



Community Children's  
Healthcare Partnership

# Specialist Service For Children With Learning Disabilities (SSCLD)



## A Professional's guide to our service and how to refer

Working together, working with you

## Who we are

The Specialist Service for Children with Learning Disabilities (SSCLD) is part of a wider network of health, education and social services, supporting learning disabled children and young people with complex emotional, behavioural and/or mental health difficulties.

The SSCLD is comprised of a Bristol team and a South Gloucestershire team each consists of:

- Specialist Community Learning Disability Nurses
- Support Workers
- Clinical Psychologists
- Consultant Child and Adolescent Learning Disability Psychiatrist

Both teams have access to art, drama and music therapy services.



## Who we work with

The Specialist Service for Children with Learning Disability will work with children and young people with moderate, severe and profound learning disabilities who have severe, complex and enduring developmental, emotional, behavioural or mental health difficulties, which are leading to significant distress and/or functional impairment and which have not resolved with the usual primary interventions. (See next page for definition of learning disability).



The service accepts referrals of children and young people up to the year of their 18th birthday (or 19th if in full time education). If young people are nearing their 18th birthday we would anticipate

their needs would be best met by adult services and would advise that they are referred to the adult community learning difficulties team.

There is no lower age limit but the SSCLD would not become involved with a child until after the Community Child Health Team had completed an assessment of the child's needs and his/her diagnostic and developmental status.

## Areas we can support

We work collaboratively with young people, their families, schools and other support services to make an assessment and suggest appropriate intervention with the aim of supporting families in improving their well-being.

It is not possible to give an exhaustive list of potential referral reasons but the following are some examples of difficulties which would be considered:

- Aggression / Challenging Behaviour
- Self-injurious behaviour
- Children at risk of school exclusion and / or home / placement breakdown due to emotional and behavioural problems
- Severe difficulties adapting to puberty and adolescence
- Sexual behaviours of risk to self or others
- Problems with sexuality or gender identity
- Complex, severe, enduring continence problems including faecal smearing
- Feeding and dietary problems
- Severe or abnormal reactions to loss and bereavement
- Severe / complex relationship difficulties leading to significant impairment of functioning or well being

- Medical problems significantly impacting on emotional health and well being
- Severe anxiety
- Obsessive compulsive problems
- Low mood, self-esteem and depression
- School refusal where mental health difficulties play a significant role
- Offending behaviour where mental health difficulties play a significant role
- Psychiatric disorders including psychosis



## Learning disability

The Specialist Service for Children with Learning Disabilities work with children and young people with moderate, severe and profound learning disabilities.

Valuing People (DOH) defines 'learning disability' to include the presence of:

- 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.

Moderate, severe and profound learning disability is defined by the World Health Organisation as an IQ of 50 or less. It is important to acknowledge, however, that IQ describes only one aspect of a child or young person and does not 'capture' the whole child.

A child also falls roughly into the Moderate Learning Disability category if they are achieving at below half of the expectations for their chronological age

End of Year 2 (aged 6/7 years) -

Level 2 – in line with national average

Level 1 – below expectation

End of Year 6 (aged 10/11 years) –

Level 4 – in line with national average

Level 3 – below expectation

End of Year 9 (aged 13/14 years) –

Level 5/6 – in line with national average

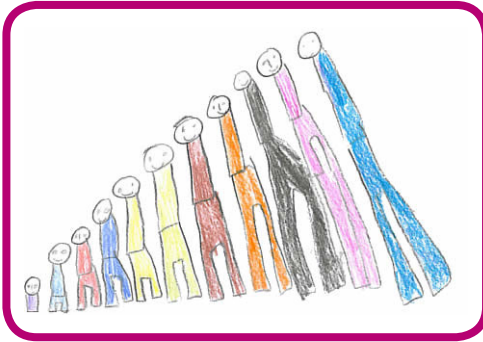
Level 4 – below expectation

### Example:

If a child is 12 but is functioning below the age of 6 (achieving below level 2) we would consider this child to fall into the Moderate Learning Disability category.

Children with mild learning disability should in the first instance be referred to the CAMHS team.

## How to refer



Complete a Single Point of Entry form with as many details as possible and send to the address on the form.

## Who can refer?

Referrals are accepted from:

- Health Service Staff
- Schools and Education Service
- Social Workers
- Voluntary Sector





## Appropriate referral

Bristol SSCLD will often accept referrals for children and young people attending the following special schools: Kingsweston, Briarwood, Claremont and New Fosseway. South Gloucestershire SSCLD often accept referrals from Warmley Park and New Siblands school.

