**Torbay Children with Disabilities Eligibility Criteria**

Children who are under the age of 18 and who have a disability will usually have their needs assessed under section 17 of the Children Act 1989 If the child is approaching adulthood and it appears to social workers that the child is likely to have needs for care and support after becoming 18, a transition assessment may be undertaken under section 58 Care Act 2014. An adult will be assessed under section 9 Care Act 2014. Needs assessments will be used to gather information to determine needs, whether the threshold for the CWD Team is met and to identify the level and type of resource provision needed.

Working Together 2023 states *‘a Child in Need (Section 17) will be allocated a lead practitioner’*. The lead practitioner for Section 17 is not required to be a registered social worker. Torbay have introduced a number of pathways to ensure that children with additional needs have a proportionate response from the service; this includes a Short Breaks only pathway. In line with Working Together 2023, Torbay have introduced in the interim the opportunity for Children in Need to be allocated to Community Care Workers (non registered workers) within the service; this process is outlined in our Interim s17 Child in Need Process. The scope of children to be considered for Community Care Worker allocation would include:

* Children open to Child in Need planning primarily due to housing need.
* Children in the process of stepping down to Early Help.
* Children identified as moving towards closure to services.
* Identified by Service Manager or Head of Service within Child in Need Clinic.

As such, the allocation pathway will be considered in light of the child’s needs, to ensure that support and intervention is provided by the right person or service, at the right time.

The definition of disabled children and young people is set out in the Equality Act 2010: that is a child and young person who has a physical or mental impairment that has a substantial and long-term adverse effect on normal day-to-day activities.

The CWD Team will usually only provide services to children and young people who have a physical or mental impairment which has a substantial long term adverse effect at a severe or profound level. The factors which will be applied to determine whether severe or profound are set out in the table below.

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| **Disability**  | **Meets Criteria for Specialist Provision** | **Meets Criteria for Inclusive Provision**  |
| **Level**  | **Profound**  | **Severe**  | **Moderate**  | **Mild** |
| **Health** | Complex health needs prevents participation in social and educational activities without minimum of constant 24 hour 1:1 specialist support.Condition is unable to be managed effectively by medication. | Requires daily specialist medical or nursing care. Regular admissions to hospital for treatment. Daily use of specialist equipment that needs operational assistance. Life limiting condition. Requires intensive therapy programme. Health needs have a significant impact on development and learning. | Regular nursing care and support (more than once or twice weekly). Uses specialist equipment that needs operational assistance. A planned programme of therapy required for the disability. Complex daily medication. Unstable health which impacts adversely on child and or family. Health needs limit ability to perform everyday tasks. | Requires no or minimal nursing care or support. Routine medical checks only. Nil or minimal treatment/ medication. No or little therapy involved with disability. Uses specialist equipment that does not require operational assistance. Known health condition which is under control and only occasionally interfering with everyday activities in a minor way. |
| **Level**  | **Profound**  | **Severe**  | **Moderate**  | **Mild** |
| **Education**  | Child/Young Person has a profound learning difficulty. Attends educational provision for with Profound Learning Difficulties Follows P Levels of the curriculum. | Child/Young Person has a severe learning difficulty. Attends educational provision for children with severe learning difficulties. Follows P Levels of the curriculum. | Attends educational provision with 1:1 support some of the time or a specialist provision not for profound or severe learning difficulties. Assessment shows abilities will achieve less than 70% of the expected attainment for age. | Attends mainstream school/pre-school/college with or without support. Assessment shows abilities will achieve within 70-80% of the expected attainment for age. |
| **Level**  | **Profound**  | **Severe**  | **Moderate**  | **Mild** |
| **Communication**  | No verbal communication. Unable to communicate needs using any method. Unable to use communication aid. Severely delayed processing skills. | None or very little communication used but can communicate at least basic needs using any method.Significantly delayed processing skills. | Delayed or disordered communication including language disorders causing significant difficulty in communicating outside the home. Reduced ability to understand and process information in comparison to peers. | Marked delay in language development. Requires minimal support to communicate. Able to use signing or other communication method consistently. |
| **Level**  | **Profound**  | **Severe**  | **Moderate**  | **Mild** |
| **Behaviour Associated with disability**  | Profound challenging behaviour which impacts on all aspects of the Child/ Young Person’s functioning and the Child/Young Person poses a severe risk to self or others. Requires constant monitoring, supervision and a structured programme for managing behaviour overseen by specialist services. Frequent behaviour that may be of risk to the child or carers. No awareness of impact of behaviour on others. | Behaviour demonstrates significant risk to self or others. Requires monitoring, supervision and a structured programme for managing behaviour overseen by specialist services. Challenging behaviour which impact significantly on community life and requires specialist provision to function socially/educationally. | Behaviour demonstrates moderate risk to self or others. Requires monitoring/ supervision in some circumstances. Input required to manage behaviour. Has difficulties in relating to peers. Behavioural or management difficulties which may require specialist advice. | Behaviour does not demonstrate to self and others. Need for monitoring/ supervision appropriate for age. Minor difficulties in relationships with parents/ peers/others. Behaviour that can be difficult to manage at times but can be managed without specialist provision. |
| **Level**  | **Profound**  | **Severe**  | **Moderate**  | **Mild** |
| **Family and Social Relationships** | Inability to build and maintain friendships and relationships without constant support with all aspects. | Limited ability to build and maintain friendships without significant support with all aspects. Total dependence on carer for social integration. Very limited awareness of impact of behaviour on others. | Difficulty building and maintaining friendships and relationships without support. | Able to sustain limited peer relationships and social integration with support. |
| **Level**  | **Profound**  | **Severe**  | **Moderate**  | **Mild** |
| **Self-care** | Fully dependant on others for all personal care, (eating/ drinking/toileting and washing). Needs physical support with all personal care. Requires specialist equipment to support all their care needs. | Needs physical assistance with personal care. Needs high level of supervision with all personal care (eating/ drinking/toileting and washing). | Requires some prompts and supervision greater than that expected for developmental age. | Independent in majority of personal care activities. Requires occasional supervision beyond that expected for chronological age. |
| **Level**  | **Profound**  | **Severe**  | **Moderate**  | **Mild** |
| **Safety** | Needs constant supervision both during the day and night. Does not have any awareness of danger to self or others. | Needs constant supervision during the day. Would place themselves or others at risk without supervision. No awareness of danger to self or others. | Needs some supervision at times. Limited perception of danger to self or others. | Occasionally requires more supervision than Children/ Young People of same age. Some awareness of danger to self or others. |
| **Mobility** | Unable to walk. Uses a wheelchair. Totally dependent upon carer for mobility. | Unable to walk. May be able to stand or transfer with support. Able to manoeuvre self at least some of the time. | Walks but only with aids or assistance. May use wheelchair for intermittent use. | Able to walk and function independently but with some limitation of function. |
| **Children under the age of 5** | Child requires significantly greater care and attention because of the nature of health or learning condition. Significant failure to reach developmental milestones. | Child is functioning around ½ the level expected for their age. | Child is functioning around 2/3 the level expected for their age. | Child is functioning slightly behind the level expected for their age. |
| **Visual Impairment**  | Mobility restricted without specialist provision.Requires education by non-sighted methods. Eligible for registration as visually impaired. | Mobility restricted without special provision. Unable to read large print without intensive educational assistance or aids. Severe visual field defect with impaired visual acuity. Eligible for registration as blind or partially sighted. | Able to read print with simple aid or assistance. Defect of at least half the visual field. May be eligible for registration as partially sighted. | Severe or profound problem with one eye. Less than half visual field loss. Able to function independently. |
| **Hearing Impairment**  | Total or near total loss of hearing. (<95Db) | Severe hearing loss (71-95 Db). | Significant hearing loss but able to function with a hearing aid. Hearing loss (41-70Db) | Severe or profound hearing loss in one ear. Moderate hearing loss (20-40Db) |

