



**Operating Procedure plus Eligibility Criteria for the
Children with Disabilities 0-18 years plus transition
to 14-25 Navigation Team**

April 2021

Operating Procedure plus Eligibility Criteria for the Children/Young People with Disabilities 0-18 years plus transition to the 14-25 Navigation Team

Introduction

Durham County Council's, Children's Social Care are committed to delivering the very highest quality services to children and young people who have disabilities and their families. The Children with Disabilities Team is a specialist service for children and young people who are aged 0-18 years old. The Team is responsible for ensuring that all children and young people are safe, happy and thrive and become as independent as they possibly can be. In all our work with children and young people we want to provide the right service at the right time and ensure that wherever possible children are supported and kept safe primarily by their family and their network. When additional services are required these should be delivered locally and where possible met within universal services i.e. schools, GPs, hospitals, community health services, Health Visitors, Midwives and voluntary and community groups.

We have a statutory responsibility to provide and/or co-ordinate the provision of services to meet the assessed needs of children and young people with disabilities. We endeavour to put children and young people's needs at the heart of all we do.

The provision of services to children and young people under the age of 18 with disabilities is delivered by the Children with Disabilities team, which is managed by Durham Council's, Children's Social Care. The care of young people who are over 18 years transfers to the 14-25 Navigation team which is managed by Durham Council's, Adult Services, who will work with us to complete a joint assessment from aged 14 years for all children and young people.

Assessment

Children and young people that meet the eligibility criteria for an assessment from the Children with Disabilities team will usually have their needs assessed under Section 17 of the Children Act 1989.

If the child/young person is approaching adulthood and it appears to social workers that they are likely to have need for care and support after becoming 18, a joint Transition Assessment will be undertaken.

All assessments will be used to gather information to determine needs, whether the threshold, eligibility criteria for the Children with Disabilities Team is met and to identify the worries, strengths, safety and what needs to happen next to ensure the child's is safe and reaches their unique outcomes. The Children with Disabilities Team 0-18 will usually only provide services to children and young people who have permanent and substantial disabilities at a severe or profound level.

Durham County Council defines permanent and substantial as follows:

- **Substantial** means considerable or significant factors that are life changing or life limiting and might include issues to do with risk and dependency.
- **Permanent** means existing indefinitely and not expected to improve. The factors which will be applied to determine whether a permanent and substantial disability is profound or severe or otherwise are set out in the table overleaf.

Disability	Meets criteria for specialist provision (Children and Young People who require a highly individualised and personalised plan)		Meets criteria for inclusive provision (Children and Young People with broad range of additional needs)	
	Profound	Severe	Moderate	Mild
Health	Complex health needs prevent participation in social and educational activities without minimum of constant 24 hour 1:1 specialist support	Requires daily specialist medical or nursing care. Regular admissions to hospital for treatment.	Regular nursing care and support (more than once or twice weekly). Uses specialist equipment that needs operational assistance.	Requires no or minimal nursing care or support. Routine medical checks only. Nil or minimal treatment/

	<p>Condition is unable to be controlled by medication</p>	<p>Daily use of specialist equipment that needs operational assistance.</p> <p>Life limiting condition.</p> <p>Requires intensive therapy programme.</p> <p>Health needs have a significant impact on development and learning.</p>	<p>A planned programme of therapy required for the disability.</p> <p>Complex daily medication.</p> <p>Unstable health which impacts adversely on child and or family.</p> <p>Health needs limit ability to perform everyday tasks.</p>	<p>medication.</p> <p>No or little therapy involved with disability.</p> <p>Uses specialist equipment that does not require operational assistance.</p> <p>Known health condition which is under control and only occasionally interfering with everyday activities in a minor way</p>
Education	<p>Child/Young Person has a profound learning difficulty.</p> <p>Attends educational</p>	<p>Child/Young Person has a severe learning difficulty.</p> <p>Attends educational provision for children with</p>	<p>Attends educational provision with 1:1 support some of the time or a specialist provision not for profound or</p>	<p>Attends mainstream school/pre-school/ college with or without support.</p>

	provision for with Profound Learning Difficulties.	severe learning difficulties.	severe learning difficulties. Assessment shows abilities will achieve less than 70% of the expected attainment for age.	Assessment shows abilities will achieve within 70-80% of the expected attainment for age.
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.
Behaviour associated with disability	Profound challenging behaviour which impacts on all aspects of the Child/Young	Behaviour demonstrates significant risk to self or others.	Behaviour demonstrates moderate risk to self or others.	Behaviour does not demonstrate to self and others.