Referrals for children and young people attending other special schools, or attending mainstream schools (or attached units) with a Statement of Special Educational Needs will be considered in terms of the child's level of learning disability, the level of functional impairment and the nature and severity of the presenting problem.

If a child or young person has complex emotional, behavioural or mental health needs and has a borderline moderate or mild learning disability, or an unknown level of learning disability then the SSCLD can offer a joint assessment appointment with CAMHS in order to decide which is the best service to meet the young person's needs.

A referral is appropriate if there are significant concerns about a child's development, well-being or behaviour and these are having a significant impact on the child's functioning at home.

Where it is unclear whether a child has sufficiently severe learning disability to meet the criteria for SSCLD, as general guidance, if the presenting difficulties are primarily associated with the child's developmental delay, then their needs may be best met by SSCLD. However, if the child's presenting problems are associated with other factors and do not derive primarily from their developmental delay, then their needs may be best

met by the CAMHS team. Joint working between CAMHS and SSCLD may be indicated in some cases.

Preschool children who attend specialist nurseries and have significant developmental delay, with functional impairment are likely to be considered for the SSCLD service once their needs have been assessed by the Community Child Health Team. Other preschool referrals will be considered in terms of the child's level of learning disability and the nature and severity of the presenting problem.

## Not appropriate referral

Children and young people with a mild learning disability or higher level autistic spectrum disorder, (average or above average intelligence, such as young people with Asperger's syndrome) should be referred to the CAMHS team.

Referrals will not be accepted for "normal" responses to "normal" life events and children whose parents are in dispute within legal proceedings.

Issues that are school based only, with the family not requiring any support should be support by educational services such as Educational Psychology and behaviour support services.

## Before referring

Before referring to the SSCLD, the following must have been carried out:

### a. Direct assessment

The child or young person needs to have been seen in person and assessed by the referrer.

### b. Intervention by frontline staff

Prior attempts will have been made by frontline staff (e.g. primary health care staff such as health visitors, school staff, school health nurses, CYPs staff) to resolve the child/young person's difficulties. Many children and young people can be helped in this way and generally it is better if the problems can be resolved at this level

### c. Come to a consultation meeting

Link in with one of our regular consultation meetings in Bristol to think further about what can be offered within existing support networks or in South Gloucestershire if you are not sure about whether a referral is appropriate, please contact a member of the team for a consultation.

### d. Consent

Formal consent needs to have been obtained from someone with legal parental responsibility for the child before a referral is made.

Young people aged 16 and above are able to consent to referral in their own right. Some young people under the age of 16 who are competent to consent to a referral can also do so. Although it is always usual to attempt to gain parental consent for a referral, the service will see young

people alone, as appropriate. In such cases, the referrer should give careful consideration to any risks involved to the young person and assess the capacity of the young person to consent of the referral.

e. Attendance

We will also need to know from the referrer what, if anything, is needed to support the child and/or family to engage with the service

Please note that any child protection concerns should already have been reported to the statutory agencies prior to referral.

## What to write on your referral

The Community Children’s Health Partnership Single Point of Entry Referral Form will prompt you with most of the information that we require so please complete this thoroughly and provide outlining information on:

- The issue that the family would like support with and historical and current details of this issue.
- Information of the child’s level of learning disability and support needs.
- Any other physical, emotional or social needs of the child or family.
- Current and previous support and interventions provided and the families response to this.
- Any known risks presented from or towards the family or young person.

## Urgent or routine

A referral would be considered urgent if the family are in need of immediate support due to high level of risk to young person, their family or placement breakdown.

A routine referral would be that the young person meets the eligibility but that the level of risk of harm or breakdown is not immediate.

## Ethnicity monitoring

Please note that we have a legal requirement to monitor ethnicity as defined by the child or young person themselves or by a parent with legal parental responsibility in the case of a young child. This means that the ethnicity section on the referral form must be completed please.



## Let's talk

If you are unsure if we may be able to help or would like to discuss further, please do give us a call and we are always happy to help.

### Specialist Service for Children with Learning Disabilities:

Westgate House

Kingswood Locality Hub

Southmead Hospital

Alma Road

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Kingswood

BS10 5NB

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0117 414 6979

01454 866 258





## How to contact us:

Address: Bristol

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0117 414 6992

Email: [BristolLearningDisabilityAdmin@cchp.nhs.uk](mailto:BristolLearningDisabilityAdmin@cchp.nhs.uk)

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01454 863078

Email: [SouthGloslearningDisabilityadmin@cchp.nhs.uk](mailto:SouthGloslearningDisabilityadmin@cchp.nhs.uk)

Website: [www.cchp.nhs.uk](http://www.cchp.nhs.uk)

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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