Children with Disabilities Service Eligibility Criteria

**Version FINAL v1.2 Approved by Melanie Carrol**

**Date: 12/09/23**

# About this document

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| **Title** | **Children with Disabilities Service Eligibilty Criteria** |
| **Purpose** | **To provide a clear, accessible set of criteria to determine eligibility for an assessment by the Children with Disability Service.** |
| **Updated by** | **Jenny Brickell** |
| **Approved by** | **Jenny Brickell/Melanie Carroll** |
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Version Control

**Document Location:** The [Surrey County Council Children’s Services Procedures Manual.](https://www.proceduresonline.com/surrey/cs/) This document is only valid on the day it is printed

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| **Date Issued:** | **Version** | **Summary of Changes** | **Created by** |
| 01 December 2020 | Final v 1 | First Issued | Juliette Blake |
| September 2023 | Final v. 1.2 | Various amendments to criteria | Jenny Brickell |
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#### Intended Audience

This document has been issued to the following people for Review (R) Information (I) and Review and Sign off (S). The Child in Need procedure is mandatory and must be shared with all staff and partners working with Children in Need and their families.

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| **Name** | **Position** | **S/R/I** |
| Patricia Denney / Matt Antsell / Tina Benjamin | Directors | R |
| Jenny Brickell | Assistant Director | S |
| All staff |  | I |

Summary

In summary a child or young person aged 0-18 is likely to meet the criteria of the CWD if they have a diagnosed permanent complex lifelong disability which require a range of interventions from multiple health disciplines both in the community and in hospital settings. This will include either severe physical and or learning disabilities that have a significant impact on daily living.

Usually, the child will be fully dependent on others to meet their care needs and will have severe and profound mobility issues and this may include sight and hearing loss and severe and profound behaviour that challenges.

The Children with Disabilities service works with children with autistic spectrum condition where there is associated significant learning disability, and the child requires substantial support to manage their daily life. The service does not work with children whose presentation is a social/emotional/behavioural /mental health issue without associated disability as outlined above.

*In the future (date currently being determined) the proposal is that:*

*Children who do not meet* *the criteria of the Children with Disabilities service as outlined above but do have a disability and or are registered as a disabled child and have been assessed as needing a package of care from the Assessment service / family safeguarding service will be held in the Early help/family support service within CWD.*

Introduction

Whilst any ‘child in need’ can have a Child and Family assessment under section 17 of the Children Act 1989 from social care. If the child does not meet the eligibility criteria for a specialist CWD service, this assessment will be completed by the local social care assessment teams. Equally, if a ‘child in need’ requires services but does not need these to be delivered by the specialist CWD teams, these services can still be provided by quadrant long-term teams called ‘Family Safeguarding Teams’.

The following table is used to support the summary overview of whether an assessment will be undertaken by the specialist CWD service. **Only if at least three of the criteria from three different categories is met would a Child and Family assessment be undertaken by the specialist CWD service.**

If you are a CWD worker and undertaking an assessment of a child, please use the template below to evidence how the child meets our criteria. You will need to review the needs of the child from parents and other professionals to help you to determine the level of need and impact of disability. This template can be included in your assessment recommendation and will aid your Team Manager in reviewing the assessment.