	<p>Person's functioning and the Child /Young Person poses a severe risk to self or others.</p> <p>Requires constant monitoring, supervision and a structured programme for managing behaviour overseen by specialist services.</p> <p>Frequent behaviour that may be of risk to the child or carers.</p> <p>No awareness of impact of behaviour on others.</p>	<p>Requires monitoring, supervision and a structured programme for managing behaviour overseen by specialist services.</p> <p>Challenging behaviour which impact significantly on community life and requires specialist provision to function socially /educationally.</p>	<p>Requires monitoring/ supervision in some circumstances.</p> <p>Input required to manage behaviour.</p> <p>Has difficulties in relating to peers.</p> <p>Behavioural or management difficulties which may require specialist advice.</p>	<p>Need for monitoring/ supervision appropriate for age.</p> <p>Minor difficulties in relationships with parents/ peers/others.</p> <p>Behaviour that can be difficult to manage at times but can be managed without specialist provision.</p>
Family and Social Relationships	<p>Inability to build and maintain friendships and relationships without constant support with all aspects.</p>	<p>Limited ability to build and maintain friendships without significant support</p>	<p>Difficulty building and maintaining friendships and relationships without support.</p>	<p>Able to sustain limited peer relationships and social integration with support.</p>

		<p>with all aspects.</p> <p>Total dependence on carer for social integration.</p> <p>Very limited awareness of impact of behaviour on others.</p>		
Self-Care	<p>Fully dependant on others for all personal care, (eating/drinking/toileting and washing).</p> <p>Needs physical support with all personal care.</p> <p>Requires specialist equipment to support all their care needs.</p>	<p>Needs physical assistance with personal care.</p> <p>Needs high level of supervision with all personal care (eating/drinking/toileting and washing).</p>	<p>Requires some prompts and supervision greater than that expected for developmental age.</p>	<p>Independent in majority of personal care activities.</p> <p>Requires occasional supervision beyond that expected for chronological age.</p>
Safety	<p>Needs constant supervision both during the day and night.</p> <p>Does not have any</p>	<p>Needs constant supervision during the day.</p> <p>Would place themselves</p>	<p>Needs some supervision at times.</p> <p>Limited perception of danger to self or others.</p>	<p>Occasionally requires more supervision than Children/</p>

	awareness of danger to self or others.	or others at risk without supervision. No awareness of danger to self or others.		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 5 years old	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 of the level expected for their age.	Child is functioning slightly behind the level expected for their age.
Visual Impairment	Mobility restricted	Mobility restricted without	Able to read print with simple	Severe or profound

	without special provision Requires education by non-sighted methods. Eligible for registration as blind.	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.	aid or assistance. Defect of at least half the visual field. May be eligible for registration as partially sighted.	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 Children with Disabilities Team Manager, in conjunction with First Contact, as to whether the eligibility criteria are likely to be met. The discussions held will be fully recorded on the child/young person's file by the CWD manager.

If it is likely that the eligibility criteria will be satisfied, an assessment (Child and Family Assessment) will be undertaken by the Children with Disabilities 0-18 Team. This should be completed within a maximum of 45 working days.

The child/young person and their family will be involved in the assessment and planning from the onset, along with their network. The family network will meet at the earliest point to discuss their own plans of how to keep the child/young person safe and/or provide support to the family, supported by the child's social worker. It should be recognised that this needs to be a plan that works for the child/young person and their family. Where services are required in addition to the family and their network, the assessment will identify the most appropriate service to meet this need including voluntary and community services.

If the child/young person is eligible for services from the Children with Disabilities 0-18 Team, they will be responsible for case management including safeguarding, where required. Children and young people receiving a service will usually be reviewed every 6 months to determine if the eligibility criteria continues to be met and if services are meeting assessed needs along with 4-6 weekly Team Around the Family (TAF) meetings. In addition, a holistic Child and Family Assessment will be undertaken by a qualified social worker at least annually, or earlier if there is a change in circumstances, this will be required around the child/young person's birthday each year.

Children and young people who have an allocated social worker will be visited every 20 working days and more frequently if this is deemed necessary by the Social Worker and Team Manager or the child is subject to a child protection plan or a child who is looked after.

