 3.2 When a referral is made to either Team; it is important that the referring Team keeps the user on their caseload and monitors their progress until assessments are completed. The outcome should be that the user is either taken on to the caseload of another service or referred back to primary care of the original referring agent.
- 3.3 If a referral falls between both teams criteria of there is not complete clarity on the users problems, but primary care, e.g. the GP, is looking for more specialised input, both teams should not reject the referral out of hand. The team receiving the referral should carry out an initial assessment. A discussion should then take place between the Team Managers of CTPLD Children & Families, this should be clearly recorded on the assessment forms, with an explanation of which Team has agreed to manage the case and why. Conversely a joint decision to refer on to another service needs also to be recorded with clear reasons. If joint agreement cannot be reached at Team Manager level, the decision should remain joint and move up the respective teams line management structure.
- 3.4 The Consultant Psychologist attached to the CTPLD is available for specialist assessments, however his input will not automatically determine case responsibility as that to the CTPLD. He will feed his assessment back to whichever team held the initial referral, sometimes as a result of his assessments it may be appropriate for the case to change hands, this decision will again be made between both team managers.

4 JOINT WORKING

- 4.1 CTPLD and Children & Families Team should jointly carry out complex assessments, unless there is a strategic reason why this would not provide the Teams with a shared risk management plan. Opportunities should be created for consultation, advice and clarification by both services.
- 4.2 In all cases Team Managers should agree any decisions made about joint C-working. They should be clearly recorded on the Care Plan, in the respective files and explained to the service users.

5 MENTAL HEALTH ACT ASSESSMENTS

- 5.1 Both CTPLD and the CMHT have approved social workers on their teams. Each team's ASW's would be expected to carry out planned Mental Health Act Assessments for users of their team's caseloads.

6 SHARING INFORMATION

- 6.1 Good information is vital for an effective assessment, especially when referring to another service. It is important that the referring team make sure that they have passed as much information as possible to their colleagues to enable an informed decision.
- 6.2 Whilst it is important to reassure users of our responsibility to protect their Confidentiality under Data Protection, they must be clearly informed of you obligation to pass on relevant information to colleagues in other services to enable them to assess the user properly for service. This conversation needs to be recorded.
- 6.3 Where the protection of a child or children is brought into question then under section 47 Children Act 1989 the local authority can make any enquiries that it deems as necessary in order to safeguard and protect that child or children. This effectively means that the permission of the parents to make a referral to children and families is not required though it is good practice to inform them of you concern and of your intention to refer to the children and families Access and Assessment Service.