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| **Disability** | **Level of Disability : Severe to Profound** |
| **Health – MET/Not MET**  **(what evidence do you have e.g. clinic letters, EHCP)** | Child requires daily specialist medical or nursing care including suctioning, oxygen dependency, fluid and nutritional intake is routinely taken by intravenous means.  **OR**  Child has admissions [planned or emergency] to hospital for treatment at least once per year.  **OR**  Constant 24-hour support through the day and night. This may be due to medical reasons or sleep disturbance caused by underlying health issues, such as seizures.  **OR**  Condition is unable to be controlled by medication e.g. uncontrolled seizures.  **OR**  Use of specialist equipment including SATS monitors, ventilator etc.  **OR**  Life-limiting condition as diagnosed by a medical professional.  **OR**  Require multi-disciplinary intensive therapy programme that may include Physiotherapy, Occupational Therapy and/ or Speech and Language Therapy.  **OR**  Health needs significantly impact on learning, development and daily functioning and therefore consistently require 1:1 support.  NB this can also include severe physical disabilities that impact on daily living affecting a range of degenerative conditions. |
| **Education – MET/Not MET**  **(what evidence do you have e.g. clinic letters, EHCP)** | Child has a severe or profound learning disability as identified either through psychometric or developmental assessment.  **OR**  Attends an educational provision for children with  severe or profound learning disability and must have an Education, Health and Care Plan (EHCP). [If the EHCP is out of date, the worker will discuss the child’s needs with the school to help determine the level of need and disability] |
| **Communication**  **MET/Not MET**  **(what evidence do you have e.g. clinic letters, EHCP, SALT reports)** | Very limited verbal communication (able to communicate about 10 words) or no verbal communication [not applicable for children under 2 years old]  **OR**  Can communicate basic needs using any non-verbal methods such as PECs, Makaton, gestures and sounds.  **OR**  Unable to communicate any needs using any method.  **OR**  Unable to use communication aids such technology aided communication.  **OR**  Has been diagnosed with a profound and life limiting disability. |
| **Behaviour associated with the disability – MET/Not MET**  **(what evidence do you have e.g. clinic letters, behaviour support plans, Incident logs, risk assessments, Care plans, EHCP)** | Frequent severe or profound behaviour **directly related to the disability**, such as aggression, destruction, self-injury; child has no awareness of impact of behaviour on self or others.  **OR**  Frequent severe to Profound behaviour demonstrates significant risk to self or others when compared to children of a similar chronological age and has no awareness of impact of behaviour on self or others e.g. hair pulling, hitting, head-butting, head banging, eye poking, hand biting, throwing things, stripping off, smearing, no sense of danger, will place themselves at risk of harm if not supervised, or running away. Severe lack of understanding of social boundaries and/ or personal behaviours which would require supervision to safeguard. It is highly likely that the parent/ carer needs to watch the child to ensure safety from such behaviours.  **OR**  Requires 1:1 supervision during waking hours and/ or nights and a structured programme for managing behaviour overseen by specialist services such as psychologist, psychiatrist, CAMHs, Learning Disability nurse.  **OR**  Challenging behaviour which impacts significantly on accessing the community and requires specialist 1:1 support to function socially. This is likely to include needing 1:1 support to go to the park, or attend a shop etc. |
| **Self-care - MET/Not MET**  **(what evidence do you have e.g. clinic letters, OT assessments, EHCP)** | **Fully dependent** on others or requiring 1:1 supervision for personal care (eating, drinking, dressing, toileting and/ or washing). This may be a requirement during the day or night.  **OR**  Daily postural management is required from an adult to reposition or transfer during the day or night.  **OR**  Child requires specialist equipment to support all his/her care needs such as a hoist. |
| **Mobility – MET/Not MET NOT MET**  **(what evidence do you have e.g. clinic letters, OT Assessment, EHCP)** | Unable to walk independently and weight bear.  **OR**  May be able to stand or transfer with support such as the use of a standing frame.  **OR**  Primarily uses a wheelchair.  **OR**  Able to manoeuvre self at least some of the time, such as bottom shuffle, or very short periods of weight bearing.  **OR**  Permanently restricted motor functioning requiring aids and adaptations such as hoists, handrails etc.  **OR**  Cannot physically move themselves out of the way of danger without the support of an adult/ carer. |
| **Children under the age of 5 – MET/Not MET NOT MET**  **(evidence)** | The developmental assessment states that the child is functioning around half the level of the expected age.  **OR**  Child requires significantly greater care and attention than children of the same chronological age because of the profound nature of health or learning needs.  OR  Life limiting illness /disability. |
| **Visual Impairment – MET/Not MET NOT MET**  **(evidence)** | Mobility restricted without special provision such as a guide dog.  **OR**  Unable to read large print without intensive educational assistance or aids.  **OR**  Requires education by non-sighted methods.  **OR**  Severe visual field defect with impaired visual perception.  **OR**  Eligible for registration as blind or partially sighted. |
| **Hearing Impairment – MET/Not MET NOT MET**  **(evidence)** | Severe hearing loss (71-95Db).  **OR**  Profound hearing loss (>95Db) or total loss of hearing. |