[Looked After Procedures](#)

[Child Protection procedures](#)

These visits will be undertaken at home and in other settings which the child or young person attends. Visits will include direct communication /interaction with the child/young person which may require additional support. All visits will include speaking to the child alone and we will identify the person who knows the child best to assist us with this where required. This person must have some level of independence from the family. Regular and purposeful direct work with the child/young person should also be undertaken. Durham's practice model 'Signs of Safety' will underpin our work with children and young people.

If the child/young person is not eligible for services from the Children with Disabilities Team though is assessed as having needs which an alternative team within Durham County

Council can meet, the child or young person's will be transferred via a transfer meeting/conversation to the relevant non-disability specialist team. Children and young people should also be signposted to other services including voluntary, charitable and community services, the [Local Offer](#) and other local arrangements. We are also available for consultancy for practitioners who would like advice and support. The practitioner requesting the advice must record this on the child's file.

Children and young people who do not meet 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 Children with Disabilities Team. These will usually include children and young people who:

- Present with a permanent or substantial disability at a moderate or mild level such as a mild learning disability/learning difficulties.
- Present with a disability or disabilities that are not permanent 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 or they are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) (unless also diagnosed with one of the above disabilities/conditions)
- Present with mental health disorders (unless in conjunction with an additional severe to profound learning, physical or communication disability).
- Present with a health condition (unless in conjunction with an additional severe to profound learning, physical or communication disability).

Children and young people from these categories may still receive services from the Durham's Children's Social Care Service working together with other relevant services. For example, children with mental health disorders will usually receive services from the Children's Social Care Service and NHS Child and Adolescent Mental Health Services.

HOW DO CHILDREN AND YOUNG PEOPLE FIND OUT ABOUT OTHER SERVICES

IF THEY DO NOT MEET THE ELIGIBILITY CRITERIA



CHECK OUT DURHAM'S LOCAL OFFER - <http://www.durham.gov.uk/localoffer>



Got all the information you need?

Yes



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

No



First Contact is 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) and Early Help.

Parents, family members and carers can self-refer and professionals can make a direct referral

More information about how to refer can be found [here](#)

Services beyond 18 years

The Adult Services Navigation team work closely with the Children's with Disabilities team from approximately 14 years old when the transitions process should be considered. This happens in year 9 of education when a review is held. The Navigation team respond to referrals for young people and adults post 14 years up until 25 years, with physical and learning disabilities, associated mental health problems and those who have a diagnosis of autism.

Children's Social Care continue to provide a service until an adult provision has started, or a decision is made that the young person's needs do not meet the eligibility criteria for adult care. Support beyond 18 years must be considered as part of Transition Assessment which should be undertaken jointly by both teams.

The transition from children to adult services takes place at a time that is right for the child. Transition to adult services for those with an Education Health and Care Plan (EHCP) should begin at an appropriate annual review and in many cases should be a staged process over several months or years. All young people going through a Transition Assessment processes are entitled to independent advocacy under the Care Act 2014. [Make a referral](#).

It is of the upmost importance that the Children With Disabilities and the 14-25 Navigation team work together to ensure that the transition assessment is completed and transition between the services is a smooth and integrated process, with the child/young person's needs at the forefront of any plans.

The Local Authority and partners must work together to ensure effective transition arrangements are in place for all young people; that include the following:

- An assessment that is reviewed annually, undertaken around the young person's birthday each year. Transitions assessments and plans will begin aged 14 years and completed by the Children with Disabilities team and the Adult Social Care Navigation team.
- Planning and reviewing processes for both the young person's plan every 6 months, and the Transition Plan including regular reviews under arrangements for TAF meetings, every 4-6 weeks.

- All meetings to include the young person where possible, unless there is a clear recorded reason why this is not in the child/young person's best interests even when help and support is provided which may include additional communication support and advocacy for the child.
- The young person's wishes and feelings should be sought and reviewed on a regular basis. This should be completed with the use of communication support where required or using the people who know the child/young person best and must include the use of tools. Where support with communication is required, careful consideration must be given to ensuring we speak with the child/young person along with someone with some independence, for example school staff, this would promote the triangulation of information and ensure a robust assessment is undertaken including the child's voice. Advocacy services must be considered for every child. [NYAS](#)
- All young people must have plans that are person-centred and aligned to the EHC Plans should include what the family and their network will do to support the family and ensure safety, where required, at all times.
- Young people and their families should not be expected to repeatedly provide duplicate information to different services. We should offer a kind, respectful intervention that values the importance of relationship-based practice.