**Case responsibility and management**

Taking into consideration all relevant available information a decision will be made by the CWD Team Manager, in conjunction with the Multi-Agency Safeguarding Hub include link for EH, as to whether the eligibility criteria are likely to be met. If it is likely that the eligibility criteria will be satisfied, a needs assessment will be undertaken by the CWD Team. Once the child/young person’s needs have been assessed and the eligibility criteria applied, a decision will be made as to the most appropriate team to support the child/young person and their family. If the child/young person is eligible for services from the CWD Team, the CWD Team will be responsible for case management including safeguarding.

Children and young people will usually be reviewed every 6 months to determine if the eligibility criteria continue to be met and if services are meeting assessed needs.

Children and young people who have an allocated social worker will usually be visited every 6 weeks and more frequently if this is deemed necessary by the Social Worker and Team Manager. These visits will be undertaken at home and in other settings which the child or young person attends. If the child/young person is not eligible for services from the CWD Team but is assessed as having needs which the Council will meet, the child/young person will be transferred via a transfer meeting to a non-disability specialist team.

**Children and young people who do not satisfy the eligibility criteria**

Some children and young people will have disabilities but will not have needs that require the specialist support and resources provided by the CWD Team. These will usually include children and young people who:

* Present with a long-term disability at a moderate or mild level.
* Present with a disability or disabilities that are not long-term or substantial.
* Present with social, emotional and behavioural difficulties due to social or environmental factors i.e. the behaviour is not associated with a disability.

Children and young people in these categories may still receive services from the Torbay’s Children’s Social Care Service working together with other relevant services.

**HOW DO CHILDREN AND YOUNG PEOPLE FIND OUT ABOUT OTHER SERVICES AND SUPPORT IF THEY DON’T MEET THE ELIGIBILITY CRITERIA?**

Need information or advice about a child or young person who has disabilities?

Look on the Torbay Local Offer – [**Torbay SEND Local Offer - Family Hub**](https://torbayfamilyhub.org.uk/local-offer/)

Got all the information you need?

No

Yes

The Multi-Agency Safeguarding Hub will be your first stop for all enquiries and referrals relating to children and young people in need of support or at risk of harm. This team is made up of staff from the Multi-Agency Safeguarding Hub (MASH). Their role is to decide what team is most appropriate and to offer information and advice.

Parents and family carers can self-refer and professionals can make a direct referral. More information about how to refer can be found here: <https://childrensportal.torbay.gov.uk/>

Great, but please remember to contact us again if your circumstances change.