Transitions Assessments for adult care or support must also consider the following:

- Current needs for any care and support; what is working well and what are we worried about? What are the young person's needs, and which are likely to be eligible needs?
- Whether the young person is likely to have needs for care and support once they turn 18; and if so;
- What needs to happen? And what are we hoping to achieve?

Transitions assessments should be combined with other assessments including an up to date Child and Family Assessment undertaken by the Children with Disabilities team where involved. Where other agencies are involved and doing their own assessment, they can be undertaken jointly.

Where a young person's needs are not eligible for adult services, local authorities must provide information and advice about how those needs may be met and the provision and support that young people can access in their local area. www.durham.gov.uk/localoffer

Where young people aged 18 or over continue to have EHC Plans under the Children and Families Act 2014, and they make the move to adult care and support, the care and support aspects of the EHCP will be provided under the Care Act. The statutory care and support plan must form the basis of the 'care' element of the EHCP. Where the young person is over 18, the care element of the Education, Health and Care Plan will be provided by adult services. However, where it will benefit a young person with an Education, Health and Care Plan, local authorities have the power to continue to provide children's services past a young person's 18th birthday for as long as is deemed necessary. This can continue until the Education, Health and Care Plan is no longer maintained. For social care provision specified in the Education, Health and Care Plan, existing duties on Children's Social Care Services to assess and provide for the needs of disabled young people continue to be applicable.

For young people under 18 years who have an EHC plan in place these will continue to be provided and reviewed by children's services until the point of transfer at 16 years. Where children are Looked After the information from the EHC plan and reviews held needs to be fed into the Child Looked After assessment and review reports to feed into the review meeting. IRO's will not attend the EHCP review meetings however will require this information as part of the looked after reviewing processes.

Children with Disabilities Operational Guidance

Children Requiring Help and Protection (CIN)

All children/young people who are open to the Children with Disabilities team, are categorised as 'children requiring help and protection.' Children In Need (CIN) and Operating procedures should be applied including step down to One Point. [Procedures](#)

This includes visiting the child/young person and their family every 4 weeks (20 working days), TAF's held with all agencies involved every 4-6 weeks and family network meetings being held at the earliest convenience, which are regularly reviewed.

Child and Family assessments should be completed with 45 working days and ensure that the child, their family, the network and all professionals involved are involved in the

assessment and have opportunity to provide information. Children and young people should be spoken to alone, with tools used to include communication aids and other services to support this, for example, using BSL/Makaton/PECS. Practitioners need to consider who is best to support them communicating with the child/young person alone. Where children/young person are non-verbal, observation must be undertaken in a range of settings and tools used to engage with the child/young person, including other ways to communicate and engage with the child/young person and using family members, the network and other professionals who best know the child/young person. It is always good practice to use someone with a level of independence from the family. Practitioners should refer to the following for further advice and support around assessment and engaging children with disabilities;

- Children with Disabilities toolkit
- [Durham's Resource Library](#)
- [Durham's Safeguarding Children's Partnership](#)
- [Children and Families Practice Toolkit](#)

Child Protection

Where a child/young person requires a Child Protection Plan, the Children With Disabilities Team will hold responsibility for the child/young person however, any other child without disabilities that needs to be considered as part of these arrangements such as brothers and sisters, another team such as or Young People's Services will be responsible for those children/young people.

It is imperative that these teams work closely to ensure a seamless service for the children/young people and their family, this should include joint home visits, joint TAF's, core groups and network meetings for all the children/young people in the family, joint attendance at Review Child Protection Conferences and continuing, regular communication. Practitioners within the Children with Disabilities should refer to, regularly discuss and follow the [Child Protection Procedures](#)

Children Looked After

Where a child becomes looked after, the social worker from the Children with Disabilities Team will retain case responsibility for the child and the same good practice standards as above should be applied. The following link will take you to guidance and procedures around children who are looked after and should be read, understood and referred to by all practitioners. [Click here](#)

Children Open to 'Review' Only

Children with disabilities (severe/profound needs) are Children In Need under Section 17 of the Children Act 1989. These are children /young people where there are no parenting issues/safeguarding concerns or unmet needs that would warrant any regular involvement from an allocated social worker. Parents and carers manage well with the support of a care package that enables their child/young person to attend a leisure activity and give parents a break from caring (and /or time with other brothers or sisters).

These children/young people are co-allocated to social work assistants/family support workers who will carry out a home visit once every three months, attend the child's Education and Health Care Plan reviews, co-facilitate a six monthly Child in Need Review and assist the annually update to the Child and Family Assessment, which must be undertaken by a qualified social worker.

The annual review and assessment will be undertaken along with the allocated Social Worker to ascertain how the care package is working, what they are worried about, what is working well and what needs to happen next. The child/young person must be spoken to alone with the use of communication needs where required or with a person of independence who knows the child/young person best.

Each child/young person who is 'Review' only will have supervision which is recorded on the child's file at a minimum of once every three months, this is in addition to regular management oversight being evidenced on child/young people's file.

At the annual review of their needs which will be undertaken by a social worker completing a child and family assessment, this will be done in collaboration with the child/young person, their family and professionals involved, in order to ensure all their needs are met and the short breaks provision/care package remains purposeful/suitable. This will be around the child/young person's birthday each year.

The social worker will also make recommendations for the child to remain a review only case and in together with the Team Manager, a decision will be made if the Review only status can remain.

Further information on Child In Need regarding assessment and plans, can be obtained by following the [link](#)

Children who's assessed as 'Review' only must have their needs met by their family, network and shorts breaks or a specific care package. These children's plans and arrangements will be the exception and Team Managers must ensure that the following is completed and reviewed before agreeing arrangements under **Children Open to Review** only, once satisfied , the Short Breaks Policy (add link) and arrangements for management of the case should be followed.

- There has been a completed assessment by a qualified social worker undertaken within the last year and all details have been updated to reflect the current circumstances.
- The child's plan clearly reflects the service arrangements and those arrangements that are provided and agreed by the family and their network. The plan is clear and who will do what, even when things are at their most difficult.
- There is clear, informative and child led direct work on the child's file including observation of the child in a variety of settings. Communication aids or support has been accessed where required and a person with some independence who best knows the child has been involved in discussion with the child/young person on occasions however, the child/young person has also been seen alone.
- A recent TAF and family network meeting has been held where all professionals, family, their network and the child has been consulted about the specific arrangements, they are all in agreement to the proposed arrangement and a date has been set to review this.
- The Team Manager has reviewed the child's file and ensured there are no outstanding actions.
- The family support workers will be supervised by the Social Work Consultant
- If the child/young person's needs changes and they are to be taken out of review, the family support worker must inform the TM/SWC and the allocated SW so the case is stepped back up.
- Bi monthly meetings are held between FSW, SWC and TM.
- A reflective discussion between the social worker and the Team Manager has been held and recorded on the Child's file to ensure that there are no outstanding needs of the child. Management Oversight should be recorded on the child's file which outlines the arrangements for the child.
- Case Summary on the child's file must reflect all of the above.

Frequency of children in Need Reviews and home visits on Review only Children:

The frequency of Children in Need Reviews will be six monthly. The review can be brought forward if the child/family circumstances change or at the request of the parent/child, network or any agency involved.

A home visit to see the child/young person is required once every 3 months to ensure that the child and family's views are updated with regards to their support package and assess their current circumstances. This must include attempts to speak to the child/young person alone or with support from someone in the network who knows the child best. Direct work should be recorded on the child/young person's file.

Carers Assessments

A carer has a legal right to a Carer's Assessment where they are caring for a child or young person with a disability.

Where a child or young person with a disability is being assessed by the Children with Disabilities Team, the Child and Family assessment must consider the carer within the assessment. Carers have the right to an individual assessment, and can be completed by Durham Carers who Durham County Council have commissioned to provide this service. [for more information click here](#)

The social worker for the child should also ensure that any children within the household, including the child with a disability is considered as a young carer and an appropriate referral to the Bridge Young Carers Service is completed if required. [for more information click here](#)

The Child and Family assessment and plan should reflect the outcome of any other assessment of parent or child carers and any support that is required to address any assessed need. This should be reviewed on a regular basis during TAF's and care plan reviews.

Contact details

First Contact and Mash	03000 267979
Children with Disabilities Team	03000 260068
14-25 Navigation Team	03000 269380

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